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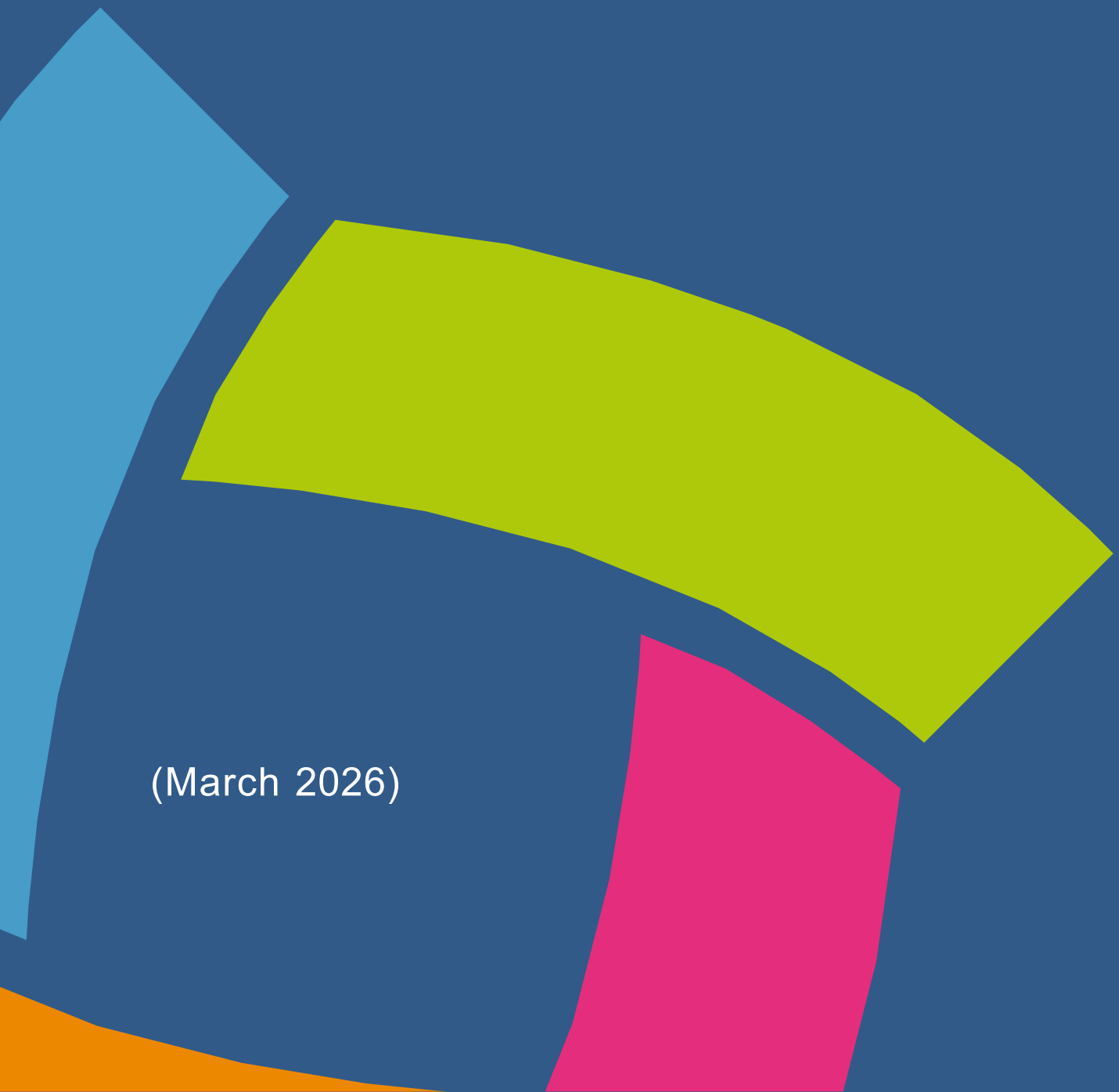
Health Education and Improvement Wales (HEIW)

NHS Wales Workforce Trends

Connecting workforce intelligence to support sustainable workforce planning.



(March 2026)

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Foreword

It is my pleasure to introduce the 2026 NHS Wales Workforce Trends Report.

The NHS workforce remains our greatest asset. Every improvement in patient care, service delivery and population health depends on having a workforce with the capacity, skills and resilience to meet the needs of the people of Wales. Understanding that workforce has therefore never been more important.

The workforce challenges facing NHS Wales continue to evolve. While significant progress has been made in growing the workforce over recent years, the environment in which we plan has become increasingly complex. Demographic change, labour market pressures, changing career expectations and rising demand for healthcare mean that workforce planning can no longer rely on workforce numbers alone. Understanding workforce sustainability now requires a broader view of workforce capacity, participation, wellbeing, retention and future supply.

This report reflects that shift in thinking.

Rather than presenting workforce measures in isolation, it brings together evidence from across the NHS Wales workforce to provide a more connected understanding of the factors influencing workforce sustainability. By considering workforce indicators collectively, the report offers a richer picture of current strengths, emerging risks and the opportunities that will shape future workforce planning.

Importantly, this publication is not intended simply to describe today's workforce. It is intended to support better conversations, better planning and better decisions. The evidence presented here demonstrates the value of looking beyond individual metrics to understand how workforce trends interact and how those interactions influence the workforce capacity available to deliver services.

This report also marks an important step in the continued development of workforce intelligence within NHS Wales. As the availability and quality of workforce data continue to improve, so too does our ability to understand future workforce challenges. Bringing together workforce, education, population and labour market intelligence creates new opportunities to develop more sophisticated modelling and strengthen evidence informed workforce planning across Wales.

I would like to thank colleagues across NHS Wales and partner organisations who continue to improve the quality of workforce data and contribute to this publication. Their commitment enables us to build an increasingly robust evidence base to support national, regional and organisational workforce planning.

I hope this report provides valuable insight for workforce planners, leaders, policymakers and partners across NHS Wales, and supports our shared ambition of building a resilient, sustainable workforce capable of meeting the future health needs of the population we serve.

Alex Howells
Chief Executive HEIW

Report Summary: What the Workforce Trends are telling us

Key Findings from the NHS Wales Workforce Trends Report 2026

Between March 2021 and March 2026, the NHS Wales workforce increased by 13.6%, growing from 88,746 to 100,775 full-time equivalent (FTE) staff. However, future workforce sustainability will increasingly depend on retaining, developing and making the best use of the existing workforce, rather than simply recruiting more staff. Around 25% of the NHS Wales workforce (nearly 30,000 staff) is now aged 55 or over, Wales' working-age population is projected to decline by 2.7% by 2050, and 47% of staff retiring in 2025/26 returned to employment. Together, these trends demonstrate why workforce planning must move beyond workforce numbers alone to consider workforce capacity, participation, wellbeing, retention and future workforce supply.

The NHS Wales workforce has continued to grow

Between March 2021 and March 2026, the NHS Wales workforce increased from 88,746 FTE to 100,775 FTE, representing growth of 13.6%. Growth was recorded across all major staff groups, with Allied Health Professionals increasing by approximately 26%, Medical & Dental by 21%, and Healthcare Scientists by 18%. The annual rate of growth moderated over the period, but workforce expansion continued across NHS Wales, demonstrating sustained investment in the workforce despite increasing financial and labour market pressures.

There are encouraging signs of increasing workforce stability

Several workforce indicators show improvement since previous reports. Nursing vacancies have fallen significantly, from 2,376 in 2022 to 862 in 2025. Agency and locum staffing expenditure reduced from £325 million in 2022/23 to £128 million in 2025/26, while investment in the substantive workforce continued to rise. Turnover across NHS Wales also improved, falling from 11% in 2023 to 7.6% in 2026, with reductions seen across all staff groups. Taken together, these findings point to increased workforce stability across much of NHS Wales. However, vacancy pressures remain in some professions and progress has not been consistent across all staff groups, indicating that workforce challenges continue to vary between services.

Workforce capacity extends beyond workforce numbers

The report also demonstrates that workforce size alone does not determine the workforce available to deliver services. Sickness absence continues to reduce available workforce capacity, with mental health-related absence remaining a significant contributor to lost working time.

Participation patterns, retirement behavior and flexible working also influence effective workforce capacity, highlighting the importance of understanding not only how many people are employed, but how much workforce capacity is available in practice, and reinforcing why workforce planning must increasingly focus on workforce contribution as well as workforce numbers.

Future workforce sustainability is shaped by multiple sources of supply

The evidence highlights the importance of maintaining a balanced approach to workforce supply. Alongside continued investment in education and training, international recruitment has made an important contribution to workforce growth in some professions, while the existing workforce remains the NHS's most significant source of future capacity through retention, career development and flexible retirement. The report also identifies important differences between professional groups and services, reinforcing that workforce planning must reflect the specific workforce dynamics affecting different parts of NHS Wales.

The workforce continues to evolve

Changes in workforce demographics and diversity demonstrate that the composition of the NHS Wales workforce continues to change. Age profiles differ considerably between professional groups, workforce participation varies across the workforce lifecycle, and improvements in diversity continue to shape the workforce. These trends provide important context for understanding future workforce sustainability and reinforce the need to consider workforce characteristics alongside workforce numbers, as the composition of the workforce increasingly influences future capacity, skills availability and succession planning

A broader understanding of workforce sustainability

Taken together, the evidence presented throughout this report demonstrates that workforce sustainability cannot be understood through any single measure. Workforce growth provides only part of the picture. Understanding the resilience and sustainability of the NHS Wales workforce also requires consideration of workforce stability, workforce availability, workforce supply and workforce composition. By bringing these perspectives together, the report provides a richer understanding of the opportunities and challenges facing the NHS Wales workforce and supports a more evidence-informed approach to workforce planning, policy development and investment decisions across NHS Wales.

1. Understanding the workforce evidence

1.1 Introduction

This report brings together workforce information from a range of national NHS Wales datasets to provide a comprehensive picture of the workforce and the trends influencing it. Rather than presenting individual metrics independently, the report considers how different workforce indicators interact to provide a broader understanding of workforce capacity, workforce stability and workforce sustainability.

The chapters that follow build this evidence progressively. The report begins by setting the wider workforce context before examining workforce size, vacancies, participation, workforce investment, sickness absence, workforce supply and workforce demographics. Together, these complementary perspectives provide a richer understanding of the NHS Wales workforce than any single measure alone and help identify the key themes emerging across the workforce.

1.2 How to read this report

The report has been structured around a series of workforce planning questions.

Chapter	Workforce planning question
2. Context and drivers for the NHS Wales workforce	How is the workforce planning environment changing, and why does this require a broader understanding of workforce sustainability?
3. Size of the NHS Wales workforce	How has the workforce changed and where are the key workforce pressures?
4. General Medical Services workforce	What is the current position of the primary care workforce and how is it changing?
5. Workforce cost	How has investment in the workforce changed and what does this indicate about workforce stability?
6. Sickness absence	How much workforce capacity is lost through sickness absence and what are the principal causes?
7. Focus on the Nursing and Midwifery workforce	What are the key trends shaping the nursing and midwifery workforce?
8. Workforce demographics and diversity	What does the current NHS Wales workforce look like and how is its composition changing?
9. The Next Generation of Workforce Intelligence	How can connected workforce intelligence support more sophisticated workforce planning and modelling?

Taken together, these chapters provide a broader picture of workforce sustainability than any individual measure alone.

1.3 Interpreting workforce trends

No single workforce indicator provides a complete understanding of the NHS Wales workforce or its future sustainability. Workforce growth, workforce investment, sickness absence, workforce supply, demographic change and workforce participation each provide a different perspective on the workforce. Considered independently they describe individual aspects of workforce performance; considered together they provide a more complete understanding of workforce capacity, workforce sustainability and the factors shaping future workforce planning.

Throughout this report, evidence is therefore presented as a connected narrative rather than a series of isolated workforce measures. Each chapter contributes a different perspective on the NHS Wales workforce, with the greatest insight emerging from considering the findings collectively. This approach supports a more balanced understanding of the workforce today while providing a stronger evidence base for future workforce planning.

1.4 Using this report

The report is intended to support workforce planning at national, regional and organisational levels. It should be read as an evidence base to inform discussion rather than as a single measure of workforce performance. Many workforce indicators are interconnected, and meaningful interpretation requires consideration of the wider workforce context presented throughout the report.

2. Context and drivers for the NHS Wales workforce

NHS Wales operates within a workforce environment that is becoming increasingly constrained, complex and uncertain**.** While workforce numbers have grown significantly over recent years, future workforce sustainability will be shaped by factors extending beyond recruitment alone.

Wales faces a combination of rising healthcare demand and a more constrained labour supply. The population aged 65 and over is projected to increase by 27% by 2050, including a doubling of those aged 85 and over, driving greater demand for health and care services. At the same time, the working-age population is projected to decline by 2.7%, resulting in fewer people available to support an increasingly older population and a smaller pool of potential future workers.

These demographic changes are occurring alongside wider workforce challenges, including workforce ageing, changing participation patterns, evolving career expectations and increasing demand for care closer to home. Most of the workforce that will deliver NHS services over the next decade is already employed within NHS Wales today. Consequently, workforce planning must focus not only on attracting new entrants, but also on retaining existing staff, supporting workforce wellbeing, maintaining participation, developing skills and planning for future workforce risks.

Understanding these wider workforce drivers provides essential context for interpreting the workforce trends presented throughout this report, identifying the actions required to maintain a sustainable workforce for the future, and strengthening the evidence base that supports workforce planning, education commissioning and strategic decision-making across NHS Wales.

2.1 Understanding the NHS Wales Workforce

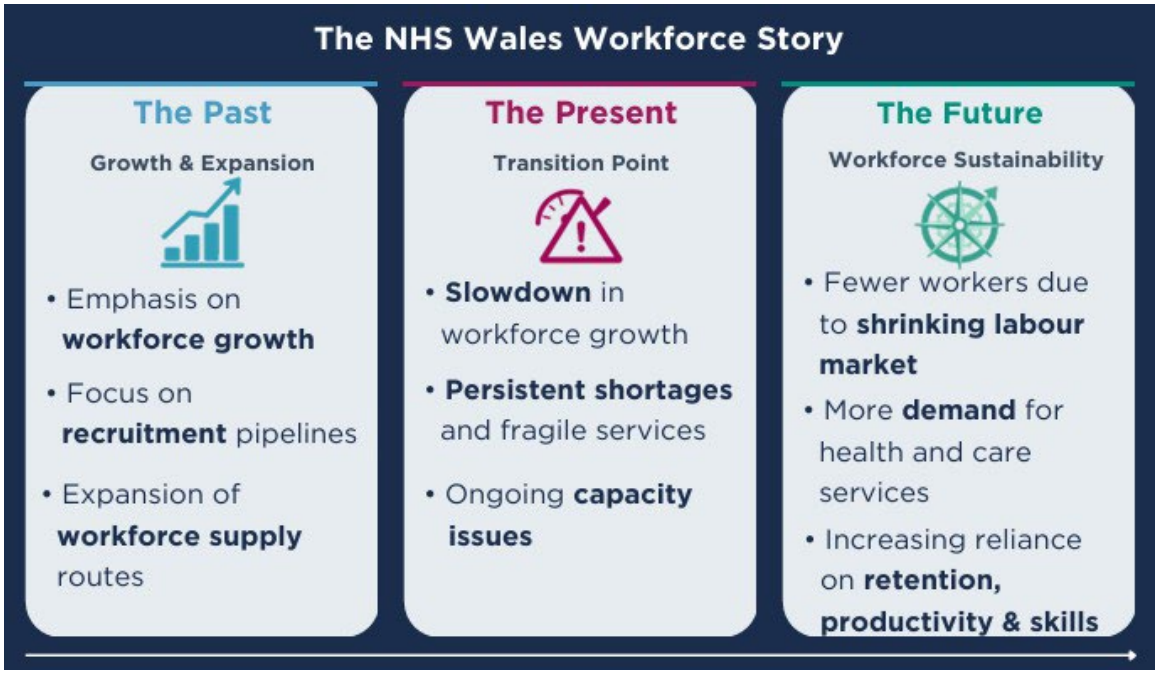
The NHS Wales workforce has grown significantly over the last decade, supported by sustained investment, expansion of education and training pathways, international recruitment and a strong focus on increasing workforce supply. This period of growth has enabled NHS Wales to increase workforce capacity across most staff groups and respond to rising service demand.

However, the workforce environment is now changing. Although workforce numbers continue to increase, the rate of growth is slowing, vacancies remain persistent in some professional groups, and workforce capacity continues to be affected by sickness absence, retirement patterns and variations in workforce participation. At the same time, the wider labour market is becoming more constrained, with fewer people of working age available to enter the workforce and increasing competition for skilled staff across sectors.

The challenge facing NHS Wales is therefore evolving from one focused primarily on workforce growth to one focused on workforce sustainability. Future success will depend not only on how many staff can be recruited, but also on how effectively NHS Wales retains, develops and supports the workforce it already has.

The diagram overleaf illustrates this changing workforce context. Historically, workforce planning has been heavily focused on growing workforce numbers and expanding supply routes. Today, the workforce is experiencing increasing pressure from capacity constraints, workforce shortages and changing workforce expectations. Looking ahead, workforce sustainability will depend on NHS Wales's ability to adapt to a future characterised by a smaller labour pool, increasing demand for health and care services, and greater reliance on retention, productivity, skills development and workforce flexibility.

No single workforce measure can fully explain these changes. Understanding future workforce sustainability requires consideration of how workforce supply, retention, participation, wellbeing, age profile, productivity and workforce diversity interact to influence the workforce capacity available to deliver services. This report brings these measures together to tell the NHS Wales workforce story and support evidence-based workforce planning, education commissioning and strategic decision-making.



The slowing rate of workforce growth also reinforces the need for service transformation. As workforce growth moderates and demand for health and care services continues to increase, future workforce sustainability cannot rely solely on recruiting additional staff. NHS Wales will increasingly need to maximise the contribution of the existing workforce through service redesign, multidisciplinary working, digital innovation, productivity improvements and new models of care, alongside continued investment in education, training and workforce supply.
The workforce challenge is therefore evolving from one of workforce expansion to one of workforce sustainability, where improving the contribution and effectiveness of the existing workforce becomes as important as increasing workforce numbers.

2.2 Population Change

Demographic change is one of the most significant long-term influences on workforce sustainability in NHS Wales. Whilst the overall population is projected to remain broadly stable over the coming decades (the latest projections as of April 2026 indicate growth of

just 0.2%, reaching 3,191,804 by 2050) the age profile of the population is expected to change substantially.

The number of older people will increase significantly, particularly those aged 85 and over, (with estimated growth in this age group of 62% by 2040 and 106% by 2050) driving growing demand for health and care services. At the same time, the working-age population is projected to decline by 2.7% and the number of young people entering education and employment is expected to reduce. Together, these trends will increase demand for healthcare whilst reducing the pool of people available to join the workforce.

This shift has important implications for workforce planning. Future workforce pressures are likely to be shaped not only by increasing service demand, but also by a more constrained labour supply. The workforce challenge therefore becomes twofold: ensuring sufficient workforce capacity to meet rising demand whilst securing enough people, skills and expertise from a smaller recruitment pool.

Changes in health outcomes may further affect workforce availability. Healthy life expectancy in Wales remains among the lowest in the UK, which may influence workforce participation and the ability of people to remain economically active later in life.

Taken together, these trends suggest that future workforce sustainability will depend increasingly on retaining existing staff, supporting workforce participation and developing new workforce supply routes alongside traditional approaches to workforce growth.

2.3 Labour Market Intelligence

The Welsh labour market remains broadly stable, but the evidence points to a tightening workforce environment rather than a growing pool of available labour. Employment is estimated at 1.49 million people, with an employment rate of 72%, below the UK rate of 75%. Paid employee numbers have effectively plateaued at around 1.31 million, and workforce jobs remain broadly flat at 1.46 million. This suggests that future workforce growth cannot be assumed and that employers, including NHS Wales, are increasingly competing for people already in work rather than drawing from a significantly expanding labour supply.

Economic inactivity remains one of the most significant strategic challenges for workforce planning in Wales. Around 484,300 people are economically inactive, with an inactivity rate of 25%, compared with the UK average of 21%. This represents both a risk and an opportunity, if large sections of the working-age population remain outside the labour market, simply increasing education commissions is unlikely to be sufficient. However, even modest improvements in participation could create an important source of workforce supply, particularly through return-to-work programmes, flexible employment models, support for people with health conditions, opportunities for older workers and stronger retention approaches.

Unemployment remains relatively low, with the Labour Force Survey estimating unemployment at 3.8% and the claimant count at 65,500 people (4.3%). Although claimant numbers have increased slightly over the year, unemployment remains low by historical standards, reinforcing that NHS Wales cannot rely solely on a large pool of unemployed

workers to meet future recruitment needs. This strengthens the case for shifting from a traditional “recruit-to-fill” model towards a broader workforce strategy focused on retention, productivity, role redesign, new skill mix models and the development of more resilient supply pipelines.

The report also shows the impact of population ageing within the workforce. Paid employment among those aged 65+ has increased by 4.2%, suggesting that some older workers are remaining economically active for longer and that there may be opportunities to retain experienced clinical and professional staff post-retirement. However, employment among those aged 50-64 has decreased by 1.3%, and employment among those aged 25-34 has decreased by 2.1%. For NHS Wales, this points to a dual challenge: making better use of the experience and flexibility of older workers while strengthening succession planning, knowledge transfer and early-career workforce pipelines to reduce future retirement and skills risks.

2.4 Retirement and Retention

Retirement is becoming an increasingly important influence on workforce sustainability in NHS Wales. More than one-third (36%) of the workforce is aged 50 and over, meaning retirement decisions made over the next decade will have a significant impact on workforce capacity, succession planning and future workforce supply. However, retirement patterns are becoming more complex and less predictable than in the past. Changes to pension arrangements, increasing workforce flexibility and evolving career expectations mean that retirement is no longer a single event but often a gradual transition. Many staff are choosing to retire later, reduce their working hours, or return to employment after retirement.

The implementation of the **McCloud Remedy** and the restoration of pension choice for affected NHS Pension Scheme members may also influence retirement decisions over the coming years. For some staff, greater clarity over pension benefits may increase confidence to retire, while others may choose to remain in employment longer as they reassess their retirement plans and financial position. In addition, changes to **Special Class Status** arrangements have altered the retirement landscape for some nursing and midwifery staff, reducing access to the earlier retirement flexibilities that were available to previous generations of employees. As a result, retirement intentions and workforce participation may increasingly vary between age cohorts and professional groups.

These changes can already be seen in retire-and-return activity across NHS Wales. In 2025/26, 47% of retirees returned to employment, with over half returning on the same contracted full-time equivalent (FTE). This indicates that experienced employees continue to represent an important source of workforce capacity and highlights the potential value of flexible retirement, retention and post-retirement employment arrangements.

For workforce planning, the implication is clear: understanding future workforce supply requires more than estimating retirement volumes alone. Organisations will increasingly need to understand retirement intentions, retain critical skills and experience where appropriate, support flexible career pathways and plan for succession in workforce groups where retirement risk is concentrated.

2.5 Intergenerational Workforce and changing Expectations

The NHS Wales workforce increasingly spans multiple generations, each entering, participating in and exiting the workforce in different ways. At the same time, societal attitudes towards education, employment and retirement continue to evolve, influencing both workforce supply and workforce capacity. Workforce planning must therefore consider not only how many people are available to work, but also how changing expectations affect workforce participation throughout the workforce lifecycle.

Within healthcare, there is growing demand for flexible education and training pathways. Part-time study, less-than-full-time training, portfolio careers and greater flexibility in progression are becoming increasingly attractive options for learners and trainees. While these approaches can improve accessibility, widen participation and support workforce wellbeing, they may also extend the time required for individuals to complete training and enter the workforce. In some professions (including medicine), this can lengthen the effective workforce supply pipeline and delay the point at which new staff become available to contribute to service delivery.

These changing expectations are reflected in the ambitions of A Healthier Wales: Our Workforce Strategy for Health and Social Care, which recognises the importance of creating flexible and attractive career opportunities that meet the needs of both the current and future workforce.

Expanding access to flexible education and training pathways, supporting lifelong learning, and offering a greater range of flexible working arrangements are increasingly important in attracting, developing and retaining talent. As workforce demographics continue to evolve, NHS Wales will need to adapt employment models and career pathways to reflect changing employee expectations while maintaining the workforce capacity required to deliver sustainable, high-quality health and care services.

Workforce expectations are also evolving after entry into employment. Flexible working, work-life balance, career mobility and opportunities for personal development are increasingly important factors influencing recruitment and retention decisions. Employees may be more likely to change roles, reduce working hours, pursue portfolio careers or seek alternative employment models than previous generations. As a result, workforce capacity can no longer be understood solely through headcount, as participation patterns increasingly influence the workforce available to deliver services.

These changing behaviors are also influencing retirement patterns. Many employees are choosing to remain economically active beyond traditional retirement ages, often through flexible retirement or retire-and-return arrangements. At the same time, different generations may have varying expectations regarding career length, working patterns and retirement timing, creating greater variability in workforce supply than historical retirement models would suggest.

In the future, the workforce challenge will not simply be having enough people, but understanding when they are available, how they choose to work, how long they remain in employment and how quickly new entrants progress through increasingly flexible education and training pathways.

2.6 Bringing the Evidence Together: Understanding the Workforce Planning Challenge

The evidence presented throughout this chapter highlights the increasingly complex environment in which workforce planning now takes place. Changing population needs, evolving models of care, workforce expectations and wider labour market pressures all influence the demand for healthcare professionals and the supply of the workforce available to meet those needs. Collectively, these factors demonstrate that workforce planning can no longer rely on single measures or isolated indicators to understand workforce sustainability.

These challenges reinforce the need for a broader understanding of the workforce. While individual workforce indicators remain valuable, they each provide only one perspective on a much wider picture. Bringing different sources of workforce evidence together enables a more balanced understanding of the opportunities and challenges facing NHS Wales and provides the context for interpreting the evidence presented throughout the remainder of this report.

Having established why workforce planning is becoming increasingly complex, the following chapters examine how these challenges are reflected within the NHS Wales workforce. Beginning with the size and growth of the workforce, the report progressively builds a wider understanding of workforce sustainability by exploring the interconnected factors that influence workforce planning.

3. Size of the NHS Wales workforce

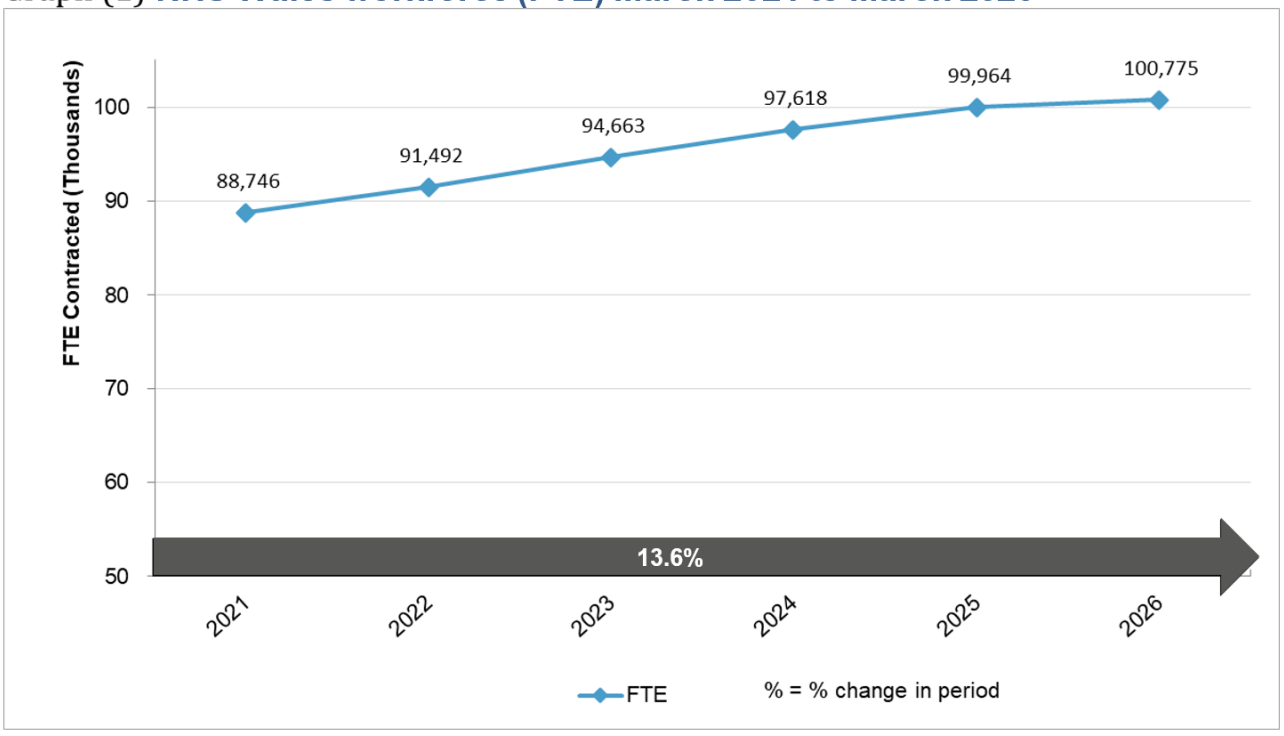
This section examines the size and profile of the NHS Wales workforce, showing how workforce capacity has changed over time and where growth, vacancies, participation, turnover and retirement patterns are shaping future workforce sustainability.

3.1 NHS Wales workforce profile

The figure below presents the overall size of the NHS Wales workforce in full-time equivalent (FTE) between March 2021 and March 2026, using data from the Electronic Staff Record Data Warehouse (ESR DW).

Between March 2021 and March 2026, the NHS Wales workforce increased from 88,746 FTE to 100,775 FTE, representing growth of 13.6% over the five-year period. Whilst this represents substantial workforce growth, it is notably lower than the approximately 20% growth observed over the previous five-year period (March 2020 to March 2025), reflecting a reduction in the rate of workforce growth over recent years.

Graph (1) **NHS Wales workforce (FTE) March 2021 to March 2026**



Data Source: ESR DW

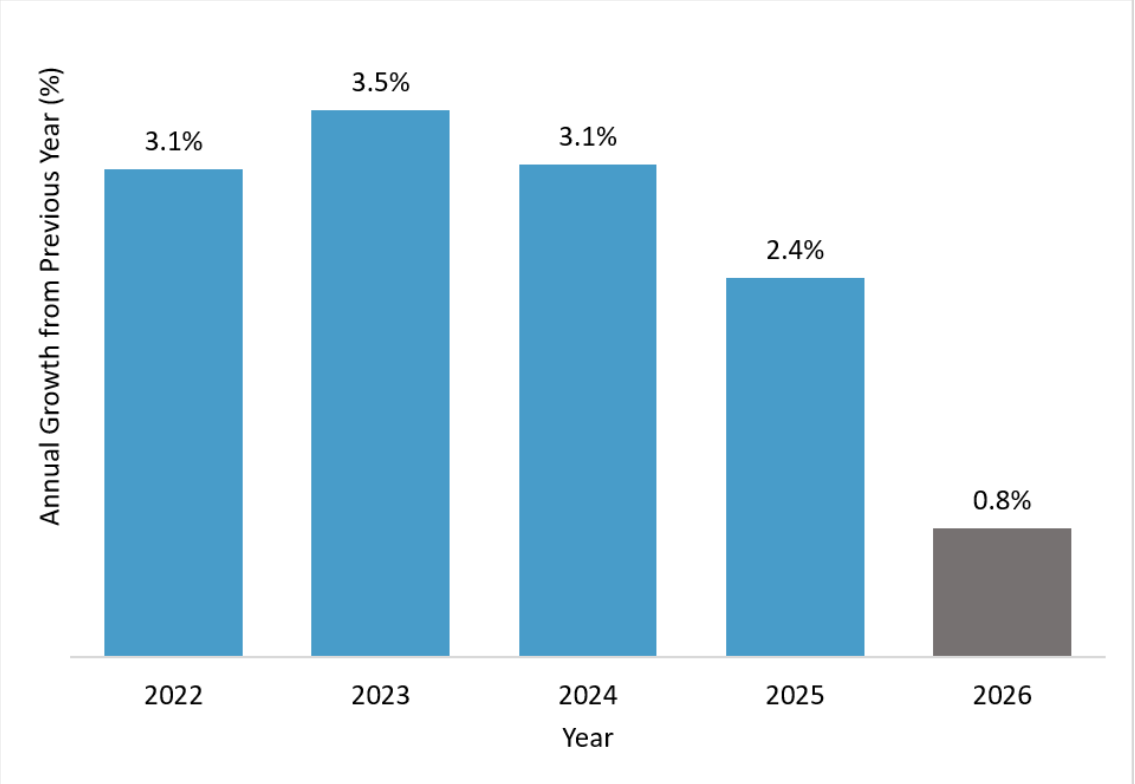
3.2 Annual NHS Wales workforce growth

Whilst Graph 1 illustrates the continued increase in the overall NHS Wales workforce, Graph 2 demonstrates that whilst the NHS Wales workforce has continued to grow each year, the rate of workforce growth has slowed over the reporting period.

Annual workforce growth has slowed from over 3% per annum to below 1% (0.8%) by March 2026. This slowing rate of growth is reflected in the reduction in five-year workforce growth from approximately 20% (March 2020–March 2025) to 13.6% (March 2021–March 2026).

Whilst NHS Wales continues to invest in workforce growth, these findings suggest that future workforce planning cannot assume continued workforce expansion at historical levels and will increasingly depend on retaining, developing and making best use of the existing workforce, alongside continued investment in future workforce supply.

Graph (2) **Staff group by FTE and percentage change, March 2021 to March 2026**



Data source: ESR DW

3.3 Workforce changes by staff group

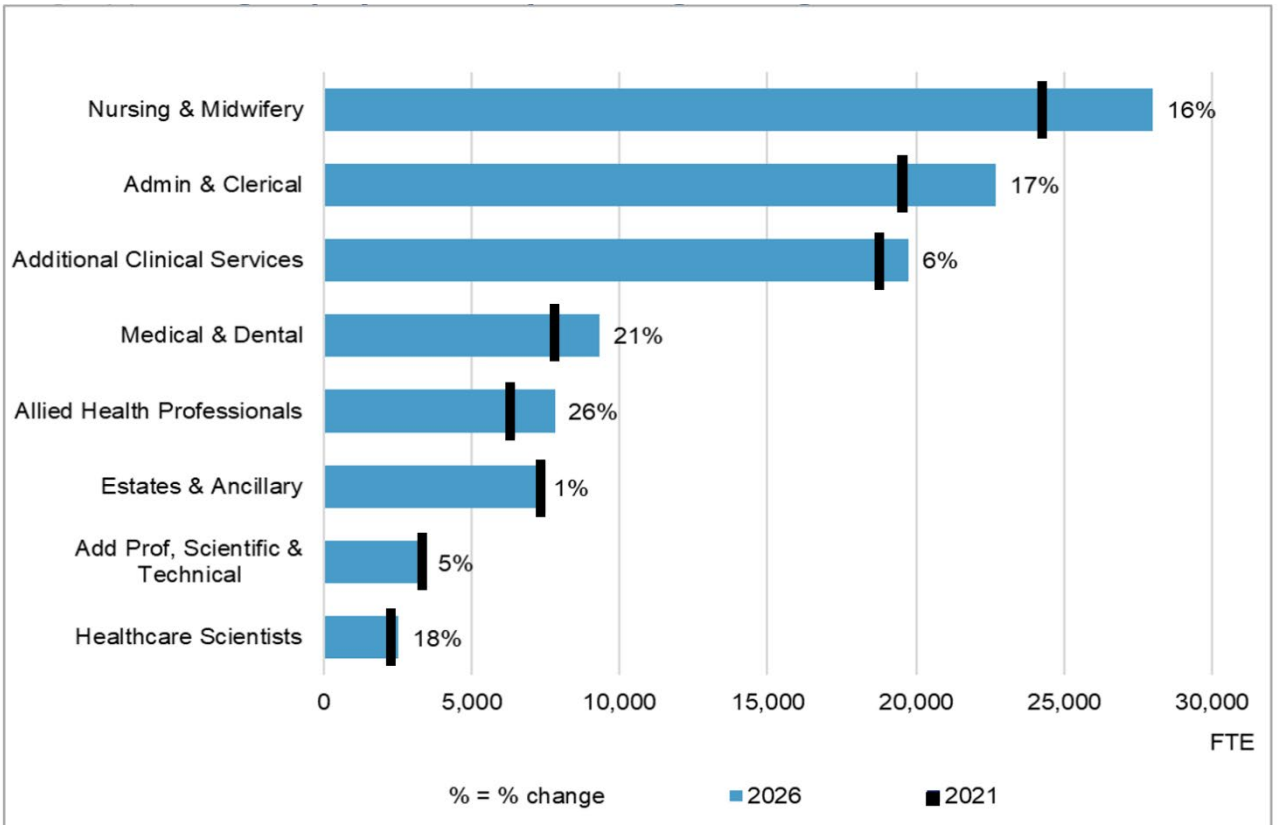
This chart compares changes in full-time equivalent (FTE) workforce across the main NHS Wales staff groups between March 2021 and March 2026, showing both the absolute change in FTE and the percentage growth over the period.

All staff groups experienced workforce growth over the five-year period, although the scale of increase varied. Allied Health Professionals recorded the largest proportional growth at approximately 26%, followed by Medical & Dental staff at 21%.

Healthcare Scientists also experienced notable growth of 18%, albeit from a comparatively smaller workforce. In contrast, Estates & Ancillary staffing levels remained broadly stable, increasing by less than 1% over the same period.

The variation in growth rates reflects differing patterns of workforce expansion across staff groups rather than a uniform increase across the NHS Wales workforce.

Graph (3) **Staff group by FTE and percentage change, March 2021 to March 2026**



Data Source: ESR DW

The percentage change represents the growth rate for each staff group over the five-year period (2021 to 2026) relative to their starting size in 2021.

3.4 Workforce changes by grade

The following chart compares changes in workforce by grade between March 2021 and March 2026, presenting both full-time equivalent (FTE) and percentage growth across the principal grade groups.

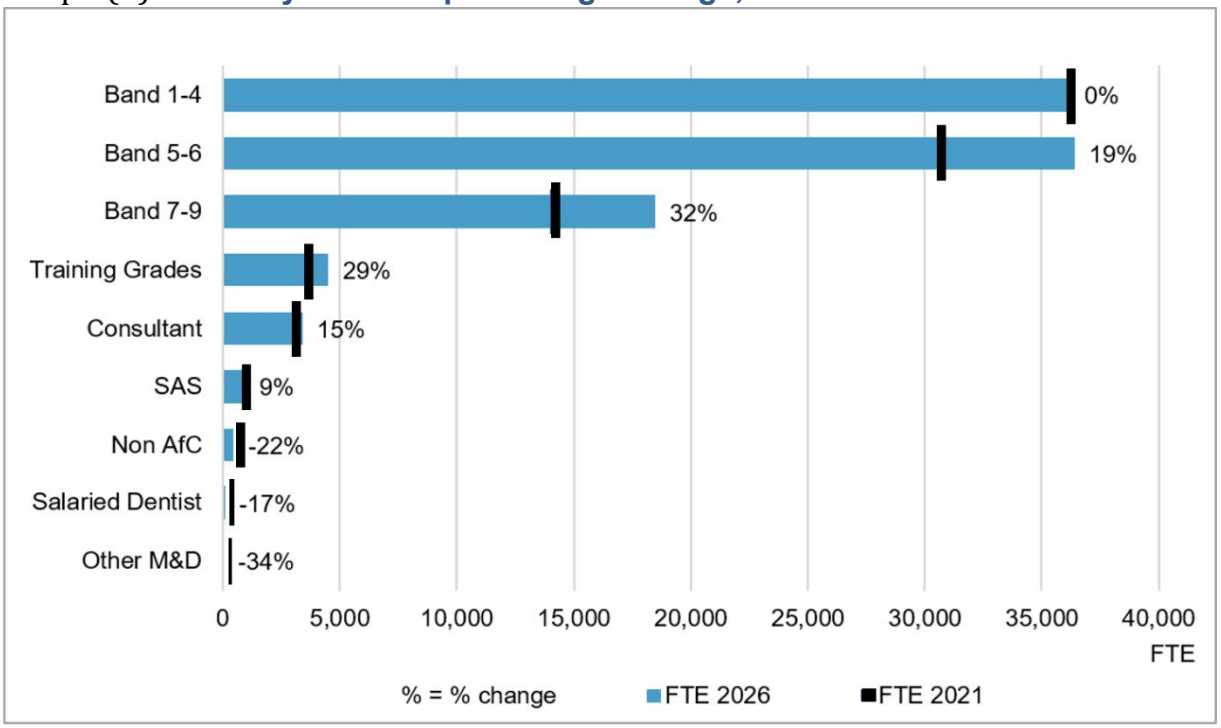
Band 7–9 staff recorded the largest proportional increase during the five-year period, growing by approximately 32%. Training Grades also increased substantially, rising by 29%, while Band 5–6 staffing grew by 19%.

In comparison, Band 1–4 staffing levels remained broadly stable, showing minimal overall change. Consultant numbers increased by approximately 15%, whereas Specialty and Associate Specialist (SAS) grades experienced more modest growth.

Several smaller non-Agenda for Change and dental-related grade groups recorded reductions between 2021 and 2026, including Salaried Dentists and Other Medical & Dental grades.

Overall, workforce growth was concentrated within registered, senior and training grade groups, indicating that expansion occurred across a range of experienced and developing roles rather than being confined to a single grade profile.

Graph (4) **Grade by FTE and percentage change, March 2021 and March 2026**



Data source: ESR DW

The percentage change represents the growth rate for each staff group over the five-year period (2021 to 2026) relative to their starting size in 2021.

3.5 Age profile of NHS Wales staff

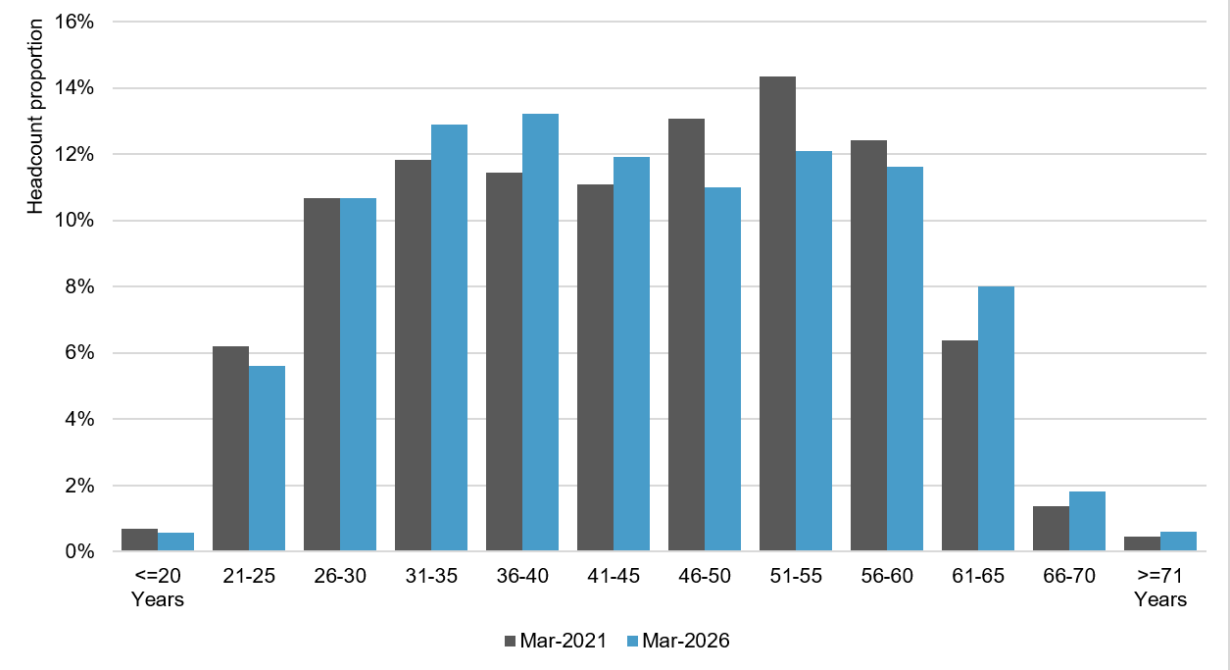
The figure below compares the age profile of the NHS Wales workforce in March 2021 and March 2026, showing the proportion of staff within each age band.

The largest proportion of the workforce remained concentrated between the ages of 31 and 60 in both years. Between 2021 and 2026, the proportion of staff aged 31–45 increased, while the proportion aged 46–60 declined.

The proportion of staff aged 61 and over also increased during the period, with the most notable change occurring within the 61–65 age band. Smaller increases were also observed among staff aged 66–70 and those aged 71 and over.

Overall, the age profile demonstrates gradual shifts towards older age bands while remaining broadly distributed across the core working-age population.

Graph (5) **NHS Wales age profile comparison March 2021 and March 2026**



Data source: ESR DW

3.6 NHS Wales workforce 55 and over by staff group

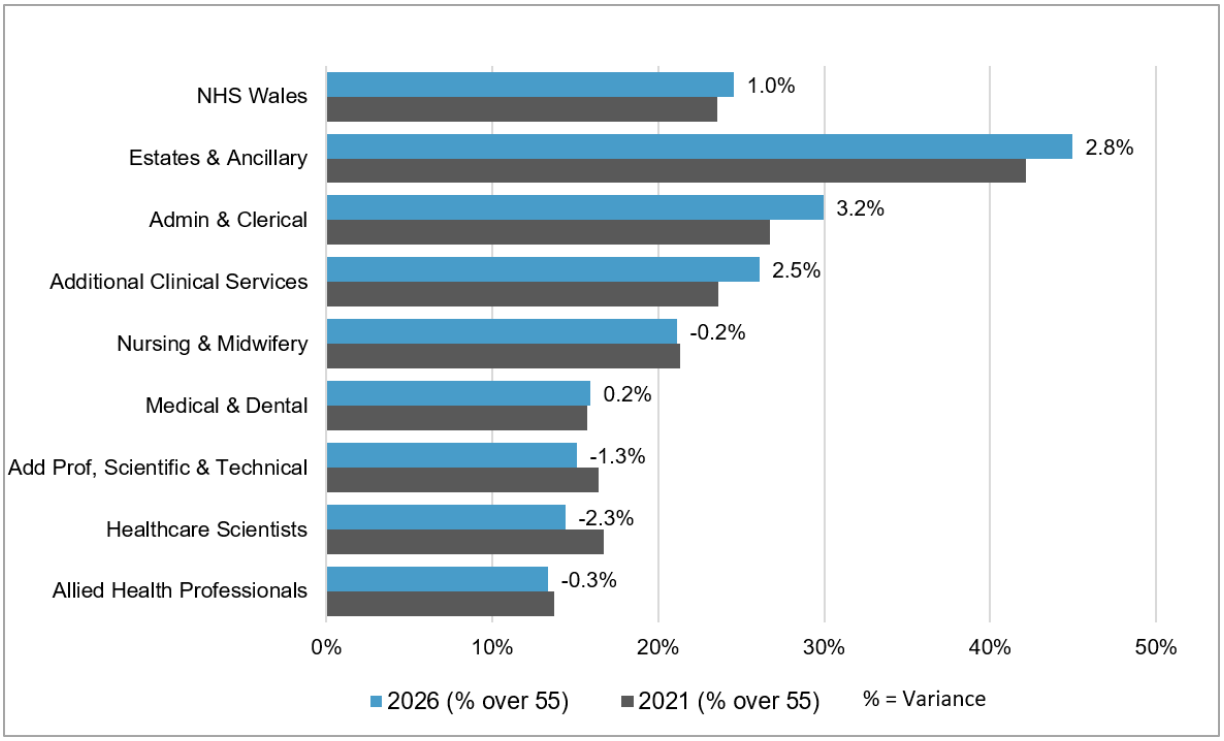
This chart compares the proportion of staff aged 55 and over across NHS Wales staff groups in March 2021 and March 2026.

Estates & Ancillary and Administrative & Clerical continued to have the highest proportion of staff aged 55 and over in both years. By March 2026, approximately 45% of Estates & Ancillary staff and 30% of Administrative & Clerical staff were within this age group.

Additional Clinical Services also recorded an increase, rising from 24% in 2021 to 26% in 2026. In contrast, Allied Health Professionals, Healthcare Scientists and Additional Professional Scientific & Technical staff showed modest reductions over the same period.

Across NHS Wales overall, the proportion of staff aged 55 and over increased slightly between 2021 and 2026 to nearly 30,000 headcount, although the extent of change varied across staff groups.

Graph (6) **Workforce 55 & over by staff group, March 2021 and March 2026**



Data source: ESR DW

3.7 Percentage of staff who retire and return

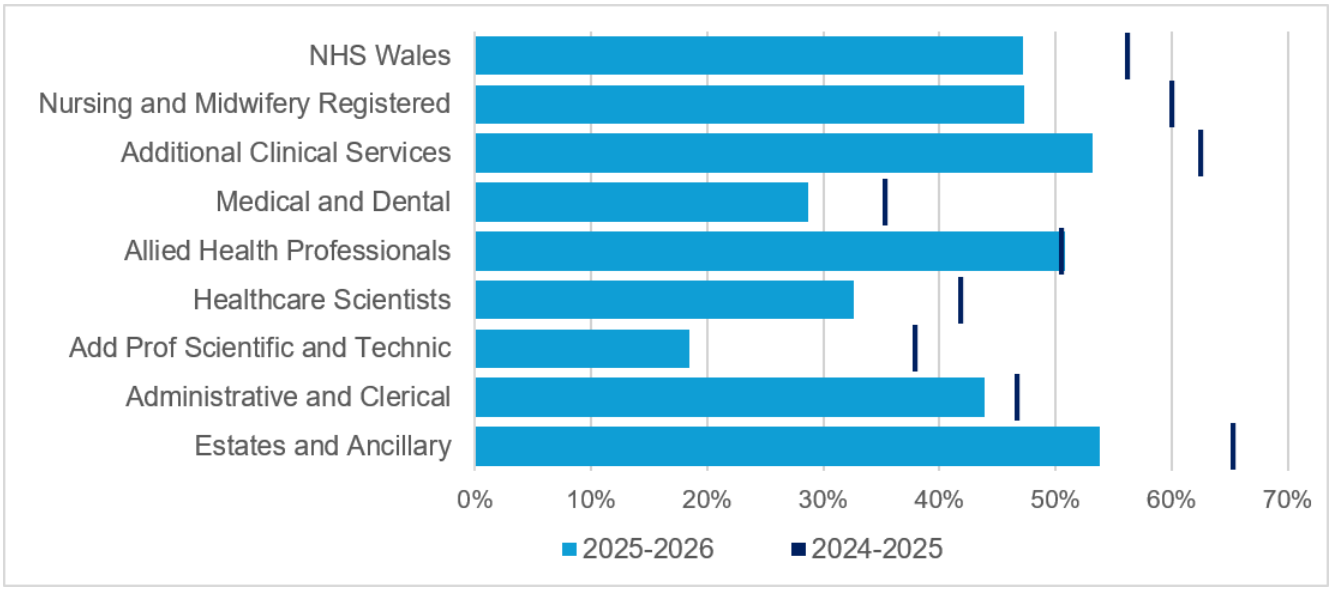
The following comparison presents the proportion of NHS Wales staff who returned to employment following retirement, comparing the 12-month periods 2024/25 and 2025/26 across each staff group.

Retire-and-return rates declined across all staff groups between the two reporting periods, with the overall NHS Wales rate falling from 56% to 47%. Differences between staff groups partly reflect variation in workforce age profile and baseline workforce size.

Although rates have reduced over the most recent reporting period, retire and return continues to represent an established feature of workforce movement across a number of NHS Wales staff groups.

While this analysis shows the proportion of staff returning following retirement, the following chart examines whether staff return on the same contracted hours as when they retired.

Graph (7) **Workforce 55 & over by staff group, March 2021 and March 2026**



Data source: ESR DW

3.8 Contracted FTE on retirement and return by staff group

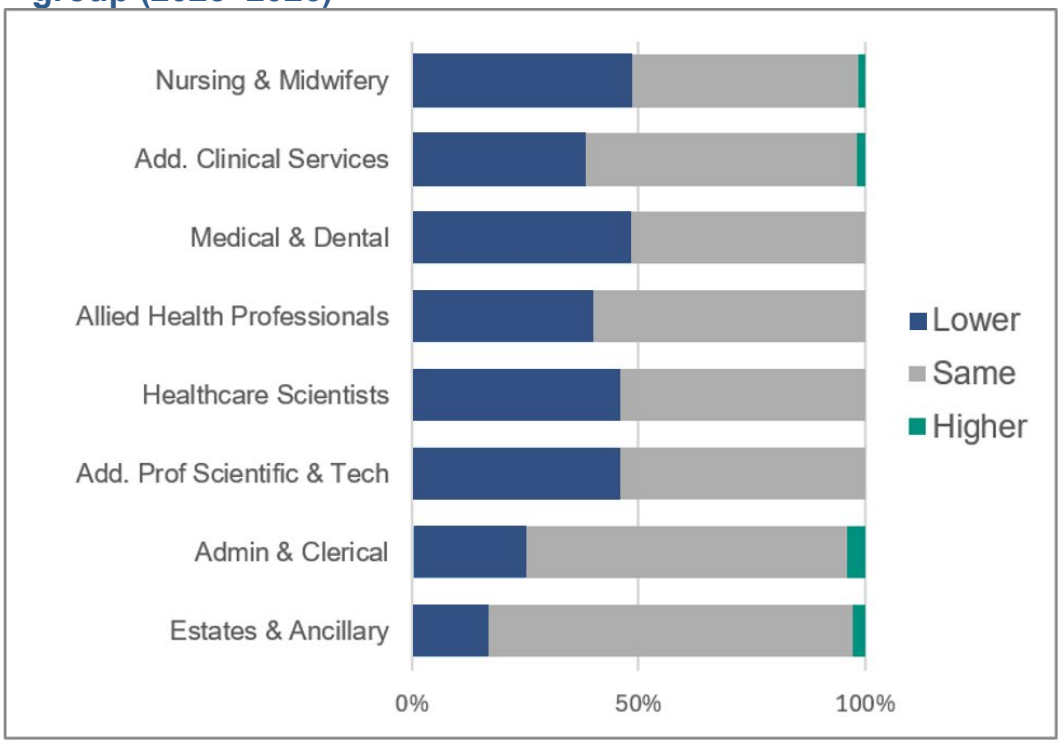
The chart below compares the contracted full-time equivalent (FTE) of staff who returned to NHS Wales following retirement during 2025/26 with their contracted FTE immediately prior to retirement. The analysis shows the proportion of staff returning on a lower, the same or a higher contracted FTE across each staff group.

Across all staff groups, over 50% of staff who returned following retirement did so on the same contracted FTE as when they retired. Returning on a lower contracted FTE was the next most common pattern, although the proportion varied between staff groups.

Estates & Ancillary and Administrative & Clerical recorded the highest proportion of staff returning on the same contracted hours, whereas Nursing & Midwifery and Medical & Dental had comparatively larger proportions returning on a lower contracted FTE as before retirement. Only a very small proportion of staff across all workforce groups returned on a higher contracted FTE than at retirement.

Overall, the findings indicate that retire-and-return arrangements most commonly (50%+) maintain existing contracted working patterns, while a smaller proportion of staff reduce their contracted hours on returning to the workforce.

Graph (8) **Comparison of contracted FTE on retirement and return by staff group (2025–2026)**



Data source: ESR DW

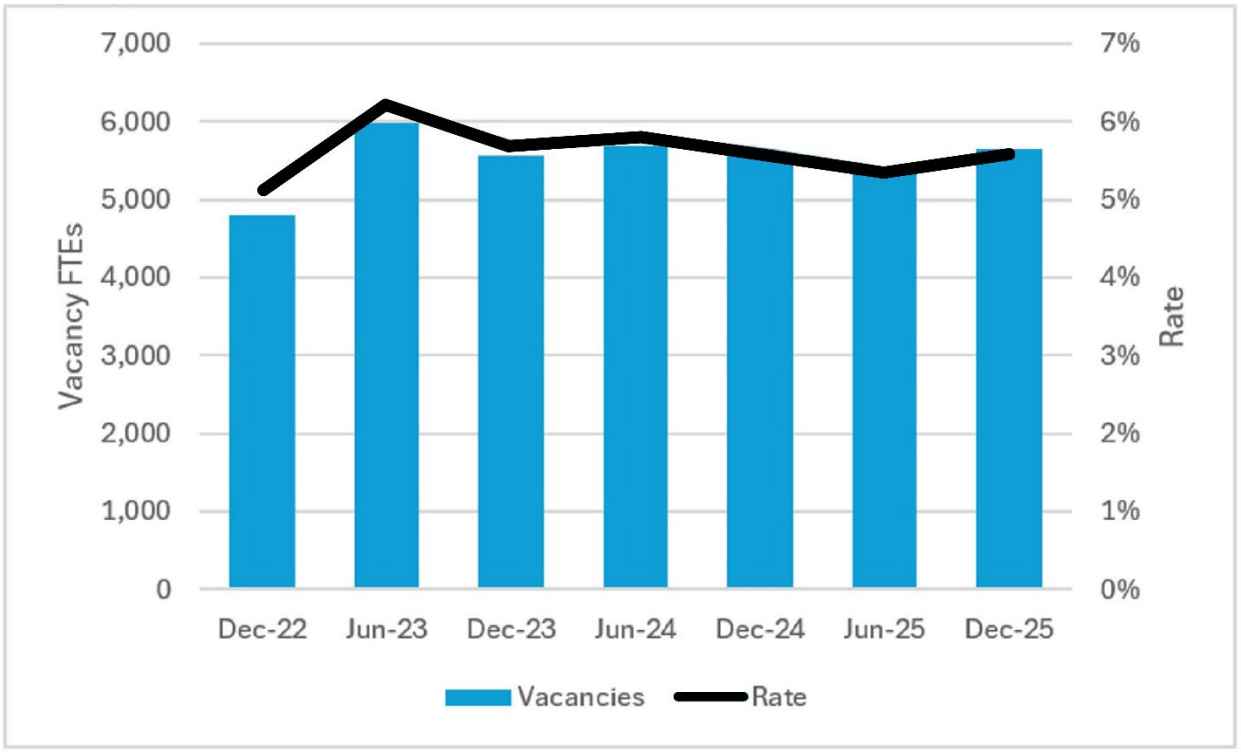
3.9 Vacancy Rate

The figure below presents the number of full-time equivalent (FTE) vacancies and the corresponding vacancy rate across NHS Wales between December 2022 and December 2025. Vacancy data is submitted quarterly by NHS Wales organisations to Welsh Government.

Over the reporting period, the overall NHS Wales vacancy rate increased slightly from 5.1% in December 2022 to 5.6% in December 2025. While the overall change was modest, the data indicates that vacancies continued to represent a sustained feature of the NHS Wales workforce throughout the period.

The vacancy rate provides a national overview of workforce gaps across NHS Wales. The following analysis explores how vacancy rates differ between individual staff groups.

Graph (9) **Total vacancies and rate, December 2022 to December 2025**



Data source: StatsWales

3.10 Vacancies by staff group

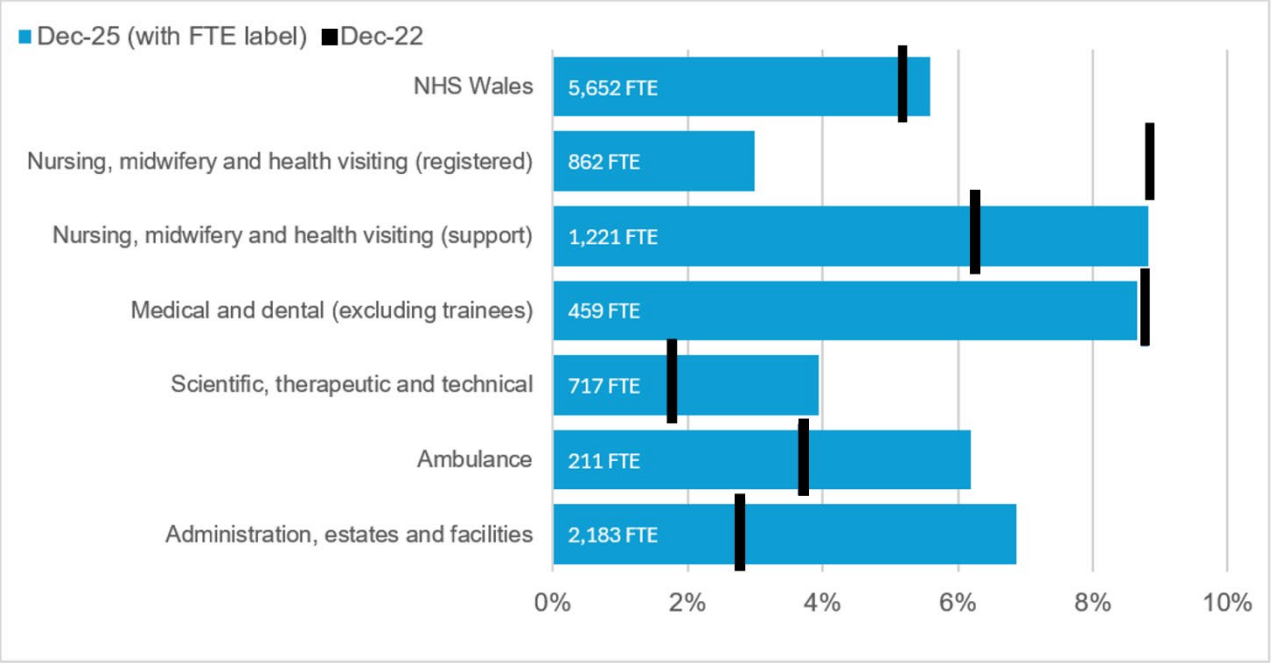
The chart compares vacancy rates across NHS Wales staff groups in December 2022 and December 2025, with the corresponding number of vacant full-time equivalent (FTE) posts shown for December 2025.

Although the workforce has continued to grow, the persistence of vacancies in some staff groups demonstrates that workforce expansion has not removed all recruitment pressures. Registered Nursing, Midwifery and Health Visiting recorded the largest improvement, with the vacancy rate falling substantially between 2022 and 2025, from 2376 to 862 respectively. In contrast, vacancy rates increased across several workforce groups, including Nursing, Midwifery and Health Visiting (support), Scientific, Therapeutic and Technical, Ambulance, and Administration, Estates and Facilities.

Medical and Dental (excluding trainees) continued to record one of the highest vacancy rates across NHS Wales, showing little change over the period. While Administration, Estates and Facilities reported the largest number of vacancies in absolute terms (2,183 FTE), this reflects the size of the workforce as well as its vacancy rate.

Overall, the findings demonstrate that national vacancy trends conceal marked variation between staff groups, with improvements concentrated in some professions while vacancy pressures have increased or remained persistent in others.

Graph (10) **Vacancy rate by staff group 2022 and 2025**



Data source: StatsWales

3.11 Participation rate by age band and gender

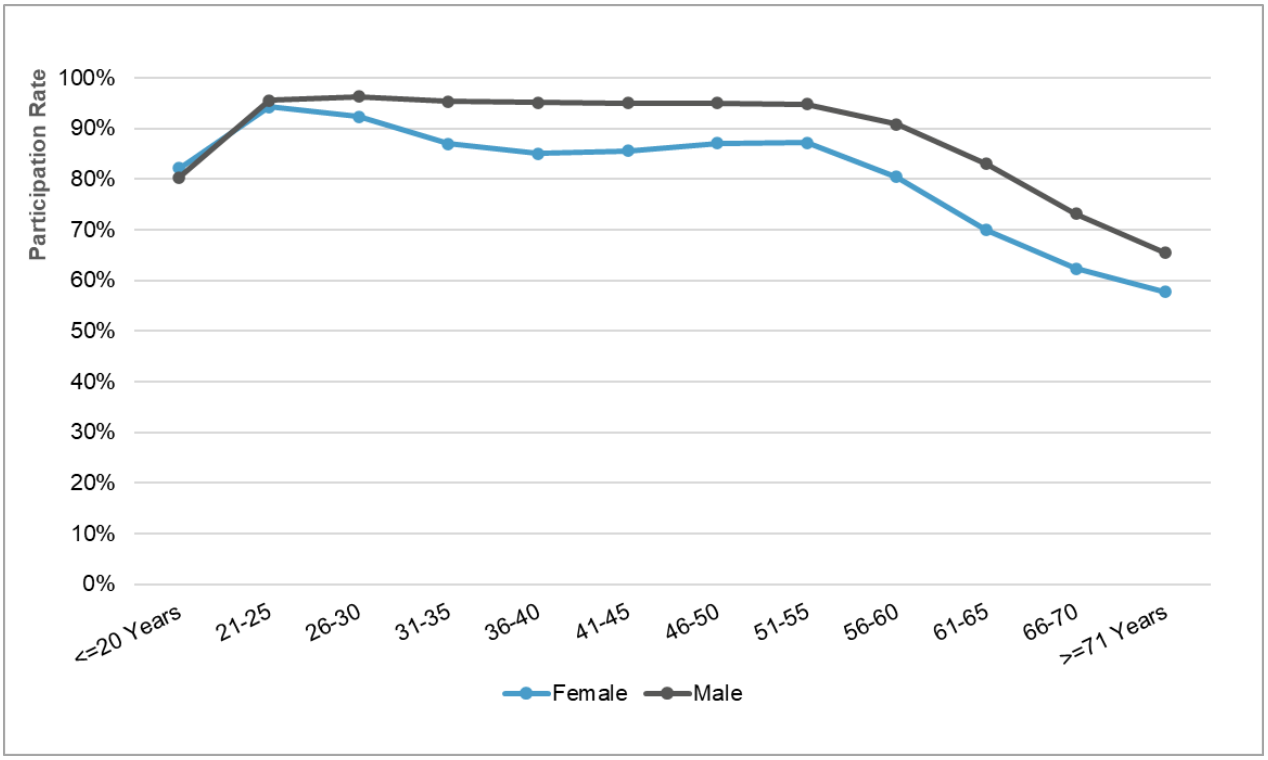
The figure below compares participation rates across the NHS Wales workforce by age band and gender in March 2026. Participation rate is calculated as full-time equivalent (FTE) divided by headcount and provides an indication of average contracted working time within each group.

Participation rates varied across both age groups and gender. Across almost all age bands, males demonstrated higher participation rates than females, although the size of this difference varied throughout the workforce lifecycle.

For both males and females, participation rates remained relatively stable throughout the core working-age years before declining in the older age groups, reflecting changes in contracted working patterns later in careers.

Overall, the analysis demonstrates that workforce capacity is influenced not only by headcount, but also by differences in contracted working patterns across age and gender.

Graph (11) **Participation rate by age band and gender – March 2026**



Data source: ESR DW (Participation rate = FTE / Headcount)

For a more detailed comparison of participation rates between 2021 and 2026 by staff group and age band, see Appendix 1, Graph 1. Variation is also evident between staff groups, with Medical & Dental generally recording higher participation rates across most age bands than Administrative & Clerical and Additional Clinical Services.

3.12 Turnover by staff group

The chart compares the 12-month rolling turnover rate across NHS Wales staff groups in March 2023 and March 2026, illustrating how workforce movement has changed over the reporting period.

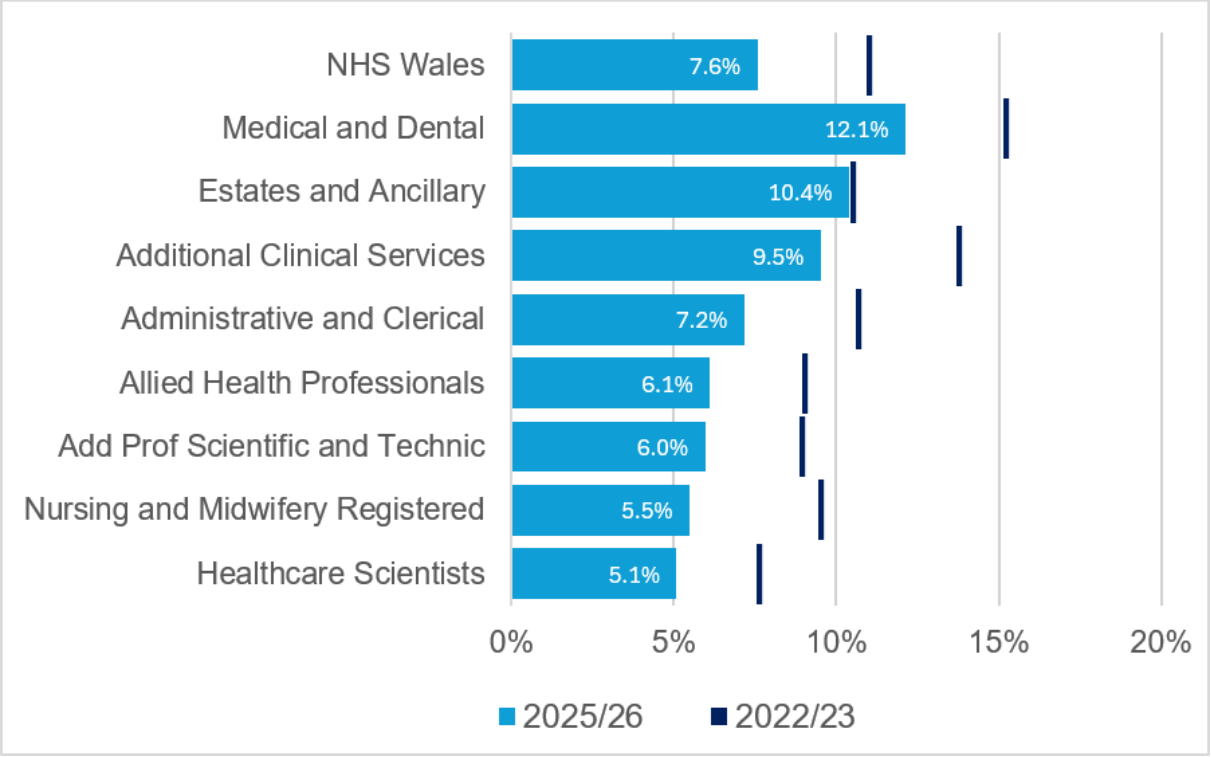
Turnover rates reduced across every NHS Wales staff group between March 2023 and March 2026, with the overall NHS Wales turnover rate falling from approximately 11% to 7.6%. This represents a broad improvement in workforce stability across the period.

The greatest reduction was observed within Medical & Dental, where turnover decreased from around 15% to 12%. Despite this improvement, Medical & Dental continued to record the highest turnover rate of all staff groups in March 2026.

Healthcare Scientists and Nursing & Midwifery recorded the lowest turnover rates at 5.1% and 5.5% respectively, while Estates & Ancillary remained comparatively high at 10.4%.

Overall, the findings suggest that staff retention has improved across NHS Wales over the reporting period, although the extent of workforce movement continues to vary considerably between staff groups.

Graph (12) **12 month rolling turnover by staff group for March 2023 & March 2026**



Data source: ESR DW

Note: Turnover data is presented from March 2023 rather than March 2022, as the exclusion of resident doctors can be defined more accurately following the transfer of all resident doctors to the Single Lead Employer.

3.13 Bringing the Evidence Together: Workforce Growth

Taken together, the evidence presents an encouraging picture of the NHS Wales workforce. Over recent years the workforce has continued to grow across most professional groups, strengthening overall workforce capacity. At the same time, vacancy trends indicate signs of increasing stability, while changes in workforce participation, retirement patterns and workforce demographics show that the workforce itself continues to evolve. Viewed collectively, these findings suggest that NHS Wales has made significant progress in strengthening its workforce, whilst also highlighting that workforce sustainability is shaped by a range of interconnected factors rather than workforce growth alone.

This broader perspective provides the foundation for the remainder of the report. Workforce growth remains an important measure of progress, but its full significance is only understood when considered alongside the wider workforce indicators explored throughout this publication. Together, these measures provide a more balanced understanding of workforce sustainability, establishing the baseline from which subsequent chapters examine workforce stability, workforce availability, workforce supply and workforce composition.

The national picture demonstrates that NHS Wales has strengthened its workforce overall. The next question is whether that picture is reflected consistently across all parts of the health service. The following chapter therefore explores the General Medical Services workforce, illustrating how service-specific intelligence complements national workforce trends and provides a deeper understanding of workforce planning challenges.

4. General Medical Service workforce in Wales

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

4.1 Historic trend of the General Practice workforce

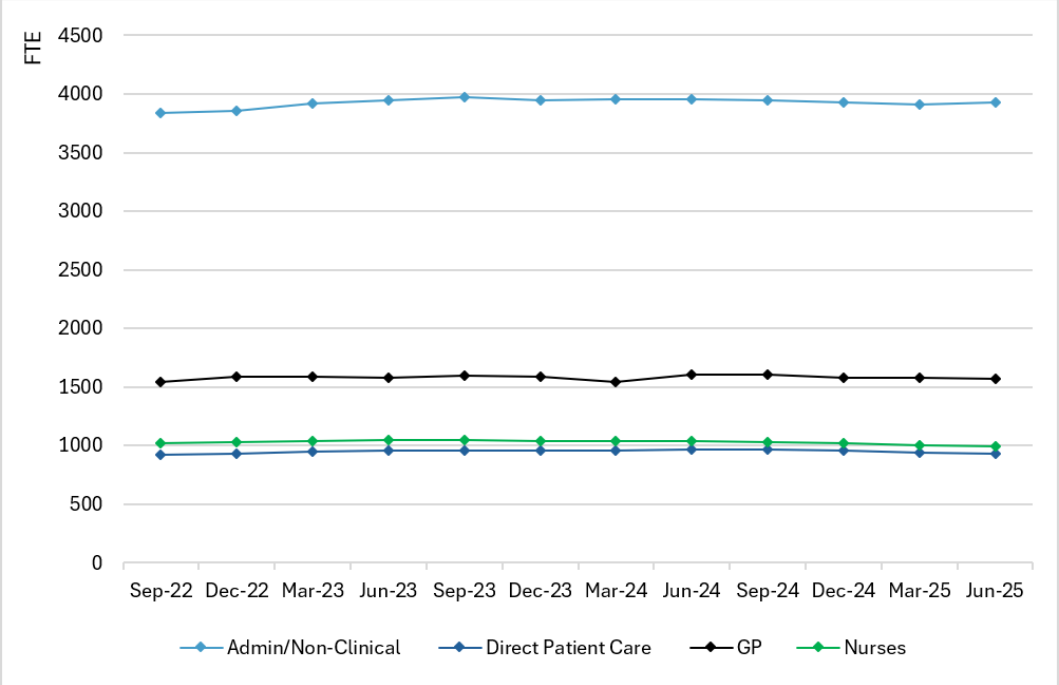
The figure below illustrates changes in the General Medical Services (GMS) workforce in Wales between December 2022 and June 2025, showing the full-time equivalent (FTE) workforce across the principal staff groups employed within General Practice.

Over the reporting period, the wider General Practice workforce demonstrated steady growth, driven primarily by increases in Administrative and Non-clinical staff, which remained the largest workforce group at almost 4,000 FTE. In contrast, General Practitioner (GP) numbers remained broadly stable at around 1,500 FTE throughout the period.

Practice Nurses and Direct Patient Care staff (including roles such as Healthcare Assistants, Clinical Pharmacists and other multidisciplinary professionals working within General Practice) also remained relatively stable over the reporting period, with only modest changes in workforce size.

Overall, the data indicates that recent workforce growth within General Practice has been concentrated in the wider multidisciplinary team, whilst GP numbers have remained broadly unchanged. Although this reflects continued investment in multidisciplinary working, it also highlights the ongoing importance of recruitment and retention across the primary care workforce to support the shift towards delivering more care closer to home.

Graph (13) **GP and wider practice staff by FTE – 2022 to 2025**



Data source: StatsWales

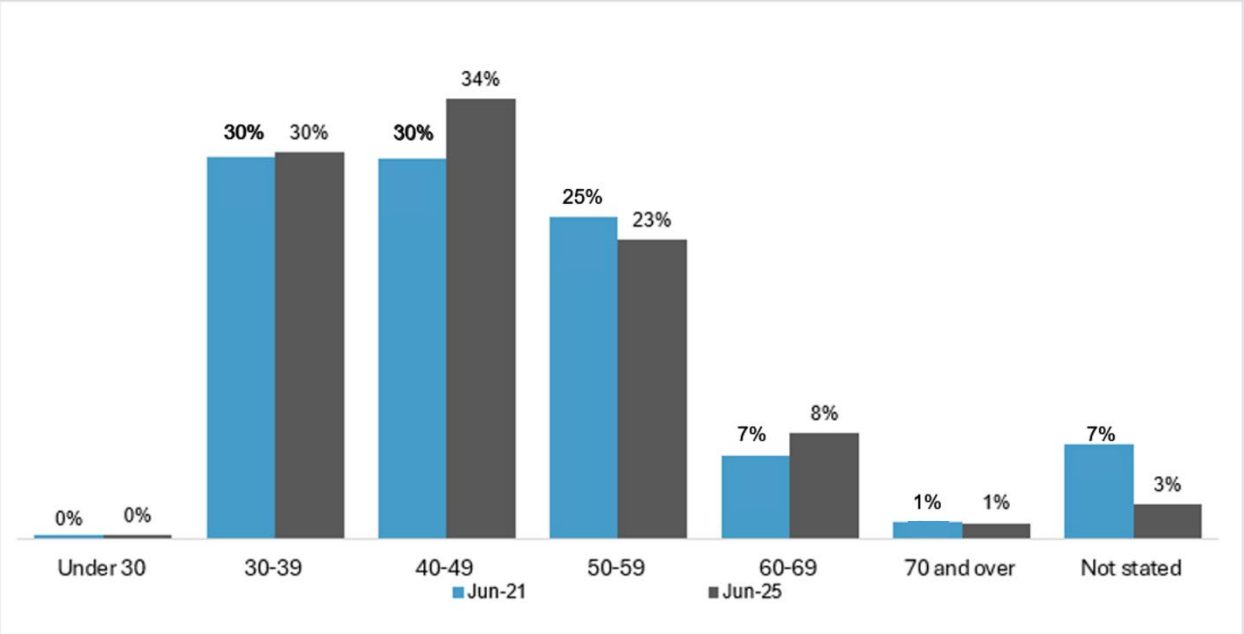
4.2 Age profile across the General Practice workforce

Introduction

This section compares the age profile of the principal workforce groups employed within General Practice in Wales, including General Practitioners (GPs), Practice Nurses, Direct Patient Care staff, and Administrative and Non-clinical staff. Examining these workforce groups together provides a broader understanding of how age profiles differ across the multidisciplinary primary care workforce and where demographic changes have occurred between 2021 and 2025. The data source for these graphs are from Stats Wales.

General Practitioners have the youngest age profile of the four workforce groups. Around one-third of GPs are aged 40–49, increasing from 30% in 2021 to 34% in 2025, while the proportion aged 50–59 has fallen slightly. Although this suggests a modest shift towards younger age groups, interpretation should be treated with some caution due to the higher proportion of records with age not stated in 2021.

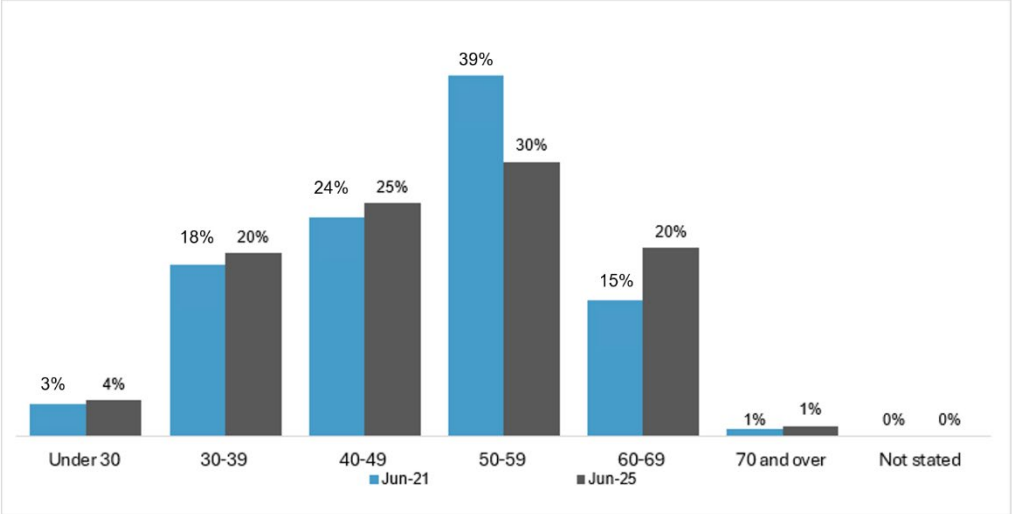
Graph (14) **Age profile comparison of the GP workforce 2021 and 2025 by headcount**



Data Source: Stats Wales

The age profile of GP Practice Nurses differs markedly from that of GPs. While the proportion of nurses aged 50–59 has reduced from 39% to 30%, there has been a corresponding increase in those aged 60–69 from 15% to 20%. This indicates that a substantial proportion of the nursing workforce remains within older age bands.

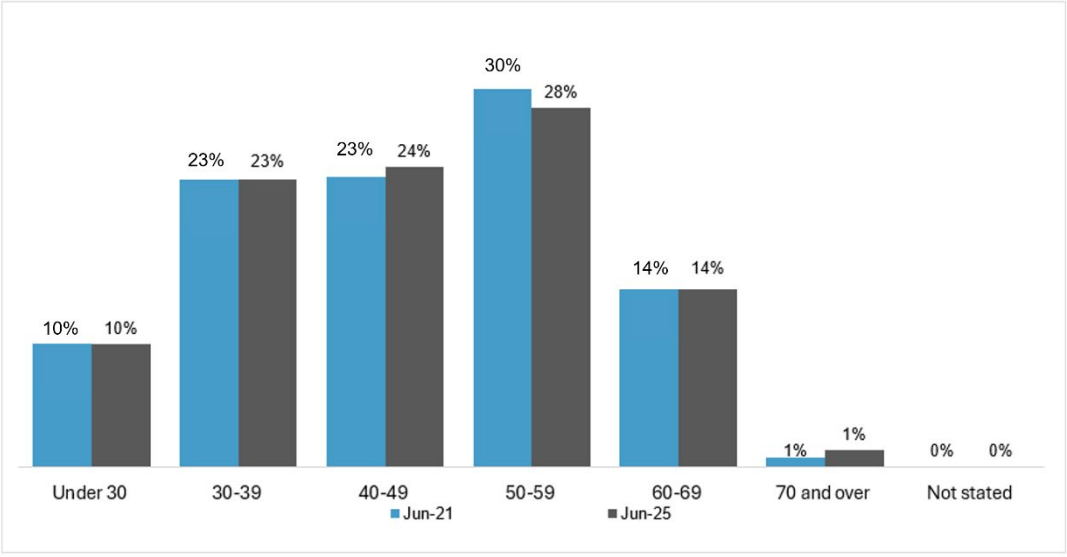
Graph (15) **Age profile comparison of GP practice Nurses 2021 and 2025 by headcount**



Data Source: Stats Wales

Compared with Practice Nurses, the Direct Patient Care workforce has remained relatively stable over the reporting period. The 50–59 age group continues to represent the largest proportion of the workforce, with only modest changes across other age bands. Around 14% of staff remain aged 60–69, indicating a continued presence of older workers within this part of the multidisciplinary team.

Graph (16) **Age profile comparison of the direct patient care workforce, 2021 and 2025 by headcount**

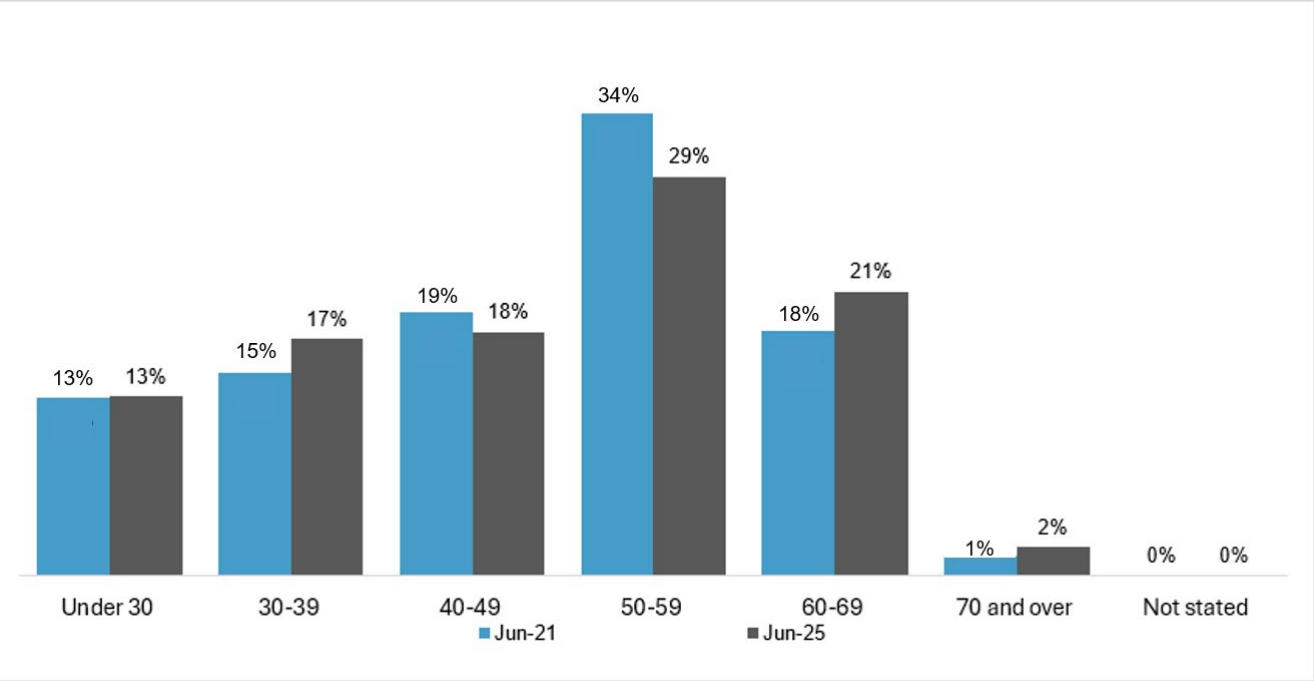


Data Source: Stats Wales

Administrative and Non-clinical staff have a similar age profile to Practice Nurses. Although the proportion aged 50–59 has declined since 2021, there has been a further increase in those

aged 60–69, which now account for around one-fifth of the workforce. This represents the highest proportion of staff in this age group across the four workforce groups.

Graph (17) **Age profile comparison of the admin and non-clinical workforce, 2021 and 2025 by headcount**



Data Source: Stats Wales

Age profile comparative summary

Taken together, these figures demonstrate that age profiles vary considerably across the General Practice workforce. GPs have a comparatively younger workforce concentrated within the 30–49 age range, whereas Practice Nurses and Administrative and Non-clinical staff have a greater proportion of staff in older age bands. The Direct Patient Care workforce has remained comparatively stable over the reporting period. Overall, the findings suggest that demographic change is not uniform across primary care, with differing age profiles evident between professional groups.

4.3 Gender and ethnicity profile of the GP workforce

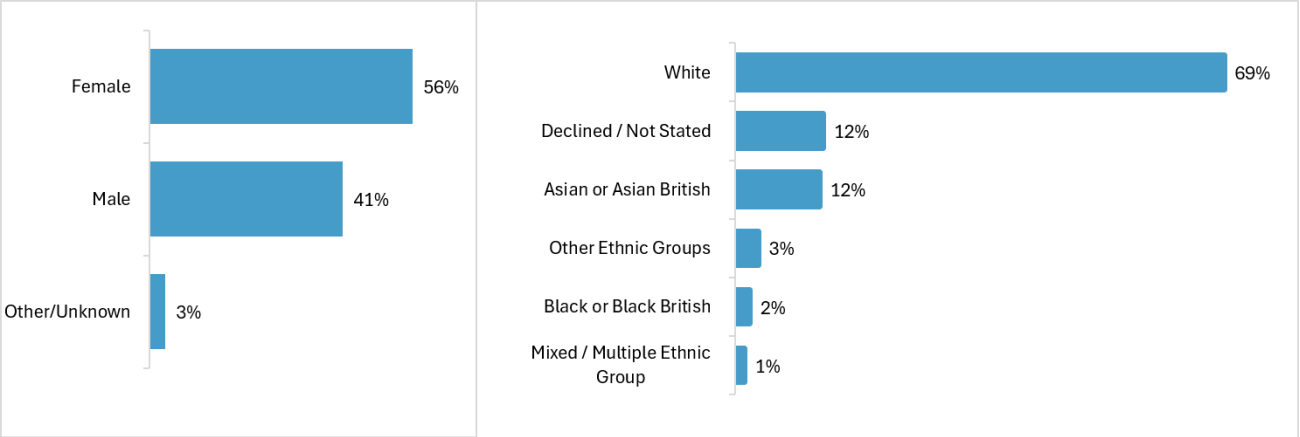
The figures below present the gender and ethnicity profile of the General Practitioner (GP) workforce in Wales based on headcount as at June 2025. The data includes substantive GPs, locums and registrars, providing an overview of the demographic composition of the current GP workforce.

Female GPs account for the majority of the workforce, representing 56% of all General Practitioners, compared with 41% who are male. A further 3% of records are recorded as other or unknown.

The ethnicity profile shows that 69% of GPs identified as White. Asian or Asian British and Declined/Not Stated each account for 12% of the workforce, while Black or Black British, Other Ethnic Groups and Mixed / Multiple Ethnic Groups together represent a further 6%.

Overall, the data highlights the demographic diversity of the GP workforce in Wales, while also showing that a notable proportion of ethnicity records remain undeclared or not stated.

Graph (18) **GP workforce gender and ethnicity by headcount in June 2025**



Data Source: Stats Wales

4.4 Bringing the Evidence Together: General Medical Services

National workforce trends provide an important overview of the NHS Wales workforce, but they tell only part of the story. The evidence presented in this chapter shows that the General Medical Services workforce continues to experience its own distinct patterns of workforce supply, participation and demographic change. Whilst the wider multidisciplinary workforce has grown, General Practitioner numbers have remained broadly stable, indicating that workforce growth within primary care has not yet fully aligned with the ambitions set out in **A Healthier Wales** to strengthen care closer to home and expand multidisciplinary community-based services.

This service-level perspective adds important context to the national picture established in the previous chapter. Looking beyond headline workforce trends provides a deeper understanding of where workforce pressures are emerging, where resilience is strengthening and where further attention is required. Future workforce planning for primary care will increasingly depend not only on recruitment, but also on improving retention, workforce participation and the continued development of multidisciplinary teams to support sustainable services closer to home.

Understanding how workforce challenges differ across services naturally leads to the question of how organisations are responding through workforce investment. The following chapter explores workforce cost, examining how patterns of expenditure and changes in the balance between substantive and temporary staffing provide further insight into the stability and sustainability of the NHS Wales workforce.

5. NHS Wales workforce Cost

This section examines the cost of the NHS Wales workforce, including substantive pay, agency and locum expenditure, and how changes in workforce investment reflect growth, workforce composition and reliance on temporary staffing.

5.1 Cost of the current NHS Wales workforce

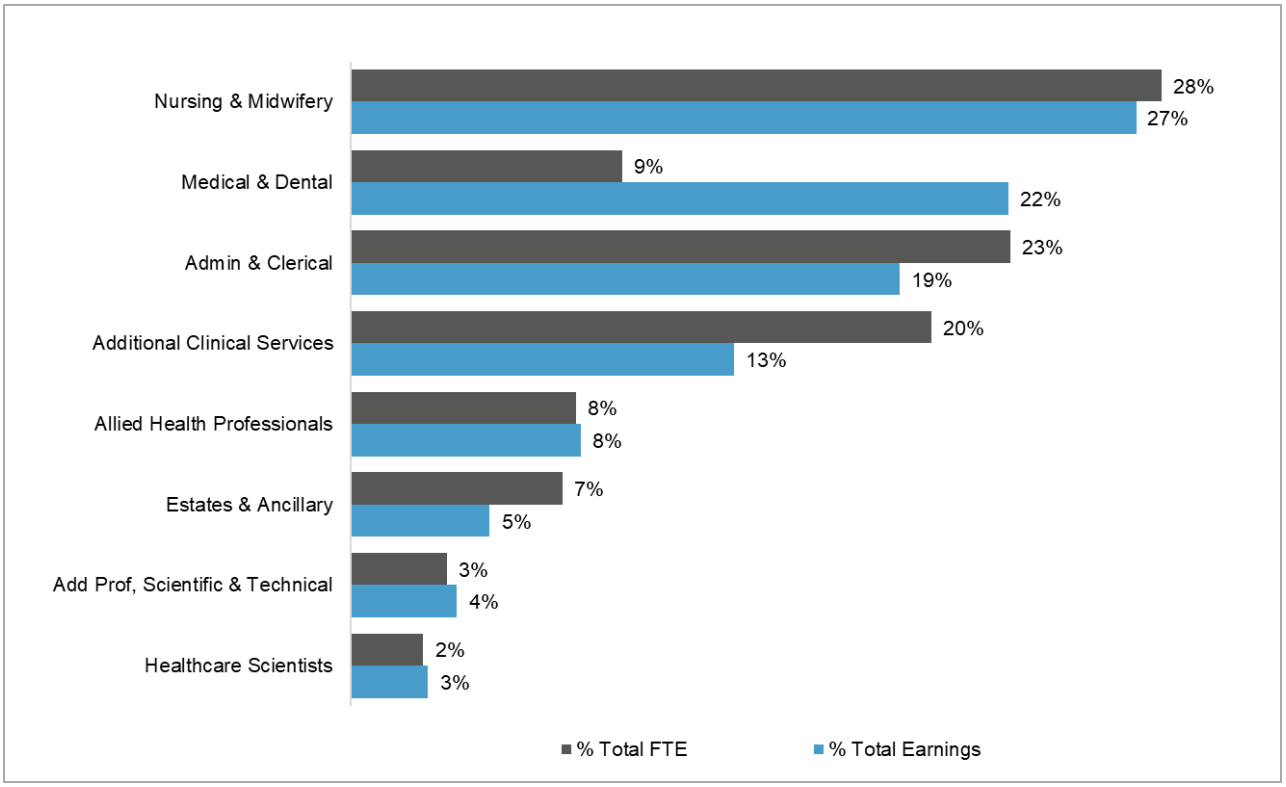
The figure below compares the proportion of the NHS Wales workforce, measured in full-time equivalent (FTE), with the proportion of total workforce earnings by staff group for March 2026.

Nursing & Midwifery accounted for the largest share of both workforce FTE and total earnings across NHS Wales. Medical & Dental represented a smaller proportion of the workforce than Nursing & Midwifery but accounted for a comparatively larger share of total earnings.

Administrative & Clerical and Additional Clinical Services also represented sizeable proportions of the workforce, although their share of total earnings was proportionately lower than their share of FTE.

Overall, the distribution of workforce costs broadly reflects workforce size, with differences between staff groups reflecting variations in workforce composition, grade profile and pay structure.

Graph (19) **Percentage of FTE & total earnings by staff group March 2026**



Data source: ESR DW & NHS Wales Financial Monitoring returns

Whilst differences in workforce earnings partly reflect the relative size of each staff group, they are also influenced by a range of other factors including national pay awards, contractual pay progression, Agenda for Change pay bands, medical and dental pay arrangements, overtime, enhanced payments and the use of temporary staffing. Consequently, changes in workforce expenditure should not be interpreted as arising solely from changes in workforce numbers, and workforce growth should be considered alongside these wider financial drivers.

5.2 Total pay bill trends

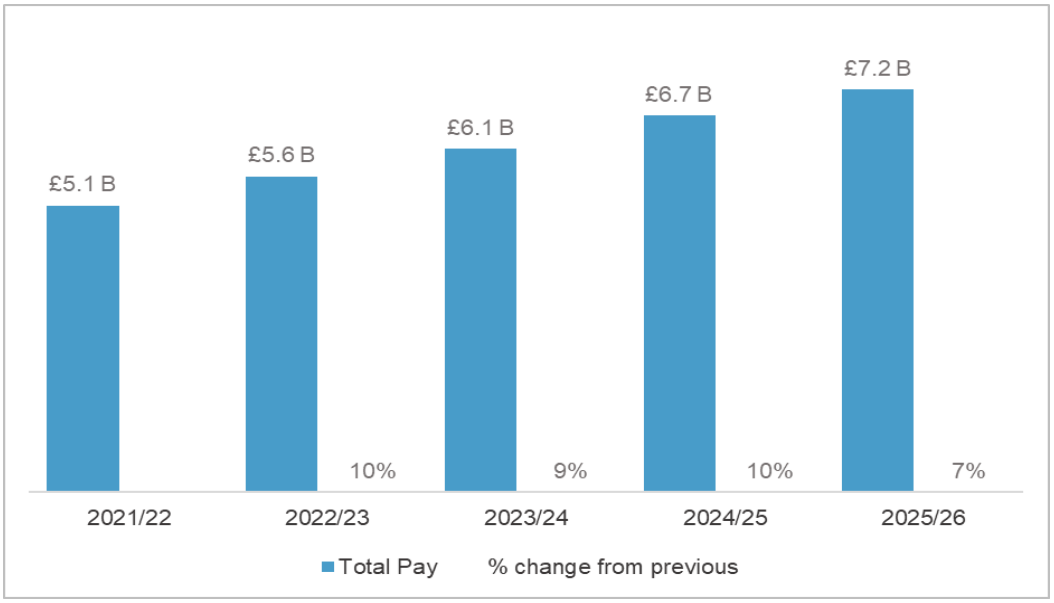
The cost analysis in the rest of this section has been based on NHS Wales Financial Monitoring returns and refers to the last five financial years. The chart below illustrates changes in the NHS Wales annual pay bill between 2021/22 and 2025/26, together with the year-on-year percentage change.

The total pay bill increased in every financial year across the reporting period, rising from £5.1 billion in 2021/22 to £7.2 billion in 2025/26. Although expenditure continued to increase throughout the period, the rate of annual growth moderated in the most recent year following larger increases earlier in the period.

This trend should be considered alongside the workforce growth presented in Chapter 3, where NHS Wales recorded a 13.6% increase in full-time equivalent (FTE) staff between March 2021 and March 2026, including proportionately greater growth within Band 7–9, Medical & Dental and training grade workforce groups. Taken together, these findings demonstrate that increases in workforce expenditure have occurred alongside both workforce expansion and changes in workforce composition over the reporting period.

Overall, the data demonstrates sustained investment in the NHS Wales workforce over the five-year period, reflecting both growth in workforce capacity and changes in workforce composition.

Graph (20) **Annual pay bill 2021/22 – 2025/26**



Data source: NHS Wales Financial Monitoring returns.

5.3 Agency & locum trends

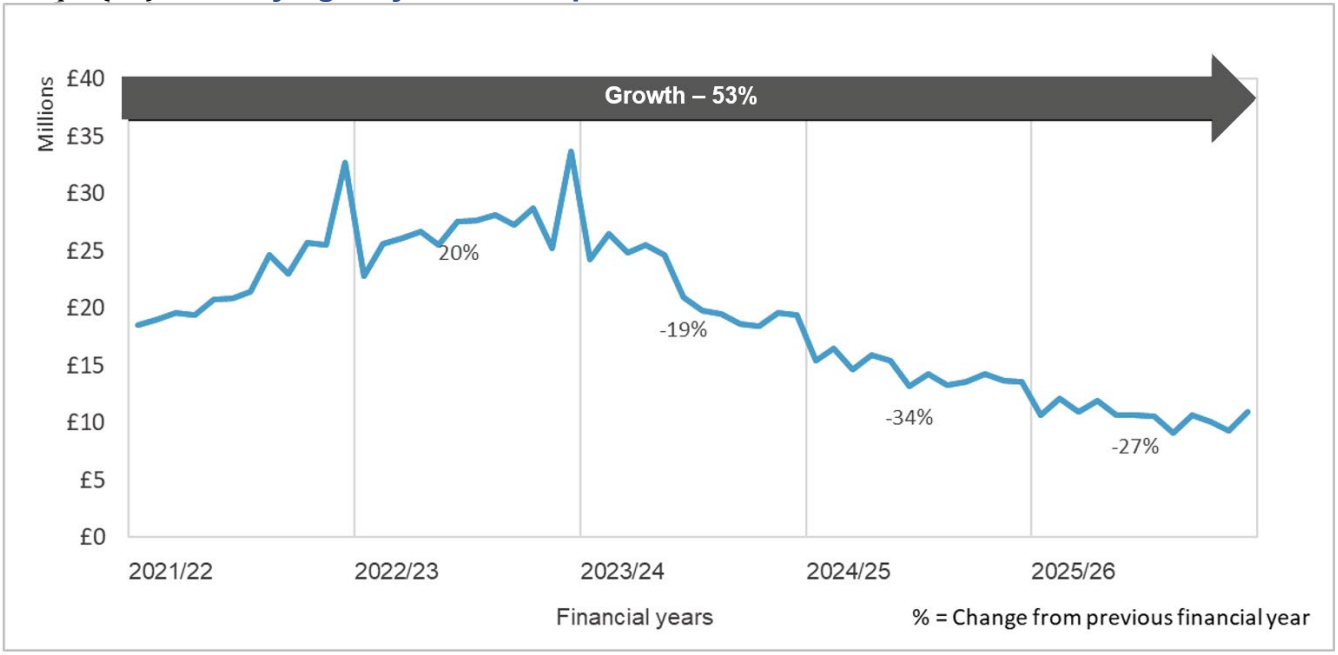
Agency and locum staff are usually deployed when substantive and bank options have been exhausted. The figure below presents total agency and locum expenditure across NHS Wales between 2021/22 and 2025/26, together with the year-on-year percentage change.

Agency and locum expenditure peaked at £325 million in 2022/23 before falling steadily over the following three financial years to £128 million in 2025/26. Over the same period, agency and locum expenditure reduced from approximately 6% of the total workforce pay bill to less than 2%.

This reduction occurred alongside continued growth in the overall NHS Wales pay bill, indicating that temporary staffing costs have fallen while investment in the substantive workforce has increased.

Overall, the data demonstrates a substantial reduction in reliance on agency and locum staffing over the reporting period. Viewed alongside the vacancy analysis presented earlier in this report, these trends indicate that, despite persistent vacancies in some professional groups, NHS Wales has reduced its reliance on agency and locum staffing, suggesting a gradual improvement in workforce stability over the reporting period.

Graph (21) **Monthly agency & locum spend: 2021/22 – 2025/26**



Data source: NHS Wales Financial Monitoring returns

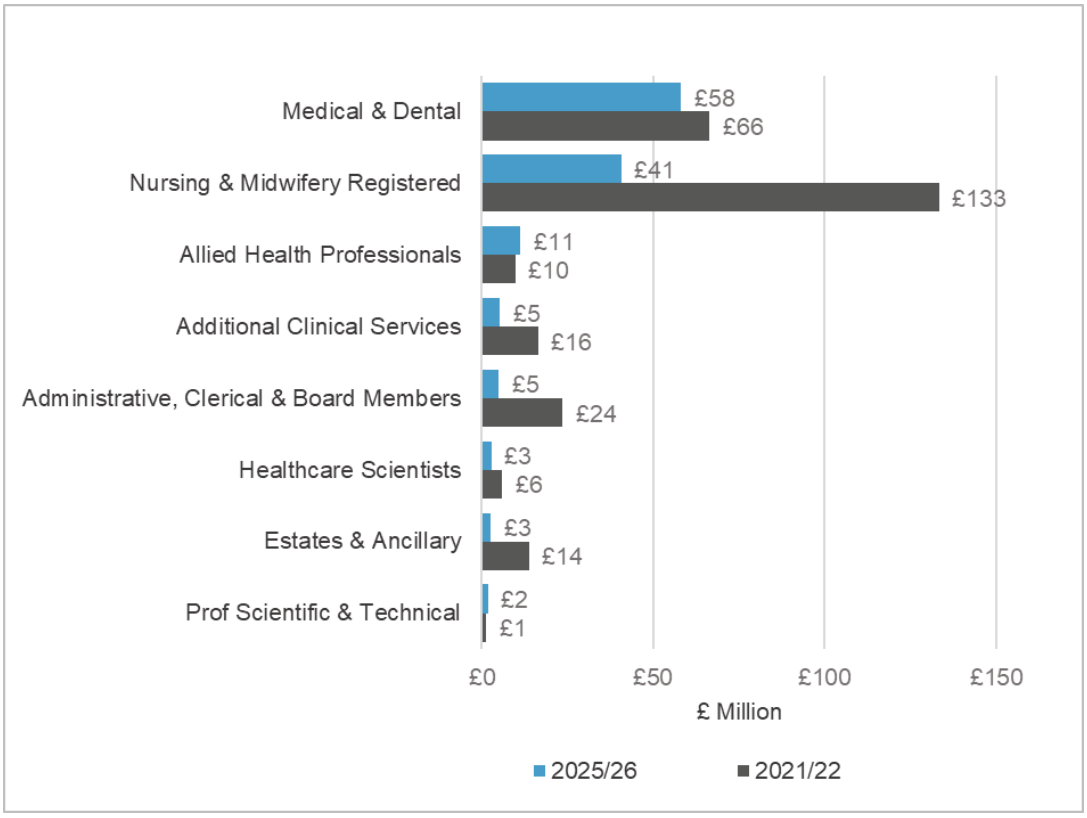
Appendix 1 graph 2: shows the trend in Agency & Locum spend by staff group.

5.4 Agency and locum expenditure by staff group

The following two charts examine agency and locum expenditure across NHS Wales staff groups between 2021/22 and 2025/26. Together they show both the distribution of expenditure by workforce group and the extent to which spending has changed over the reporting period.

Medical & Dental and Nursing & Midwifery accounted for the largest proportion of agency and locum expenditure throughout the reporting period. Although expenditure reduced across both staff groups, they continued to represent the largest areas of temporary staffing spend in 2025/26. Expenditure across the remaining staff groups was considerably lower, with relatively modest changes observed over time.

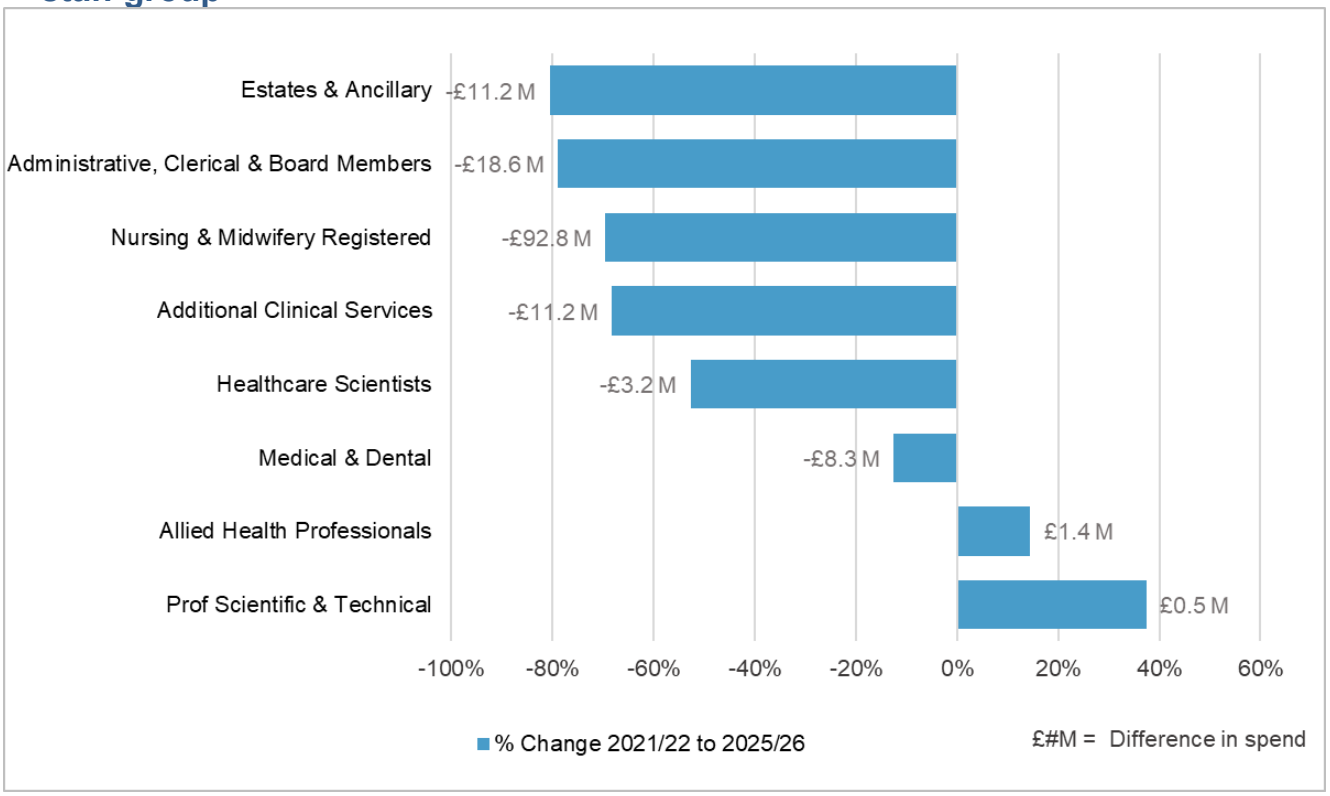
Graph (22) **Agency & locum spend by staff group for 2021/22 and 2025/26**



Data Source: NHS Wales Financial Monitoring returns

The scale of change differed markedly between staff groups. Nursing & Midwifery recorded the largest reduction in agency and locum expenditure, followed by Medical & Dental, accounting for the majority of the overall reduction reported in the previous section. Most remaining staff groups also experienced reductions, although these were comparatively small in absolute terms. Allied Health Professionals and Scientific, Therapeutic & Technical were the only workforce groups to record a slight increase in expenditure over the period.

Graph (23) **Agency and locum spend change between 2021/22 and 2025/26 by staff group**



Data Source: NHS Wales Financial Monitoring returns

Taken together, these figures show that the reduction in NHS Wales agency and locum expenditure has not been uniform across the workforce. The overall improvement has been driven principally by Nursing & Midwifery and Medical & Dental, which continue to account for the largest share of temporary staffing expenditure despite substantial reductions over the reporting period.

5.5 Bringing the Evidence Together: Workforce Investment

Patterns of workforce investment provide valuable insight into how the NHS Wales workforce is evolving. The evidence presented in this chapter shows continued investment in the workforce alongside a reduction in reliance on agency and locum staffing, suggesting a gradual shift towards a more stable substantive workforce. Considered together with the workforce growth described earlier in the report, these trends present an encouraging picture of sustained investment in workforce capacity while strengthening workforce stability.

Viewed in isolation, expenditure can only describe how resources have been used. Considered alongside workforce growth and changes in temporary staffing, however, it becomes a meaningful indicator of how the workforce is developing over time. This broader perspective reinforces that understanding workforce sustainability requires more than financial measures alone; it requires an appreciation of how investment supports workforce resilience and long-term capacity.

A more stable workforce is only one part of the wider sustainability picture. The next question is how much of that workforce is available to provide care. The following chapter therefore examines sickness absence, exploring how workforce availability influences the effective capacity of the NHS Wales workforce.

6. NHS Wales sickness absence

This section examines sickness absence across the NHS Wales workforce, including overall absence trends, variation between staff groups and the main reasons for absence, highlighting how sickness continues to affect available workforce capacity and future workforce sustainability.

6.1 Monthly sickness absence

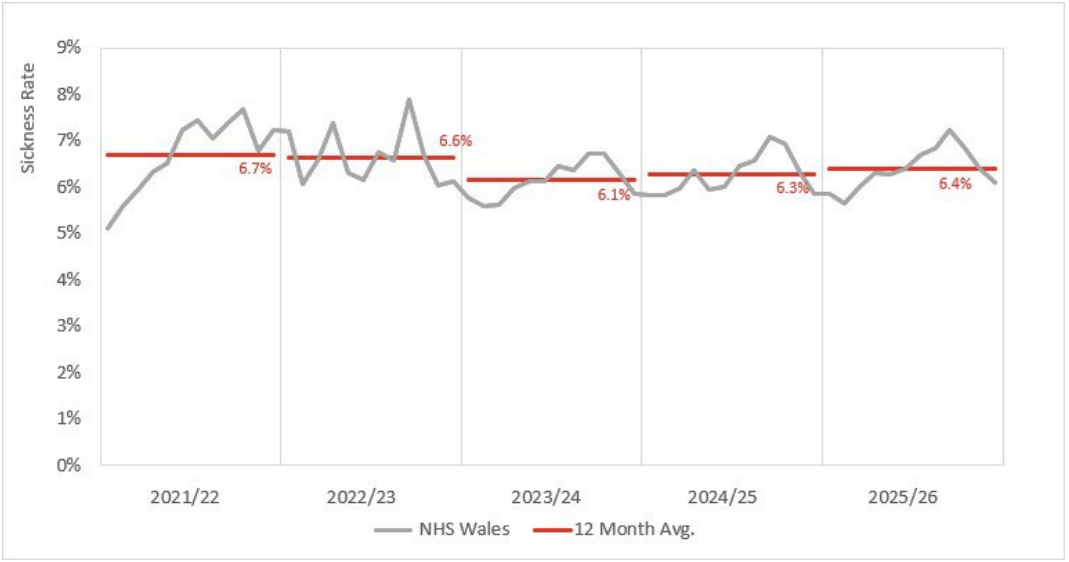
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2021 to March 2026 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

Sickness absence reached its highest levels during 2021/22 before declining over the following two years. Although this downward trend has continued overall, sickness absence has shown a slight increase during the most recent reporting period, with the 12-month average for 2025/26 remaining at 6.4%.

A more regular seasonal pattern of sickness has been seen since 2023/24 with higher rates in winter and lower rates in summer. This is a change from the more irregular pattern seen during the Covid19 pandemic.

Alongside participation rates presented earlier, sickness absence highlights that workforce capacity cannot be understood through staffing numbers alone.

Graph (24) **NHS Wales sickness, all staff groups: 2021/22 – 2025/26**



Data source: ESR DW

6.2 Sickness by staff group

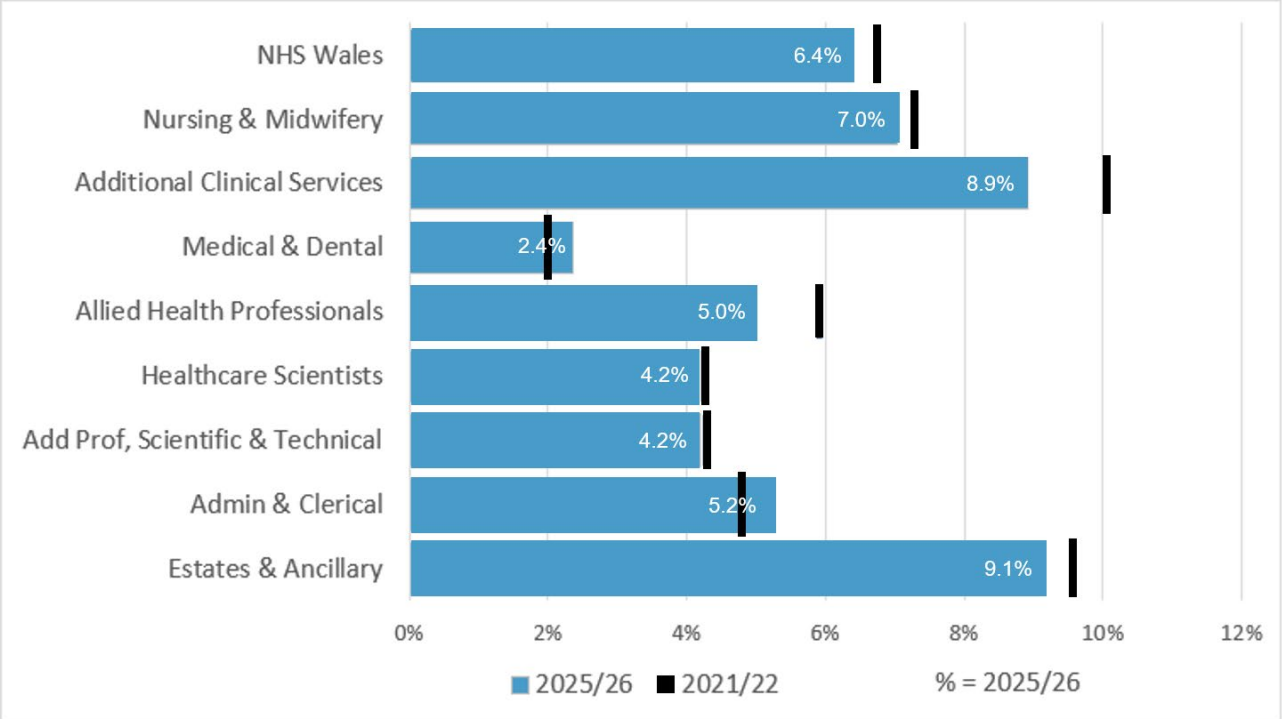
The chart compares average sickness absence rates across NHS Wales staff groups in March 2022 and March 2026, illustrating how absence levels have changed over the reporting period.

Sickness absence rates reduced across almost all staff groups between March 2022 and March 2026, indicating a broad improvement in workforce attendance since the higher absence levels observed following the COVID-19 pandemic. However, the extent of improvement varied considerably between workforce groups.

Despite these reductions, Estates & Ancillary and Additional Clinical Services continued to record the highest sickness absence rates in March 2026, at 9.1% and 8.9% respectively. In contrast, Medical & Dental and Healthcare Scientists maintained comparatively lower sickness absence rates throughout the period.

Overall, while sickness absence has improved across much of the NHS Wales workforce, variation between staff groups remains significant, with some staff groups continuing to experience a greater reduction in available workforce capacity than others.

Graph (25) **- 12 month average sickness by staff group 2021/22 and 2025/26**



Data source: ESR DW

Additional analysis has been undertaken, to see the sickness trend from 2021 – 2026 by staff group see appendix – graph (3)

6.3 Patterns and reasons for sickness absence

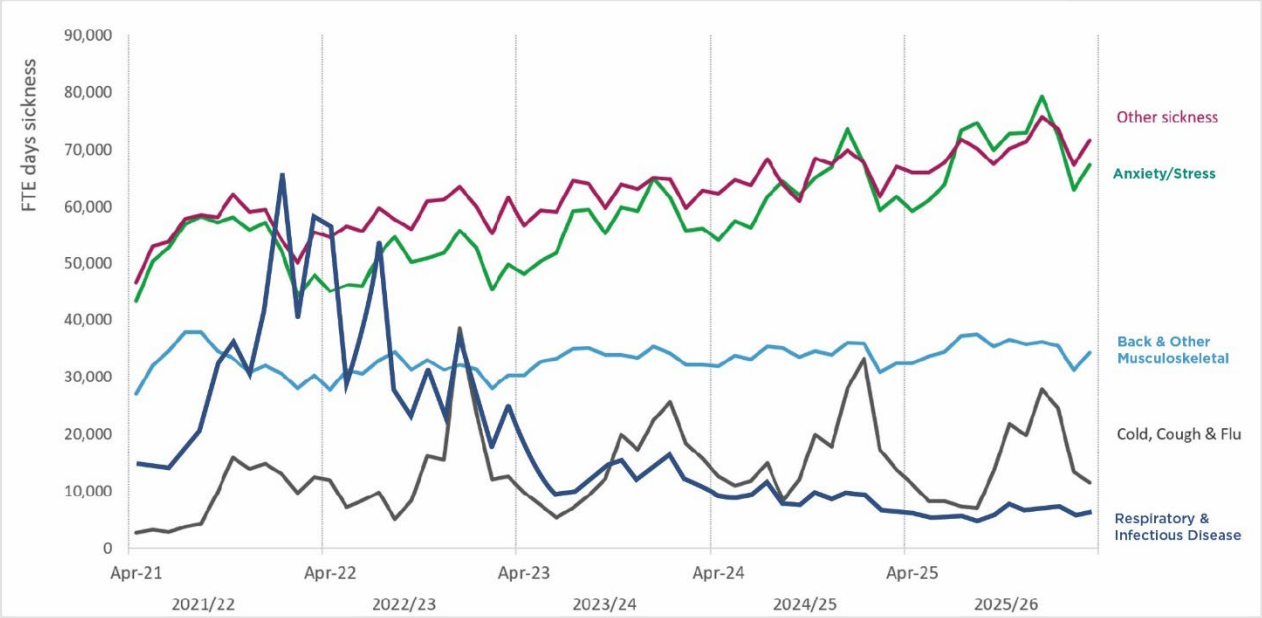
The following figures examine the principal reasons for sickness absence across NHS Wales. The first illustrates how the main causes of sickness absence have changed over time, while the second compares the profile of sickness reasons across workforce groups during 2025/26.

Anxiety, stress, depression and other mental health conditions have become an increasingly prominent cause of sickness absence over the reporting period, reaching their highest level in late 2025. In contrast, respiratory and infectious disease-related absence declined substantially following the COVID-19 pandemic before stabilising at lower levels.

Musculoskeletal conditions have remained consistently among the largest contributors to sickness absence throughout the reporting period, while cold, cough and flu continue to demonstrate a clear seasonal pattern, with peaks during the winter months. "Other sickness" also represents a substantial proportion of absence and has increased gradually over time.

It is important to note that while these patterns provide valuable insight, caution should be exercised when interpreting the data due to known data quality issues which may affect completeness and consistency in reporting.

Graph (26) **NHS Wales reasons for sickness 2021/22 to 2025/26**



Data source: ESR DW

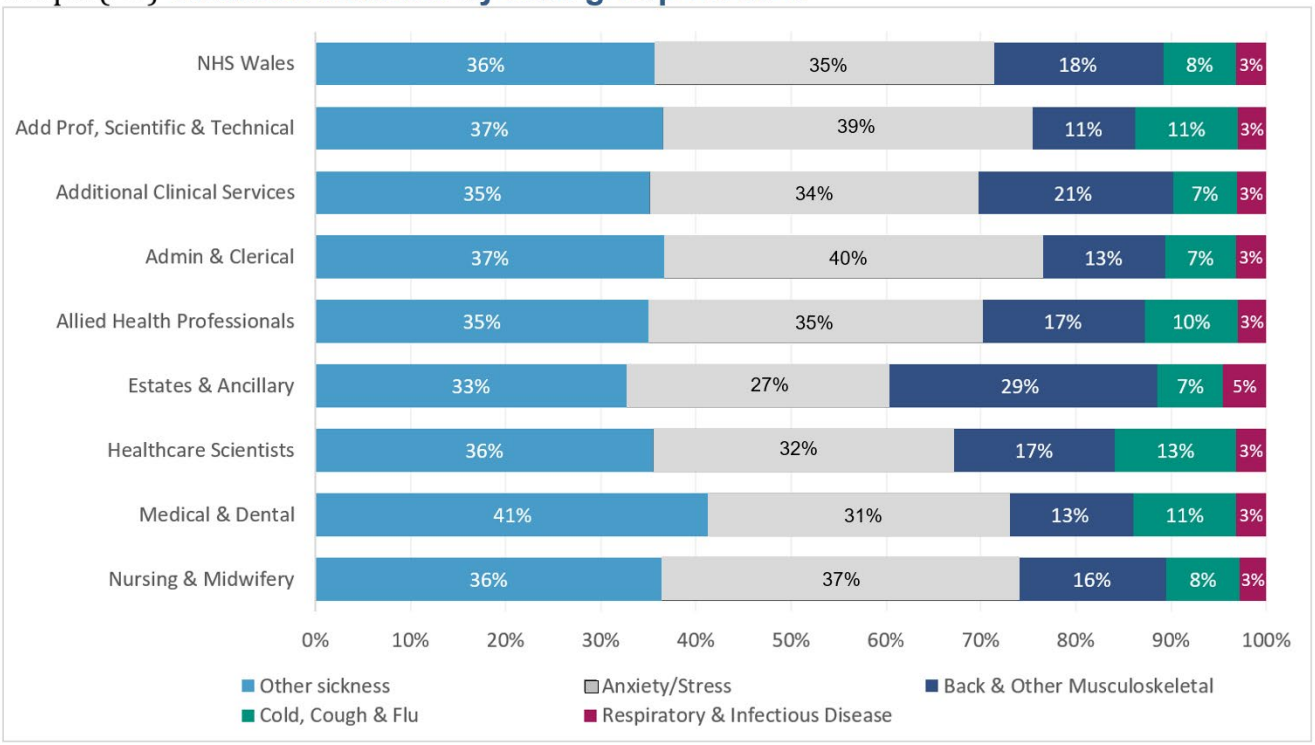
There are 31 different reasons for sickness held in the ESR. For a description of how the sickness reasons have been summarised see appendix 1 table 4.

Although the same broad sickness categories are evident across all workforce groups, the relative contribution of individual causes varies considerably.

Anxiety, stress and depression account for the largest proportion of sickness absence across NHS Wales overall (35%), with the highest proportion recorded among Administrative & Clerical staff (40%). In contrast, musculoskeletal conditions represent a greater proportion of sickness absence within Estates & Ancillary staff (29%), considerably higher than the NHS Wales average of 18%.

Although the remaining sickness categories account for a smaller proportion of absence overall, their relative contribution varies between staff groups. Collectively, the findings demonstrate that while the principal causes of sickness absence are consistent across NHS Wales, the balance of those causes differs according to occupational group.

Graph (27) **Sickness reasons by staff group 2025/26**



Data source: ESR DW

Taken together, the figures demonstrate that while a relatively small number of sickness categories account for most absence across NHS Wales, the profile of sickness reasons differs between workforce groups. Mental health-related absence is the largest contributor nationally, whereas the relative importance of musculoskeletal conditions and seasonal illness varies according to staff groups.

6.4 Bringing the Evidence Together: Workforce Availability

A growing and stable workforce can only strengthen services if staff are available to provide care. The evidence presented in this chapter shows encouraging signs that sickness absence has reduced across much of the NHS Wales workforce, contributing to improved workforce availability. However, the variation that remains between staff groups and the causes of absence demonstrates that workforce capacity continues to be influenced by more than workforce numbers alone.

Viewed alongside the earlier chapters, these findings complete an important part of the workforce sustainability picture. Workforce growth increases capacity, investment strengthens workforce stability, and workforce availability determines how much of that capacity can be realised in practice. Together, these measures provide a more complete understanding of the workforce available to deliver services and reinforce the importance of considering workforce indicators collectively rather than in isolation.

Understanding the current workforce is only part of the challenge. Sustaining workforce capacity also depends on ensuring a continued supply of skilled professionals for the future. The following chapter therefore focuses on the nursing and midwifery workforce, exploring how different sources of workforce supply are contributing to future workforce sustainability.

7. Focus on the NHS Wales Nursing and Midwifery workforce

This section explores patterns of nurse recruitment, retention, and international inflow, providing insight into the factors shaping supply, including reliance on overseas staff and the effectiveness of recruitment strategies. The subsequent analysis focuses on Nurses and Midwives employed in NHS Wales.

7.1 Composition of the Nursing & Midwifery workforce by place of professional registration

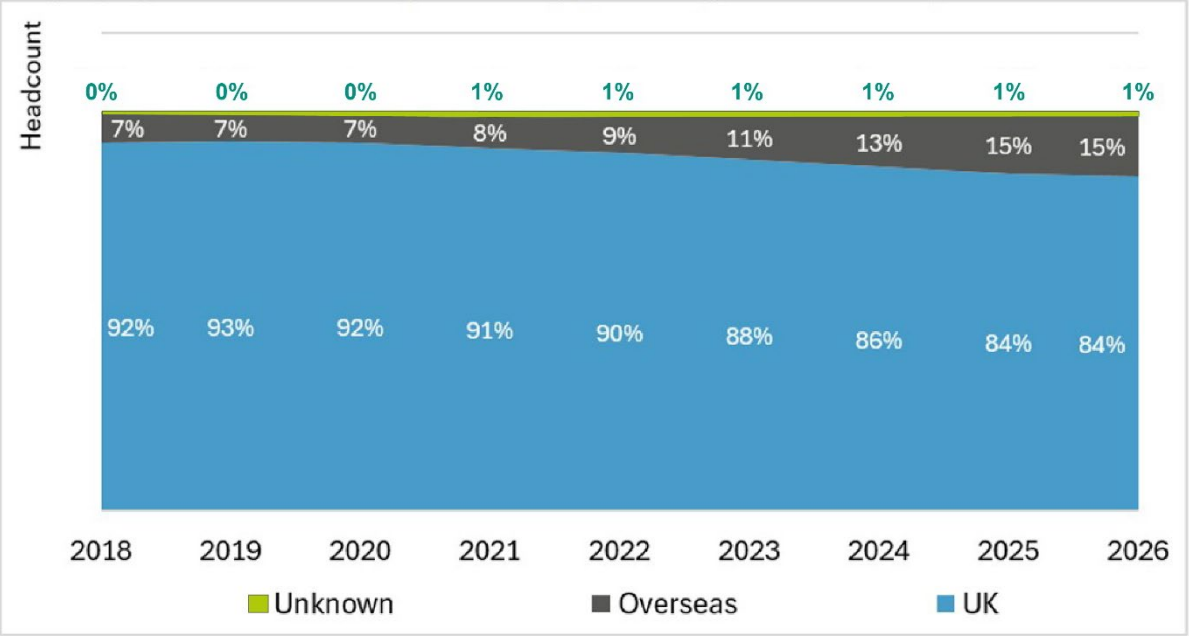
The figure below illustrates the place of professional registration for the Nursing and midwifery workforce between 2018 and 2026, showing the proportion of staff with UK, overseas and unknown registration. It provides an overview of how the composition of the registered workforce has changed over time.

The NHS Wales workforce continued to be predominantly UK registered throughout the reporting period, although the proportion of staff with a UK registration declined gradually from 92% in 2018 to 84% in 2026.

Over the same period, the proportion of staff with an overseas registration increased steadily from 7% to 15%, more than doubling its share of the registered workforce. The proportion of staff with an unknown place of registration remained consistently low at around 1%.

Overall, the findings demonstrate a gradual shift in the composition of the NHS Wales workforce, with internationally registered professionals making an increasingly important contribution while the workforce remains predominantly UK registered.

Graph (28) **Workforce composition by place of professional registration**



Data source: ESR DW

7.2 Composition of the Nursing and Midwifery workforce starters by recruitment source

The figure below illustrates the composition of NHS Wales nursing and midwifery workforce starters between 2018/19 and 2025/26, showing the proportion of new starters who were Welsh students, international recruits and other recruits. International recruits are defined as staff joining NHS Wales with a new overseas or European professional registration obtained within one year of their start date, providing a measure of newly recruited international entrants rather than all staff with overseas registration.

Between 2018/19 and 2021/22, the proportion of new starters remained relatively balanced between Welsh students and other recruits, with international recruitment accounting for a comparatively small share of workforce supply. From 2022/23 onwards, however, the proportion of international recruits increased, rising from 17% in 2022/23 to 25% in 2025/26.

Over the same period, the proportion of starters classified as other recruits declined from 46% in 2018/19 to 30% in 2025/26, while the contribution of Welsh students remained comparatively stable, fluctuating between 46% and 57% over the reporting period and accounting for 45% of starters in 2025/26.

Overall, the findings demonstrate a shift in the composition of workforce supply, with international recruitment becoming a more prominent source of new starters alongside a consistently important contribution from Welsh-trained graduates.

Graph (29) **Composition of workforce starters by recruitment source, 2018/19–2025/26**

Data source: ESR DW

7.3 Nursing and Midwifery vacancy figures

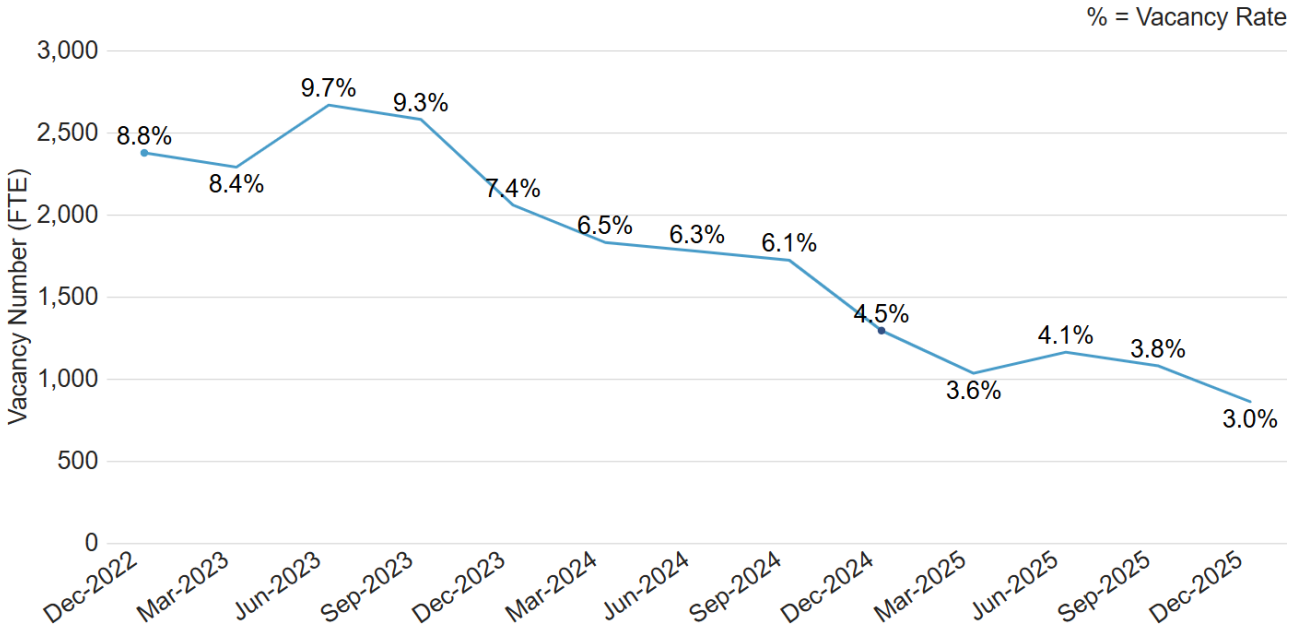
The figure below illustrates the number and vacancy rate of nursing vacancies in NHS Wales between December 2022 and December 2025. It shows how nursing vacancy levels have changed over time and provides an indication of trends in workforce supply across the nursing workforce.

The nursing vacancy rate declined substantially over the reporting period, falling from 8.8% in December 2022 to 3.0% in December 2025. Although vacancy rates increased briefly during 2023, peaking at 9.7% in June 2023, a sustained downward trend was evident from late 2023 onwards.

By the end of 2025, the vacancy rate had reduced to less than one third of its peak level, with successive quarterly reductions indicating a continued improvement in nursing workforce supply. This downward trend was reflected in both the vacancy rate and the overall number of vacant nursing posts.

Overall, the findings demonstrate a marked improvement in the nursing workforce position over the three-year period, suggesting that vacancy pressures have eased considerably compared with those experienced during 2022 and 2023.

Graph (30) **Number and percentage of vacancies in the Nursing and midwifery workforce**



Data source: StatsWales

7.4 Nursing & Midwifery commissioning figures

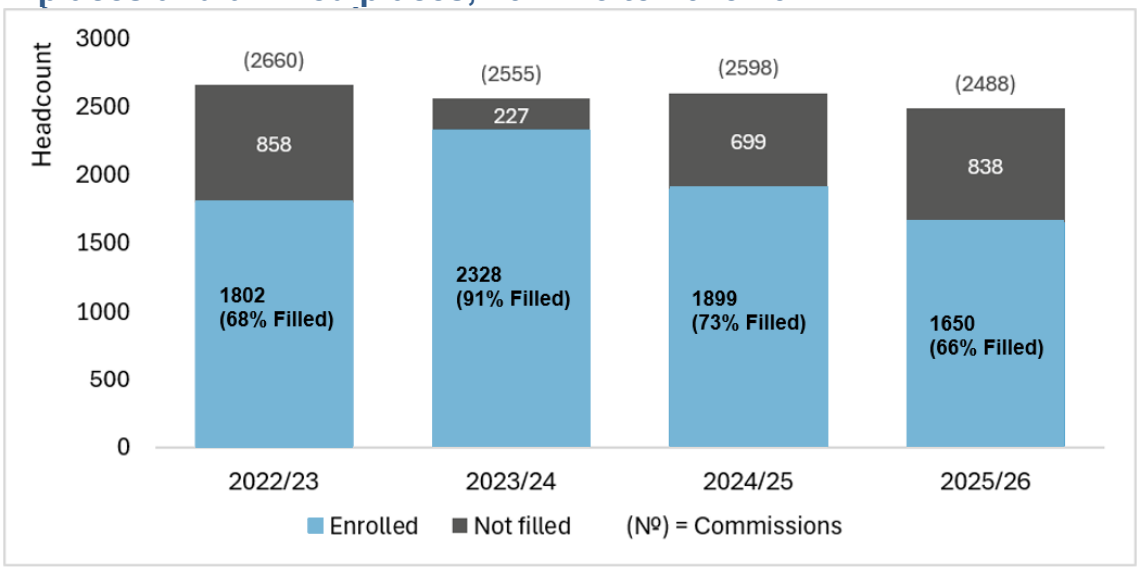
The figure below compares undergraduate nursing places commissioned with the number of places filled between 2022/23 and 2025/26. It shows whether commissioned education capacity is translating into actual student intake and highlights the extent of unfilled places in each year.

The number of undergraduate nursing and midwifery places commissioned remained relatively stable over the four-year period, varying between 2,469 and 2,660 places. However, the proportion of commissioned places that were filled fluctuated considerably.

The highest fill rate was achieved in 2023/24, when 91% of commissioned places were filled (2,328 of 2,555 places). In contrast, fill rates were substantially lower in 2022/23 (68%), 2024/25 (73%) and 2025/26 (66%), despite relatively small changes in the overall number of commissioned places.

Overall, the findings indicate that while undergraduate nursing education capacity has remained broadly consistent, the proportion of commissioned places converted into enrolled students has varied considerably. Following a particularly strong recruitment year in 2023/24, fill rates declined over the subsequent two years, returning to levels similar to those observed at the start of the reporting period.

Graph (31) **Undergraduate nursing and midwifery commissioned places, filled places and unfilled places, 2022/23 to 2025/26**



Data Source: HEIW DW ***includes Return to Practice numbers**

7.5 Bringing the Evidence Together: Workforce Supply

Maintaining a sustainable workforce depends not only on supporting the workforce already in post, but also on ensuring a continued supply of skilled professionals for the future. The evidence presented in this chapter shows that the nursing and midwifery workforce is being strengthened through multiple routes, with international recruitment making an important contribution alongside domestic education and other sources of workforce supply. Together, these findings demonstrate the value of maintaining a balanced and resilient supply pipeline.

Viewed alongside the earlier chapters, this broadens the understanding of workforce sustainability. Growth, investment and workforce availability all influence today's workforce capacity, but sustaining that capacity requires a continued focus on how the future workforce is developed and replenished. Considering workforce supply from multiple perspectives provides greater confidence that planning is responding to both current workforce needs and longer-term service requirements.

Looking ahead, understanding future workforce sustainability also requires an appreciation of who makes up the workforce. The following chapter explores workforce demographics and diversity, examining how the changing composition of the NHS Wales workforce will shape future workforce planning.

8. NHS Wales Workforce Demographics and Diversity

This section examines the demographic profile and diversity of the NHS Wales workforce, including gender, ethnicity, disability, sexual orientation, nationality and Welsh language skills, highlighting how workforce composition and data completeness are shaping workforce planning and inclusion.

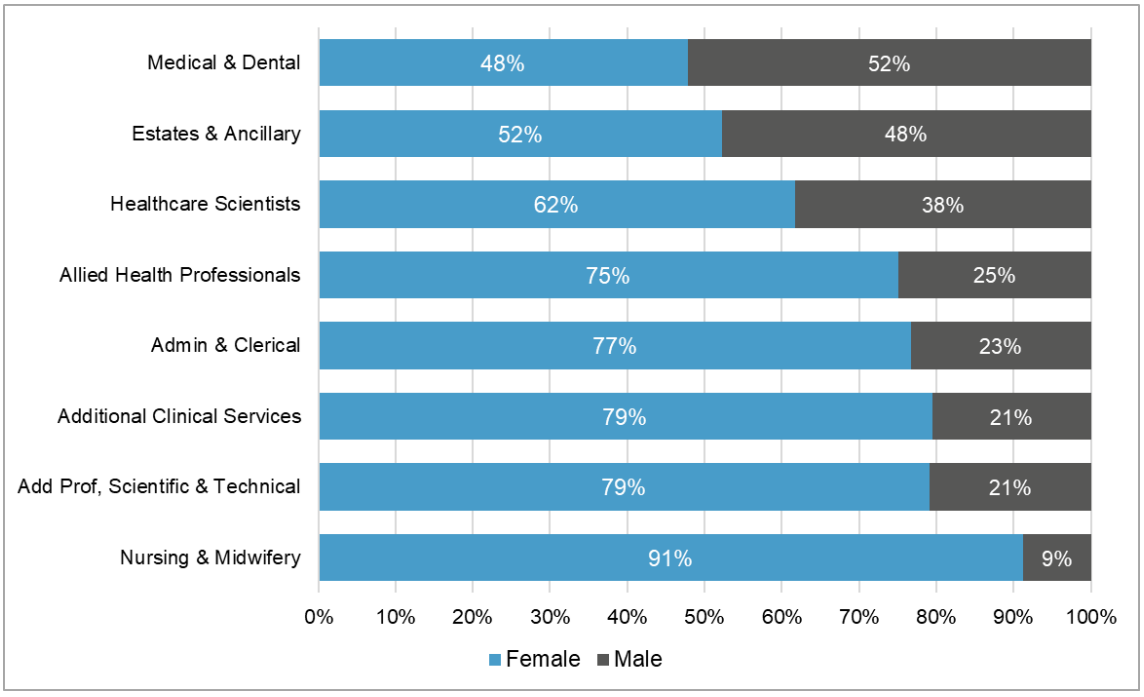
8.1 Current NHS Wales workforce profile

This section describes the demographic characteristics of the NHS Wales workforce in March 2026, including gender, nationality, ethnicity, Welsh language skills, disability and sexual orientation. Together, these measures provide an overview of the diversity of the workforce while also highlighting areas where workforce data completeness continues to improve.

Gender by staff group

Women account for approximately three quarters of the NHS Wales workforce overall, although the gender balance varies considerably between staff groups. Medical & Dental is the only staff group in which males represent the majority of the workforce, while Nursing & Midwifery and Additional Clinical Services remain predominantly female professions.

Graph (32) **Gender profile by staff group – March 2026**



Data source: ESR DW

Ethnicity by staff group

The majority of NHS Wales staff identify as White (79.9%), with Asian or Asian British representing the second largest ethnic group (6.4%). Ethnic diversity varies across staff groups, particularly within Medical & Dental, where a greater proportion of staff identify with minority ethnic backgrounds than elsewhere in the workforce. 8.7% of records remain not stated or not disclosed.

Table 1. **Ethnicity percentage by staff group – March 2026**

Staff Group	White	Asian / Asian British	Black / African / Caribbean / Black British	Mixed / Multiple ethnic groups	Other Ethnic Groups	Not Stated
Admin & Clerical	89.3%	2.3%	1.1%	1.2%	0.6%	5.6%
Allied Health Professionals	88.8%	2.6%	1.5%	1.4%	0.6%	5.1%
Add Prof, Scientific & Technical	88.7%	2.8%	0.9%	1.6%	1.5%	4.4%
Additional Clinical Services	84.1%	3.8%	2.2%	1.0%	1.2%	7.6%
Healthcare Scientists	80.0%	5.5%	3.6%	1.4%	2.0%	7.5%
Estates & Ancillary	77.3%	4.3%	0.9%	0.7%	1.5%	15.3%
Nursing & Midwifery	77.2%	8.3%	2.1%	1.0%	2.1%	9.2%
Medical & Dental	47.2%	22.6%	4.8%	2.7%	6.5%	16.2%
NHS Wales	**79.9%**	**6.4%**	**2.0%**	**1.2%**	**1.8%**	**8.7%**

Data source: ESR DW

Disability by staff group

Around 7% of NHS Wales staff have declared a disability, while approximately 13% have either not disclosed or not stated their disability status. Disability declaration rates vary between staff groups, indicating differences in workforce composition and declaration behaviour.

Table 2. **Disability percentage by staff group – March 2026**

Staff Group	No	Yes	Not Disclosed / Not Stated
Add Prof, Scientific & Technical	85.1%	7.9%	7.0%
Allied Health Professionals	81.6%	9.1%	9.3%
Nursing & Midwifery	81.1%	6.7%	12.3%
Admin & Clerical	80.6%	9.1%	10.2%
Additional Clinical Services	80.2%	7.2%	12.6%
Healthcare Scientists	78.8%	8.0%	13.2%
Medical & Dental	77.5%	2.5%	20.0%
Estates & Ancillary	68.3%	5.8%	25.9%
NHS Wales	**79.6%**	**7.1%**	**13.3%**

Data source: ESR DW

Sexual orientation by staff group

Four in five staff identify as heterosexual or straight. Around one sixth of records remain not stated or not disclosed, demonstrating continued opportunities to improve workforce data completeness.

Table 3. **Sexual orientation percentage by staff group – March 2026**

Sexual Orientation	Heterosexual or Straight	Gay or Lesbian	Bisexual	Other sexual orientation not listed	Undecided	Not Disclosed/ Not Stated
Add Prof, Scientific & Technical	83.7%	3.0%	2.0%	0.5%	0.3%	10.7%
Admin & Clerical	83.6%	2.1%	1.4%	0.2%	0.2%	12.6%
Allied Health Professionals	83.1%	2.5%	2.1%	0.2%	0.2%	11.9%
Nursing & Midwifery	82.2%	1.8%	1.3%	0.1%	0.1%	14.5%
Additional Clinical Services	81.5%	2.1%	1.6%	0.2%	0.2%	14.3%
Healthcare Scientists	78.1%	3.2%	1.9%	0.3%	0.5%	15.9%
Estates & Ancillary	69.7%	1.3%	0.6%	0.3%	0.2%	27.9%
Medical & Dental	66.5%	1.6%	1.6%	0.1%	0.1%	30.1%
NHS Wales	**80.0%**	**2.0%**	**1.4%**	**0.2%**	**0.2%**	**16.2%**

Data source: ESR DW

Taken together, these figures demonstrate the diversity of the NHS Wales workforce while highlighting variation in workforce characteristics across staff groups. They also illustrate the importance of continuing to improve demographic data completeness, particularly where staff have not stated or disclosed personal characteristics, to support more comprehensive workforce analysis.

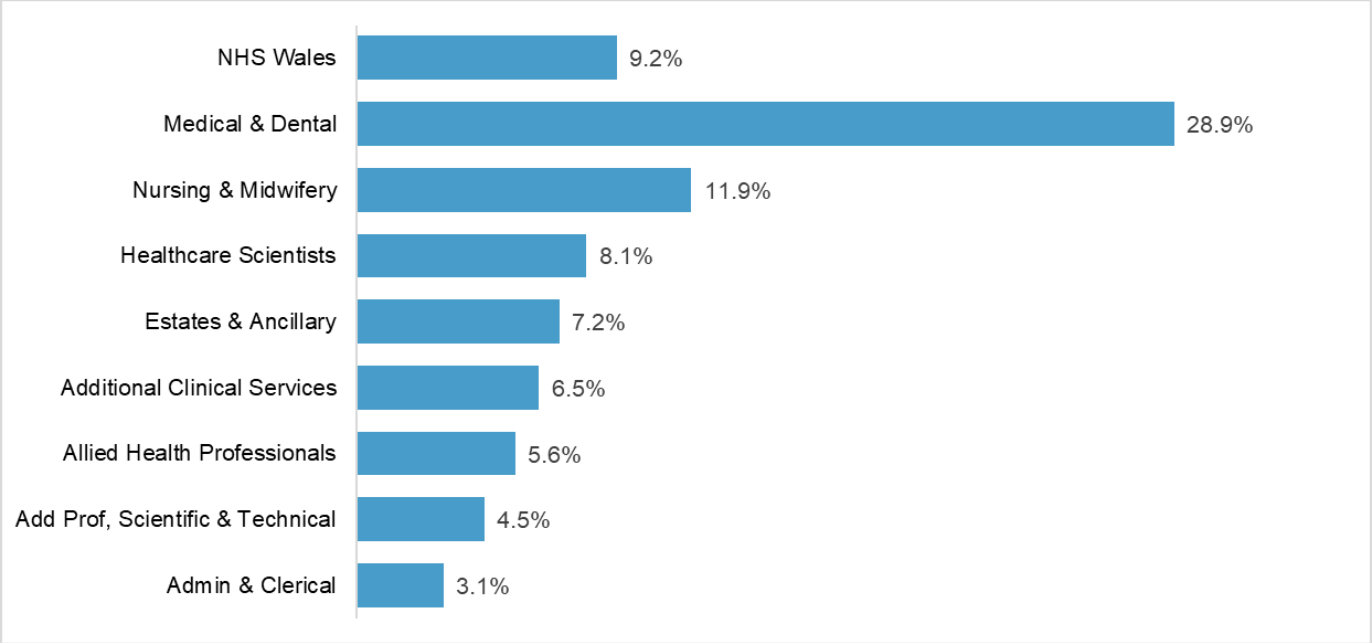
8.2 Workforce Nationality

The following figure describes the nationality profile of the NHS Wales workforce.

The NHS Wales workforce is predominantly made up of UK nationals, with 9.2% of staff reporting a non-UK nationality. However, the contribution of international staff varies considerably between workforce groups.

Medical & Dental has the highest proportion of non-UK nationals, with almost three in ten staff (28.9%) reporting a nationality outside the UK. In contrast, Administrative & Clerical staff have the lowest proportion at 3.1%. This variation reflects differing workforce profiles across professional groups and highlights the important contribution international recruitment makes to some parts of the NHS Wales workforce.

Graph (33) **Nationality of non-UK staff by staff group – March 2026**



Data source: ESR DW

Note: People report their own nationality, which may be different from where they were born. Records with unknown/ not stated nationality (12.3%) are not included in the graph.

8.3 Welsh language skills

The following figures present the Welsh language competency of the NHS Wales workforce. The first provides a snapshot of reported competency in March 2026, while the second illustrates how reporting has changed since 2021.

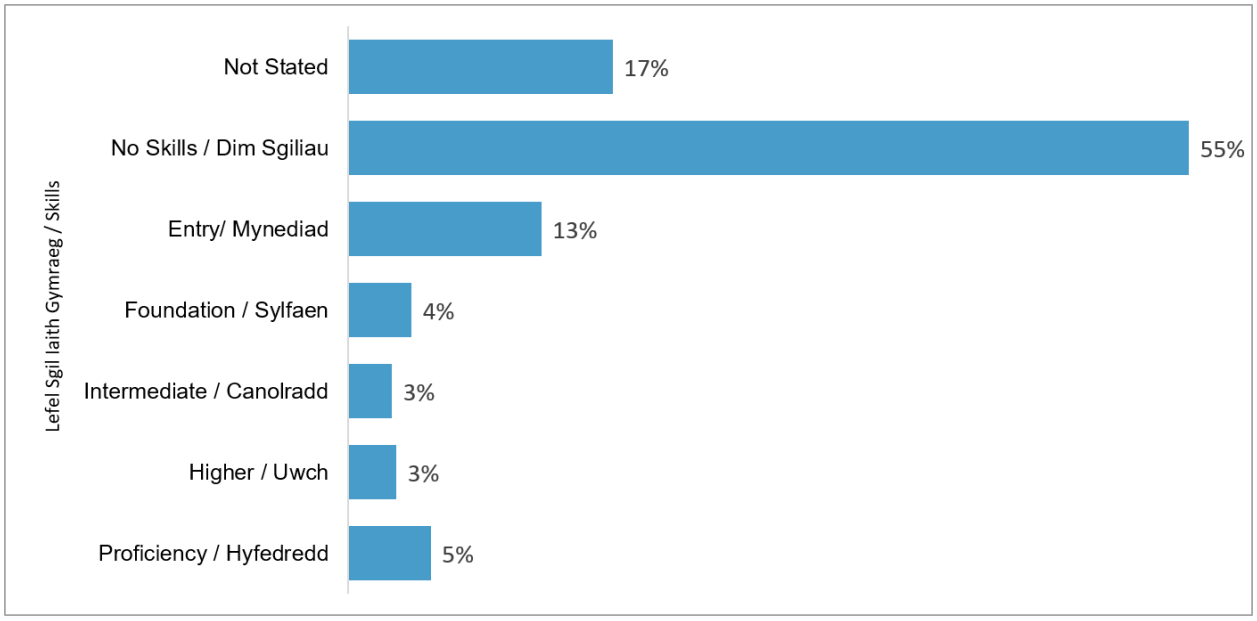
March 2026 Workforce

The majority of NHS Wales staff (55%) reported having no Welsh language skills in March 2026. Entry-level competency accounted for 13% of the workforce, while 12% reported Foundation-level competency or above. A further 17% of staff had no recorded Welsh language competency.

Although staff are represented across the full range of Welsh language competency levels, the findings indicate that relatively few employees report higher levels of proficiency.

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

Graph (34) **Welsh language competence – March 2026**



Data source: ESR DW

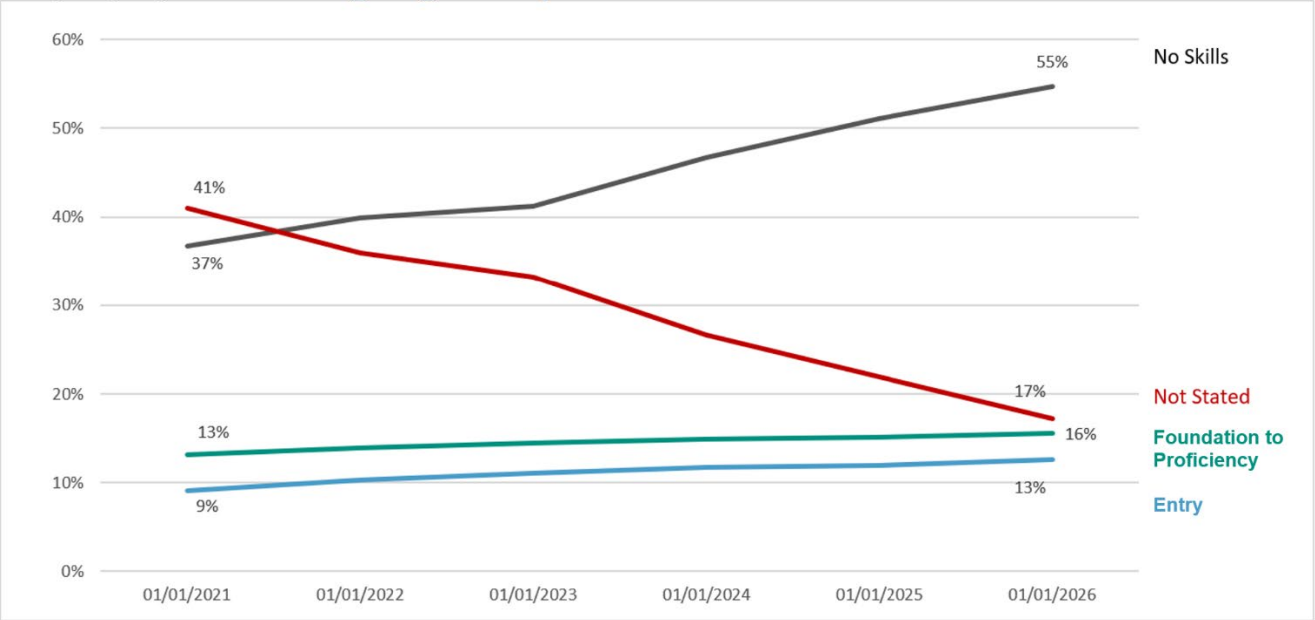
Change over time 2021 - 2026

Since 2021, the proportion of staff with 'not stated' Welsh language competency has reduced substantially from 41% to 17%, representing a marked improvement in the completeness of workforce records.

Over the same period, the proportion of staff recorded as having no Welsh language skills increased from 37% to 55%, while the proportion reporting Entry-level competency increased modestly from 9% to 13%. Staff reporting Foundation-level competency or above also increased slightly, from 13% to 16%.

The increase in staff recorded as having no Welsh language skills should be considered alongside the substantial reduction in records with ‘not stated’ competency, suggesting that improvements in workforce data completeness have provided a clearer picture of Welsh language capability across NHS Wales.

Graph (35) **Welsh language competence – 2021 to 2026**



Data source: ESR DW

8.4 Bringing the Evidence Together: Workforce Demographics

The evidence presented in this chapter highlights a workforce whose composition continues to change in important ways. Shifts in age profile, increasing workforce diversity and differences between professional groups demonstrate that the NHS Wales workforce is becoming increasingly complex. Collectively, these trends provide valuable insight into the characteristics of the workforce that will influence future workforce supply, retention and service delivery, reinforcing that understanding who makes up the workforce is an essential part of workforce planning.

Considered alongside the earlier chapters, these findings complete the picture of workforce sustainability developed throughout the report. Workforce growth, investment, workforce availability, workforce supply and workforce composition each provide a different perspective on the NHS Wales workforce. Viewed together, they demonstrate that no single measure can fully explain the opportunities and challenges facing the workforce. It is the combination of these insights that provides the strongest evidence to support informed workforce planning.

With the evidence now established across each of these interconnected themes, the final chapter brings them together to explore how connected workforce intelligence can provide a more comprehensive understanding of workforce sustainability and support future workforce planning across NHS Wales.

Taken together, these findings provide an important evidence base for understanding the diversity of the NHS Wales workforce and monitoring change over time. Continued analysis of workforce demographics will support assessment of progress towards a workforce that reflects the population served by NHS Wales, help identify areas of under-representation and inform targeted equality, diversity and inclusion initiatives where further improvement may be required.

9. Bringing Workforce Intelligence Together

9.1 Bringing the Evidence Together

Throughout this report, the evidence has demonstrated that NHS Wales has continued to strengthen its workforce through sustained growth and investment. It has also shown that workforce pressures are experienced differently across services, that workforce availability directly influences workforce capacity, that maintaining workforce supply depends on multiple complementary routes, and that changes in workforce demographics will continue to shape future workforce planning. Individually, each of these findings provides valuable insight.
Collectively, they reveal a workforce that is both strengthening and becoming increasingly complex.

No individual chapter in this report provides a complete understanding of workforce sustainability. Workforce growth, workforce stability, workforce availability, workforce supply and workforce composition each answer a different question. It is only when these perspectives are considered together that a clearer understanding of workforce sustainability begins to emerge. This is the central message of the report.

9.2 Why Workforce Intelligence Must Evolve

The evidence presented throughout this publication demonstrates that understanding workforce sustainability increasingly depends on recognising the relationships between workforce indicators rather than interpreting them individually. Workforce growth provides important context, but it cannot be fully understood without considering workforce stability, workforce availability, workforce supply and workforce demographics. Together, these interconnected factors provide a richer understanding of the opportunities and challenges facing the NHS Wales workforce.

As workforce planning becomes increasingly complex, so too does the need for workforce intelligence that brings together multiple sources of evidence. Understanding how workforce indicators influence one another provides greater insight than monitoring each measure in isolation, strengthening the evidence available to support workforce planning at local and national levels.

9.3 Workforce Intelligence Opportunities

This report demonstrates the opportunity to build upon the strong analytical foundations already established across NHS Wales. Bringing together workforce datasets, analytical modelling, operational intelligence and workforce expertise enables the relationships between workforce indicators to be understood more effectively. Rather than replacing traditional workforce analysis, connected workforce intelligence builds upon it, providing a more comprehensive understanding of workforce sustainability and a stronger evidence base for strategic workforce planning.

This approach also creates opportunities to move beyond describing workforce trends towards exploring future workforce scenarios, assessing the potential impact of workforce interventions and supporting evidence-informed decision-making. By integrating multiple

sources of intelligence, workforce planning can become increasingly proactive, supporting organisations to anticipate future challenges as well as respond to those already emerging.

9.4 Looking Ahead

The ambition is not simply to collect more workforce data or produce more analysis. It is to make better use of the wealth of workforce intelligence already available across NHS Wales. By bringing workforce intelligence together, organisations are better placed to understand workforce sustainability, identify emerging risks and opportunities, and support informed workforce planning for the benefit of patients, staff and services.

As NHS Wales continues to respond to changing population needs, service transformation and workforce expectations, connected workforce intelligence provides an opportunity to strengthen the evidence that underpins workforce planning. Building on the insights presented throughout this report will support a more comprehensive understanding of workforce sustainability, enabling workforce decisions that are increasingly informed, connected and forward-looking

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10. Data sources

Unless otherwise stated, workforce data presented in this report are derived from the NHS Wales Electronic Staff Record (ESR). Additional information has been obtained from national workforce collections, Health Education and Improvement Wales administrative datasets, the Stats Wales, NHS Wales Shared Services Partnership and Welsh Government publications.

Data source	Coverage
Electronic Staff Record Data Warehouse (ESR DW)	Workforce in post, demographics, participation, turnover, retire and return, sickness absence and Welsh language competency
StatsWales	Vacancy information and General Medical Services workforce
NHS Wales Financial Monitoring Returns	Workforce pay, agency and locum expenditure
HEIW Data Warehouse	Education commissions and Student fill rates

As the analyses presented in this report draw on multiple data sources maintained independently and updated on different reporting cycles, the relevant reporting period is provided alongside each figure. Workforce data quality continues to improve through routine validation and updates to source systems. Where changes in data completeness or quality are considered likely to influence the interpretation of results, this is highlighted within the relevant section of the report.

11. Glossary

This glossary explains key workforce planning and analytical terms used throughout the report. Definitions are provided to support interpretation and should be read alongside the methodology and technical notes where additional detail is required.

Term	Definition
Electronic Staff Record (ESR)	The national workforce and payroll system used across NHS Wales to record employee information.
Agenda for Change (AfC)	The NHS pay system covering the majority of NHS staff in Wales and the UK, excluding doctors, dentists and very senior managers.
Substantive Workforce	Employees holding permanent or fixed-term NHS contracts rather than temporary agency arrangements.
Registered Workforce	Staff employed in professions requiring registration with a statutory professional regulator.
Staff Group	Broad workforce categories used within NHS Wales workforce reporting, such as Nursing & Midwifery, Medical & Dental and Allied Health Professions.
Vacancy	An established funded post that is unfilled and available for recruitment.
Vacancy Rate	The proportion of funded posts that remain vacant within the workforce establishment.
Turnover Rate	The proportion of permanent and fixed-term staff leaving NHS Wales over the previous 12 months, divided by the average staff in post over the same period. Resident doctors are excluded.
Retire and return Rate	The headcount of staff who have returned from retirement in the year divided by the headcount of staff who retired in that year.
Full-Time Equivalent (FTE)	A measure of workforce capacity based on contracted hours rather than headcount. One full-time employee equals 1.0 FTE.
Headcount	The number of individual employees regardless of the number of hours they work.
Participation Rate	Participation rate is calculated as FTE divided by headcount and provides an indication of average contracted working time within each group.
Agency Staff / Locum	Temporary workers supplied through external employment agencies to fill short-term workforce requirements.
Pay Bill	Total expenditure on employee pay, including salary-related costs.
Sickness Absence Rate	The proportion of contracted working time lost because of sickness absence.
Health Board / Organisation	NHS organisations responsible for planning and delivering healthcare services across defined geographical areas in Wales.

Health Education and Improvement Wales (HEIW)	The strategic workforce organisation responsible for education, training and workforce planning in NHS Wales.
Professional Registration	Registration with a recognised professional regulator (such as the NMC, GMC or HCPC) required to practise within regulated healthcare professions.
Disability	A protected characteristic recorded within the Electronic Staff Record (ESR) based on staff self-reporting.
Workforce Demand	The estimated workforce required to deliver health services.
Workforce Planning	The process of ensuring the right workforce is available, with the right skills, in the right place and at the right time.
Workforce Stability	The extent to which the workforce is maintained through substantive employment, reduced turnover and reduced reliance on temporary staffing.
Workforce Supply	The available workforce able to fill NHS roles, including existing staff, new entrants and recruits.
International Recruitment	Recruitment of healthcare professionals whose primary professional registration or training originates outside the UK. For this report, international recruits are identified using professional registration characteristics as described in the methodology.
Welsh Student	A student educated through Welsh healthcare education programmes who subsequently joins the NHS Wales workforce.
Other Recruit	A new starter who is neither identified as an international recruit nor a Welsh student.
Overseas Registration	Professional registration originally obtained outside the UK, used within this report to support analysis of workforce supply.
European Registration	Professional registration originating from a European country outside the UK, where applicable within the workforce dataset.

Appendix 1

Table 1. **Contracted FTE by staff group – March 2021 and March 2026**

Staff Group	2021	2026
Add Prof, Scientific & Technical	3,216	3,374
Additional Clinical Services	18,691	19,747
Admin & Clerical	19,406	22,687
Allied Health Professionals	6,196	7,809
Estates & Ancillary	7,243	7,285
Healthcare Scientists	2,157	2,536
Medical & Dental	7,702	9,334
Nursing & Midwifery	24,134	28,002
NHS Wales	**88,746**	**100,775**

Data source: ESR DW

Table 2 - **Welsh language Definitions**

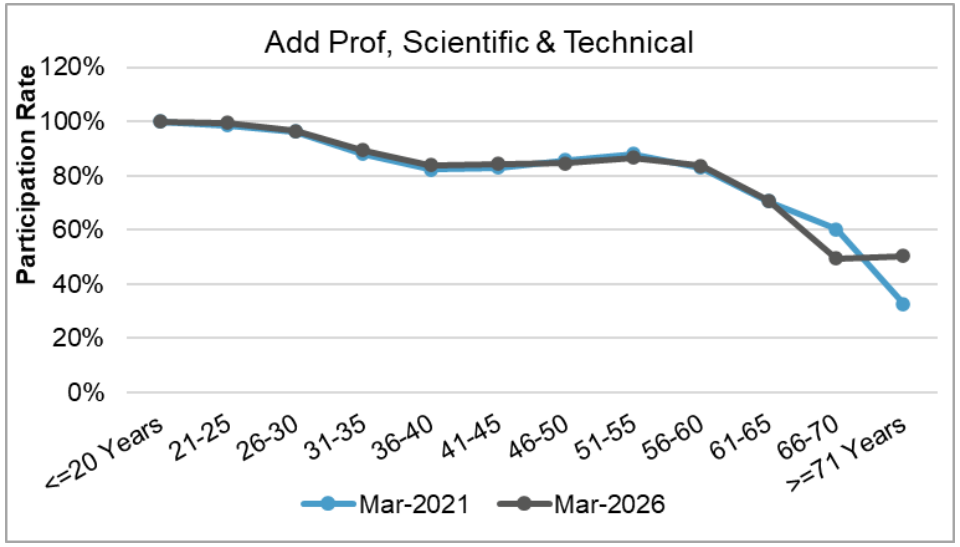
Welsh Language Skill Level	Definition
No Skills / Dim Sgiliau	I cannot understand or speak any Welsh
Entry/ Mynediad	I can: Pronounce Welsh words, people's names, place names etc. Greet and understand a greeting Understand and use basic everyday words and phrases e.g. thank you, please, excuse me, may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

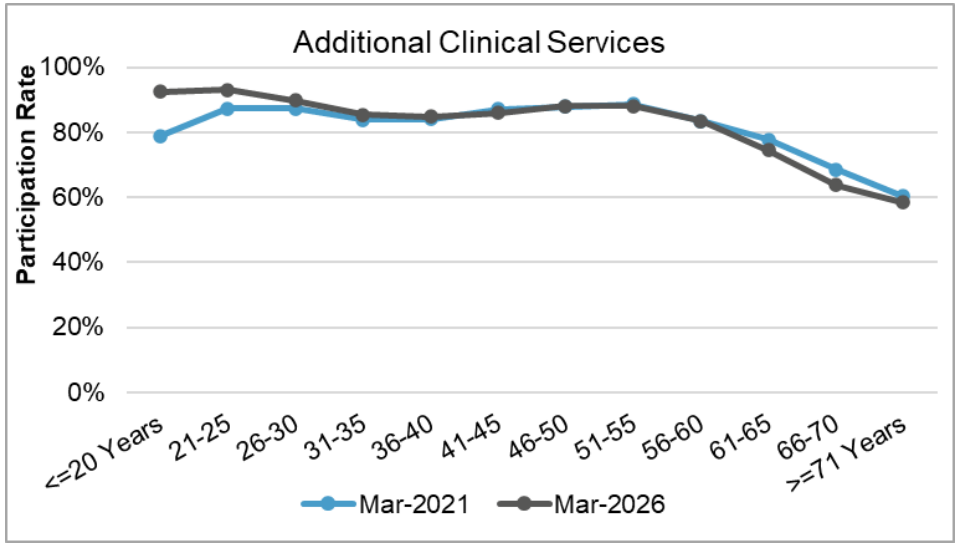
Table 3 – **Core skills and training framework**

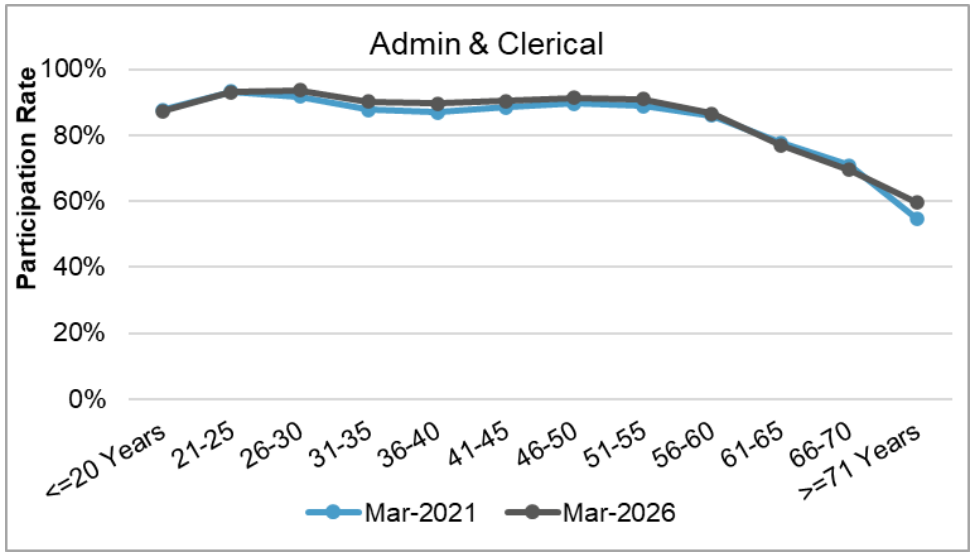
Core Skills and Training Framework	
1	Equality, Diversity & Human Rights (Treat me Fairly)
2	Fire Safety
3	Health, Safety & Welfare
4	Infection Prevention & Control
5	Information Governance (Wales)
6	Moving and Handling
7	Resuscitation
8	Safeguarding Adults
9	Safeguarding Children
10	Violence & Aggression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

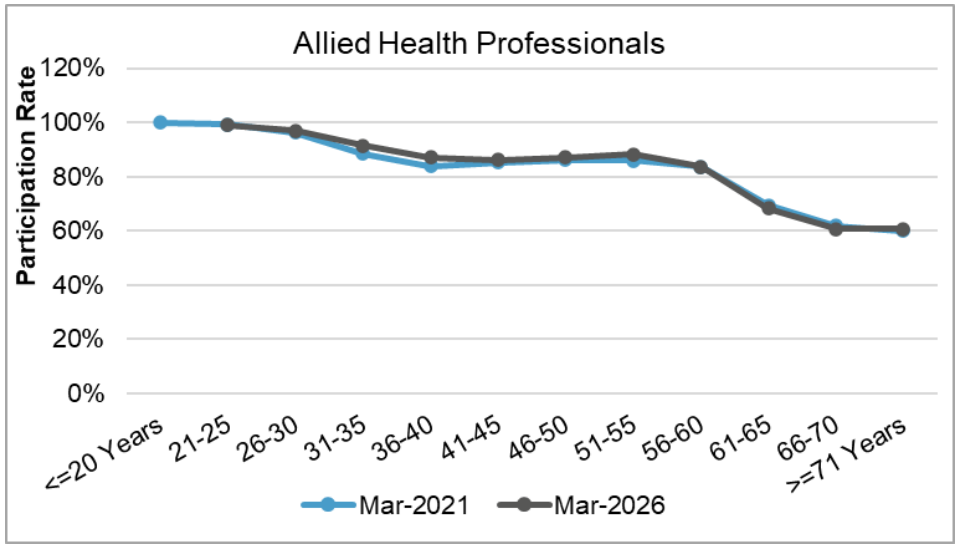
Graph (1) **Participation rate by staff group –2021 and 2026**

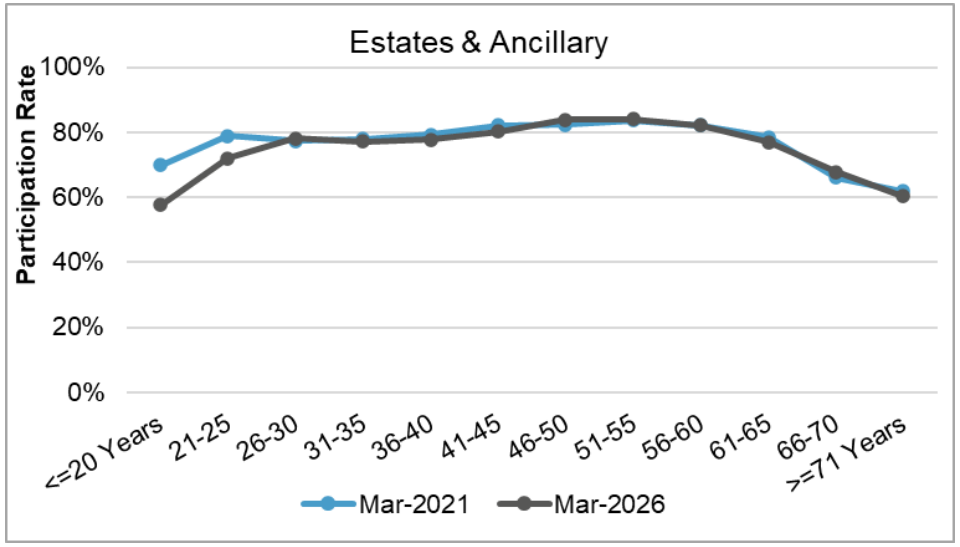
Data source: ESR DW

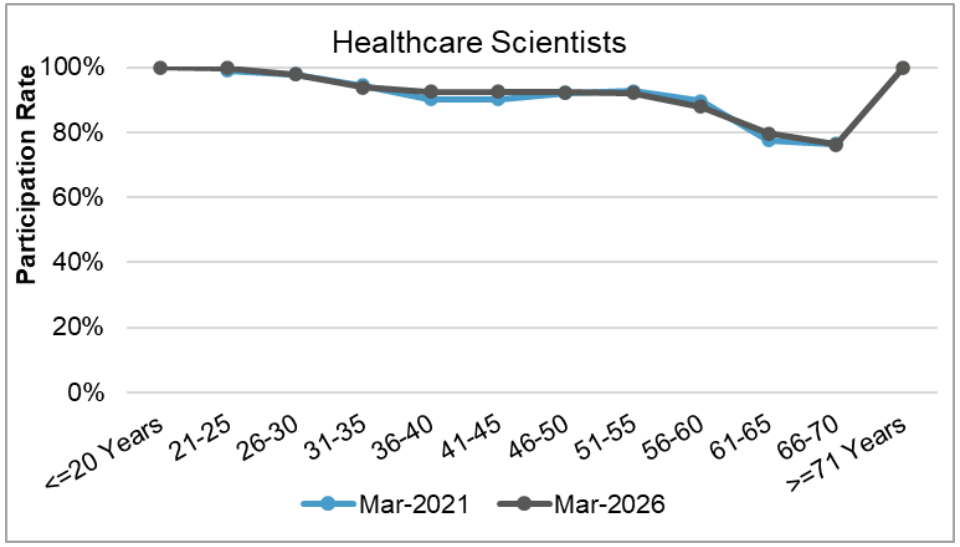


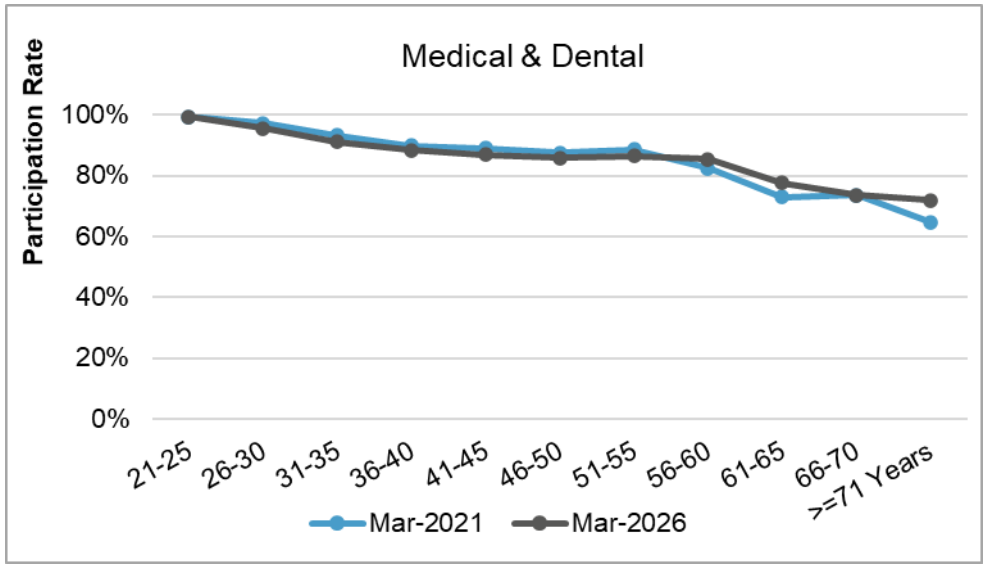


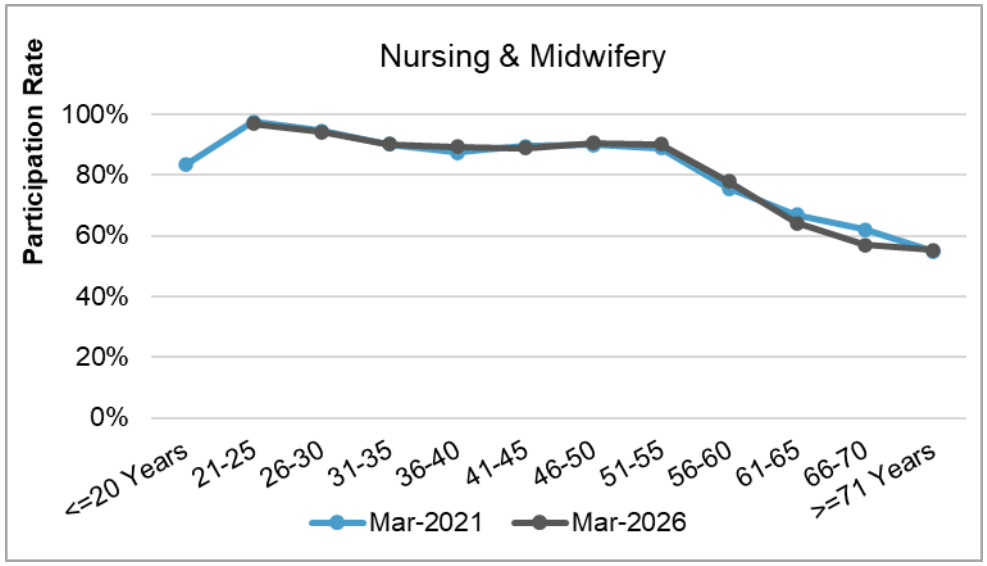

Admin & Clerical
Participation Rate
100%
80%
60%
40%
20%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026


Allied Health Professionals
Participation Rate
120%
100%
80%
60%
40%
20%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026


Estates & Ancillary
Participation Rate
100%
80%
60%
40%
20%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026

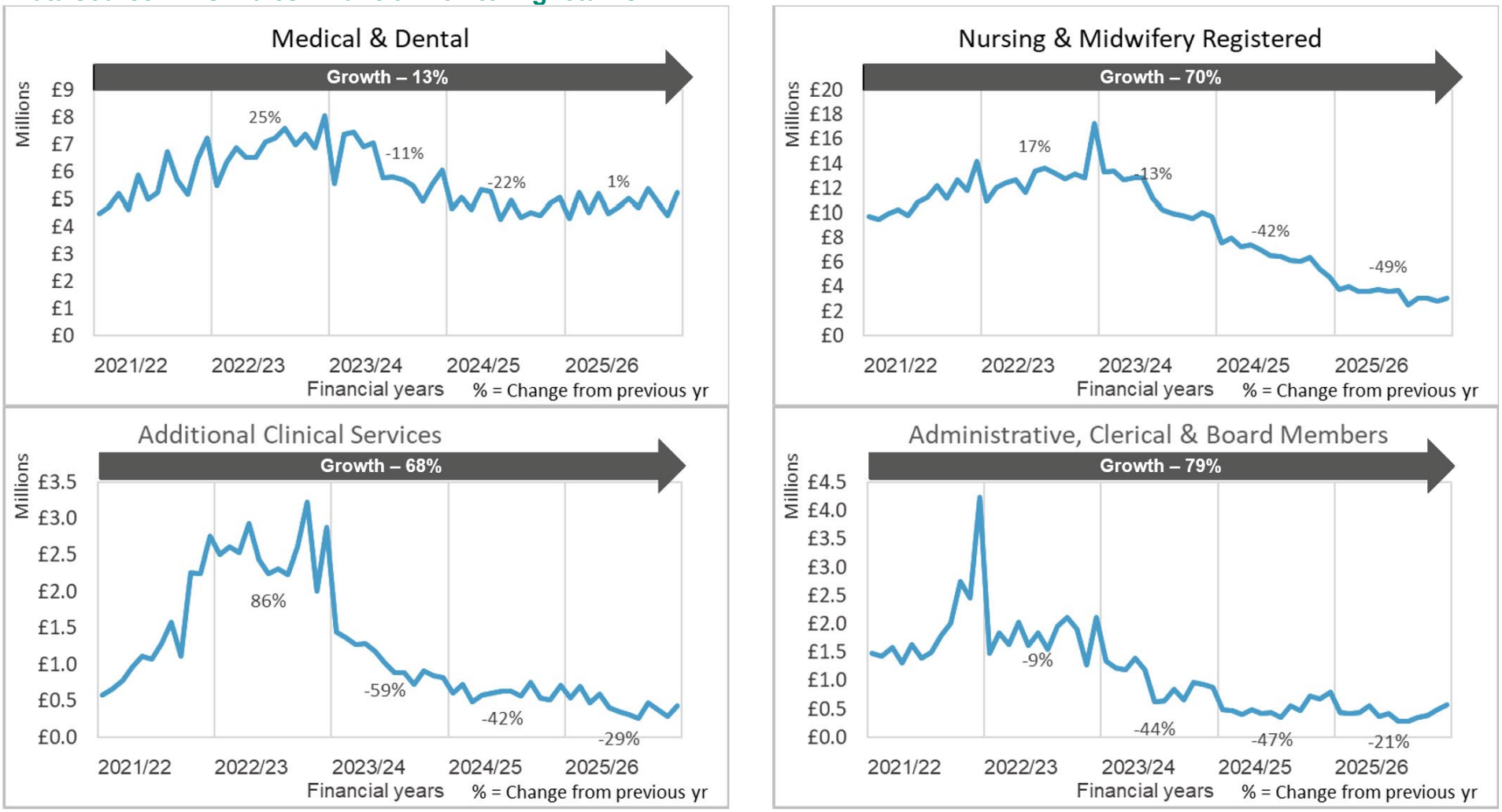

Healthcare Scientists
Participation Rate
100%
80%
60%
40%
20%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026

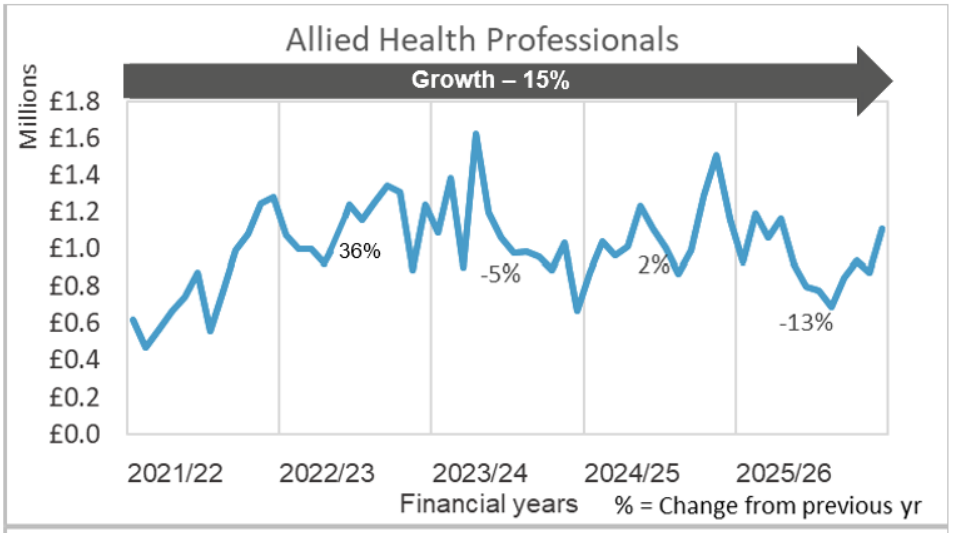

Medical & Dental
Participation Rate
100%
80%
60%
40%
20%
0%
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026

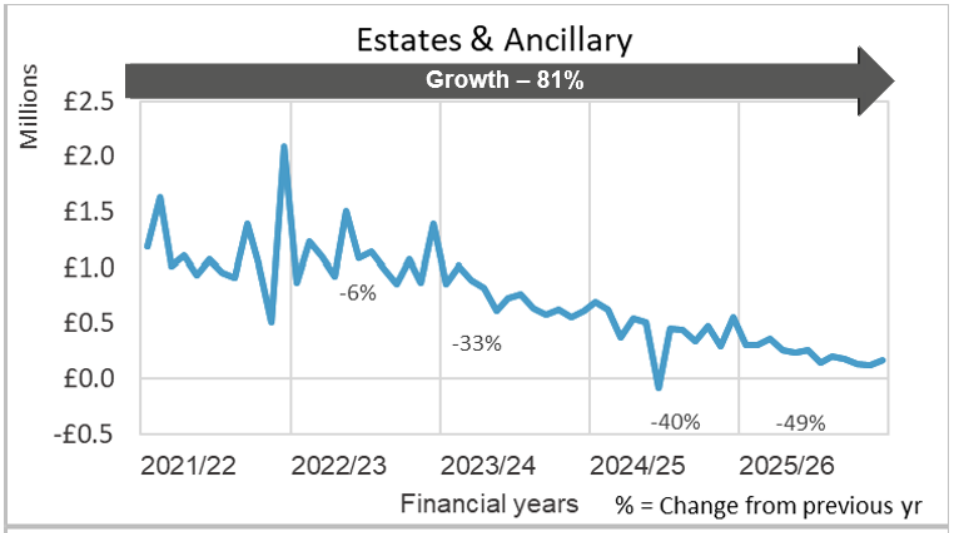

Nursing & Midwifery
Participation Rate
100%
80%
60%
40%
20%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years
Mar-2021
Mar-2026

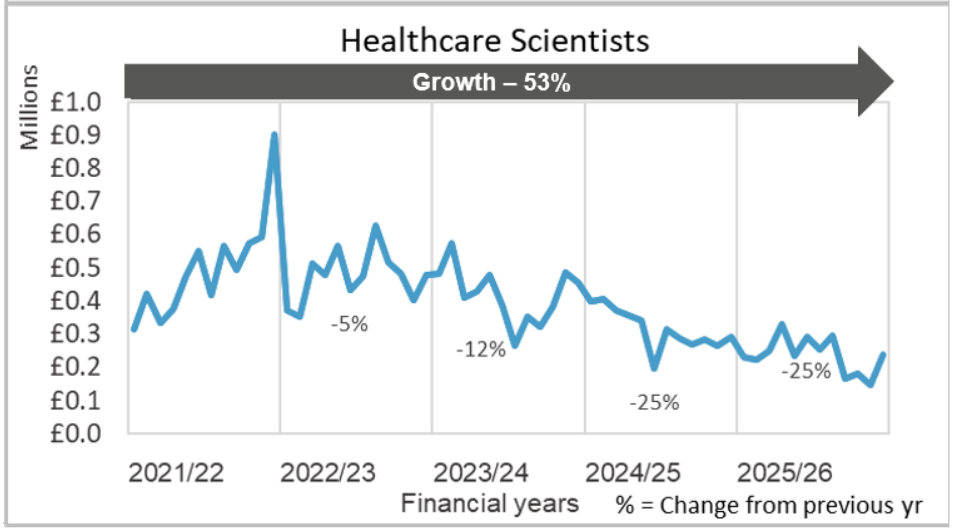
Graph (2) **Agency pay by staff group – Financial years 2020/21 to 2025/26**

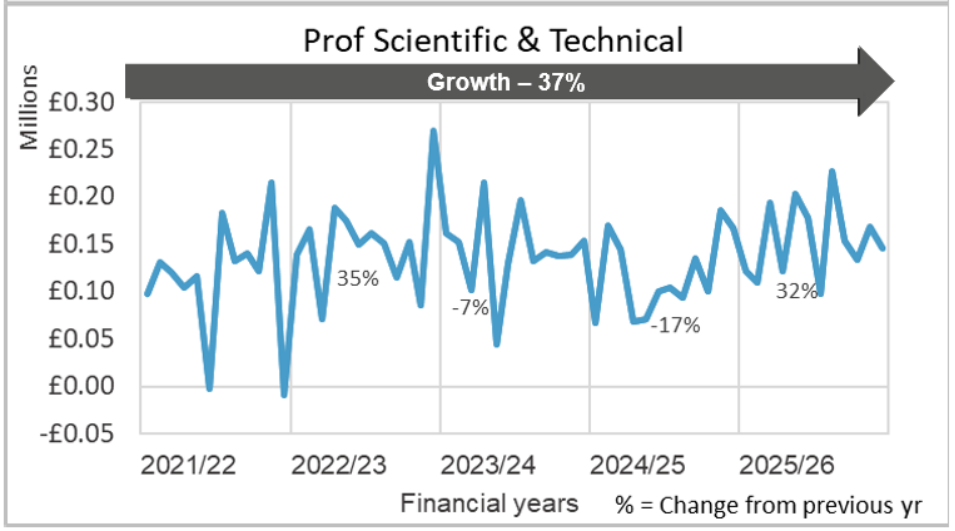
Data source: NHS Wales Financial Monitoring returns



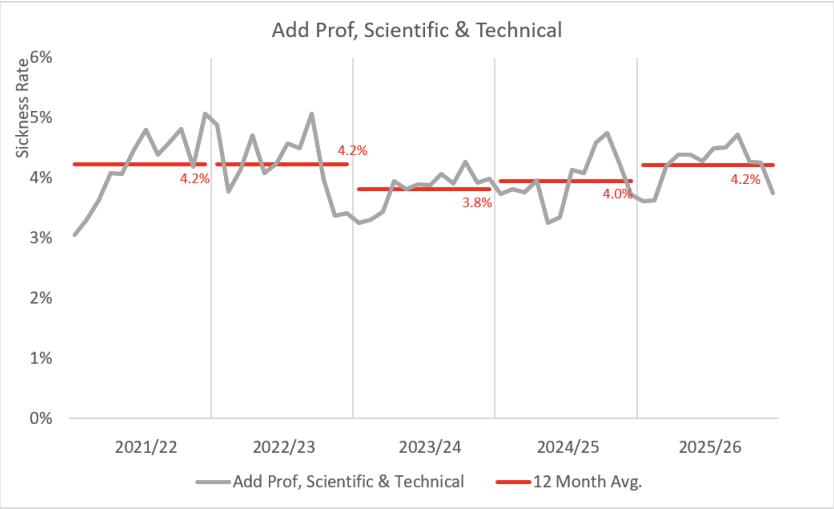

Allied Health Professionals
Growth – 15%
Millions
£1.8
£1.6
£1.4
£1.2
£1.0
£0.8
£0.6
£0.4
£0.2
£0.0
36%
-5%
2%
-13%
2021/22
2022/23
2023/24
2024/25
2025/26
Financial years
% = Change from previous yr

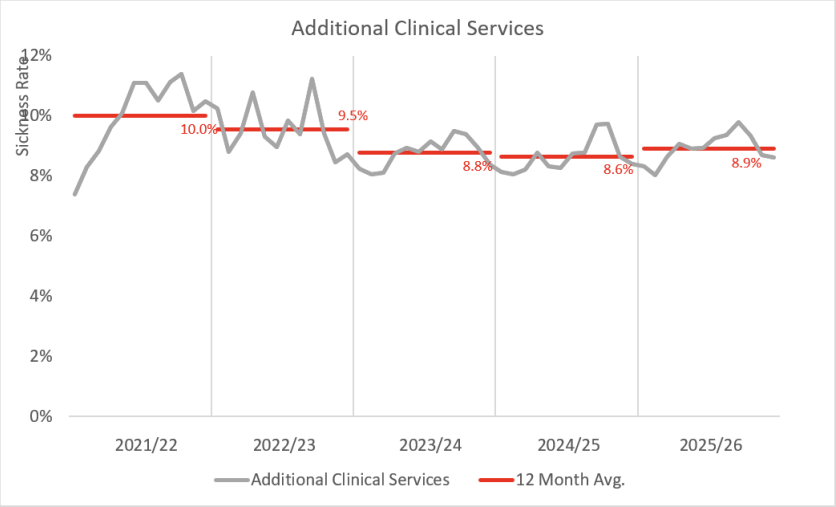

Estates & Ancillary
Growth – 81%
Millions
£2.5
£2.0
£1.5
£1.0
£0.5
£0.0
-£0.5
-6%
-33%
-40%
-49%
2021/22
2022/23
2023/24
2024/25
2025/26
Financial years
% = Change from previous yr

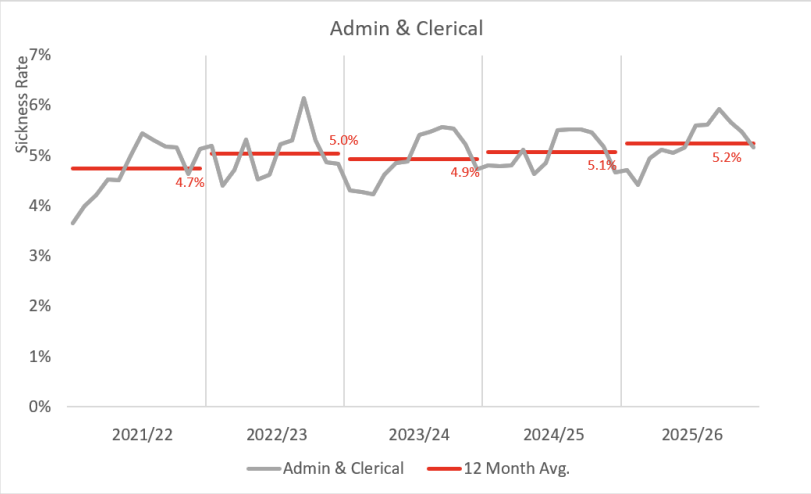

Healthcare Scientists
Growth – 53%
Millions
£1.0
£0.9
£0.8
£0.7
£0.6
£0.5
£0.4
£0.3
£0.2
£0.1
£0.0
-5%
-12%
-25%
-25%
2021/22
2022/23
2023/24
2024/25
2025/26
Financial years
% = Change from previous yr

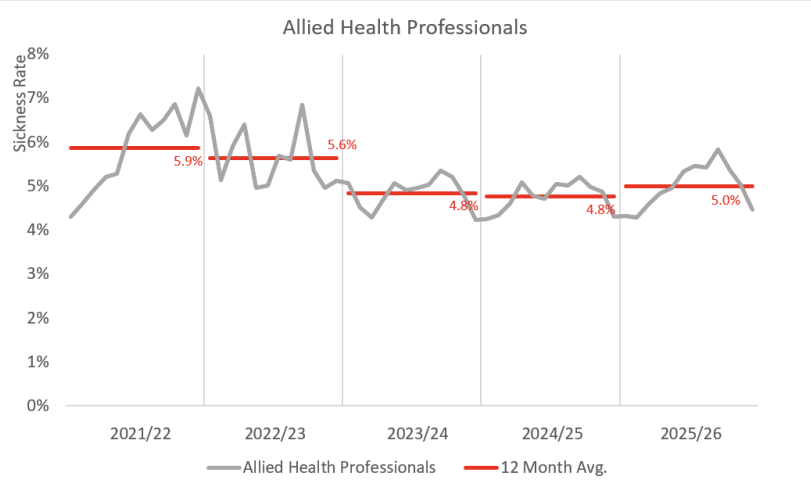

Prof Scientific & Technical
Growth – 37%
Millions
£0.30
£0.25
£0.20
£0.15
£0.10
£0.05
£0.00
-£0.05
35%
-7%
-17%
32%
2021/22
2022/23
2023/24
2024/25
2025/26
Financial years
% = Change from previous yr

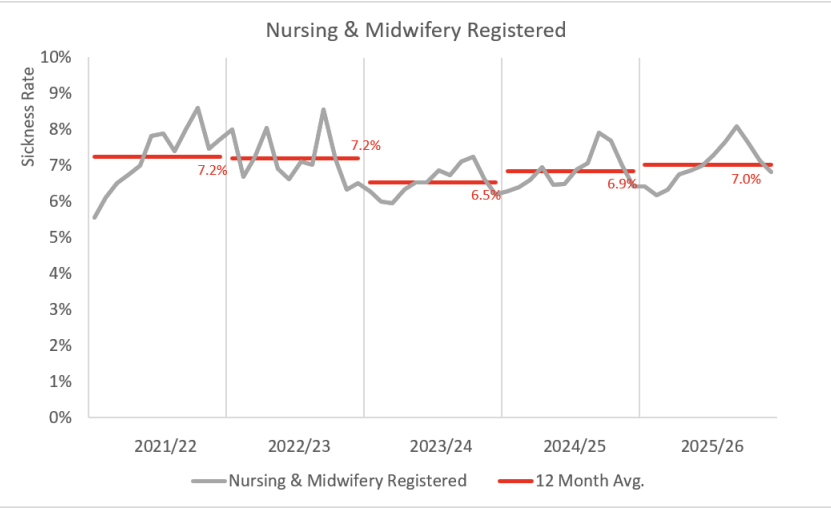
Graph (3) **Sickness by staff group – Financial years 2020/21 to 2025/26**
Data source: ESR DW

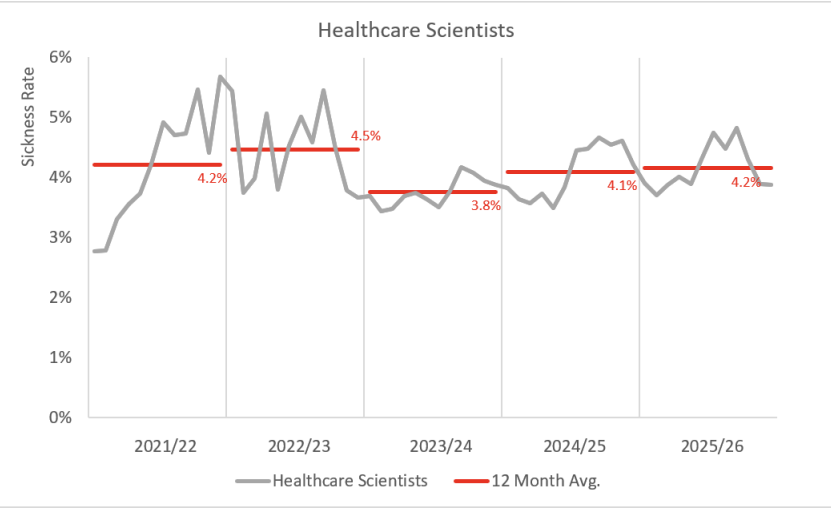


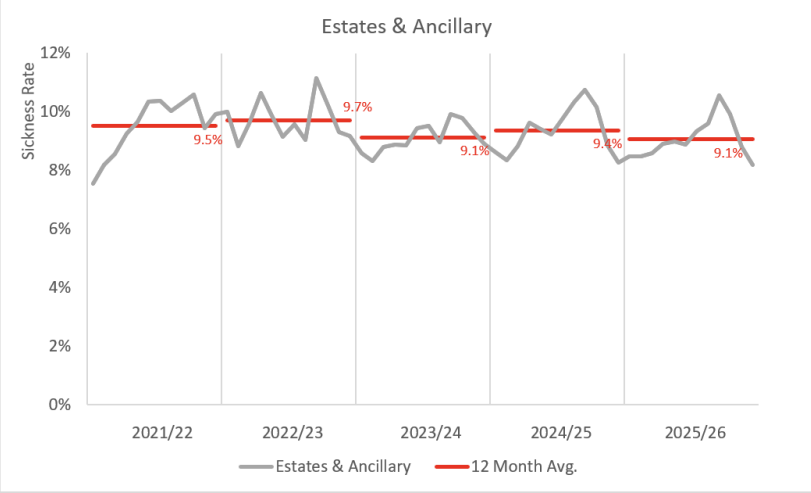







Nursing & Midwifery Registered
Sickness Rate
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
7.2%
7.2%
6.5%
6.9%
7.0%
2021/22
2022/23
2023/24
2024/25
2025/26
Nursing & Midwifery Registered
12 Month Avg.


Healthcare Scientists
Sickness Rate
6%
5%
4%
3%
2%
1%
0%
4.2%
4.5%
3.8%
4.1%
4.2%
2021/22
2022/23
2023/24
2024/25
2025/26
Healthcare Scientists
12 Month Avg.


Estates & Ancillary
Sickness Rate
12%
10%
8%
6%
4%
2%
0%
9.5%
9.7%
9.1%
9.4%
9.1%
2021/22
2022/23
2023/24
2024/25
2025/26
Estates & Ancillary
12 Month Avg.

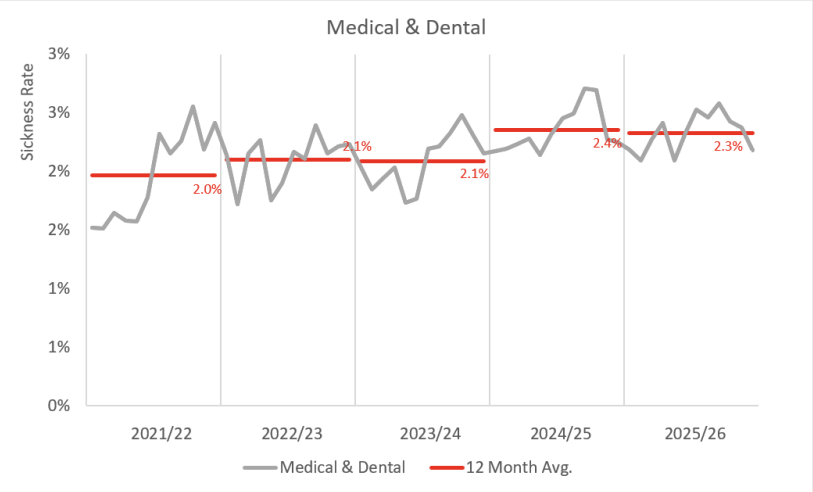

Medical & Dental
Sickness Rate
3%
3%
2%
2%
1%
1%
0%
2.0%
2.1%
2.1%
2.4%
2.3%
2021/22
2022/23
2023/24
2024/25
2025/26
Medical & Dental
12 Month Avg.

Table 4 – **Summary sickness reasons**

Sickness Reasons	Workforce Trends Summary
Anxiety/stress/depression/other psychiatric illnesses	Anxiety/Stress
Asthma	Other sickness
Musculo-skeletal Back	Back & Other Musculoskeletal
Back Problems	Back & Other Musculoskeletal
Benign and malignant tumours, cancers	Other sickness
Blood disorders	Other sickness
Burns, poisoning, frostbite, hypothermia	Other sickness
Respiratory	Respiratory & Infectious Disease
Chest & respiratory problems	Respiratory & Infectious Disease
Cold, Cough, Flu - Influenza	Cold, Cough, Flu
Dental and oral problems	Other sickness
Ear, nose, throat (ENT)	Other sickness
Endocrine / glandular problems	Other sickness
Eye problems	Other sickness
Gastrointestinal problems	Other sickness
Genitourinary & gynaecological disorders	Other sickness
Headache / migraine	Other sickness
Cardiac Conditions	Other sickness
Hypertension	Other sickness
Heart, cardiac & circulatory problems	Other sickness
Infectious diseases	Respiratory & Infectious Disease
Neurological	Other sickness
Nervous system disorders	Other sickness
Other musculoskeletal problems	Back & Other Musculoskeletal
Injury, fracture	Back & Other Musculoskeletal
Pregnancy related disorders	Other sickness
Skin disorders	Other sickness
Substance abuse	Other sickness
Surgery	Other sickness
Other known causes - not elsewhere classified	Other sickness
Unknown causes / Not specified	Other sickness