



Llywodraeth Cymru
Welsh Government

Review Body on Doctors' and Dentists' Remuneration

EVIDENCE FROM THE WELSH GOVERNMENT'S HEALTH AND SOCIAL SERVICES GROUP FOR 2022 – 2023

January 2022

Acknowledgements

We are extremely thankful to Health Education and Improvement Wales (HEIW), NHS Wales Employers and Welsh Governments cross-government departments for the support and evidence they have provided in preparing this evidence.

To note

To ensure the workforce information provided is as up to date as possible, management information provided by Health Education and Improvement Wales (HEIW) has been used throughout. This will differ slightly to the official statistics that are routinely published and were last published on 17 November 2021 for June 2021 Statistics. The information used also provides more detail than is available from the official statistics (such as ethnicity and age).

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

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Chapter 1 – Introduction

The following evidence has been prepared by the Welsh Government Health and Social Services Group in partnership with the NHS employers in Wales, HEIW and Welsh Government cross government departments.

Remit

On 01 February 2021, the Minister for Health and Social Services, Eluned Morgan, sent a remit letter stating the following:-

I am now writing to formally commence the 2022-23 pay round for medical and dental staff in Wales including general medical practitioners and general dental practitioners. In this pay round I would like your advice on what would be a sufficient pay rise for staff to recognise their dedication and hard work during the pandemic and, the work they will continue to undertake in the coming year to support the recovery efforts. I am conscious that the pay award should address recruitment and retention issues to ensure the NHS recovers from the pandemic.

In addition, I am aware of the increase in national insurance contributions and cost of living increases many NHS staff will be facing this coming year given the rises in inflation and energy prices and how this impacts on take home pay.

I urge you to make a pay rise recommendation that truly recognises the commitment and hard work of our NHS staff and takes into consideration the significant cost of living increases they face. However affordability is a key issue for Welsh Government, we have to balance rewarding all our public sector within finite budgets set by UK Government and to afford substantial pay increases UK Government need to make available sufficient funding.

I would also like the DDRB to make observations on the 2003 Welsh Consultant Contract and pay in relation to how the contract and structures has impacted on equality and diversity of our workforce.

For Specialty Doctors and Associate Specialists (SAS), you will be aware of the multi-year pay and contract reform deal agreed with the British Medical Association (BMA) in 2020. As SAS doctors were given the choice to transfer over to the new contract, we invite you to make recommendations on an annual pay award for those doctors who chose not to transfer.

The NHS in Wales

As of August 2021 the NHS in Wales currently employs 101,446 people with 88,840.42 FTE (as shown in table xx & xx). It is made up of the seven Health Boards (HBs) in Wales which plan, secure and deliver healthcare services in their areas.

The health boards are:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board

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

In addition to the health boards there are currently 3 NHS Trusts in Wales with an all Wales focus. These are:

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

In addition to the Health Boards and Trust there are also the following NHS Wales organisations:

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

Since the previous round of evidence the Previous Minister and current Minister have recognised the hard work NHS staff have given through this difficult year. In addition to accepting your recommendations for 2020/21 and 2021/22 the following has also been offered to NHS staff

1. In March 2021 a bonus payment of £735 was given to NHS and Social Care staff. This figure has been arrived at to cover the basic rate of tax and national insurance contributions, meaning a large number of people will receive close to £500.
2. In December 2021 a series of pay enhancements were announced, this included:
 - To pay a one off non-consolidated additional payment of 1% for those on Agenda for Change bands 1-5, and the F1 doctors who fall into this pay bands. This payment would not be pro rata.
 - To amend the bottom spine point for those on Agenda for Change (AfC) band 2 and the pay point for band 1 from April 2021 to £18,731 from the 1st April 2021

- An additional day's annual leave will be added to the current contractual entitlements for all staff. This additional day will be pro rata and will be recurrent in future years. If staff are unable to take their additional entitlement in the current leave year 2021/22 then it should either be carried forward over and above any organisational limits into the 2022/23 leave year or sold back if preferred by the staff.
- Employers will put a scheme in place for staff to sell back a proportion of unused annual leave which will be in place before the end of the 2021/22 leave year.
- Further details can be found at: [2021 - Pay Enhancements - 02 2021 - PDF.pdf \(wales.nhs.uk\)](#)

Chapter 2 – Economic Outlook in Wales

Economic Context

- The economy in Wales has recovered quite strongly from the effects of the pandemic, but uncertainty remains high, with supply chain disruption and rising inflation.
- In particular, the labour market has performed much better than in previous recessions owing to aggressive labour market policies including job subsidies. These labour market interventions represent major policy successes.
- However, long term unemployment has increased and the disadvantage faced by many minority groups, including people with poor health or disability, appear to have increased. This will have consequences for public services, particularly health for many years.
- Inflation has picked up sharply and is likely to impact particularly on low income groups. Both OBR and the Bank of England expect the spike in inflation to be temporary. Even so, the increase in inflation will result in pressure for pay increases across all sectors including the public sector.
- Labour shortages which are resulting in record numbers of people moving jobs will add to pay pressure.
- Almost inevitably, the pandemic will scar or permanently damage the economy. The only questions are by how much and which groups will be most impacted. Already there is evidence that many disadvantaged groups have suffered disproportionately over the last 20 months.
- The economy's prospects have been weakened substantially by the decision to leave the EU. According to the Office for Budget Responsibility (OBR), the combined impact of Brexit and the pandemic will reduce income per head by around £2,000 in today's prices.
- Wales faces both economic challenges and opportunities. Exploiting opportunities to strengthen economic performance will also improve the tax base and potentially the funding of public services including health.
- Key challenges include addressing low productivity and climate change. In addition, Wales faces a challenge from the slow growth of, and potential decline in, its population, particularly the population aged 16-64, which is most likely to be engaged in economic activity.

Future Growth Forecasts

- The Welsh Government does not publish future growth forecasts for the Welsh economy partly because regional forecasts are highly unreliable. Also, it is well documented that the economies of Wales and the UK track each other closely in the short to medium term. The most comprehensive up-to-date five year economic forecast available was published by the OBR in late October. The table below provides a summary of the OBR forecast. While the

forecast relates to the UK, the expected outcomes are relevant for the Welsh economy.

Table 2.1 Overview of OBR's Economy Forecast Published in October 2021

	Percentage change on a year earlier, unless otherwise stated						
	Outturn	Forecast					
	2020	2021	2022	2023	2024	2025	2026
Output at constant market prices							
Gross domestic product (GDP)	-9.8	6.5	6.0	2.1	1.3	1.6	1.7
GDP per capita	-10.2	6.3	5.6	1.7	1.0	1.3	1.4
GDP levels (2020=100)	100.0	106.5	112.8	115.2	116.7	118.6	120.6
Output gap	-0.4	0.9	0.6	0.5	0.1	0.0	0.0
Expenditure components of real GDP							
Household consumption	-10.9	4.7	9.8	1.3	1.7	1.3	1.0
General government consumption	-6.5	14.7	2.0	1.5	1.2	1.7	2.1
Business investment	-10.2	-2.4	15.7	4.7	-0.8	4.8	5.8
General government investment	3.5	14.7	-2.1	6.5	-1.0	1.1	1.8
Net trade ¹	0.8	-0.8	-2.5	0.3	0.1	-0.1	-0.2
Inflation							
CPI	0.9	2.3	4.0	2.6	2.1	2.0	2.0
Labour market							
Employment (million)	32.5	32.2	32.6	33.0	33.2	33.3	33.4
Average earnings	1.2	5.0	3.9	3.0	2.2	2.9	3.5
LFS unemployment (rate, per cent)	4.6	4.9	4.8	4.3	4.2	4.2	4.2

¹ Contribution to GDP growth.

Welsh Labour Market

The tables below show the trends of the Welsh Labour market. The tables below have either been provided by StatsWales or the Office for National Statistics. For further information on the tables and the statistics behind them please follow the relevant reference.

Table 2.2 – Average (median) gross weekly earnings by UK Country 2021¹

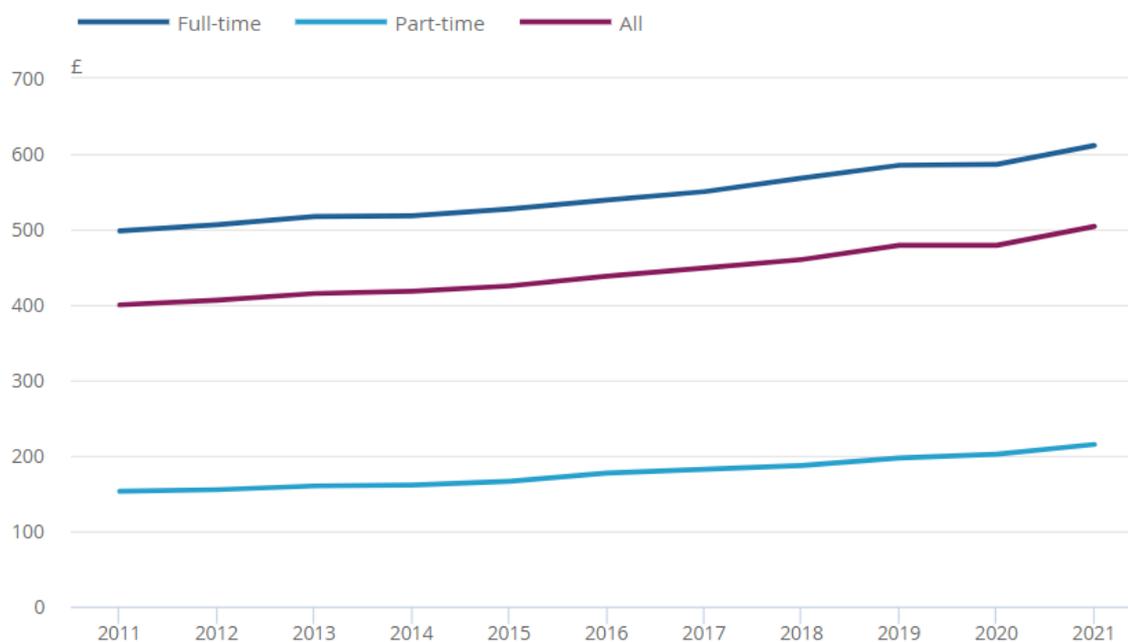
Gender (Persons)		Measure (Weekly)		Year																
Area	Year	1997 to 2003	2004 to 2005	2006 to 2010	2011 onwards	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021				
United Kingdom		.	.	.	498.30	506.10	517.40	518.30	527.10	538.60	550.00	568.30	585.20	(r) 585.70	(p) 610.70					
Great Britain		.	.	.	500.00	507.90	517.60	520.40	528.50	540.10	552.00	570.20	587.00	(r) 586.80	(p) 612.80					
England		.	.	.	504.00	512.60	520.30	523.50	531.60	544.20	555.80	574.80	592.20	(r) 590.00	(p) 613.30					
North East		.	.	.	449.10	454.40	470.10	479.10	490.50	493.90	504.10	507.00	533.20	(r) 524.80	(p) 538.70					
North West		.	.	.	459.50	469.40	480.80	482.70	488.70	503.90	514.20	529.90	550.50	(r) 557.80	(p) 575.80					
Yorkshire and the Humber		.	.	.	460.60	464.50	479.10	479.10	486.20	498.30	502.50	520.40	538.90	(r) 537.60	(p) 564.00					
East Midlands		.	.	.	458.30	464.40	474.10	477.10	479.10	483.10	499.90	515.60	535.30	552.00	(p) 559.80					
West Midlands		.	.	.	464.40	469.20	484.50	479.20	492.10	509.80	514.80	536.60	552.50	(r) 554.10	(p) 585.00					
East		.	.	.	489.30	495.20	505.00	504.10	516.80	528.60	545.10	557.80	581.00	574.90	(p) 601.90					
London		.	.	.	648.40	652.10	654.80	660.00	659.70	670.80	691.10	713.00	737.60	(r) 758.00	(p) 766.60					
South East		.	.	.	529.00	536.60	536.60	541.70	552.00	565.40	574.90	589.10	614.00	(r) 604.70	(p) 635.00					
South West		.	.	.	461.50	467.40	480.00	485.50	492.10	505.80	519.80	531.40	551.70	(r) 551.40	(p) 572.50					
Wales		.	.	.	451.30	452.50	470.50	473.90	478.60	493.70	498.30	509.00	534.80	(r) 541.50	(p) 562.80					
Scotland		.	.	.	485.00	497.70	508.70	519.60	527.00	534.50	546.60	563.10	577.00	(r) 592.20	(p) 622.40					
Northern Ireland		.	.	.	444.70	457.60	463.60	460.00	484.70	493.60	500.00	517.80	534.50	(r) 528.70	(p) 575.00					

* These data show average gross weekly and hourly earnings in pounds for the UK countries/English regions in April of the years shown. The data relate to full-time employees on adult rates whose pay for the survey period was not affected by absence. Area relates to the location of workplace, not the residence of the employee.

The table above shows that average weekly full time earnings in Wales are on the lower end of the spectrum at £ 562.80 compared to the UK average at £610.70. Therefore, full time workers in Wales are paid approximately £47.90 lower per week period or £2,490.80 lower per 52 week period.

¹Statswales.gov.wales. 2021. *Average (Median) Gross Weekly Earnings By UK Country - English Region And Year (£)*. [online] Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Earnings/medianweeklyearnings-by-ukcountryenglishregion-year> [Accessed 16 December 2021].

Table 2.3 – Median weekly pay for full-time employees was £611 in April 2021, but the impact of the pandemic on earnings mean that the longer-term trend should be taken into consideration²



Source: Office for National Statistics – Annual Survey of Hours and Earnings (ASHE)

Median weekly pay for full-time employees was £611 in April 2021. This compares with £586 in April 2020, where weekly pay was first affected by the pandemic, and £585 in 2019. The latest estimate continues the upward trend we were seeing before the coronavirus pandemic.

² Statswales.gov.wales. 2021. *Median weekly pay for full-time employees* [online] Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021> [Accessed 14 January 2022].

Table 2.4 - Annual labour market summary (16 or over) by Welsh local area and economic activity status – 2021³

Age (Aged 16 and over) Gender (Persons) Year (* Year ending 30 Jun 2021)				
Age Gender Year				
Measure				
Population				Unemployment rate
Area		Economic activity level		Economic activity level
		Employment level	Unemployment level	
United Kingdom		31,950,400	1,673,800	33,624,200 5.0
Wales		1,421,000	65,000	1,485,900 4.4
Wales	West Wales and the Valleys	859,700	38,900	898,600 4.3
	East Wales	561,300	26,000	587,300 4.4
	North Wales	315,200	11,100	326,300 3.4
	Mid Wales	96,500	(!) 5,400	101,900 (!) 5.3
	South West Wales	309,700	14,800	324,600 4.6
	South East Wales	699,500	33,600	733,200 4.6
	Mid and South West Wales	406,200	20,200	426,400 4.7

*These data are taken from the ANNUAL datasets from the Labour Force Survey (LFS) carried out by the Office for National Statistics (ONS)

In Wales the unemployment rate is 0.6 lower than the whole of the United Kingdom. The economically active population is made up of persons in employment, and persons unemployed according to the International Labour Organisation (ILO) definition.

³ Statswales.gov.wales. 2021. *Annual Labour Market Summary (16 Or Over) By Welsh Local Area And Economic Activity Status*. [online] Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Labour-Market-Summary/annuallabourmarketsummary16orover-by-welshlocalareas-economicactivitystatus> [Accessed 14 January 2022].

Chapter 3 – NHS Wales Finances

Funding allocation for Welsh Government from UK government

Core NHS funding represents the Welsh Government's largest single budget, and contains our core funding for Welsh health boards and NHS trusts. The funding supports primary care services, including services provided by independent GPs, dentists and community pharmacists; community-based services, including community nursing; mental health services and hospital-based and specialist care. It is used to commission services from NHS providers in other UK nations and from independent healthcare providers, as appropriate.

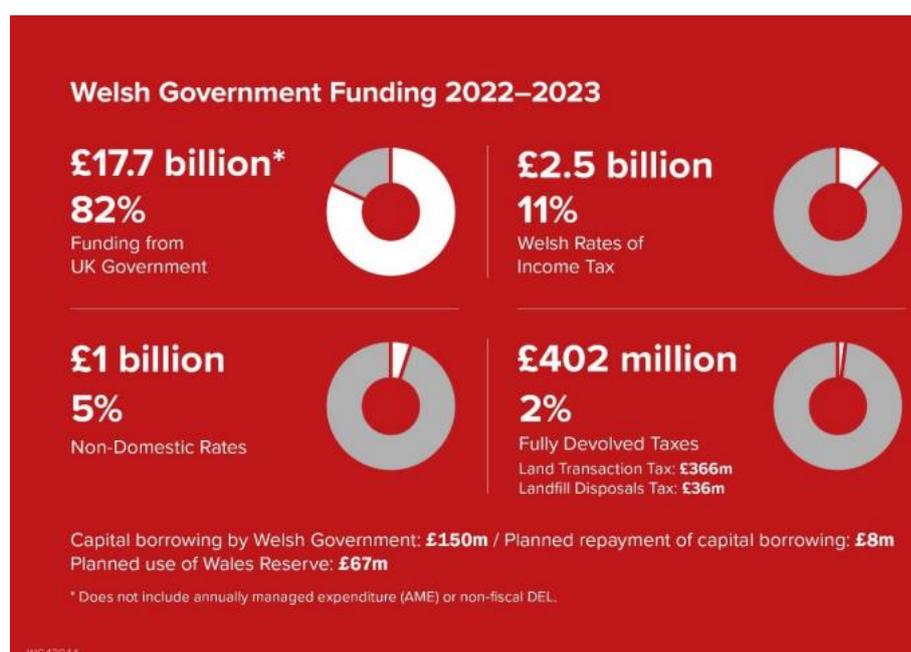
Funding is allocated to Wales through the UK Government Spending Rounds or Reviews and other Budget announcements. The amount for Wales is derived using the Barnett Formula.

The Barnett formula dates back to 1970 and works by applying an equal per head share for Wales of the "extra" funding or "cuts" given to each UK department (for those areas that the Welsh Government has devolved responsibility for). These shares are called consequentials.

As part of the adjustment made to accommodate the devolution of tax powers, the fiscal framework includes a permanent change to the Barnett formula as applied to Wales. This agreement added a needs-based factor to the Barnett formula allocations to Wales. This is currently set at an additional five per cent.

Please note the following information in this chapter has been taken from the Welsh Government Draft Budget 2022 to 2023 ([Detailed Draft Budget Narrative 2019-20 cover \(gov.wales\)](#))

The Welsh Government receives its money from the following streams:



The Welsh Government's overall fiscal resource budget in 2022-23, taking account of block grant adjustments and devolved tax revenues, is £1.8bn higher than core funding in 2021-22. This is followed by very modest growth in the second and third years of the Budget period. It is important to note that these comparisons do not include COVID 19 funding in the current year (2021-22). Taking that into account, the Welsh Government's resource budget will be £0.7bn lower in 2022-23 than the current year and, in real terms, will remain lower throughout the Budget period.

Between 2022-23 and 2024-25 the Welsh Government's resource funding increases by less than half a per cent in real terms. Overall capital funding falls in cash terms in each year of the Spending Review period and is 11 per cent lower in 2024-25 than in the current year. The Welsh Government's budget in 2024-25 will be nearly £3bn lower than if it had increased in line with the economy since 2010-11. This presents significant challenges for us.

Land transaction tax (LTT) and landfill disposals tax (LDT) were introduced on 1 April 2018, collected by the Welsh Revenue Authority (WRA), and Welsh rates of income tax (WRIT) were introduced on 6 April 2019. Separately, in April 2015, the financial devolution of non-domestic rates (NDR) replaced the previous arrangements for managing the financial risks. Taken together, WRIT, LTT, LDT and NDR will contribute around £3.9bn to the Welsh Government Budget in 2022-23, rising to £4.3bn in 2024-25.

Table 3.1 – Breakdown of the Welsh Government's Budget

MAIN EXPENDITURE GROUPS (MEGs)		2022-23	2023-24	2024-25
		Draft Budget	Indicative Draft Budget	Indicative Draft Budget
£000s				
Health and Social Services		10,323,198	10,654,035	10,830,950
Finance and Local Government		5,639,245	5,879,245	6,016,245
Education and the Welsh Language		3,436,100	3,646,445	3,792,536
Climate Change		2,856,043	2,924,148	2,792,390
Economy		572,446	591,946	610,946
Rural Affairs		393,162	456,162	477,962
Social Justice		155,418	165,400	168,400
Central Services and Administration		356,995	359,995	360,995
Total Allocations to Welsh Government MEGs		23,732,607	24,677,376	25,050,424
Unallocated Resource	Fiscal Resource	99,638	562	665
	Non-Fiscal Resource	520,374	491,789	465,458
Unallocated Capital	Financial Transactions	265,026	95,754	90,386
General Capital Over Allocation		(79,715)	(98,541)	(98,840)
Senedd Commission		62,942	64,245	65,444
Public Services Ombudsman for Wales		5,354	5,354	5,354
Wales Audit Office		8,888	8,888	8,888
Electoral Commission		1,400	1,250	1,250
Direct Charges to the Welsh Consolidated Fund		748	763	778
TOTAL WELSH BUDGET		24,617,262	25,247,440	25,589,807

The Welsh Government's budget is divided across spending priorities through the Annual budget. The draft budget for 2022-23 was published on 20th December 2021 and is due to be considered by the Welsh Parliament on 8th February 2022. The following information is based on the draft budget.

The pandemic continues to have a devastating impact on our NHS with over 8,900 people in Wales tragically dying as a result of contracting the virus. In the seven days up to 9 December on average 526 people were in general and acute hospital beds in Wales for COVID 19 related reasons. In response we are increasing our core investment in the NHS by almost an additional £1.3bn in this Budget, taking our total baseline investment in 2024-25 to £9.683bn. This significant increase will provide the foundation for the NHS in its ongoing response and to continue to address the legacy on health and wellbeing.

Of the £10.3 billion dedicated to health and social services, here are some ways this money will be spent:

- In September 2021, the number of patients waiting 36 weeks or more to start treatment was 240,306. Our highest priority is to address the backlog of treatments that have been delayed by the pandemic. We are confirming the allocation of an additional £170m a year to local health boards to support the implementation of plans to strengthen planned care services. In addition, we will be investing a further £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. Taken together, this investment ensures we are on course to deliver against our commitment to invest £1bn for NHS recovery over the course of this Senedd.
- We are committed to ensuring that NHS organisations maintain the financial stability they have worked hard to secure in recent years as they transform services for the future. We will allocate £180m recurrently from 2022-23 onwards to help the NHS manage the financial impact of the pandemic on their underlying financial position, including recognising the impact the pandemic has had on productivity and efficiency. We expect the NHS to return to pre-pandemic efficiency levels as the impact of COVID 19 on core services eases.
- We will continue to maintain our direct COVID 19 response for as long as is necessary. We will continue to fund our Test, Trace and Protect (TTP) programme, including allocating £6.4m recurrently to Public Health Wales to maintain their increased testing capacity. We will also set aside funding to support future vaccination programmes, and to provide free PPE to health and social care for as long as is required.
- We recognise the extreme pressure that the NHS workforce has been under over the last two years with the average NHS sickness absence rate growing since 2018 to 5.7% for the 12 months ending June 2021, alongside the reported negative impacts on mental health. We will be investing a further £31m in educating and training the workforce of the future and will continue to provide £7m towards meeting our commitment to establish a new medical school in North Wales.

- We are also investing a total of over £800m general capital for Digital Infrastructure, NHS Equipment and NHS Infrastructure up to 2024-25. Having reliable, efficient equipment infrastructure is a key requirement to being able to address the patient backlog exacerbated by the pandemic. Our digital delivery of all NHS services has been a major feature of our pandemic response. This has included specific interventions for testing, contact tracing, vaccine delivery and variant genomic sequencing, as well as service support such as NHS remote working, video consultation and digital apps.
- Throughout the pandemic people have been concerned about their mental health and wellbeing. Around a third of adults have reported that their mental health is worse than before the pandemic, with this worry greater in residents of more deprived communities, females and younger age groups. 4.15 We have allocated an additional £100m up to 2024-25 to prioritise mental health and well-being. This includes an additional £50m package in 2022-23, including £20m to support mental health service improvements and the implementation of the Mental Health Workforce Plan. 4.16 As a result of this investment, in 2022-23 alone, the ring-fenced mental health budget being provided to local health boards will be over £745m. Supporting front line mental health services is only one element of a wider system that supports primary prevention in public health, education, social services, substance misuse and other protective factors. We will continue to prioritise service redesign to improve prevention, tackle stigma and promote an approach to mental health support that ensures people will be directed to the right advice and support at the right time. 4.17 We particularly recognise the impact the pandemic has had on young people's mental health and the need to invest in preventative action alongside acute care. As part of our overall £100m investment we are therefore allocating an additional £10.5m up to 2024-25 directly in young people's mental health which will support our whole systems approach.

As part of the 2020-21 Budget, we published a Budget Improvement Plan for the first time. The Plan outlined our vision, including short and medium-term ambitions over the next five years, to improve the budget process using the Well-being of Future Generations Act (WFG Act) and the five ways of working to drive continuous improvement. We have committed to publishing the Plan annually, to recognise the ongoing nature of driving and sustaining longer term change. Our overall aim is that these planned improvements to the budget process will result in greater transparency in the annual Budget documentation to demonstrate how the Act has influenced budget decisions.

The Plan is published against the ongoing backdrop of responding to the effects of the COVID-19 pandemic, the impacts of the UK's exit from the EU and the climate and nature emergency. This acutely highlights the importance of maintaining progress on our longer term reforms. Despite this context we have remained focussed on our longer term ambitions to reform budget and tax processes. We have undertaken the first multi-year spending review since 2015. We have engaged with other governments on approaches to gender budgeting, alongside how to further embed well-being approaches and how to better assess carbon impacts.

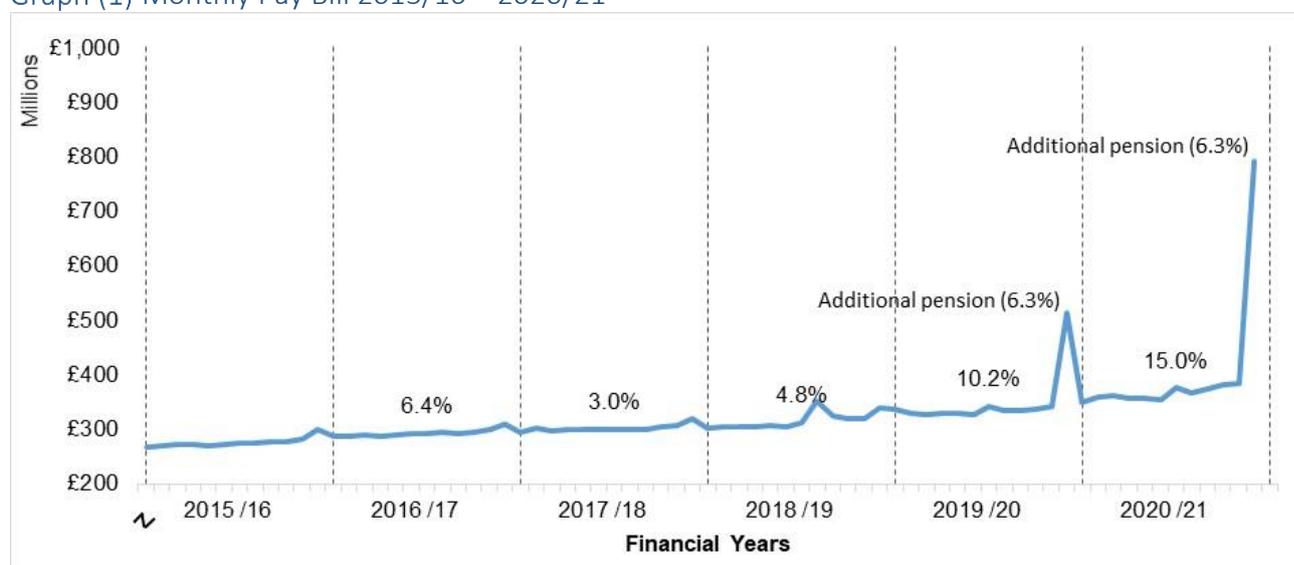
The 2020-21 accounts present that over £4.6 billion was spent on staff costs to support Hospital and Community Healthcare Services (note: this doesn't include primary care) this represents around 67% of the total expenditure on HCHS.

Table 3.2 – Monthly Pay Bill 2015/16 – 2010/21

For the past six years the total pay bill has increased year on year. In 2015/16 the annual pay bill was £3.3 billion compared to £4.8 billion in 2020/21 (46% increase).

In February 2021 the total pay bill for the month was £384 million which has more than doubled to £791 million for March 2021. This increase is attributed to holiday pay on overtime, NHS staff bonus accrual costs plus 6.3% pension provision.

Graph (1) Monthly Pay Bill 2015/16 – 2020/21

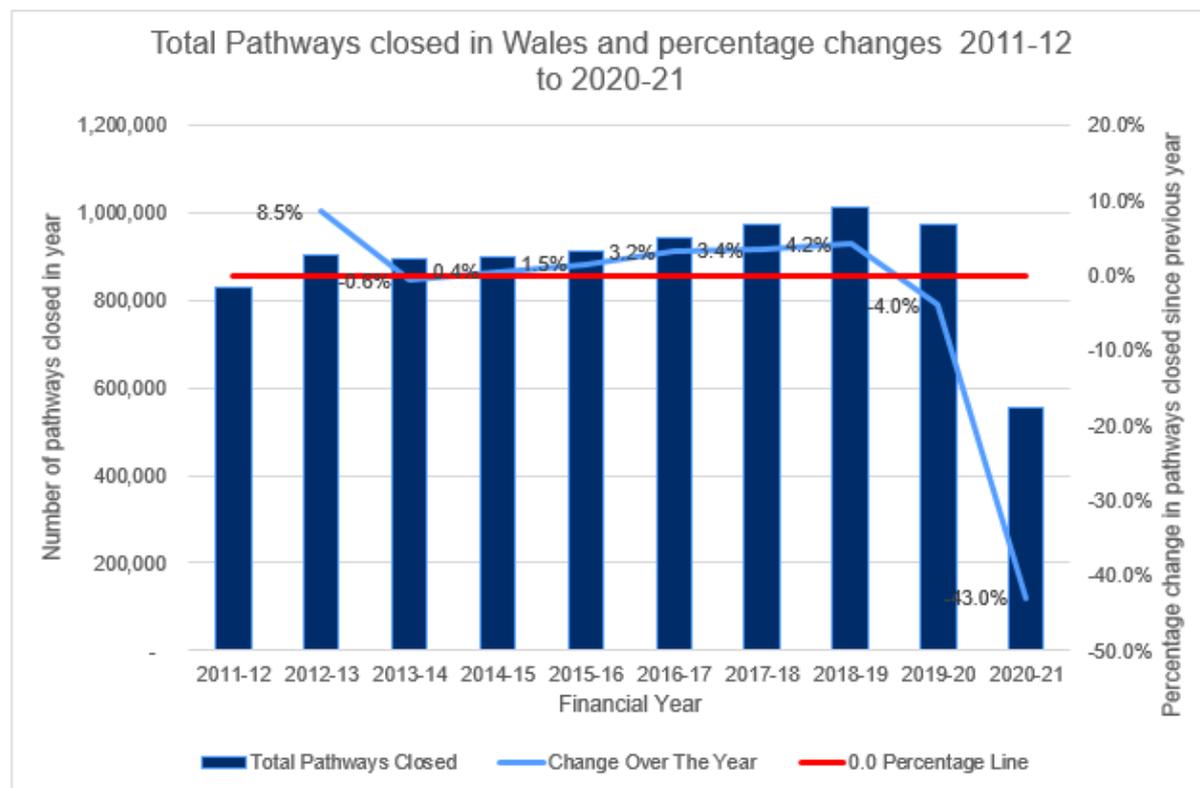


Data source: WG Finance Dept.

Table 3.3. Total Pay Bill Cost and Percentage Difference by Financial Years

Total Pay	Cost	% Change from Prev.
2015/16	£ 3,302,674,000	
2016/17	£ 3,514,360,186	6.4%
2017/18	£ 3,619,752,448	3.0%
2018/19	£ 3,794,064,750	4.8%
2019/20	£ 4,182,627,033	10.2%
2020/21	£ 4,811,654,939	15.0%

Table 3.4 – Number of Pathways Closed in Wales and percentage change 2011-2021



Source: Referral to Treatment (RTT), DHCW

A line has been added at zero percentage to better show if there was an increase or decrease between the years. Please note: Cwm Taf have been unable to provide closed pathway data since August 2018 and have been excluded from all years in this chart.

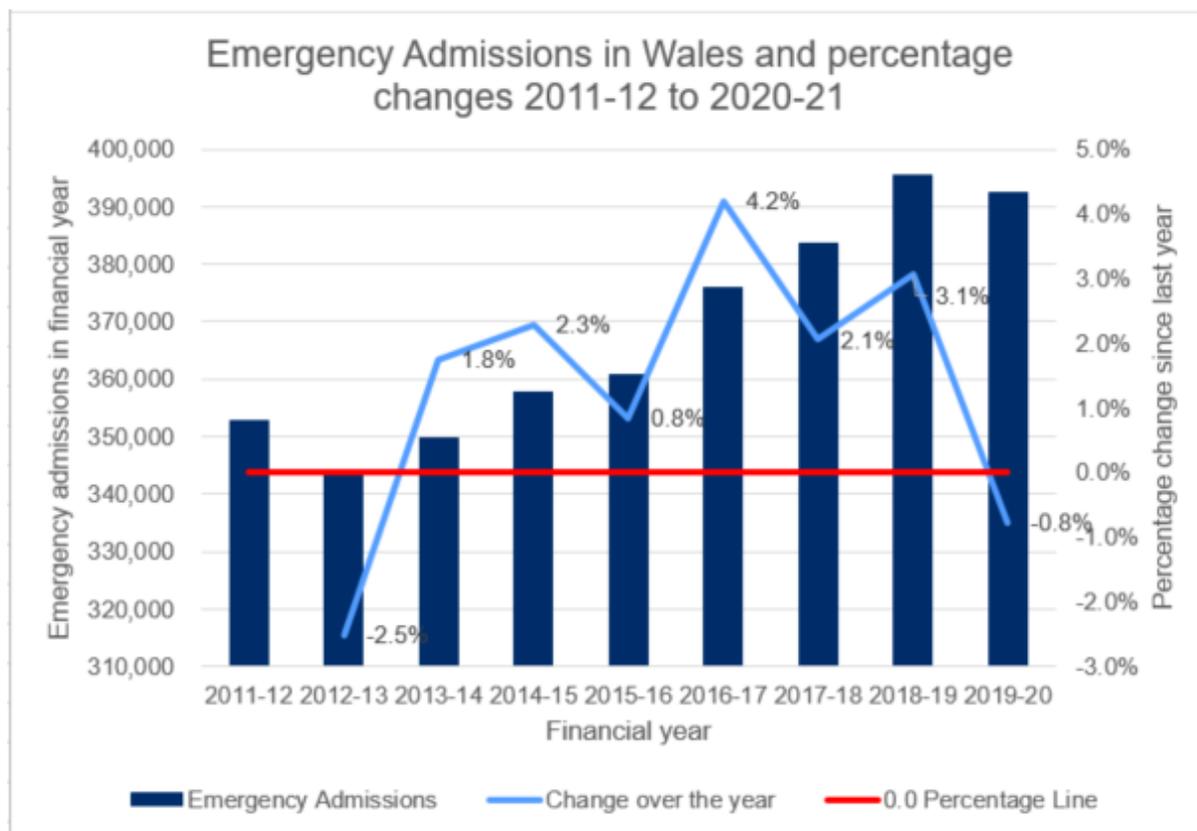
From 1st April 2019 health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf Morgannwg.

Furthermore, the Health Board names have changed with Cwm Taf University Health Board becoming Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board becoming Swansea Bay University Health Board. Data may be subject to revision

Table 3.5 – Number of Emergency Admissions in Wales – 2021

Financial Year	Emergency Admissions	Change over the year	0.0 Percentage Line
2011-12	352,731		0.0%
2012-13	343,840	-2.5%	0.0%
2013-14	349,863	1.8%	0.0%
2014-15	357,847	2.3%	0.0%
2015-16	360,885	0.8%	0.0%
2016-17	376,015	4.2%	0.0%
2017-18	383,747	2.1%	0.0%
2018-19	395,482	3.1%	0.0%
2019-20	392,431	-0.8%	0.0%
2020-21	292,657	-25.4%	0.0%

Table 3.6 – Number of Emergency Admissions in Wales from 2011/12 – 2020/21



Source: Patient Episode Database for Wales (PEDW), DHCW

A line has been added at zero percentage to better show if there was an increase or decrease between the years. Please note that this data may be subject to revision

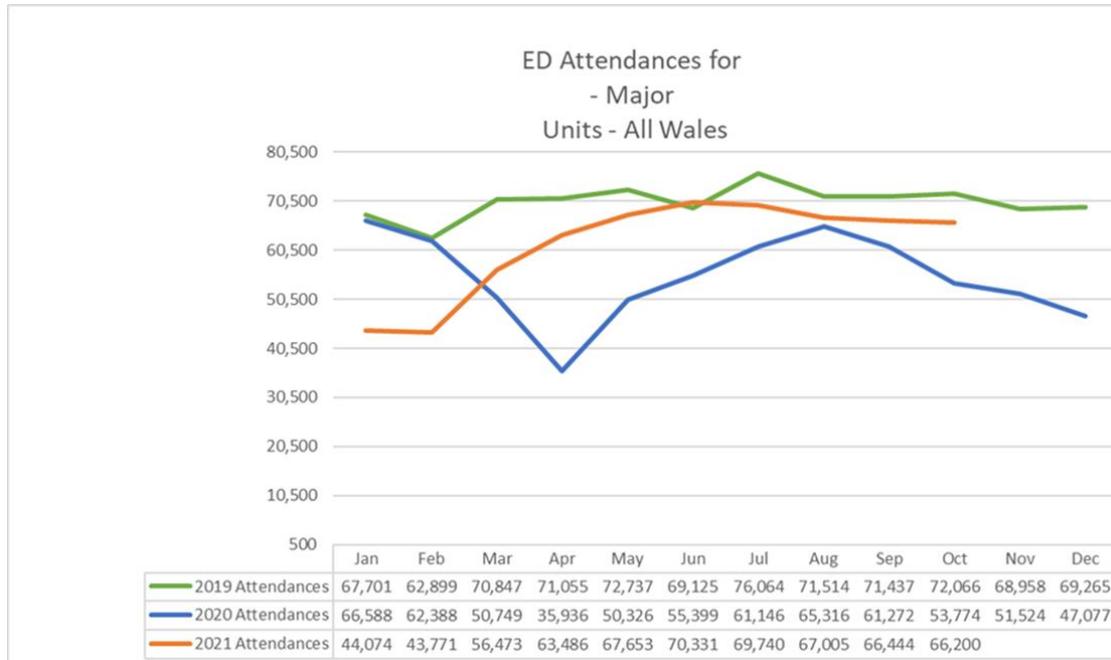
Activity at Emergency Departments (ED) across Wales reduced significantly during the first few months of the Covid-19 pandemic and again during winter 2020/21 during heightened restrictions. Activity has since returned to nearer the normal range but remains generally lower than pre-pandemic levels seen in 2018/19.

For major ED sites only during 2020/21 and when compared to 2019/20;

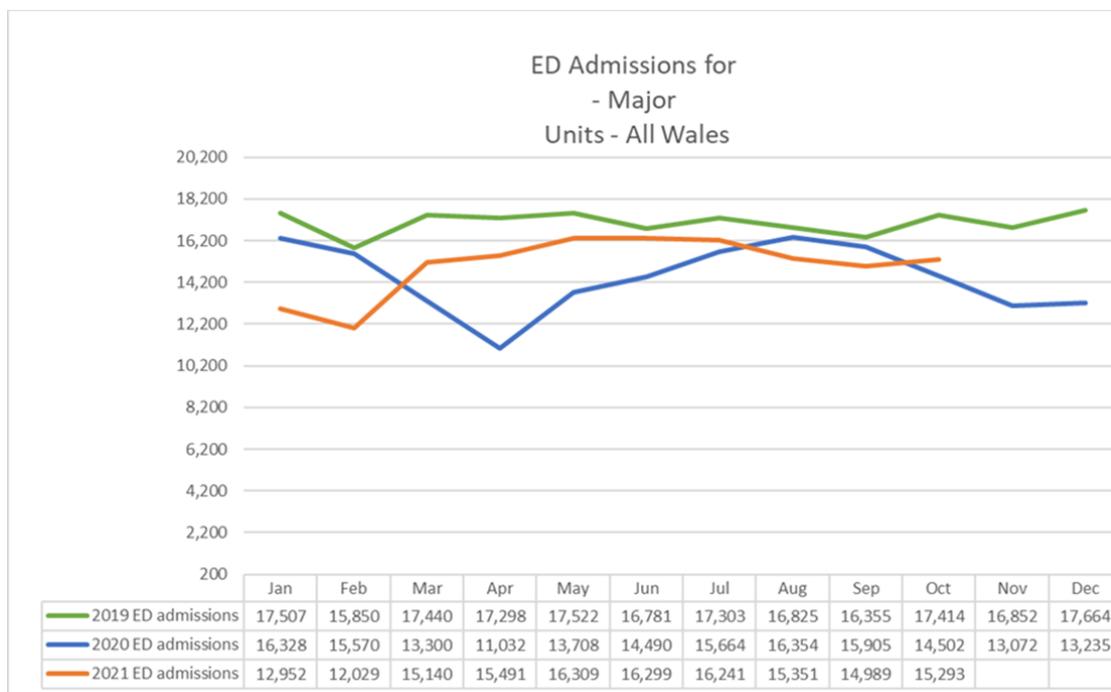
- Attendances at ED fell by around 24%
- Admissions from ED fell by around 16%
- Ambulance arrivals at ED fell by around 11%

The charts below demonstrate the changes in ED activity during the course of the pandemic and over the last three years:

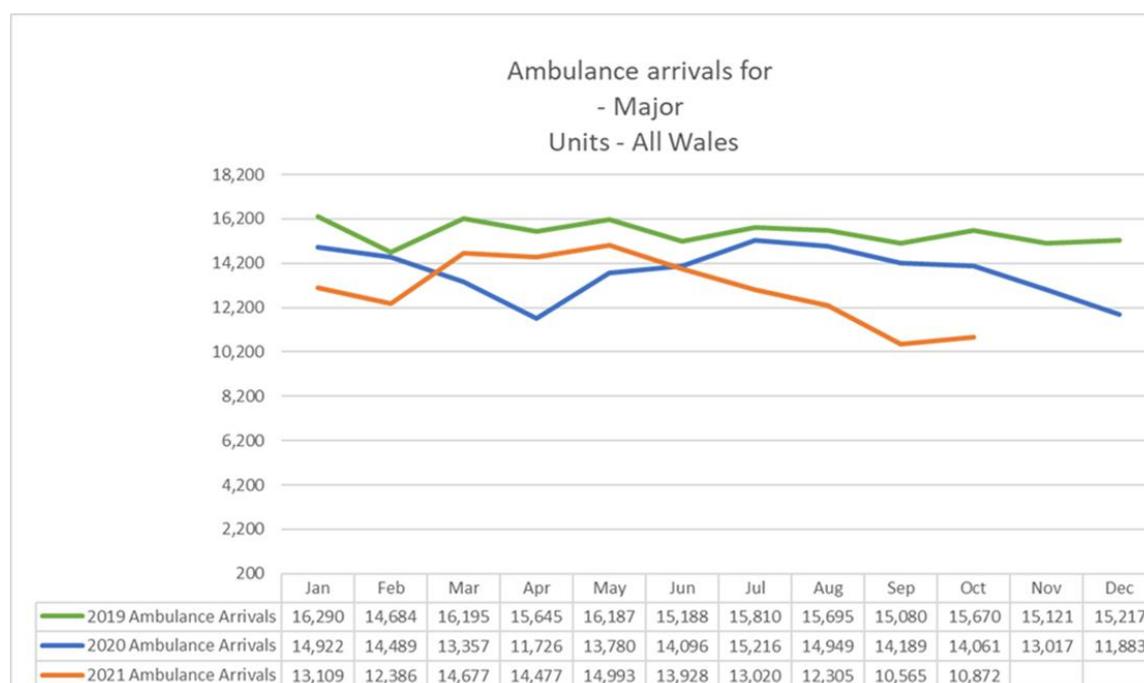
ED attendances (major sites only)



Admissions from ED (for major sites only)



Ambulance arrivals at ED



Demand pressures

At the end of November 2021, there were just over 682,000 people waiting for appointments / treatment, the highest ever recorded. Of these 241,700 were waiting over 36 weeks and 173,000 were waiting over 52 weeks. 26 week performance was at 54.7%.

During November 2021, performance on the suspected cancer pathway was 57.9% against the 75% target.

During December 2021, A&E four hour performance was 66.5% against the 95% target. Just over 8,500 patients waited over 12 hours for admission, transfer or discharge. There were 73,800 attendances at A&E departments, an average of 2,381 per day. This was 25% higher than December 2020.

The Welsh Ambulance Service dealt with over 39,700 calls during December, an average of 1,282 per day, with 9.9% of calls classed as red, most urgent.

During December 2021, 5,504 people waited over an hour for handover from ambulance service to the care of NHS hospital staff.

Latest COVID hospital data:

On 25 January 2022, there were 981 COVID related patients in hospital beds across Wales. This was 11% of all occupied beds.

There were 22 COVID related patients (all confirmed) in critical care out of a total of 163 occupied critical care beds.⁴

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/hospitalisations-by-date-patientype>

Chapter 4 – Staff Breakdown in NHS Wales

Workforce demographics

The following tables provide an overview of the of the staff make-up in NHS Wales. The following tables, unless stated otherwise, have been provided by Health, Education and Improvement Wales (HEIW) using ESR data.

Please note, throughout this section most of the staff groups will include staff on short or fixed term contracts supporting the COVID-19 response, such as health professional students and former registrants.

The NHS in Wales, as of August 2021, directly employs 101,446 staff. Of this figure 61,142 are employed full time with 40,304 employed part time. Over the past 5 years as shown in table 4.1, the number of full and part time employs has been increasing. The FTE for NHS Wales staff was 85,204.49 in August 2020, it was 88,840.42 in August 2021.

Table 4.1 – NHS Wales Headcount Detail by Full Time/Part Time Aug 2015 – Aug 2021

NHS Wales Headcount Detail by Full Time / Part Time Aug 15 - Aug 21							
Full Time / Part Time	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-Aug
Full Time	50785	52497	53648	53885	54918	58458	61142
Part Time	33903	34689	35653	36707	37725	39012	40304
NHS Wales Headcount	84688	87186	89301	90592	92643	97470	101446

Data Source: ESR DW

The number of NHS staff in Wales has increased by 4.1 percent in the last year. In comparison to 5.2 percent increase from 2019 to 2020.

Table 4.2 – NHS Wales FTE by Staff Group – Aug 2015 to Aug 2021

NHS Wales Contracted FTE by Staff Group Aug 15 - Aug 21							
Staff Group	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-Aug
Medical and Dental	6303.18	6453.27	6595.97	6795.84	7037.27	7493.85	7933.50

Data Source: ESR DW

Table 4.3 – NHS Wales FTE by Staff Group and Percentage from Aug 2020 – Aug 2021

Staff Group	2020-AUG	2021-AUG	Difference
Medical and Dental	7493.85	7933.50	5.87%

Data Source: ESR DW

Table 4.4 - NHS Wales Headcount by Staff Group from Aug 2015 - Aug 2021

NHS Wales Headcount by Staff Group Aug 15 - Aug 21							
Staff Group	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-AUG
Medical and Dental	6813	6958	7106	7300	7647	8123	8579

Data Source: ESR DW

Table 4.5 - NHS Wales Headcount by Staff Group and Ethnicity Aug 2015 - Aug 2021

NHS Wales Headcount By Staff Group and Ethnicity Aug 15 - Aug 21								
Staff Group	Ethnicity	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-AUG
Medical and Dental	Asian or Asian British	1192	1253	1272	1318	1279	1368	1588
Medical and Dental	Black or Black British	132	137	141	150	163	209	300
Medical and Dental	Mixed	101	103	100	105	99	127	166
Medical and Dental	Not Stated	883	788	733	818	988	829	673
Medical and Dental	Unknown	1042	1142	1215	1387	1685	1982	1768
Medical and Dental	Other Ethnic Groups	259	248	286	292	290	324	329
Medical and Dental	White	3204	3287	3359	3230	3143	3284	3755
Medical and Dental Total		6813	6958	7106	7300	7647	8123	8579

Data Source: ESR DW

Table 4.6 - NHS Wales Headcount and Ethnicity (6 year comparison) - Aug 2015 - Aug 2021

Ethnicity	2015-AUG	2021-Aug	Difference
Asian or Asian British	2648	3829	44.60%
Black or Black British	432	994	130.01%
Mixed	464	937	101.94%
Not Stated	13152	5089	-61.31%
Unknown	3528	6607	87.27%
Other Ethnic Groups	851	1276	49.94%
White	63613	82714	30.03%
Total	84688	101446	19.79%

Data Source: ESR DW

Table 4.7 - NHS Wales Headcount by Staff Group and Age Band Aug 2015 - Aug 2021

NHS Wales Headcount By Staff Group and Age Band Aug 15 - Aug 21								
Staff Group	Age Band	2015-AUG	2016-AUG	2017-AUG	2018-AUG	2019-AUG	2020-AUG	2021-Aug
Medical and Dental	Under 25	305	278	285	281	280	270	311
Medical and Dental	25 - 29	1107	1157	1171	1210	1229	1285	1309
Medical and Dental	30 - 34	955	993	1058	1132	1230	1401	1530
Medical and Dental	35 - 39	946	935	897	918	951	1062	1159
Medical and Dental	40 - 44	920	976	952	965	969	992	1025
Medical and Dental	45 - 49	904	868	899	883	940	982	1052
Medical and Dental	50 - 54	744	792	824	850	903	901	882
Medical and Dental	55 - 59	555	567	585	608	640	691	745
Medical and Dental	60 +	377	392	435	453	505	539	566
Medical and Dental Total		6813	6958	7106	7300	7647	8123	8579

Data Source: ESR DW

The age group of NHS staff in Wales has changed over the last 5 years. Whilst the number of under 30s has increased in the majority of professions, the number of over 60's has also increased, highlighting we have an aging workforce in NHS Wales.

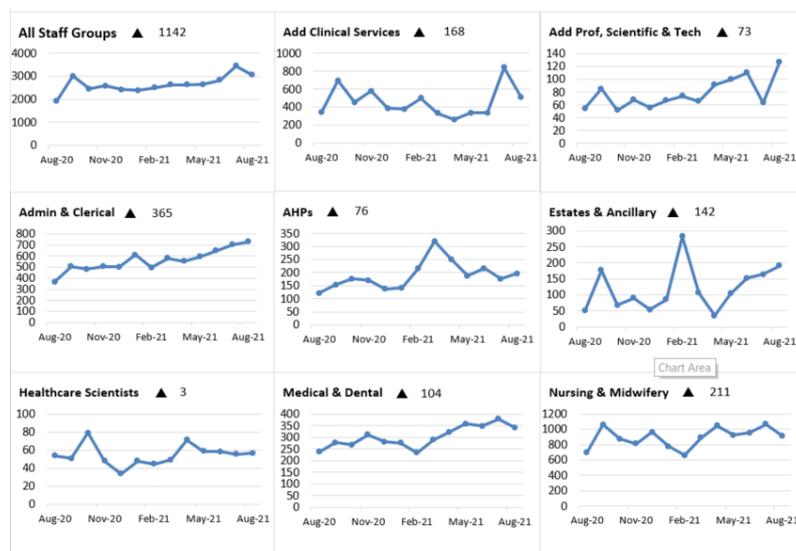
Workforce Demographic Data

The below tables are from the NHS Work force Performance Dashboard. Since it was rolled out it has continued to expand and to be refined in the way that key performance metrics are reported to Welsh Government and key NHS organisations. Monthly dashboards are sent to Welsh Government colleagues and NHS Workforce & Organisational Development Directors throughout the sector to enable a more proactive approach to monitoring of individual targets, offering comparison to NHS Wales figures as a whole.

Table 4.7 - NHS Wales advertised vacancies between August 2020 and August 2021

	Aug-20	Aug-21
	Vacancies	
All Staff Groups	1925	3067
Add Prof Scientific and Technic	54	127
Additional Clinical Services	341	509
Administrative and Clerical	365	730
Allied Health Professionals	121	197
Estates and Ancillary	50	192
Healthcare Scientists	54	57
Medical and Dental	238	342
Nursing and Midwifery Registered	702	914

* advertised FTE where 'advertised' date falls between the first and last calendar day of the reporting period (by Staff Group). It is acknowledged that this metric is a proxy metric for Vacancies. There will be a level of under reporting within these figures because the system allows the use of rolling adverts (i.e. adverts kept open continually).

Table 4.8 - NHS Wales changes in advertised vacancies – Aug 2021**Data source: ESR DW**

*The graphs above show the number of FTE Advertised Vacancies by month per staff group for the organisation you have selected. The BLACK Triangle and numbers in the heading indicate whether there has been an increase or decrease between the first data point and the last data point. – From dashboard

The graphs above outline that across all staff groups the total number of vacancies has raised by 1142 in the last year. The largest rise in vacancies are in Administrative

and Clerical with 365 increase. There have been no decreases in vacancies for any staff group in the last year.

Turnover Rate per Area

NHS Organisations are in process of collating consistent exit data.

The Wales National Workforce & Reporting System

The latest published workforce data relating to GPs and general practice staff is as at the end of at 30 June 2021. This has been sourced from the Wales National Workforce and Reporting System (WNWRS) quarterly data extract which is subject to full validation processes by NHS Wales Shared Services Partnership and Welsh Government Knowledge and Analytical Services. The data shows that in Wales, as at 30 June 2021, there were 392 active GP practices. Current staffing levels are as follows with the previous year shown in brackets:

- 2,002 (1,943) GP practitioners (includes partners, providers and salaried GPs but excludes registrars, retainers and locums)
- 367 (291) GP registrars (trainees on GP specialty training programme, currently placed in a GP practice)
- 28 (17) GP retainers (a GP practitioner on the GP retainer scheme, only able to practice a maximum of 4 clinical sessions a week)
- 814 (810) GP locums registered to practice in Wales with 412 recording details of shifts undertaken on Locum Hub Wales.
- 1,408 (1,398) registered nurses
- 1,237 (1,119) direct patient care staff
- 5,345 (5,120) administrative or other non-clinical practice staff

The WNWRS now holds information for all practices across Wales. As a result of directly supporting practice managers, NWSSP have been able to address almost all outstanding issues of data validation or where inaccurate information has been provided by practices. Benefits of the system are starting to be seen, for example:

- Working on the data extracted from WNWRS, NWSSP have been able to identify a disproportionately high number of GPs over the age of 65 in one Health Board. NWSSP were able to share this data with Primary Care Leads who were not aware that this was an issue in their Health Board as Cluster Leads had been reporting there were no concerns for workforce planning.
- Going forward, the data will allow us to continue to see trends and seasonal changes in staffing levels to base decisions about Primary Care and subsequently the GMS contract. This evidence has and will continue to help both Welsh Government officials and GPC Wales evidence their arguments and reach a sustainable and favourable outcome for all GP Practices in Wales.

Health and Wellbeing

General and COVID-19 Update

Individual health boards and trusts are ultimately responsible for their staff wellbeing policies, and we have seen responsive investment by all NHS employers to the impact of the COVID-19 pandemic on the workforce. This was recognised by the Audit Wales report [Taking Care of the Carers?](#) published in October 2021. All partners in Wales recognise that in order to be effective, workforce health and wellbeing must be addressed on a number of fronts. With one dimension of the quadruple aim being to enrich the wellbeing, capability and engagement of the health and social care workforce, *A Healthier Wales* enables us to provide a stronger focus on a programme of coordinated activities and to drive delivery in a more rigorous way.

In our last evidence submission we updated you that oversight and guidance to support workforce health and wellbeing planning had transitioned from the Health and Wellbeing Sub-group of the COVID-19 Workforce Deployment and Wellbeing Planning Response Group (Workforce Cell), to well-established groups and networks, including the Occupational Health Sub-group, Health and Wellbeing Network and the Managing Attendance at Work Project Group.

Membership of these groups included representation from NHS Wales employers and clinicians, HEIW, Welsh Government, trade unions and Social Care Wales.

Welsh Government officials continue to work with the three sub-groups to further understand current approaches and identify those which have the potential for rapid scale up to national level, in order to inform proposals for a programme of work to accelerate progress and drive the case for coordinated action across Wales.

The Health and Wellbeing network continue to act as an expert forum for the identification of appropriate and informed courses of action based on workforce intelligence from several sources. The network also drives development and assesses offers of interventions to support staff, reviews best practice from elsewhere and adopt where possible and explore and procure where appropriate priority access solutions.

Individuals will be affected differently by the pandemic; people will require different levels of intensity and style of interventions and so the network continue to ensure that the multi-layered support offer reflects the needs of the workforce. Funded by Welsh Government and extended until August 2022, the offer includes a confidential listening service dedicated to health and social care working in Wales and available in both Welsh and English provided by the Samaritans. This complements more in-depth therapy and CBT through SilverCloud and the expanded Health for Health Professionals (HHP) service, and physical health services, as well as practical and financial advice.

Workforce Wellbeing Conversation Tool

The sustainability of NHS and social care services during this demanding time is critical and so ensuring that we have a well and able workforce is more important

than ever. As the full impact of the pandemic continues to emerge and we move toward a busy recovery period it is imperative to ensure that mechanisms are in place to help all our staff and their managers to think carefully about individuals' circumstances and wellbeing and the practical support they need to support their wellbeing, personal recovery and boost their resilience.

The Minister tasked officials with developing a guide to facilitate conversations in the workplace to help assess whether or not any kind of wellbeing support is needed, and then help sign-post them to the most appropriate intervention if required.

A partnership group was set-up on a task and finish basis to develop an interactive non-clinical framework guide to support managers and staff in the NHS and social care settings to hold wellbeing conversations and identify support needs where appropriate. Chaired by Dr Adrian Neal, Clinical Psychologist and Head of Employee Wellbeing at Aneurin Bevan UHB, the group included representation from Welsh Government Health and Social Services workforce officials, NHS employers, Social Care Wales and union partners.

The online Workforce Wellbeing Conversation Guide was launched for use across health and social care settings in Wales in November 2021.

This online guide is a starting point for staff to encourage conversations about their experiences of work and exploring how this influences well-being, and can be used flexibly to suit individuals and teams.

Health for Health Professionals Wales Service

Health for Health Professionals (HHP) was introduced in August 2012 in response to recommendations made by Professor Sir Mansel Aylward in the One Wales Occupational Health Task and Finish Group 2nd report (2011). The service is based on evidence that doctors are more likely to suffer common mental health problems than the general population and other professional groups, and that they tend to self-manage, self-prescribe and delay seeking support.

HHP Wales provided all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling.

The service consists of four elements:

- A helpline, which explains what the HHP service can provide and puts clients in contact with a doctor adviser;
- A network of doctor advisers who ring the client within 24 hours to discuss their concerns;
- Access to a network of British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited counsellors;
- Access to expert clinical support/opinion for all doctors and counsellors in more complex cases.

Before the COVID-19 crisis, 619 doctors had received therapy through HHP Wales. Outcomes and feedback has been very positive; distress levels have reduced and 98% of doctors who provided feedback stated that the service was helpful or very helpful in dealing with their problems.

The health system was put under great pressure due to COVID-19 and the response to this pressure had to be rapid and focussed. Due to the demand anticipated, it was recommended that funding be made available to bolster Cardiff University's existing provision of Health for Health Professionals Service Wales and the service be made available to all of the NHS workforce. This included support for a changing workforce with retired doctors and final year medical students forming part of the future service delivery. There were, and still are, significant risks and a number of psychological factors which may manifest and have a significant impact upon the mental health of the workforce.

It was agreed that Welsh Government should access UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19 and an additional non recurrent funding amount of £1,047,288 was requested for 2020-21 to enhance service delivery and upscale psychological support and extend outreach across the whole of the NHS workforce. A request for additional funding was agreed to continue delivery of the service into 2021-22 and to expand the newly developed model to the Social Service sector should the need be there.

A tendering exercise for the provision of a mental health service for the NHS and Social Care workforce in Wales is now underway. The tender exercise started mid-September. This will allow the contract to be awarded in November/early December 2021 and the contract start date to be the 1 April 2022. This will allow for a seamless transition to the new service.

Welsh Health Circular

In October 2020 Welsh Government issued a Welsh Health Circular (WHC 2020/019) to NHS organisations setting out how they are expected to support the health and wellbeing of their staff during the COVID-19 pandemic. This includes support to complete a COVID-19 Workforce Risk Assessment Tool, developed to help people working in the NHS understand if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus; promoting access to the free multi-layered wellbeing support offer; promoting the availability of FAQ guidance and advice for staff and managers, and ensuring access to the COVID-19 Life Assurance Scheme for eligible beneficiaries of frontline staff should they die in service as a result of being affected by COVID-19. A link below to the Welsh Health Circular:

<https://gov.wales/health-and-wellbeing-support-nhs-health-boards-and-trusts-workforce-whc2020019>

Please note Welsh Government are planning to update this within the coming months.

Occupational Health

In our last evidence submission, we told you that a social partnership group had been established, led by HEIW on behalf of the Workforce and OD Directors (WODDs) group, to consider an appropriate solution for Wales, to review a 2019 independent review of occupational health services in Wales, taking in to consideration developments and learning from the pandemic. As a consequence of the report being presented in June 2020, the requested an Outline Business Case (OBC) be developed to explore how much the options outlined in the review would cost. Recognising the required level of leadership this would involve, the Chair of the OH Project Group was seconded into HEIW to undertake this work initially from September 2020 – February 2021, however the post-holder was successful in gaining an external post, and left HEIW in December 2020. The work is now being taken forward by members of the WODDs group to move forward with a Once for Wales approach to Occupational Health Services.

A working group has been established, this includes representation from employers and WG in the first instance, which has drafted a scoping document. Meetings are arranged for early 2022 to scope this work further reassessing the current health and wellbeing offer in light of advances made over the last 12 months, use learning from the pandemic and take recommendations from the occupational health partnership group in order to readdress our previous proposals. Officials will be happy to keep the Review Body informed of developments in these areas.

Table 4.9 – Sickness Absence 12 month rolling figure (percentage) – Aug 2020 to Aug 2021

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Sickness Absence 12 Mth Rolling													
All Staff Groups	5.9%	5.9%	5.9%	5.9%	6.0%	6.1%	6.1%	5.9%	5.8%	5.7%	5.7%	5.8%	6.0%
Add Prof Scientific and Technic	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.1%	3.9%	3.7%	3.4%	3.5%	3.6%
Additional Clinical Services	8.4%	8.4%	8.4%	8.5%	8.7%	8.9%	8.9%	8.7%	8.4%	8.3%	8.4%	8.6%	8.8%
Administrative and Clerical	4.8%	4.7%	4.6%	4.6%	4.5%	4.5%	4.5%	4.3%	4.2%	4.1%	4.1%	4.2%	4.3%
Allied Health Professionals	4.3%	4.3%	4.3%	4.4%	4.5%	4.5%	4.5%	4.4%	4.4%	4.4%	4.6%	4.7%	4.8%
Estates and Ancillary	8.0%	8.0%	8.0%	8.0%	8.2%	8.3%	8.3%	8.2%	8.0%	8.0%	8.1%	8.3%	8.5%
Healthcare Scientists	3.3%	3.3%	3.3%	3.3%	3.3%	3.2%	3.1%	3.0%	2.9%	2.9%	3.0%	3.1%	3.1%
Medical and Dental	2.2%	2.1%	2.1%	2.1%	2.2%	2.2%	2.2%	2.0%	1.9%	1.8%	1.8%	1.8%	1.8%
Nursing and Midwifery Registered	6.5%	6.5%	6.5%	6.6%	6.7%	6.8%	6.8%	6.6%	6.4%	6.3%	6.3%	6.4%	6.5%

Since Aug 2020, the sickness percentage rate across all staff groups has increased from 5.9% to 6.0%. The largest increase in sickness percentage is in Allied Health Professionals and Estates and Ancillary with a 0.5% increase.

Since March 2020, we were anticipated to see a rise in sickness due to the COVID-19 pandemic.

Table 4.10 - Percentage absent by organisation and date – 2021⁵

Staff group (All staff)		Date											
Area code		Staff group											
Organisation		Jul - Sep 2020	Oct - Dec 2020	2020	Jan - Mar 2021			Jan - Mar 2021	Apr - Jun 2021			Apr - Jun 2021	
					Jan 2021	Feb 2021	Mar 2021		Apr 2021	May 2021	Jun 2021		
Wales		5.1	6.4	6.0	6.7	5.5	5.0	5.7	5.1	5.6	5.9	5.5	
Wales	Betsi Cadwaladr University LHB	4.9	5.4	5.5	6.0	5.5	4.9	5.5	4.9	5.3	5.5	5.2	
	Powys Teaching LHB	4.4	5.1	4.9	5.5	4.5	4.4	4.8	4.5	5.6	5.6	5.2	
	Hywel Dda University LHB	4.6	5.5	5.2	6.3	5.0	4.7	5.3	4.5	4.9	5.4	4.9	
	Abertawe Bro Morgannwg University LHB	-	-	-	-	-	-	-	-	-	-	-	
	Swansea Bay University LHB	6.2	8.3	7.4	7.9	6.2	5.7	6.6	5.8	6.3	6.8	6.3	
	Cwm Taf University LHB	-	-	-	-	-	-	-	-	-	-	-	
	Cwm Taf Morgannwg University LHB	5.6	8.5	7.0	8.0	5.8	5.1	6.3	5.6	6.5	7.1	6.4	
	Aneurin Bevan University LHB	5.1	6.1	6.1	6.5	5.3	4.8	5.5	5.0	5.4	5.4	5.3	
	Cardiff & Vale University LHB	5.1	6.0	6.0	6.7	5.8	5.2	5.9	5.3	5.9	6.1	5.8	
	Public Health Wales NHS Trust	2.6	3.7	3.5	4.1	3.3	3.2	3.5	3.4	3.4	3.8	3.6	
	Velindre NHS Trust	3.1	3.5	3.7	3.9	3.5	3.2	3.5	3.4	3.8	4.7	3.8	
	Welsh Ambulance Services NHS Trust	5.9	8.4	7.0	10.5	7.6	7.0	8.4	7.3	7.9	8.9	8.1	
	Health Education and Improvement Wales	1.2	2.7	2.0	1.6	1.9	2.1	1.9	1.9	1.8	3.3	2.3	
	Digital Health and Care Wales	-	-	-	-	-	0.0	0.0	2.2	1.5	1.5	1.7	
	NHS Wales Shared Services Partnership	-	-	-	1.4	1.5	1.1	1.3	1.9	1.9	2.9	2.5	

Out of the health boards Cwm Taf Morgannwg University LHB had the highest sickness rate at 6.4% with the lowest sickness rate at Hywel Dda University LHB being 4.9%. Of the Trusts, Welsh Ambulance Services NHS Trust had the highest rate at 8.1% in comparison with Digital Health and Care Wales NHS Trust at 1.7%. The NHS Wales average is 5.5%.

NHS Wales Staff Survey

The Welsh Partnership Business Committee agreed to postpone the all-Wales NHS Wales Staff Survey until later in 2022 to ensure that the survey completion and subsequent data was not compromised by the winter and pandemic pressures.

HEIW are leading the implementation of the renewed NHS Staff Survey and considering lessons learnt from the new NHS England Staff Survey, and opportunities to develop a sustainable question set and reporting tool.

An outline proposal will be shared with business committee to agree approach and timeline.

⁵ Statswales.gov.wales. 2021. *Percentage Absent By Organisation And Date*. [online] Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Sickness-Absence/percentageabsent-by-organisation-date> [Accessed 16 December 2021].

Healthier Working Relationships

Following the publication of *A Healthier Wales* and the creation of the draft Workforce & OD Strategy, it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. It is the intention this new approach will lead to more compassionate, collective, healthier and fairer behaviours, work and workplaces.

The 2018 Staff Survey results also highlighted a need to change our approach and focus on addressing dysfunctional workplace relationships (including bullying, harassment & abuse). Additionally, the approach to policies as well the policies themselves has continued to be developed which was particularly relevant to grievance and dignity at work issues.

It was therefore agreed that a partnership approach was the best way to deliver this new approach through working to align the Welsh Government, trade union and employer interests in moving to healthier working relationships in the workplace. A partnership review group was therefore established from the outset with representation from NHS Wales Employers, NHS organisations, Trade Unions and Welsh Government.

A number of partnership workshops took place during 2020 to build confidence in the resolution based process and to test some of the products/toolkit which had been developed to support the approach and raise awareness amongst key stakeholders. One of the key proposed outputs of the work was the replacement of the existing dignity at work procedure and grievance policy with a new respect and resolution policy. There was a great deal of scepticism with regard to this development from both HR and TU colleagues alike. Our approach was to form a very small drafting team of 3 people (a senior TU full time officer, an Employer colleague and a legal advisor). The group were tasked with coming up with as simple a policy as possible whilst remaining ACAS compliant.

Once the policy had been developed and ratified, a series of well attended virtual awareness raising events were held in advance of the launch in early June 2021. The policy was developed, ratified and published ready for the formal “go-live” date of 1st June 2021 and awareness sessions have been held to launch of the new approach. The next stage will be to monitor and evaluate the overall achievement of the project and a further partnership group has been established to look at monitoring and evaluation.

This has been an extremely successful piece of partnership working to complete the development and launch of the policy despite the constraints of working through the pandemic. We have worked together to engage continuously throughout the development of the policy and the overall cultural change associated with it, engaging in partnership with as many key stakeholder groups and individuals as possible. This has been key in achieving our early identified goal of needing to take colleagues with us on the journey. We have supported attendance, in partnership, with over 50 different stakeholder group meetings as well as organising a series of awareness raising and engagement sessions to accompany the launch which has

allowed us to demonstrate our partnership commitment to this bold new approach to well over 2000 individuals across NHS Wales.

Social Partnership Structures in Wales

The Welsh Government is committed to working with the NHS workforce through strong social partnership between employers, workforce representative and government. These social partners meet regularly at a strategic level with the Minister, and with the Chief Executive of NHS in Wales.

The NHS Wales Partnership Forum (WPF) has been established as the forum where the Welsh Government, NHS Wales's employers and Trade Unions work together to improve health services for the staff and the people of Wales. It is the forum where key stakeholders can engage with key policy leads from across the Welsh Government to inform thinking around national priorities on health issues.

The principle focus and purpose of the WPF is:

- Service change and modernisation – to redesign services to be modernised in line with the aims within A Healthier Wales.
- Service Delivery – influencing, developing and engaging in the formulation of national strategies to ensure they are deliverable and have ownership.
- Workforce – taking a national overview on issues regarding the workforce.

In addition to the Full Welsh Partnership Forum, there is a NHS Wales Partnership Forum Business Committee (WPFBC), whose main function is to support the progress and delivery of the business of the NHS Welsh Partnership Forum (WPF) in the development of service change and modernisation, service delivery and workforce strategy. The WPFBC manage and facilitate the business of the WPF and any associated Task and Finish Groups. This group typically meets a month before the Full WPF meeting and as of when required to discuss urgent matters.

The principle focus and purpose of the WPFBC are:

- Agreeing the work plan for WPF and Task and Finish Sub Groups – highlighting the main issues and ensuring that appropriate work is made and implemented efficiently.
- Oversee the work programmes of task and finish sub groups
- Ensuring that national NHS Wales-wide agreements on workforce issues are communicated and used across all NHS Wales employers.
- Assisting in the implementation of a Workforce and OD agenda agreed in partnership
- To hold discussions and consider policies which best benefit the Workforce in Wales on a national approach.

In Welsh Government social partnership structure, there is a Medical and Dental Business (MDBG). The MDBG work in social partnership through the principles of a substantial and sustained commitment by employers, staff side and Welsh Government to seek genuine consensus on issues that affect employer/employee

relationships. The role of the MDBG is to advise the Minister accordingly on such matters.

In addition to the above groups, we also hold a series of meetings focussed on practical issues relating to the implementation of arrangements for pay and contractual matters, to address issue of concern and to share successes and learn from what is working well across Wales.

Due to the pandemic we have had increased social partnership meetings. This included:

Workforce Cell – solely related to NHS Workforce and Vaccination processes for COVID-19. This group meets monthly with representatives from NHS Wales Employers, Health Trade Unions and Welsh Government officials.

Informal Business Committee Catch Ups – these meetings are to discuss business as usual issues that are affected by the COVID-19 pandemic. This group meets monthly with representatives from NHS Wales Employers, Health Trade Unions and Welsh Government officials.

Mechanical and Electrical Craft Persons Review

Three NHS Wales organisations have required a Recruitment and Retention Payment (RRP) for Mechanical and Electrical Craftsperson roles within their Estate departments. These are Cwm Taf Morgannwg UHB, Cardiff and Vale UHB and Aneurin Bevan UHB. The Cwm Taf Morgannwg UHB and Cardiff and Vale UHB were due to cease in November 2021 but, following agreement at the WPF Business Committee on 8th June 2021 and subsequent discussions with Directors of Finance and Directors of Workforce & OD, it was agreed to extend them to March 2022 and bring them in line with the Aneurin Bevan UHB.

A partnership task and finish group has been established to determine whether these RRPs should continue, be amended or cease. An additional aspect which needs to be borne in mind when considering the need for these RRPs in future, is the new Tradesperson Higher Level (band 5) evaluated job profile. Given the development of this new profile, the group has asked all Estates departments, i.e., those with the RRP in place and those without, to review their structures and determine whether the new profile should be used in future. This would require roles to be matched to the new profile. It is only following this consideration, i.e., structures developed on the basis of the use of the Tradesperson Higher Level profile, that any decisions on the future application and targeting of RRPs can be determined.

The partnership task and finish group has developed guidance to support Estates departments in the review process.

In undertaking this exercise, organisations have been asked to determine the shape of their future structures, including consideration of the use of the Tradesperson Higher Level profile, and also consider how existing roles may currently be performing their roles within the scope of the higher level profile, and the extent to which the current

position aligns with the future structure, and whether there may be a need for a transitional structure to be established to enable movement from the current position to the future structure over a period of time.

Overtime and Pay during Annual Leave

The Welsh Partnership Forum agreed a framework to enable NHS Organisations in Wales to correctly interpret the calculation of overtime and pay during annual leave. A corrective payment based on applying a 13% multiplier to overtime paid during the period 1 October 2018 – 31 March 2021 was paid to staff in their August pay. Work is ongoing to ensure that colleagues who retired prior to 31 March 2020 and those that have left NHS Wales to work elsewhere are made aware of their entitlement to the corrective payment.

There are complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e., from 1 April 2021. Employers and trade union partners have discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that two further lump sum payments will be made during the 2021/22 financial year to ensure payments can be made on an ongoing basis. Two payments will be made. The first covers the period from April 2021 – September 2021 and will be paid in November 2021 and the second will cover the period October 2021 – March 2022 and will be paid in May 2022.

The payments will use the 13% multiplier which will be applied to any overtime that was paid during the two periods.

Employers and trade union partners are continuing to discuss the ongoing arrangements and will be working with colleagues in NWSSP/payroll/ESR to ensure that a technical solution can be put in place at the earliest opportunity. Our aim is that this will be in place from 1 April 2022 subject to the technical solutions being deliverable and in place.

Speaking Up Safely

A partnership group has been established and its Terms of Reference have been agreed at the Welsh Partnership Forum Business Committee.

The group has been established to develop an All Wales approach to support staff to speak up safely when raising and responding to concerns within the NHS in Wales. Currently, at an All Wales level, a Procedure for NHS Staff to Raise Concerns is in place, and this has been recently subject to a high level review and a revised version issued to the service. The role of the group is to consider the development of an All Wales framework/set of principles and governance arrangements to help achieve consistency of outcome in relation to how organisations approach this issue (whilst recognising organisational culture and the need for a psychologically safe environment), but which will also allow organisations the opportunity to develop their own arrangements within certain agreed parameters.

Race Equality Action Plan

A commitment was made by the Welsh Government to produce a Race Equality Action Plan (REAP) recognising that urgent action was needed, culminated by the

inequities faced by our ethnic minority communities from the impact of Covid-19. The consultation on the draft Race Equality Action plan concluded on 15 July 2021 and the responses were analysed.

The Health goals and action in the REAP contain key actions specifically related to workforce and focus on fundamental areas for action to ensure that all our NHS Wales staff “work in safe, inclusive environments, built on Allyship, supported to reach their full potential, and be empowered to identify and address racist practise. Ethnic diversity will be achieved at all levels, in our NHS Workforce across Wales”

Following the consultation process and further engagement with key stakeholders, priority actions were identified. One of the key actions is the introduction of a Workforce Race Equality Standard, and a scoping group has been established to make recommendations based on best practice.

Additionally, by December 2022, Welsh Government will independently review existing workforce policies and procedures through an anti-racist lens, and expect representation of ethnic minority groups within forums or groups established to support their effective implementation and application.

We also have actions to address public appointments to ensure our senior leadership is visibly representative and inclusive of our workforce and that anti-racist training is redesigned for all staff, volunteers and students.

COVID-19

A great deal of policy work has continued in this area and the FAQs for managers and employees have been continually updated. Version 13 was published in January 2022 this is available at: [Frequently asked questions for NHS managers and employees | NHS Confederation](#)

Specifically, the following has also been agreed in partnership:

- COVID sickness absence - transition from enhanced provisions to application of regular sickness absence arrangements with effect from 1st April 2022.
- NHS Wales guidance for managers on supporting employees on long term sickness absence with a diagnosis of post-COVID-19 syndrome.

Other Policy Work

The All Wales policy review work that has taken place within the last year is as follows:

- Development of Agile Working guidance (published in March)
- Review of secondment policy (Approved at March WPF)
- Review of Procedure for NHS Staff to Raise Concerns (Approved at July WPF)

Other ongoing policy work as follows:

- Review of Organisational Change Policy
- Review of Managing Attendance at Work Policy

Policy reviews deferred:

- Review of Capability Policy (deferred to 2022)

Workforce Capacity and the Impact of Vacancies

There are national and international labour shortages in particular areas which impact on the recruitment into the NHS in Wales.

Health boards and trusts are responsible for planning their workforce. All organisations are required to provide Integrated Medium Term Plans (IMTPs) to provide a framework of continuous improvement and increased accountability. The IMTPs are scrutinised by Welsh Government, who support organisations in the development of their plans.

Vacancies are monitored and managed by individual organisations through the management structure and are a key performance measure. These are reported on regularly to the health board's workforce and OD Committee.

There are a number of local and national initiatives aimed at tackling recruitment challenges.

- The Train Work Live (TWL) marketing campaign continues to promote the benefits of working as a healthcare professional in Wales and is currently in its sixth year. The campaign was successfully transferred to HEIW in 2020 having previously been managed directly by Welsh Government
- We have developed a co-ordinated Wales-wide approach to ethical overseas nurses recruitment, recognising there is a significant potential for a once for Wales approach to enable accelerated recruitment plans across all regions of Wales
- Health boards and trusts continue to be responsible for their own recruitment plans.

Investment in Education and Training Programmes

On the 6 December 2021 the Minister for Health and Social Services announced a £262.295m investment package to support education and training programmes for healthcare professionals in Wales. This represents an increase of 15% compared with 2021/22.

This is the eighth consecutive year funding to support health professional education and training in Wales will increase. £262.295m will be invested in 2022/23, this equates to a 15% increase from 21/22 which is an extra £18.08m (14% increase) for education and training programmes for healthcare professionals in Wales. £5.26m (9.5% increase) extra for medical training places, an extra £7.97m (30.4% increase) to support core GP training numbers and a net increase of £2.72m (29% increase) for pharmacy training across Wales.

This means for the last six years since 2016,

- Nurse Training Places have increased by 69%
- Midwifery training places increased by 96.8%

- Health Visiting training places have increased by 29.5%
- Physiotherapists places increased by 29.8%
- Therapeutic Radiographer Training places have increased by 18%

GP Locum Register

Introduced in April 2019, The All Wales Locum Register (AWLR) enabled a greater understanding of the needs and support the locum market provide to general practice.

From February 2021, locum GPs registered on the AWLR were required to log shifts worked on Locum Hub Wales (LHW), in order to benefit from the state-backed General Medical Practice Indemnity (GMPI) of practices they undertake sessional work within.

The AWLR has been an overwhelming success. As at the end of August 2021, there were 1,467 GP locums (including registrars) registered on the AWLR an increase of 137 since October 2020.

LHW enables GP Practices across Wales to advertise their sessional needs, and choose and book a GP Locum, who's preferences match those of the practice. LHW has significantly increased the pool of locums who are available, especially at short notice, to meet any temporary sessional needs.

From 1 February 2021 to the end of June 2021:

- 310 GP Practices used a GP locum (82% of all Practices).
- 2,428 shifts were booked across all Health Board areas using the LHW booking feature.
- 13,745 shifts were booked using other means and logged onto LHW

A first for both Wales and the UK, the introduction of the AWLR and LHW provides structure to GP sessional work and supports our GP partners who are delivering Primary Care services and the provision of care closer to home.

Chapter 5 – General Medical Practitioners

Introduction

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

Since 2018 an ambitious contract reform programme continues to address the challenges of existing contractual arrangements across Primary Care. The Primary Care Reform Alignment Group with membership from across Welsh Government, NHS Wales and representative bodies for the four contractor areas; GPC Wales, Community Pharmacy Wales, Optometry Wales and BDA Wales, continues to provide the strategic direction for the programme, ensuring alignment with wider policy intent and common priorities. The group has provided an opportunity for joint discussions on key service developments and strategic aims, coupled with bringing the patient perspective into contract reform discussions.

The group has previously agreed the common priorities to be addressed across Primary Care including; improving access to and from services, focussing on Quality Improvement and Prevention, strengthening and driving cluster working/working at scale and a the strengthening of our Primary Care workforce. As the only UK nation to fully involve the Health Service in work on contract reform in this, this continues to bring strong alignment and integration with health service priorities.

General Medical Services Contract: 2021-22

The whole healthcare system continues to balance the challenges of the ongoing pandemic with the need to respond and reset. Negotiations for the 2021-22 GMS Contract were jointly announced (Welsh Government, NHS Wales and GPC Wales) to the profession on 1 December 2021 and present an opportunity to reflect and make positive changes to support the sustainability of services. The agreement reflects that approach to positive change, with a clear focus on improving services for the people who use them.

The following sets out the key areas of agreement based on an agreed joint mandate, aligned to the common priorities identified.

Pay and Expenses

- DDRB recommendations on pay at 3%, agreed to meet in full as has been the case in the last 4 years. This was aligned as a package in 2021-22 to deliver changes in line with the Government's agenda to improve access to services with a clear emphasis on a preventative health agenda.
- In recognition of the vital role of the wider workforce in the ongoing delivery of General Medical Services, and continuing the award from last year, an exceptional award of £4.8m was agreed to fund a 3% pay uplift for all practice staff, mandated as part of the 2021-22 contract agreement
- A commitment that the investment for 2021-22 into Global Sum is recurrent.

From the start of the Contract Reform programme there has been significant investment into GMS, with a further £9.4m in 2021-22. This investment into Global Sum results in an increase to the investment per weighted patient from £95.65 to £98.51.

Supporting additional capacity in GMS

As part of the contract agreement, to support additional capacity within GMS and to support the system to meet the 2021-22 winter pressures, £2m new funding was made available during the 2021-22 financial year. This was to fund additional staff resources above what was already in place within GMS.

From 1 April 2022, capacity funding of £4m will be made available, recurrently for three years, accessible to practices via Health Boards. This scheme, facilitates match funding of up to 50% of the cost of either additional posts upon appointment or additional hours worked by existing post-holders, enabling GP practices to take on additional administrative and clinical resourcing. This will support the full implementation of a new joint commitment to improve access to GMS.

Access to and from GMS

As a result of the pandemic, access models have changed, with rapid deployment of digital tools to enable remote consultations where clinically appropriate and so a blended model now exists. The new Access Commitment, agreed this year and coming into force on 1 April 2022, will build on and support a blended model of access whilst also ensuring a more planned and forward looking approach is taking to managing patient need. This is a significant step forward towards improving access to services, a Programme for Government commitment.

The Access Commitment will require practices to adapt current systems to ensure contact from patients is supported throughout the day and advance booking of routine appointments is available. There is a clear emphasis on patient need being met at the first point of contact, although not in a clinical sense, but rather that patients will be informed of their next step, without the need to contact their GP practice on multiple occasions. Implementation of the Commitment will be driven by a new phase of Access Standards and £5.2m investment for 2022-23.

Quality Assurance and Improvement Framework

The Quality Assurance and Improvement Framework will be restructured for the 2021-22 cycle to rationalise current requirements around cluster working and quality improvement. Two new Quality Improvement Projects, mandatory within the framework will drive improvements in data quality and standardisation, which is key to the development of the National Data Resource (NDR), of which GMS is a key part.

The new Programme for Government, coupled with A Healthier Wales, puts a strong emphasis on working at scale and jointly with key partners to plan and deliver services, to create seamless and integrated care. Primary Care clusters (covering 25,000 to 100,000 population footprint) are the vehicle for multi-professional engagement to ensure patients' needs are managed and planned appropriately.

Work is underway, through the Strategic Programme for Primary Care, to accelerate the development of Primary Care clusters, which have been developing organically for some time. Under the strengthened arrangements, GP's, and other Primary Care contracting professions, will be required to engage as profession based Collaborative, which will then feed into cross Collaborative discussions and Pan Cluster Planning Groups. We have revisited the cluster working requirements within QAIF this year to account for this developing area of work.

Next steps on contract reform for GMS

The response to, and recovery from, the pandemic provides a unique opportunity to reset thinking in terms of the future direction of the GMS Contract. Its current form is collectively viewed as overly complex and multi-layered given the vast range of Enhanced Services layered on top of the core contract. A Unified Contract workstream will consider what services should be included in a new, streamlined core contract, focussing on those which can only be delivered within GMS. Other, more specialised services, lend themselves to wider and scaled up delivery model to ensure a multi-disciplinary approach.

Digital Technology driving change

In 2021, a longer term plan was announced for how we embed video consultations into the technology available to GPs, and other clinicians, as a standard offering - to be available alongside existing face to face and telephone methods.

The ePrescribing programme was also launched in September 2021, which will digitise the medicines journey for patients and clinicians. It will complete the digitisation of the primary care prescription service, saving GPs time in terms of not having to print and sign a paper prescription before it is taken to a pharmacy.

We are continuing to work with the NHS to provide (in an inclusive way) more digital tools for GPs and patients to make processes as efficient as possible, allowing clinicians to spend more time with patients.

Premises

This year, Welsh Government commissioned research by health care planners to explore the approach taken to investment in Primary Care premises and capital development, and how this relates to current policies. One of the areas highlighted is the sustainability of the ownership model of GP Practices. An increasing number of GPs and potential GPs see the model of practice partnerships as owner-occupiers of premises as being barrier to continuing to be or becoming a GP. Future investment decisions will need to take account of potential changes to ownership structures, such as practice premises being owned by the NHS, local authorities or Health Boards, rather than GPs themselves.

GP Earnings

The published 2019-20 GP Earnings and Expenses data highlights for GPs in Wales <https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates/2019-20>

- The average income before tax for GMS contractor GPs in Wales in 2019-20 was £108,800, compared with £106,200 in 2018-19, an increase of 2.4%. Total expenses increased only marginally, from £184,200 in 2018-19 to £186,800 in 2019-20, an increase of 1.4%.
- The average income before tax for GMS salaried GPs in Wales in 2019-20 was £60,800 - compared to £58,400 in 2018-19, an increase of 4.1%.

GP Workforce

Wales National Workforce Reporting System

The latest published workforce data relating to GPs and general practice staff is as at the end of at 30 June 2021⁶. This has been sourced from the Wales National Workforce and Reporting System (WNWRS) quarterly data extract which is subject to full validation processes by NHS Wales Shared Services Partnership and Welsh Government Knowledge and Analytical Services. The data shows that in Wales, as at 30 June 2021, there were 392 active GP practices. Current staffing levels are as follows with the previous year shown in brackets:

- 2,002 (1,943) GP practitioners (includes partners, providers and salaried GPs but excludes registrars, retainers and locums)
- 367 (291) GP registrars (trainees on GP specialty training programme, currently placed in a GP practice)
- 28 (17) GP retainers (a GP practitioner on the GP retainer scheme, only able to practice a maximum of 4 clinical sessions a week)
- 814 (810) GP locums registered to practice in Wales with 412 recording details of shifts undertaken on Locum Hub Wales.
- 1,408 (1,398) registered nurses
- 1,237 (1,119) direct patient care staff
- 5,345 (5,120) administrative or other non-clinical practice staff

The WNWRS now holds information for all practices across Wales. As a result of directly supporting practice managers, NWSSP have been able to address almost all outstanding issues of data validation or where inaccurate information has been provided by practices. Benefits of the system are starting to be seen, for example:

- Working on the data extracted from WNWRS, NWSSP have been able to identify a disproportionately high number of GPs over the age of 65 in one Health Board. NWSSP were able to share this data with Primary Care Leads who were not aware that this was an issue in their Health Board as Cluster Leads had been reporting there were no concerns for workforce planning.

⁶ [General practice workforce: 31 December 2020 to 30 June 2021 | GOV.WALES](#)

- Going forward, the data will allow us to continue to see trends and seasonal changes in staffing levels to base decisions about Primary Care and subsequently the GMS contract. This evidence has and will continue to help both Welsh Government officials and GPC Wales evidence their arguments and reach a sustainable and favourable outcome for all GP Practices in Wales.

All Wales Locum Register

Introduced in April 2019, The All Wales Locum Register (AWLR) enabled a greater understanding of the needs and support the locum market provide to general practice.

From February 2021, locum GPs registered on the AWLR were required to log shifts worked on Locum Hub Wales (LHW), in order to benefit from the state-backed General Medical Practice Indemnity (GMPI) of practices they undertake sessional work within.

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RECRUITMENT, RETENTION AND MOTIVATION

The Partnership Premium Scheme

The Partnership Premium Scheme was introduced on 1 October 2019 as an incentive for GP's to take up partner roles and with payments made based on clinical sessions undertaken. After nearly two years since launch, data up to September 2021 shows that Partnership Premium is now the biggest retention scheme, when compared with the Seniority Scheme. The number of GPs in both the core and the higher scheme continues to rise each quarter, whilst the number in the frozen Seniority Scheme declines each quarter.

Quarterly payments are in excess of £1.2m and gradually increasing each quarter. Annual payments are now c. £5m.

In light of the introduction and ongoing support of the Partnership Premium Scheme agreement was reached in the 2020-21 GMS negotiations that the Seniority Scheme payment scales will be frozen at their current levels with no future uplifts applied. Payments into this scheme are still £1.3m per quarter.

As detailed above we have continued to monitor trends and success of the scheme and so as part of the 2021-22 agreement a new funded Partnership Premium Scheme for non-GP partners will be introduced, in recognition of the vital role these staff play in the sustainability of GMS. This scheme will be rolled out in phases, with phase 1 being open to those who had signed a Partnership Agreement prior to 31 March 2021.

The GP international induction (IIP) and return to practice (RtP) programmes

The scheme forms part of a package of measures to support the recruitment and retention of GPs in Wales, working alongside the Train Work Live campaign.

The following routes are available via the IIP and RtP programmes:

- International induction as a standalone application via a Learning Needs assessment
- International induction via streamlined CEGPR process assessment (open to GPs who qualified in the following countries, Australia, Canada, New Zealand and South Africa)
- Return to practice for UK qualified GPs who have not worked in UK general practice for two or more years via a learning needs assessment
- Return to practice via portfolio route for returning GPs with prior work in the NHS who have not worked for 2 to 10 years in NHS general practice

There are a range of funding mechanisms and support available:

- A monthly fee equivalent to an ST3 salary
- Membership of the Wales scheme for General medical Practice Indemnity (GMPI)
- Help towards the costs of “top up” indemnity
- Help towards the costs of childcare whilst in a supervised placement on the programme. Up to £2000 pro rata (a max of £333 pro rata per month per child) under the age of 11.
- Help towards the costs of social care whilst in a supervised placement on the programme. Up to £2000 pro rata (a max of £333 pro rata per month per dependent) to meet the costs of providing care to a dependent in their absence.
- Reimbursement of Visa fees depending on individual circumstances
- Up to four fully funded attempts at the assessments

Conclusion

Through 2021 Welsh Government have continued our support for general practice to ensure the service remained open and able to respond to patient need during the course of the pandemic. The level of support has changed at times to reflect the severity of the challenge faced by GPs and their teams.

As at the beginning of December 2021, general practice has delivered 25% of the first and second doses of our vaccination programme; this was facilitated through payment arrangements that reflected the urgent public health need, with the intention that core service delivery was also maintained. Contract relaxation measures were agreed to facilitate these twin aims, with a reliance on clinical judgement in patient call and recall for chronic condition management and cessation of certain non-essential enhanced services to the 30 September 2021. Also note that the rate highlighted above is due to increase because of GMS involvement in the booster programme. Practices benefited from an extension of the financial guarantees given in 2020 for any enhanced services that were ceased. In guaranteeing income for work that was stopped, practice income from the Covid 19 vaccination programme and increased Influenza vaccine uptake was additional gross income for practices in 2021.

Chapter 6 General Dental Practitioners

Introduction

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

The past year has been dominated by the coronavirus (Covid-19) pandemic which has necessarily required significant change and response with a shift to maintaining wider NHS dental activities with a focus on provision of urgent care and addressing delayed and postponed treatment. The underlying aim throughout the past year has been the need to keep dental teams, patients and the wider community safe.

Welsh Government acknowledges and appreciates all those in the dental community who have worked hard to meet patient need and offer dental services during our response to the Covid-19 pandemic.

Contract reform and the Covid-19 response

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

Whilst Covid-19 paused the planned progress to increase dental practice participation in the reform programme to 50% and beyond, learning from the programme is being used to support practices during the recovery period. This has seen a shift to delivering evidence informed, preventive care and treatment, coupled with a suspension of Unit of Dental Activity (UDA) targets for 2020-21 and 2021-22.

All practices, including those not previously part of the reform programme, are collecting oral health risk and need of patients treated. These data are being reported to Health Boards and will contribute to the longer term change we want to see.

In the 2021-22 financial year we are continuing to build on learning from contract reform, the pandemic response, and consolidating familiarity with a need/risk led preventive and evidenced informed provision of primary care dentistry. Focus is being placed on the recovery and reset of dental services including increased access, particularly to those most at risk.

In Quarters 1 to 3 of 2021-22 we have set measures for practices on the application of fluoride varnish, taking on new patients and appropriate recall intervals.

Work is ongoing regarding an additional measure in Quarter 4 of 2021-22 regarding NHS contract holders completing the Wales National Workforce Reporting System

(WNWRS). The WNWRS is being rolled out across all primary care contractor services and will be used for workforce planning purposes.

The pandemic has not altered the vision of contract reform and it is expected that the programme of reform will restart from April 2022.

2021-22 settlement

For 2021-22 DDRB again decided to restrict their recommendation to an uplift in pay only of 3.0% net of expenses. In terms of the data historically used in the DDRB formulae-based decisions for independent GDPs, the DDRB report also included the following elements:

- 3.0% for dental salaries (income);
- 0.3% for staff costs;
- 1.4% for laboratory costs;
- 1.4% for material costs; and
- 1.1% for other costs.

If the same formula approach as in previous years had been applied by Welsh Government, using the coefficients and values above, it would have resulted in an overall increase in GDS contract values of some 2%.

Recognising the ongoing commitment and hard work of dental practitioners and all practice staff in the delivery of dental services, the Minister for Health and Social Services agreed additional investment on top of the pay uplift element of 3%, in order to ensure GDS contracts were uplifted by a full 3% from April 2021-22.

In agreeing this investment, Welsh Government and British Dental Association Wales (BDA Wales) shared the expectation that the 3% GDS contract uplift was passed on in terms of the pay increases for dental teams contracted or employed in delivering NHS dental services.

The non-consolidated NHS Wales bonus (gross £735) awarded in recognition of all staff's contribution to the pandemic was entirely separate from the DDRB award.

Welsh Government and BDA Wales acknowledge there continues to be complex and wide-ranging areas of consideration across the whole of dentistry and we remain committed to working collectively with a view to building on the collaborative approach adopted during the pandemic period. Welsh Government and BDA Wales have agreed to keep under review the approach to expenses and to consider any other approaches on gaining a greater understanding on general dental practice expenses.

Policy update

Activity levels reduced sharply at the start of the Covid-19 pandemic in March 2020, but have since increased as more treatments have resumed. More courses of treatment took place in the quarter ending June 2021 than in any quarter since the

pandemic began, but activity remains at less than half the level it was in the last quarter largely unaffected by the pandemic (Jan-Mar 2020).

Some caution needs to be taken in interpreting this as 'activity' data as it does not take into account fallow time, social distancing, enhanced PPE donning and doffing, etc. However, it does indicate dentistry is one of the most complex areas of primary care in terms of the reinstatement of services, and the requirement of enhanced PPE and time between treatments is impacting on the number of patient's being treated.

Dental services currently remain in the amber phase of recovery meaning practices are providing a full range of care and treatment for patients although public health measures mean fewer patients can be 'seen' in a clinical session. Dental practices are adhering to Standard Operating Procedure guidance so they can carry out procedures safely.

Practices have been asked to treat people who have experienced problems during lockdown first and also prioritise care for those who had treatment delayed as a result of the pandemic.

Welsh Government have provided additional funding to support dental services - £450,000 specifically for improved ventilation in dental practices and up to £3 million for Health Boards in 2021-22 to help expedite the recovery of services and bolster urgent and emergency care.

GDP Earnings

Data comes from the NHS Digital report *Dental Earnings and Expenses Estimates 2019-20*. This is the second time that figures have been published separately for England and Wales; prior to this, findings have been published for England and Wales combined. In addition to publishing these England and Wales' figures separately, there has also been an unavoidable methodological change in the way dental type is determined in the countries. These two changes mean that the figures in this report are not comparable with any figures published prior to last year.

For all self-employed primary care dentists, average taxable income from NHS and private dentistry was £68,700, a 7.0 per cent increase from 2018-19.

For Providing-Performer dentists, average taxable income from NHS and private dentistry was £98,900, an 11.8 per cent increase from 2018-19.

For Associate dentists, average taxable income from NHS and private dentistry was £61,900, a 5.3 per cent increase from 2018-19.

Looking at all dental type classifications combined, on average, male dentists had higher gross earnings, total expenses and taxable income than their female counterparts. For all male self-employed primary care dentists, average taxable income was £79,400 compared to £58,500 for all female self-employed primary care dentists. This is however, partly explained by a higher proportion of male dentists being Providing-Performers.

It is important to note that the report includes both full-time and part-time dental earnings and expenses, and given that on average male dentists tend to work longer weekly hours compared to their female counterparts (as shown in the 'Dentists' Working Patterns, Motivation and Morale – 2018-19 and 2019-20' report), this could be another contributory factor to the differences observed in earnings and expenses by gender.

GDP Expenses

Average expenses (business expenses allowable for tax purposes) for all dentists in Wales in 2019-20 was £80,400, a 6% increase from 2018-19. For Provider-Performer dentists average expenses were £223,600, an 8.5% increase from 2018-19. For Associate dentists they were £48,100, a 3.4% rise from 2018-19.

NHS Digital data show that 53.9% of gross payments to dentists in Wales was to meet expenses in 2019-20, a 0.2% decrease from 2018-19.

Results show average taxable income for all self-employed primary care dentists generally increased with the average weekly hours worked. For all self-employed primary care dentists, it is notable that the expenses to earnings ratio (EER) was considerably higher for dentists working more than 45 hours per week (73.6%) compared to those who worked fewer than 35 hours per week or between 35 and 45 hours a week, 53.6% and 50.9% respectively.

Recruitment, retention and motivation

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

Even before the pandemic some dental practices were experiencing difficulties with recruitment and retention of dentists, and this is impacting on the provision of NHS dental services. We continue to discuss with Health Boards how to address these issues, including incentives and greater use of skill mix. For example, Powys Health Board have directly employed dentists to work in their managed dental practice. In addition Welsh Government continue to fund career development and clinical fellow posts to follow on after the foundation year of training.

Health Education and Improvement Wales, who are a Special Health Authority, are looking at the commissioning of training numbers, training and education packages to help develop the workforce; and considering whether there are more effective workforce models to deliver services which could improve dentists' workloads and make practices more sustainable.

The complexities that affect the dental workforce such as changes in working patterns and increased specialisation is acknowledged. Our ongoing dental reform programme has highlighted the advantages of a well-balanced dental team delivering preventive-based approaches in general dental services. As part of the reform programme we will be working with practices to improve access, experience and quality of dental care.

We are also looking to identify and establish innovative opportunities to upskill and improve career pathways in dentistry and to ensure development of the dental workforce is aligned to the stated ambitions and themes within the Welsh Government Workforce Strategy for Health and Social Care 2020.

Working patterns, motivation and morale

There has yet to be an update to the NHS Digital *Dentists' Working Patterns, Motivation and Morale 2018-19 and 2019-20* report. Therefore the position remains as reported in last year's evidence.

In summary:

- dentists (full and part-time) reported working an average of 36.0 hours per week in dentistry, with 26.8 hours (74.3%) devoted to NHS dental services;
- on average, Provider-Performer dentists worked more weekly hours (39.3 hours) than Associates (35.0 hours);
- dentists reported that their time spent on dentistry was split into 83.2% on clinical work and 16.8% on non-clinical work;
- Associates have a higher 'overall average' motivation score (42.5%) compared to Provider-Performer dentists (35.7%);
- Associates rate their morale more highly than Providing-Performer dentists with 26.4% reporting their morale as either 'very high' or 'high' compared to 17.3%;
- nearly two-thirds (66.0%) of Providing-Performer dentists rate their morale as 'very low' or 'low', compared to 44.7% of Associates.

Welsh Government remain conscious of the concerns expressed by dentists about workload, pay, operational aspects of the contract and perceived increases in administration. We continue to work with the dental profession in considering new and improved ways of working which includes reform of the dental contract.

We recognise that Providing-Performer dentists in Wales have the lowest income and some of the lowest levels of motivation and morale in the UK. At the same time Associates have the highest incomes and are among the most motivated in the UK. This isn't just an issue of pay and as part of our dental reform programme we continue to want to work with the dental profession and their representatives to shape change.

Community Dental Service (Salaried Dentists)

Latest data shows for the year to March 2020 there were 104.1 whole time equivalent (WTE) dentists working in the Community Dental Service (CDS). This is a fall of 3.3 WTE compared to 2018-19.

The CDS provide NHS dentistry to vulnerable people, for those who have experienced difficulty obtaining treatment from general dental service, or for whom there is evidence that they would otherwise not seek treatment. They also deliver oral health promotion and intervention programmes including the Welsh Government's *Designed to Smile* child oral health improvement scheme and the

Gwên am Byth (A Lasting Smile) oral health programme for older people living in care homes.

Many CDS staff undertook essential NHS Covid-19 roles during the pandemic. The *Designed to Smile* and *Gwên am Byth* programmes will be recommencing during the latter part of 2021-22 as CDS staff return to their usual roles.

Chapter 7 – Bank and Agency

Table 7.1 - Agency and Locum (premium) Expenditure

Agency/Locum (premium) Expenditure					
	Medical & Dental	Nursing & Midwifery	Other Temp Staffing	Total	As a % of Total Pay
	£000's	£000's	£000's	£000's	%
2014-15 Annual Expenditure	40,956	28,720	18,110	87,787	
2015-16 Annual Expenditure	62,057	45,903	27,257	135,218	
2016-17 Annual Expenditure	77,348	53,846	33,163	164,358	4.7%
2017-18 Annual Expenditure	60,033	51,431	24,259	135,724	3.7%
2018-19 Annual Expenditure	54,622	65,440	23,577	143,640	3.8%
2019-20 Annual Expenditure	60,646	81,605	34,544	176,795	4.2%
2020-21 Annual Expenditure	58,600	94,429	46,115	199,144	4.1%
2021-22 Annual Expenditure	63,156	125,507	59,038	247,701	5.1%

Data Source: Welsh Government

NHS Wales Collaborative Bank Partnership

Scope

The concept of the Collaborative Bank Partnership (CBP) was established in April 2020, to support cross boundary working and to deliver weekly pay to all bank workers (including those with substantive posts); thus, reducing the reliance on premium cost nursing agency spend.

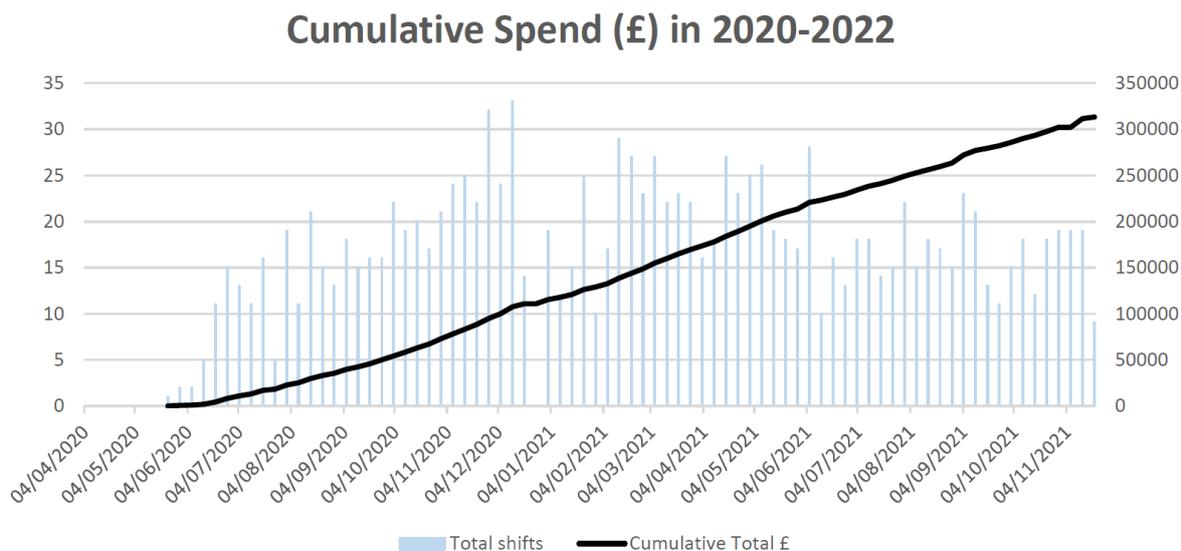
Progress

Since launching in April 2020 during the first Covid-19 peak a significant collaboration effort between multiple NWSSP divisions, the two Health Boards currently engaged with the CBP along with external technology providers (ESR & Allocate) completed the pilot set up between Swansea Bay and Cwm Taf Morgannwg University Health Boards. Launching the CBP during Covid-19 was not without risk but deployed additional temporary workers across the organisations at its most critical time.

Since April 2020, the Collaborative Bank Partnership has grown, it currently has a workforce headcount of 181 employees, 167 of these are active bank workers, cleared to work across NHS Wales organisations, with an average time to recruitment and deploy a nurse to the front line in under 7 days. The Collaborative Bank is currently open to Registered Nurses, but additional staff roles are currently being explored (i.e., Endoscopy, Physiotherapy, Midwifery and Mental Health).

To date, this supplementary NHS workforce has benefited from receiving weekly pay for over 1,374 shifts, providing circa 13,000 hours of nursing care at a cost of circa £313.2K; which has realised significant costs savings compared to Nursing Agency spend.

The below graph shows the total number of shifts worked in month, along with total spend to date.



Next Steps

NHS Wales Shared Service Partnership working with Health Board across Wales to.

- Discussions are currently underway to add additional Health Boards to the partnership i.e. Betsi Cadwalladr and Powys.
- Facilitate full cross boundary working which has been prevented due to Covid-19 infection control risks.
- Continue to work with Health Boards in collaboration to review and standardise protocols and procedures to address issues related to dealing with concerns and upholding professional standards etc.
- Expand the Collaborative Bank in additional Health Boards to have a more regional bank approach.
- Expand into new roles such as specialities (i.e., Endoscopy, Physiotherapy, Midwifery and Mental Health) as well as HCSWs, which due to Covid-19 NHS Wales organisations are now reporting a shortage.
- To utilise technology further to further improve the experience for users. This will be achieved with an electronic application form via TRAC to join Collaborative Bank as well exploring increased functionality through the Allocate Software to advertise, book and manage shifts.

Chapter 8 - Changes in NHS Wales

Nurse Staffing Act

The reporting period of the Nurse Staffing Levels (Wales) Act 2016 was established under section 25E of the legislation at 3 years, the first of which ended in April 2021. Health boards submitted their three-year nurse staffing levels reports to Welsh Government in October (allowing time for all serious incident investigations for the period to be closed, which can take several months). The Welsh Government's document summarising these reports will be published in December 2021.

Reliably assessing impact requires volumes of data over time, and a single reporting period's worth of information is too early a stage to make many definitive claims in that regard. Implementing this legislation is about long term impact and supporting the nursing workforce into the future rather than short-term headlines.

The one definite impact we can report on at this stage is the financial difference when comparing establishments before and after the Act's second duty came into force. There were 139.74 additional WTE RNs (+3.3%) and 597 additional WTE HCSWs (+23.8) funded into the adult medical and surgical establishments at the final calculations of the reporting period in November 2020 compared to March 2018. That equates to approximately £21.94m additional funding of band 3 and band 5 nursing staff (based on midpoint Agenda for Change salaries for 2021/22 with 30% on-costs).

It is worth noting that a snapshot comparison of establishments from immediately before the reporting period and at its end is a simplistic metric based on the data presented for those two static points in time. It cannot take into account the dynamic nature of ward changes and staff investments within each of the three years - not least when the third year was so significantly disrupted by the Covid pandemic.

With the extension of the Act's second duty to paediatric inpatient wards in October 2021, we have seen a similar increase in nurse staffing following the first triangulated calculations under their new duties. Compared to the health boards first data returns against compliance with the interim nurse staffing principles in November 2019, there are now 81.96 WTE additional RNs (+21.7%) and 26.44 WTE additional HCSWs (+30.6%). That equates to approximately £3.7m additional funding of band 3, 5 and 6 nursing staff on paediatric inpatient wards

Anecdotally, we know that nurses at all levels feel that their professional judgement is more supported following the implementation of the Act. Even at executive level, the Act has strengthened the nurse's voice in historically difficult conversations about staffing establishments.

Transformation Fund

The **£150 million Transformation Fund** is supporting the scaling of seamless models of health and social care delivered through Regional Partnership Boards (RPBs). Prior to the Covid-19 emergency, £89 million had been allocated across all seven RPBs to support 14 proposals, £11m was moved into the Covid-19 response reserve. An

additional £50m was allocated to the Transformation Fund for an additional year, to continue delivery but also play a fundamental role in our Covid-19 response:

- £24.3m for the West Glamorgan Regional Partnership.
- £4.6m for the Powys Regional Partnership Board
- £21.4m for the North Wales Regional Partnership Board
- £19.2m for the West Wales Regional Partnership Board
- £23.2m for the Gwent Regional Partnership Board
- £12.4m for Cardiff and Vale Regional Partnership Board
- £33.7m for Cwm Taf Morgannwg Regional Partnership Board

TF projects summary:

<https://gov.wales/health-and-social-services-transformation-fund-projects>

Example 1:

Cardiff and Vale: **Me, My Home, My Community** includes changes to the way organisations work together in hospitals. Local authorities work with the NHS to provide increased daily contact on the wards. The Get Me Home Plus project, sponsored by the Transformation Fund, sees people being assessed in their own home after being discharged from hospital, rather than being assessed before being discharged. This gives a better understanding of the support and adaptations needed in the home, and allows people to return home more quickly after a stay in hospital. Wrap-around care at home is provided by healthcare professionals, social services carers, and social workers.

During the first 6 months of 2021 the project had the following outcomes:

1,441 patients supported with discharge

187 resolved at first point of contact

100% of health staff feels service supports a better discharge

Similar rapid discharge projects are underway in other regions.

Example 2:

The **Stay Well At Home** project which operates throughout the Cwm Taf Morgannwg region provides a service that consists of a multi-disciplinary hospital based team of health and social care professionals operating 7 days a week. It has proved successful in supporting people to be as independent as possible, ensuring they receive the right treatment at the right time, and helping them to achieve their own personal well-being outcomes. The service has significantly reduced the average length of stay for people in hospital across the region.

A national mid-point evaluation of the fund was published in 2020 and offers valuable learning for the ongoing implementation of new models of care. An update was published earlier this year:

Health and social services transformation fund 2018 to 2021: evaluation | GOV.WALES

Communities of Practice (CoPs) have been established to share experiences and best practice across RPBs focussing on the themes identified in the evaluation report - hospital to home services; community based care; emotional and mental health; and

technology enabled care. An output document for the hospital to home CoP is available here:

<https://gov.wales/hospital-home-community-practice>

Workforce Strategy for Health and Social Care

In 2020 Health Education and Improvement Wales and Social Care Wales published the 10 year workforce strategy which sets out an ambition for a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

The workforce strategy is shaped around the following seven key themes, and each section will contain a number of actions. The actions will be delivered via a series of underpinning implementation plans.

- An engaged, motivated and Healthy workforce
- Attraction & Recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent Education & Learning
- Leadership & Succession
- Workforce Supply & Shape

The strategy is published on the HEIW website, which can found at the link below:

<https://heiw.nhs.wales/programmes/health-social-care-workforce-strategy/>

Please note that a special edition bulletin was published in December which includes an update on the strategy. This can be found at:

<https://heiw.nhs.wales/files/workforce-strategy-bulletin-winter-2021/>

Risk Assessment Tool

Understanding why our ethnic minority communities were so disproportionately impacted by COVID-19 required identifying the evidence to act in an informed way to minimize avoidable harm to these vulnerable groups. This called for swift action from the Welsh Government, who taking a cross-government approach, established the [Black, Asian and Minority Ethnic Covid-19 Advisory Group](#), chaired by Judge Ray Singh in April 2020.

Two subgroups of this group were set up. A [Socio-economic subgroup](#) chaired by Prof Emmanuel Ogbonna and a [Scientific Risk Assessment subgroup](#) chaired by Prof Keshav Singhal MBE. The Risk Assessment subgroup was tasked with developing a risk assessment tool for use by NHS and Social care staff.

Within one month the RA tool was developed and launched by the Welsh Government for use by all NHS/Social care staff on 27th May 2020 by the First Minister of Wales. ([Launching risk assessment to support BAME workers | GOV.WALES](#))

The COVID-19 Workforce Risk Assessment Tool uses Government guidelines, and the most up to date research, evidence and data available to identify known risk factors, including age, sex, ethnicity, underlying health conditions, obesity and any relevant family history in relation to COVID-19. It is a combination of these various factors coming together which contribute to the severity of infection.

The approach is a self-assessment in the first instance. This supports and empowers our workforce to consider their own health and wellbeing status – this personal score gives an indication of their likely level of risk and the safeguards they should expect in their workplace setting.

The Risk Tool is available in several versions tailored for different workplace settings including for **NHS** staff, **Health and Social Care**, **Education** a **Generic** version for other workplaces as well as an **Easy Read** version. These can all be accessed on the Welsh Government webpage [COVID-19 workforce risk assessment tool | GOV.WALES](#)

The first version of the Tool was developed in pdf form and distributed across the NHS and Social Care for immediate use. Subsequently an interactive version was developed on the [Learning@Wales](#) platform along with an electronic version for NHS staff on the [Employment Staff Record](#) system. By August 2021:

- Over 71,000 Health staff had completed a personal assessment with the majority doing so using the ESR system. This represents around 90% of all NHS staff.
- Over 3,000 assessments were completed using the Learning@Wales platform. These included Social Care (700), Education and Local Authority (1,500) and other public and private sectors (700).
- The pdf version of the Risk Tool was actively used by North Wales Police and Dyfed Powys Police.

It is not possible to accurately estimate the number who completed paper or online pdf versions. However, website analytics show over 58,500 unique page views (up to December 2021) to the main web page from users based in the UK, Europe and beyond.

Chapter 9 – Total Reward and Pension

Pension

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

The Department for Health and Social Care are currently consulting as employee contribution rates will be amended from April 2022, these changes will impact people's take home pay.

The changes from April 2022 in relation to the McCloud ruling will also impact.

Bank employees⁷

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

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

This rule also applies to freelance GP locums.

NEST - National Employment Savings Trust

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

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

⁷ NHS Pensions - calculating the membership [Internet]. NHS Business Services Authority. 2015 [cited 10 January 2020]. Available from: <https://www.nhsbsa.nhs.uk/sites/default/files/201702/Calculating%20Membership%20Factsheet%20V3%2004.2015.pdf>

Number of people in Pension schemes in Wales and ONS

Table 9.1 – Pension Scheme Membership by Staff Group - Mar 20

*The tables in this section have been provided by Health Education Improvement Wales (HEIW).

Staff Group	NHS Pension	NEST Pension	Not in Pension	Total
Add Prof Scientific and Technic	2877	48	197	3122
Additional Clinical Services	19516	605	1427	21548
Administrative and Clerical	20116	461	1787	22364
Allied Health Professionals	6916	164	327	7407
Estates and Ancillary	7758	177	891	8826
Healthcare Scientists	2174	50	103	2327
Medical and Dental	6938	84	1558	8580
Nursing and Midwifery Registered	23666	1817	1657	27140
Students	116		14	130
Grand Total	90077	3406	7961	101444

Table 9.2 – NHS Pension Scheme Membership by Agenda for Change Pay Band - Mar 20

Pay Grade	NHS Pension	NEST Pension	Not in Pension	Total
Band 1	223	2	71	296
Band 2	17726	474	1732	19932
Band 3	12221	390	931	13542
Band 4	7975	174	493	8642
Band 5	15698	816	1366	17880
Band 6	14637	806	943	16386
Band 7	8781	462	434	9677
Band 8a	2975	98	143	3216
Band 8b	1194	36	75	1305
Band 8c	739	35	30	804
Band 8d	327	19	28	374
Band 9	162	4	19	185
Other Pay Grades	7419	90	1696	9205
Grand Total	90077	3406	7961	101444

The above tables highlight the majority of people in NHS Wales are in the NHS Pension scheme or the NEST Pension scheme. Of these two schemes the NHS Pension scheme is the most popular.

Total Reward

Total Reward Statements are available to all NHS Wales staff to access via ESR Self Service they include financial personal details and employer benefits. A number of benefits are provided by all organisations e.g. access to the NHS Pension Scheme, childcare vouchers, Flu Vaccination Programme however there are some organisational variations with different benefit in kind schemes being offered e.g. some organisations offer IT schemes.

Chapter 10 - Targeted Pay

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

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

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

The challenge of recruiting to particular specialities need to be addressed through workforce planning, recruitment initiatives as well as changing the way roles are designed. At this stage we do not wish to consider the use of targeted pay until we have evaluated the impact of some of our wider measures designed to address the underlying causes of recruitment challenges.

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

Chapter 11 - Future Direction of NHS in Wales

A Healthier Wales

A Healthier Wales is our long term plan for Health & Social Care that sets out a long term future vision of a 'whole system approach to health and social care' focussing on health and wellbeing, and prevention. The aims and objectives of this strategy and those underpinning it have provided a solid foundation to the Covid-19 response through established partnership and integrated working. There is a recognition that both the world we live in has changed as a result of the pandemic, and that the long term vision in *A Healthier Wales* has been validated and is still relevant for the Wales of today.

In March 2021 the 40 actions in *A Healthier Wales* were critically reviewed to ensure they reflected the work required to support the stabilisation and recovery of services following Covid-19 and the priorities that have been brought to the forefront by the pandemic. Some actions were closed, and new themes and actions were introduced to focus on building resilient communities in Wales, health inequities, prevention, mental health, children and young people and decarbonisation.

Decarbonisation - As part of our commitment to embed our response to the climate emergency in everything we do we published the **NHS Wales Decarbonisation Strategic Delivery Plan** in March 2021. This plan sets out 46 commitments for delivery by 2025 across our highest emissions areas including Buildings, Procurement, Land Use, Mobility and Transport. 30 of these commitments are due for delivery by 2023.

A dedicated Health and Social Services Programme has been developed, including a Programme Board to provide strategic leadership, engagement and support to Health and Care services in Wales to transition to net zero by 2030. Dedicated funding has also been provided for an evidence based project which will develop a **Social Care specific strategy** to complement the NHS Strategic Delivery Plan.

Inequities - It is widely acknowledged that the Covid-19 pandemic has exacerbated health inequalities and outcomes for people who already face disadvantage and discrimination. Work is already underway and is reflected in the cross government policies of the **Strategic Equality Plan 2020-2024** (which now includes an objective to eliminate inequality caused by poverty); and the **Race Equality Action Plan** (which acknowledges the impact Covid-19 has had on existing health inequalities for some groups).

The '**Placing health equity at the heart of Covid-19 sustainable response and recovery – Building prosperous lives for all in Wales**' report which was published in March 2021, highlights Wales' position as the first country to apply a milestone World Health Organization European Health Equity Status Report initiative.

We know that being a healthy weight has become one of the most effective ways to reduce the risk of long term health conditions and so a revised delivery plan for our **Healthy Weight: Healthy Wales** ten year strategy was launched in March 2021 to

drive forward key targeted actions along with **£13m of funding** for the first two years.

Prevention – We have seen positive behaviours in terms of prevention and an increased personal responsibility demonstrated during the Covid-19 pandemic to help people stay well. A **shift from reliance on traditional services to prevention and wellness** is an integral part of the *A Healthier Wales* vision, and has never been more important given the pressure on our system. Pressures this coming winter will be challenging and will require organisations to continue to adopt new ways of working and to deliver care closer to home.

With support from the Transformation Fund (TF) and Integrated Care Fund (ICF), Regional Partnership Boards have developed new models of care that have proved invaluable over the past 18 months including rapid discharge from hospital to home, and admission avoidance models.

We have continued to support our targeted prevention policies. The publication of a revised action plan for '**Transforming the way we deliver Outpatients in Wales**' highlights a new approach, embracing technology and empowering the public. We have also launched the new **All Wales Children and Young People Weight Management Pathway 2021** with investment of **£2.9m** to support Health Boards to develop and implement local plans. This programme complements and supports the adult pathway. Further investment of **£7.8m** over 2 years has also been provided for **Breast Test Wales** for equipment and centre upgrades.

Children and Young People - Children and Young People were identified as a priority group in the Parliamentary Review that led to the introduction of *A Healthier Wales* and our commitment to provide the best possible start for the youngest members of our society remains. To deliver this ambition, **funding of £20m** has been invested through the Integrated Care Fund to support activity for children with complex needs. A **£2m investment** has been made in three Regional Partnership Boards to provide pump priming support to develop residential services for children and young people and further financial support has been agreed for the remaining four regions to develop and improve residential services in their areas.

In the longer term we recognise that social care reform needs to directly address children's needs and the white paper '**Rebalancing Care and Support**' therefore included children's services as part of the wider sector reform proposals.

Speech and Language support is vitally important for development and for those children and young people with complex needs. To address commitments in our '**Talk with me**' plan and as part of Covid-19 recovery proposals, we have provided an additional **£250,000 for 2021/22** for health boards and specialist centres.

Mental Health - The Covid-19 pandemic and the introduction of social distancing restrictions and lockdowns have had a significant impact on people's wellbeing and mental health. That is why we have ensured mental health services are a priority for investment and the focus of a specific action *A Healthier Wales*.

The **‘Together for Mental Health’ Delivery Plan 2019-22** has been updated to reflect the impact Covid-19. We are prioritising service redesign to improve prevention, tackle stigma and promote a ‘no wrong door’ approach to mental health support. This approach will include rolling out child and adolescent mental health services in schools across Wales, increasing support for both staff and patients in our health and care systems, and providing an additional **£991,200** for a further year for the healthy and active fund to support mental health.

Digital and Technology - Significant and accelerated investment in digital technology has enabled rapid service transformation and the continuation of essential services in a safe environment during the pandemic.

In June we announced an investment of **£25m** for **new technology imaging equipment** as part Covid-19 recovery plans for cancer services. Digital tools that have proved so valuable to health and care staff over the past 18 months will now be rolled out further across our systems, and Digital Health and Care Wales have been commissioned to provide access for community pharmacy teams.

Following the review that Welsh Government commissioned into ePrescribing the recommendations are being taken forward and Digital Health and Care Wales are **establishing an ePrescribing Programme** for Wales to introduce efficiencies into our system and enable accurate detection of disease through artificial intelligence.

In collaboration with the University of Wales Trinity Saint David and Wales Institute of Digital Information a **Digital Pathway for Health and Care Professions** has been developed to enable staff to gain competence and confidence in their digital skills. Funding has also been provided to support digital nursing scholarships.

System Recovery and New Models of Care – In March 2021 we published ‘**Health and social care in Wales - COVID-19: looking forward**’ to set out how we will build better, fairer and more equal services to deal with the long term impacts of the pandemic. We announced in May 2021 a **£100m investment to kick start the health and care system recovery** from Covid-19. This money is supporting new equipment, staff, technology and new ways of working to help health boards improve services across primary, community and hospital care, by increasing capacity and reduce waiting times as they begin resuming non-emergency care following the pandemic. This was supplemented with an **additional £411m** in August for the ongoing costs of dealing with the pandemic until April 2022 and **£140m** for **recovery and tackling waiting times**.

Transforming access to **urgent and emergency care** has been supported with **recurring funding of £25m**. This funding will support three models of care for urgent and emergency services.

Planning - The **National Clinical Framework** was published in March 2021, alongside the first two **Quality Statements** for cancer and heart conditions. The Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. This is complemented by the Statements

which highlight the outcomes and standards we expect to see in high quality, patient focussed NHS services. Statements covering Critical Care, Diabetes, Renal and Urgent and Emergency Care are under development. These tools will help us achieve the third element of the Quadruple Aim; higher value health and social care.

Workforce - Welsh Government are working with NHS employers, clinical psychologists, Social Services and trade unions to focus on staff wellbeing and ensure that there is a robust multi-layered support offer for health and social care staff to access the right care at the right time.

The delivery of service transformation requires a workforce that is equipped with the expertise, skills and confidence to drive the redesign of our systems, and for the better. We are therefore investing over **£9m** in new **Intensive Learning Academies** that will help deliver transformational training and support across preventative health, Value-Based Health and Care, digital leadership and innovation in health and social care. These new specialised academies, the first of their kind, will offer exciting opportunities for leaders and aspiring leaders from across all sectors who are committed to establishing new ways of evidence-based working through partnership.

Recovery from COVID-19

COVID-19 has had a profound impact on society and on services. The link below describes the impact on health and social care, some of the lessons learnt and priorities as we move towards recovery. The response brought out the best in staff across the public services, who have worked tirelessly for the last year to keep as many services going as possible.

Many services have had to be reduced, and many people are waiting for the care and support they require. It is the same staff who have worked so hard on whom we will depend as services emerge from the pandemic response. Supporting the wellbeing of our staff must be a key priority, and the pace of recovery must take this into account. As well as looking after the wellbeing of our workforce, we will continue the drive towards implementing the prudent healthcare principles and create a larger pool of staff able to operate in new ways.

A Healthier Wales remains the guiding statement of the future direction for our health and social care system. Recovery will not be easy and we know it will take many years. It is only through collective efforts that we will successfully recover from the devastating, wide ranging impacts of COVID-19.

Initial plans for 2021/22 will be produced by individual organisations by the end of March, with support and guidance from Welsh Government. These plans will set out the local assessment of the impact of COVID-19 and the proposals organisations have as we move into the next phase and towards recovery. We will expect to see strong regional collaboration as plans are developed, recognising the wide range of impacts from COVID-19 as outlined in this document. At a national level, existing programmes for example in primary care, planned care or mental health will continue to support consistent approaches to pathway design, service models and standards.

Please find below the link to Welsh Government's overarching recovery plan, Health & Social Care in Wales – Covid-19: Looking Forward (published in March 2021):

https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf

The Minister for Health and Social Services recognises that as a country we must continue to respond to the immediate challenges of COVID, whilst also turning our attention to longer-term sustainability and improving population health. We must invest in recovery, tackle health inequalities, improve mental health provision by giving parity between physical and mental health conditions, and focus on prevention. The Minister is deeply committed to supporting our health and care workers who have been and remain at the forefront of our efforts.

The timetable for the development of the Integrated Medium Term Plans (IMTPs) is shown below:

- Planning Framework issued to NHS Wales – November 2021
- NHS Wales to review and plan over winter 2021
- Welsh Government engagement with NHS organisations to discuss draft plans – January 2022
- Confirmation to Welsh Government to submit IMTP – 15 January 2022
- Plans submitted to Welsh Government by 28 February 2022
- Welsh Government review of plans and consideration of risks – March/April 2022
- Progress engagement on development of measures for Outcomes Framework for Health and Social Care to be published in 2022

Please find below the link to the most recent NHS Wales Planning Framework 2022-25 (published November 2021): <https://gov.wales/nhs-wales-planning-framework-2022-2025>

Vaccination Statistics⁸

Vaccination

Individuals who have received at least one dose of COVID-19 vaccine*	2,506,323
Individuals who have received at least two doses of COVID-19 vaccine*	2,359,337
Individuals who have received a three dose primary course of COVID-19 vaccine*	53,482
Individuals who have received a booster dose of COVID-19 vaccine*	1,816,545

As of January 25 2022, the population of Wales is at 3,170,000, the figures above suggest that:

- 79.06% of the Wales population have received one dose of COVID-19 vaccine

⁸ <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].

- 74.43% of the Wales population have received two doses of COVID-19 vaccine
- 1.68% of the Wales population have received three dose primary course of COVID-19 vaccine
- 57.30% of the Wales population have received a booster dose of COVID-19 vaccine

Uptake by priority group and age, counting individuals once only in their highest priority group⁹

Priority Group	Group size (n)	Received 1st dose (n)	Completed primary cours..	Received booster dose (..	1st dose uptake (%)	Primary course uptake* (%)	Booster dose uptake (%)
Severely Immunosuppressed	51,400	50,988	47,030	350	99.2%	91.5%	0.7%
Care home residents	13,859	13,632	13,507	12,491	98.4%	97.5%	90.1%
Care home workers	38,564	36,575	35,819	29,064	94.8%	92.9%	75.4%
80 years and older	147,316	141,428	140,521	134,374	96.0%	95.4%	91.2%
Health care workers	143,459	139,788	138,095	121,579	97.4%	96.3%	84.7%
Social care workers	46,573	45,837	45,430	39,441	98.4%	97.5%	84.7%
Aged 75-79 years	122,545	118,802	118,146	114,357	96.9%	96.4%	93.3%
Aged 70-74 years	171,751	165,456	164,500	159,094	96.3%	95.8%	92.6%
Clinically extremely vulnerable	52,922	49,469	48,503	43,299	93.5%	91.6%	81.8%
Aged 65-69 years	154,599	146,715	145,425	139,378	94.9%	94.1%	90.2%
Clinical risk groups aged 12-64 years	356,019	322,913	312,573	262,794	90.7%	87.8%	73.8%
Aged 60-64 years	108,860	99,722	98,382	92,254	91.6%	90.4%	84.7%
Aged 55-59 years	132,066	117,979	116,016	105,150	89.3%	87.8%	79.6%
Aged 50-54 years	140,335	122,680	120,190	104,547	87.4%	85.6%	74.5%
Aged 40-49 years	262,553	214,709	207,570	160,198	81.8%	79.1%	61.0%
Aged 30-39 years	317,774	241,289	226,482	143,342	75.9%	71.3%	45.1%
Aged 18-29 years	402,067	310,434	282,036	150,272	77.2%	70.1%	37.4%
Aged 16-17 years	65,123	50,933	40,658	7,430	78.2%	62.4%	11.4%
Aged 12-15 years***	163,893	100,590	50,588	59	61.4%	30.9%	

Summary by health board/ trust of vaccination¹⁰

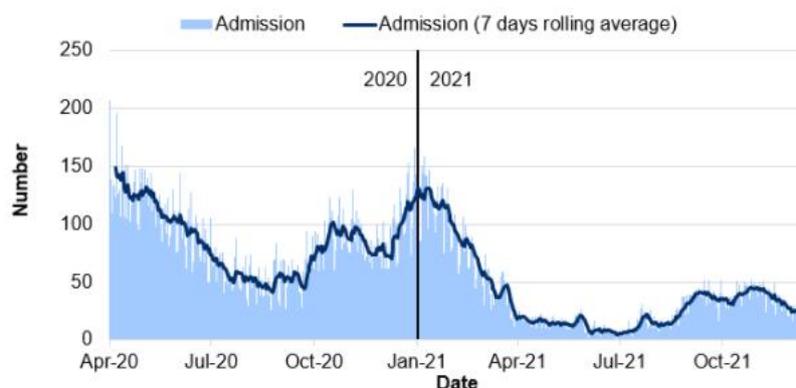
Vaccinating Local Health Board/ Trust	Total doses
Aneurin Bevan University Health Board	1,275,263
Betsi Cadwaladr University Health Board	1,463,176
Cardiff and Vale University Health Board	1,034,361
Cwm Taf Morgannwg University Health Board	978,008
Hywel Dda University Health Board	821,213
Powys Teaching Health Board	308,402
Swansea Bay University Health Board	785,816
Public Health Wales	650
Velindre NHS Trust	14,940
Unknown	422
Wales total	6,682,251

⁹ <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].

¹⁰ <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].

Table 11.1 – Patients admitted to hospital as suspected or confirmed with COVID-19 from 1 April 2020 – Oct 2021¹¹

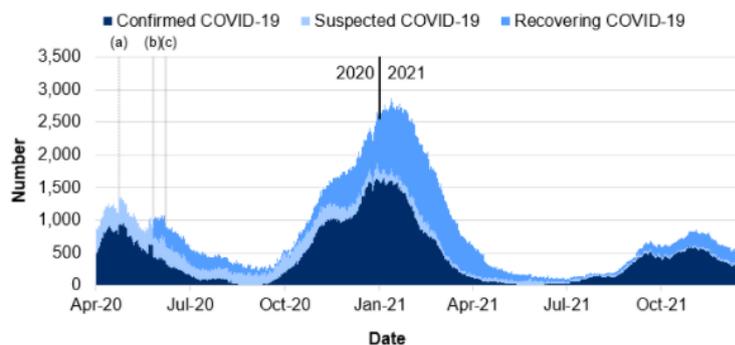
Chart 1: Patients admitted to hospital as suspected or confirmed with COVID-19, from 1 April 2020



Source: Digital Health and Care Wales (DHCW)

Table 11.2 – Number of people in hospital as suspected, confirmed or recovering with COVID-19 from 1 April 2020 – Oct 2021¹²

Chart 2: Number of people in hospital as suspected, confirmed or recovering with COVID-19, from 1 April 2020



Source: Digital Health and Care Wales (DHCW)

(a) From 23 April 2020, data from community hospitals are included.

(b) From 26 May 2020, a new category for recovering patients was introduced.

(c) From 7 June 2020, Aneurin Bevan started reporting recovering patients but these were previously captured in the confirmed COVID-19 category.

¹¹ GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021* | GOV.WALES. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021-html> [Accessed 16 December 2021].

¹² GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021* | GOV.WALES. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021-html> [Accessed 16 December 2021].

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2. Statswales.gov.wales. 2021. *Median weekly pay for full-time employees* [online] Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021> [Accessed 14 January 2022].
3. Statswales.gov.wales. 2021. *Annual Labour Market Summary (16 Or Over) By Welsh Local Area And Economic Activity Status*. [online] Available at: <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Labour-Market-Summary/annuallabourmarketsummary16orover-by-welshlocalareas-economicactivitystatus> [Accessed 14 January 2022].
4. <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/hospitalisations-by-date-patienttype>
5. Statswales.gov.wales. 2021. *Percentage Absent By Organisation And Date*. [online] Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Sickness-Absence/percentageabsent-by-organisation-date> [Accessed 16 December 2021].
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8. <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].
9. <https://phw.nhs.wales/>. 2021. *Vaccination Statistics*. [online] Available at: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary> [Accessed 25 January 2022].
10. GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021 | GOV.WALES*. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021-html> [Accessed 16 December 2021].
11. GOV.WALES. 2021. *NHS Activity And Capacity During The Coronavirus (COVID-19) Pandemic: 16 December 2021 | GOV.WALES*. [online] Available at: <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic-16-december-2021-html> [Accessed 16 December 2021].

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	166	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	26	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																								
BMS - Blood/Infection/Cellular/Genetics	25	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	13	15																						
Clinical Physiologists - Cardiac																								
Physiology/Audiology/Respiratory and Sleep Science	44	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	3	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	6	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	4	2	3	3	2	1	1	2	1															
Medical Engineering	4	0	0	0	0		1																	
STP																								
Audiological Scientists/Neurosensory Sciences	5	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	2	0	2	2																				
Respiratory and sleep science	2	1	3																					
Reconstructive Science	0	0	1																					
Cardiac Physiology	7	3	1	3																				
Haematology and Transfusion Science	0	1																						
Biochemists/Blood Sciences	0	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	11	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1	1																				
Genomic Counselling	1	2																						
Bioinformatics	1	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering/DRMG	3	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology/Andrology	1	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	0	2	0	3	3	0	1	0	1															
HSST																								
Life Sciences - Genetics/Genomics	0	0	0	0	1	1																		
Microbiology/Infection	2	1	0	1																				
Life Sciences - Molecular Pathology of acquired disease	0	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy/radiation protection)	2	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	0	0	1	0	1	1																		
Bioinformatics	2	0	1																					
Audiology	0	1	0	0	1																			
Histocompatibility & Immunology	0	3	1	0	1																			
Transfusion Science	0	0	0	1																				

MEDICAL SPECIALTY TRAINING POSTS AND CHANGES

Specialty	2022 proposals	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM							
Core Anaesthetics Training/ACCS Anaesthetics	+9 ¹³	122					
Higher Anaesthetics	+3	140	+3	+3			
ACCS Intensive Care		14					
Higher Intensive Care Medicine	+4	31	+4	+4	+2		+4
Emergency Medicine							
Acute Care Common Stem - Emergency Medicine	+4	23	+2				+4
Emergency Medicine (includes PEM & PHEM)		54	+5	+7	+4		+2
Medicine							
Core Medical Training/ACCS Acute Medicine	+12	259	+15	+13			
Acute Internal Medicine		14	+2				
Audiovestibular medicine		1					
Cardiology		38					
Clinical Genetics	+2	5					
Clinical Neurophysiology		1					
Clinical Oncology	+4	20	+4				
Clinical Pharmacology and Therapeutics		2					
Dermatology		17		+3			
Endocrinology & Diabetes		23					
Gastroenterology	+1	26	+2				
Genito-urinary Medicine		4					
Geriatric medicine		52					+3
Haematology		18					
Immunology		1					
Medical Oncology	+3	9	+3				
Neurology		17					
Palliative Medicine	+2	13					
Rehabilitation Medicine		2		+1			

¹³ 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme

Renal medicine		17					
Respiratory Medicine		31	+2				
Rheumatology	+2	10					
Surgery							
Core Surgical Training		100					
Cardio-thoracic surgery		7					
General surgery		58	+4				
Neurosurgery		7	-1				
Ophthalmology		40				+4	
Oral and Maxillo-facial Surgery	+2	9					
Otolaryngology		18					
Paediatric Surgery		2					
Plastic surgery		15	+2				
Trauma & Orthopaedic surgery		45				+4	
Urology		20	+4				
Vascular surgery		9					
Pathology							
Chemical pathology		4					
Histopathology	+1	20					+2
Infectious diseases		2					
Medical Microbiology and Infectious Diseases	+3	16	+3	+3			
Paediatric & Perinatal pathology	-1	2					+1
Psychiatry							
Core Psychiatry Training	+8	85					
Child and Adolescent Psychiatry	+4	12					
Forensic Psychiatry		6					
Old Age Psychiatry	+2	11		+2	+2 (not filled)		
General Psychiatry		29					
Psychiatry of Learning Disability		5					
Imaging and Radiology							
Clinical Radiology	+15 ¹⁴	92	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology	+1	0					
Nuclear medicine		1					
Women's Health							

¹⁴ Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022

<i>Obstetrics and gynaecology</i>		95	+2				
<i>Community Sexual & Reproductive Health</i>	+2	2					
Paediatrics	+4	149	+6				
Public Health Medicine	+2 ¹⁵	23					
Foundation Training							
<i>Foundation Year 1</i>	+30	381	+30	+12			
<i>Foundation Year 2</i>	+30	351	+12				

¹⁵ This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.