



GIG
CYMRU
NHS
WALES

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

NHS Wales Workforce Trends

(March 2025)



Table of Contents

Foreword.....	1
1. Context and drivers for the NHS Wales workforce.....	2
1.1 Understanding the current workforce.....	2
1.2 Population change	2
1.3 Labour market intelligence	3
1.4 Retirement and retention.....	3
1.5 Intergenerational workforce and changing expectations.....	3
2. Headline trends and data sources	5
2.1 Size of the NHS Wales workforce.....	5
2.2 Size of the General Medical workforce	6
2.3 Cost of the NHS Wales Workforce	6
2.4 NHS Wales sickness absence	6
2.5 Overseas Nursing Workforce.....	7
2.6 Workforce performance data	7
2.7 NHS Wales current workforce profile.....	7
3. Size of the NHS Wales workforce	8
3.1 NHS Wales workforce profile	8
3.2 Workforce changes by staff group between 2020 and 2025.....	9
3.3 Grade change between 2020 and 2025.....	10
3.4 Percentage of NHS Wales staff by age band	11
3.5 Percentage staff 55 and over by staff group.....	12
3.6 Percentage of staff who retire and return.....	13
3.7 Number of vacancies and vacancy rates by staff group.....	14
3.8 Percentage vacancies rate by staff group	15
3.9 Participation rate by age band and gender.....	16
3.10 Turnover by staff group.....	17
4. General Medical Service workforce in Wales	18
4.1 Historic trend of the General Medical Service.....	18
4.2 Age profile comparison of the GP workforce.....	19
4.3 Age profile comparison of GP practice Nurses.....	20
4.4 Age Profile Comparison of the direct patient care workforce	21
4.5 Age profile comparison of admin and non-clinical workforce	22
4.6 Participation rate of the GP workforce.....	23
4.7 Demographics of the GP workforce	24
5. NHS Wales workforce Cost	25
5.1 Cost of the current NHS Wales workforce.....	25
5.2 Total pay bill trends	26
5.3 Agency & locum trends	27
5.4 Agency and locum spend by staff group	28
6. NHS Wales sickness absence	29
6.1 Monthly sickness absence.....	29
6.2 Sickness by staff group.....	30
6.3 Reasons for sickness absence.....	31

6.4	Reasons for sickness by staff group	32
7.	Overseas and non-overseas nursing workforce movements.....	33
7.1	Annual overview of overseas and non-overseas Nurses in NHS Wales (2015 to 2024) 33	
7.2	Number of new starters of overseas and non-overseas Nurses in NHS Wales.....	34
7.3	Nurse vacancy figures.....	35
7.4	Overseas adult Nursing commissioning.....	36
8.	NHS Wales workforce performance measures	37
8.1	Annual appraisal compliance	37
8.2	Statutory and mandatory training compliance	38
9.	Current NHS Wales workforce profile.....	39
9.1	Gender by staff group	39
9.2	Nationality / International Staff.....	40
9.3	Welsh language skills.....	41
9.4	Ethnicity by staff group.....	42
9.5	Disability by staff group.....	43
9.6	Sexual orientation by staff group.....	44
Appendix 1		45

Foreword



Alex Howells
Chief Executive HEIW

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

Over the past year, our workforce has demonstrated resilience in the face of sustained service pressures, rising demand and the complex health needs of our population. This report highlights where progress has been made and where continued investment, support, and reform are needed.

Key findings include:

- Ongoing reliance on international recruitment in Medical and Dental staffing.
- Persistent sickness absence, particularly linked to anxiety, stress, and musculoskeletal conditions.
- The growing need for targeted action on workforce ageing.
- The vital contribution of early and mid-career staff, now forming the largest share of many workforce groups, alongside emerging retention risks as working patterns and expectations evolve.

Aligned with *A Healthier Wales: Our Workforce Strategy for Health and Social Care*, HEIW works collaboratively with partners across NHS Wales to build a skilled, supported, and sustainable workforce. This report supports that work, informing decisions on education, training, recruitment, and deployment that will shape services for years to come.

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

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

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

1. Context and drivers for the NHS Wales workforce

The majority of our current workforce will continue working within NHS Wales for the next 10 to 15 years and therefore forms an important part of our future workforce supply. Understanding workforce trends helps NHS Wales anticipate how the workforce is changing and supports better forecasting for the years ahead. However, the future supply of staff will also be shaped by wider system factors, population change, and evolving workforce dynamics.

1.1 Understanding the current workforce

As of March 2025, NHS Wales employed 99,964 full-time equivalent (FTE) staff. The workforce grew by 20.7% over a five-year period from March 2020 (up from 82,815 FTE). The most significant growth was in Allied Health Professionals (+30%) and Medical and Dental staff (+27%). Nursing and Midwifery, alongside Administrative and Clerical staff, accounted for over half of the overall growth.

There has been a gradual shift in the age profile, with increases in both staff under 30 and over 60. The mid-career band (ages 31–40) now makes up a greater share of the workforce, while the 46–55 age group has declined. The changing shape of the workforce over the last five years is reflective of the increasing numbers of healthcare professional graduates and medical trainees joining the workforce and replacing older workers as they leave employment. However, the proportion of staff aged 55 and over remains at a significant level and has increased in some staff groups. Participation rates vary across the age bands, decreasing from age 31 for women and 51 for men, and with a gradual decline across both sexes from age 56. Understanding these trends can help inform retention and succession planning and is critical for recruitment planning and developing the future workforce supply.

While agency and locum expenditure peaked during the pandemic, it has since fallen significantly. Annual agency spending dropped from £324m in 2022–23 to £173m in 2024–25, indicating improved workforce stability and better vacancy management. Sickness absence rates remain high at an average of 6.3% in 2024–25, with ongoing implications for resilience and temporary staffing pressures.

1.2 Population change

The shape and size of the population in Wales provide valuable insight into both the demand for healthcare and the availability of the future workforce. Our workforce is drawn predominantly from the population and therefore reflects its characteristics and trends.

HEIW has analysed data from the [2021 Census](#) and continues to monitor population projections published by the Office for National Statistics (ONS) to understand how demographic change could affect future workforce supply. The population of Wales is projected to rise by 8.9% by 2050, reaching 3.48 million. Within this, the number of people aged 65 and over is expected to increase by around 30%, while the working-age population will decline. This means that the proportion of people of working age will fall, even as demand for health and care services from an ageing population continues to grow.

Analysis of the 2021 Census data also suggests a reduction in the future availability of 18-year-olds. The latest ONS figures show the lowest number of births in England and Wales since 1977.

Birth rates influence the number of 18-year-olds entering further education and joining the workforce. This group is projected to rise to a peak in 2029, before falling by around 19.7% by 2042.

1.3 Labour market intelligence

Wales continues to experience the highest unemployment rate in the UK (5.4% as of Jan 2025), with economic inactivity at 36.6% driven in part by rising ill health. The rate of economic inactivity is especially high among males aged 16–17 and adults aged 50–64, and consideration is required to determine how this proportion of the population could be part of future workforce supply. Published vacancy levels across NHS Wales have increased slightly (from 5,561 in December 2023 to 5,601 in December 2024), and medical and dental roles still face high vacancy rates (9.9%).

The NHS Wales workforce is drawn from the population, making labour market analysis essential to understanding workforce availability for both employees and trainees. Insights from this analysis also help shape attraction campaigns, such as *Get into Nursing*, which aim to encourage people to pursue careers in health and care.

1.4 Retirement and retention

36% of the NHS Wales workforce is aged 50 and over. Recent changes to pension arrangements may influence retirement decisions, with some staff choosing to work longer and others opting for early retirement. The introduction of more flexible pension options has also affected the number of staff choosing to retire and then return to work.

Life expectancy in Wales is slowly rising following the COVID-19 pandemic, but healthy life expectancy remains below State Pension Age, at around 61.1 years for males and 60.3 years for females (2020–22). This means that many people are likely to spend several years in poorer health before reaching pension age. As a result, more staff may be working through periods of ill health, which could impact retention as some reduce their hours or leave work earlier than planned.

Healthy life expectancy also varies sharply by deprivation. People living in the most deprived areas of Wales can expect to live 13–17 fewer healthy years than those in the least deprived areas. This inequality highlights the need to consider both health and socioeconomic factors when planning for workforce sustainability and wellbeing.

Monitoring retirement trends helps assess the impact of flexible pension options, while analysing participation and sickness absence rates provides further insight into how health, ageing, and inequality influence workforce sustainability across NHS Wales.

1.5 Intergenerational workforce and changing expectations

The modern NHS Wales workforce is increasingly multi-generational, with distinct expectations around flexibility, wellbeing, and career development. Workplaces are shifting from role-based to skills-based models, with digital capability now a foundational skill across all professions.

The workforce is also operating in more interconnected, network-oriented environments influenced by emerging technologies such as artificial intelligence, machine learning, and augmented and virtual reality. These shifts demand greater agility, cross-boundary working, and the ability to apply skills across different systems and settings.

We are beginning to see the impact of these trends through changing participation patterns and evolving retire-and-return rates, as more people choose to work in flexible and varied ways throughout their careers.

2. Headline trends and data sources

This section summarises the key workforce trends observed across NHS Wales and outlines the data sources used to produce this analysis. Organisations routinely undertake data quality exercises and update their workforce records when new data standards are introduced. As a result, new reports have been run where necessary to ensure data is accurately and consistently reported.

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

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

2.1 Size of the NHS Wales workforce

Between 2020 and 2025, the NHS Wales workforce grew by 20.7% in contracted full-time equivalent (FTE) terms, rising from 82,815 to 99,964 FTE. Over the last reporting year from March 2024 to March 2025 the contracted NHS Wales workforce grew by 2,346 FTE, a rise of 2.4 per cent, continuing the steady growth trend seen each year since 2021. Nursing and Midwifery and Administrative and Clerical roles have contributed to over 50% of the total growth over the five-year period, increasing by 4,500 and 4,300 FTE respectively. Agenda for Change (AfC) Bands 7–9 grew by 39%, reflecting an expanding senior clinical and managerial workforce. Training grades also increased by over 1,000 FTE (36%), highlighting continued investment in developing the future medical workforce.

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

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

Turnover rates across NHS Wales varied by staff group, with Medical and Dental staff experiencing the highest turnover at 12.6%, down from 13.5 the previous year. Healthcare Scientists and Additional Clinical Services, experienced the largest decrease in turnover, falling from 7.2% to 6.2% and 11% to 9.9% respectively.

2.2 Size of the General Medical workforce

The GP workforce has shown steady growth over the three-year period to September 2024, with increases observed across all staff groups. Administrative and non-clerical roles remain the largest group, rising from around 3,800 FTE in December 2021 to just over 4,000 FTE by mid-2023. GP numbers have remained relatively stable over the period, fluctuating slightly around 1,500 FTE, with a gradual increase observed in the most recent quarters.

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

2.3 Cost of the NHS Wales Workforce

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

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

2.4 NHS Wales sickness absence

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

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

2.5 Overseas Nursing Workforce

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

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

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

2.6 Workforce performance data

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

For statutory and mandatory training, NHS Wales has a compliance rate of 83%. Only two staff groups fall within the Amber category, Medical and Dental, and Estates and Ancillary.

2.7 NHS Wales current workforce profile

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

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

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

Staff Ethnicity: Out of the information entered 79.6% of staff state they are of a White ethnic background. The next highest category is Asian or Asian British ethnicity which is 5.9% of the workforce.

Staff Disability: 6.2% of NHS Wales staff have declared a disability and 16% have either not disclosed or not stated their status.

Sexual Orientation: 78% have recorded their sexual orientation as heterosexual or straight, 18.4% have not disclosed or not stated their sexual orientation.

3. Size of the NHS Wales workforce

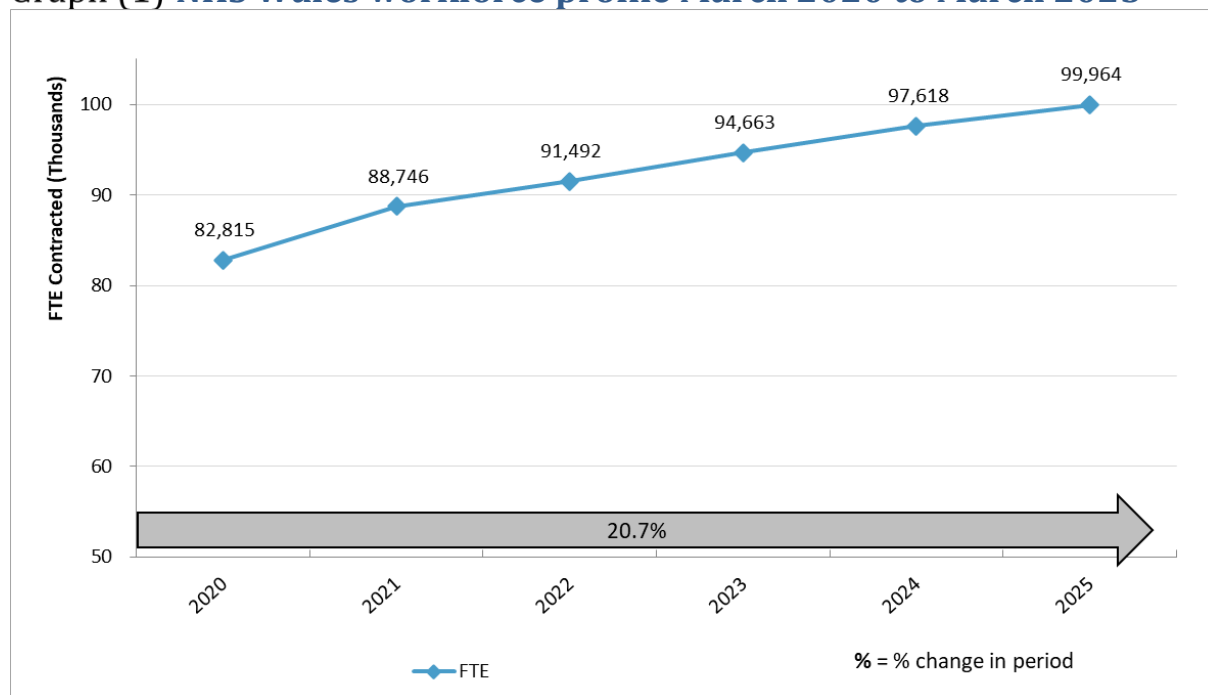
3.1 NHS Wales workforce profile

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

Between 2020 and 2025, the NHS Wales workforce grew by 20.7% in contracted full-time equivalent (FTE) terms, rising from 82,815 to 99,964 FTE. This sustained year-on-year growth reflects continued investment in workforce capacity during and following the COVID-19 pandemic.

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

Graph (1) **NHS Wales workforce profile March 2020 to March 2025**



Data Source: ESR DW

3.2 Workforce changes by staff group between 2020 and 2025

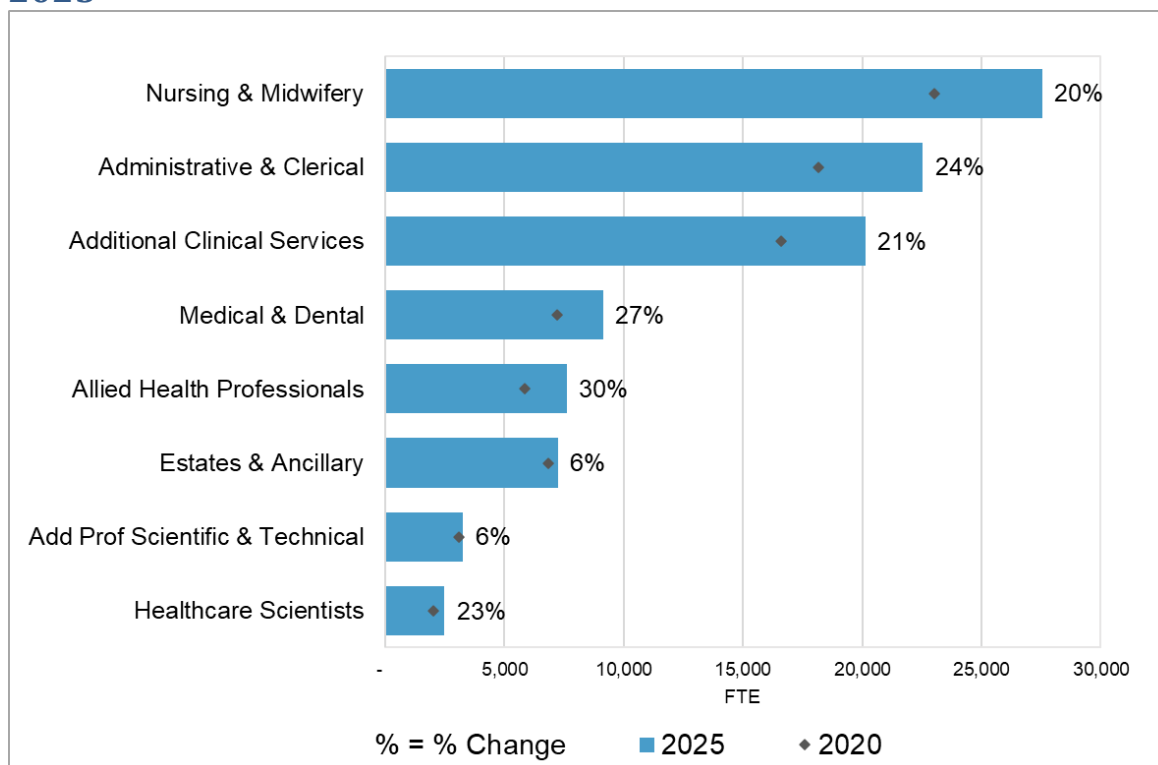
Graph 2 shows the FTE and percentage change in the different staff groups between March 2020 and March 2025.

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

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

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

Graph (2) **Staff group by FTE and percentage change March 2020 to March 2025**



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

Data source: ESR DW

3.3 Grade change between 2020 and 2025

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

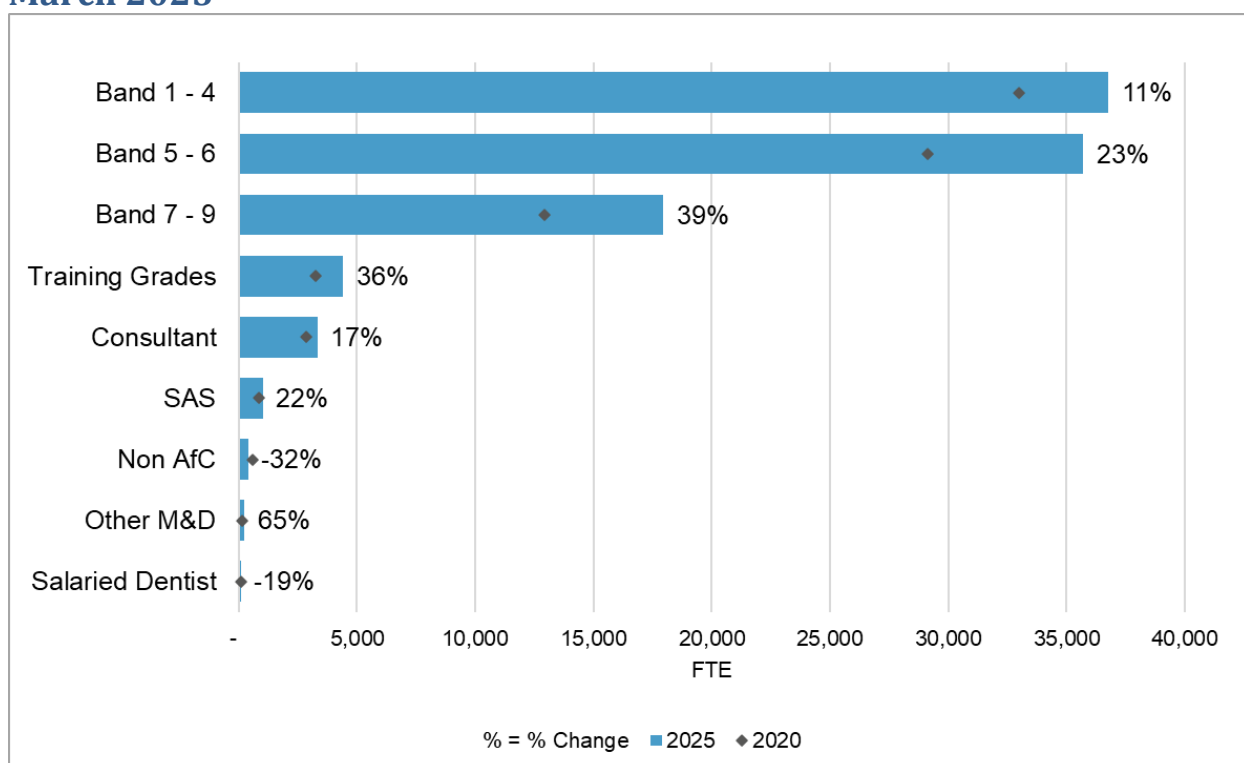
The largest proportional increase in workforce FTE between 2020 and 2025 was seen in Agenda for Change (AfC) Bands 7–9, which grew by 39%. This reflects an expanding senior clinical and managerial workforce, consistent with increasing complexity in service delivery.

Training grades also grew by 1,158 FTE (36%), highlighting continued investment in developing the future medical workforce. Band 5–6 roles, which include a significant proportion of registered nurses and allied health professionals, increased by 23%.

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

While Band 5-6 only increased by 23%, this workforce has seen the highest absolute increase, an increase of over 6,500 FTE.

Graph (3) Changes in grade by FTE and percentage change March 2020 and March 2025



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

Data source: ESR DW

3.4 Percentage of NHS Wales staff by age band

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

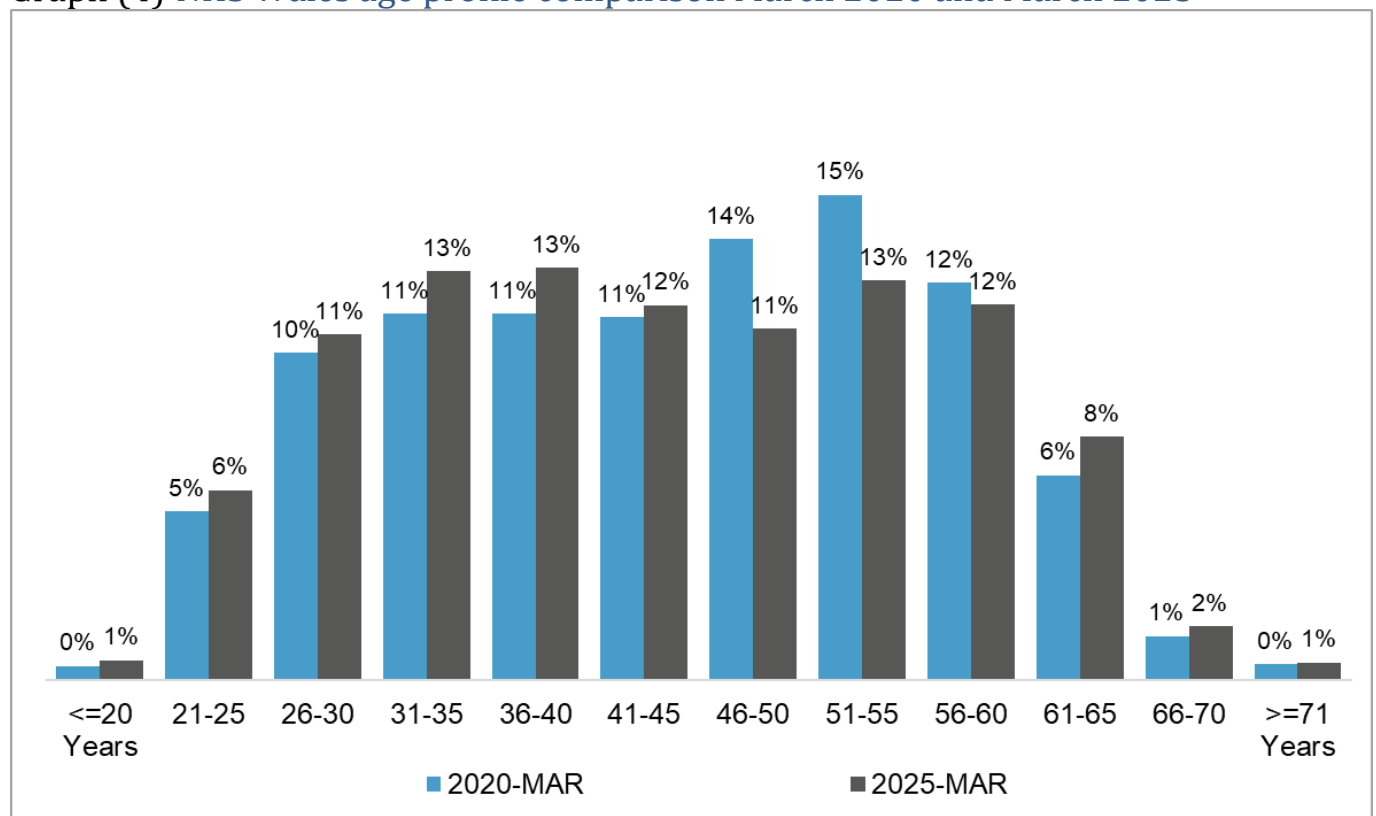
The age distribution of the NHS Wales workforce has shifted slightly between March 2020 and March 2025, with a gradual increase in both younger and older age groups.

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

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

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

Graph (4) NHS Wales age profile comparison March 2020 and March 2025



Data source: ESR DW

3.5 Percentage staff 55 and over by staff group

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

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

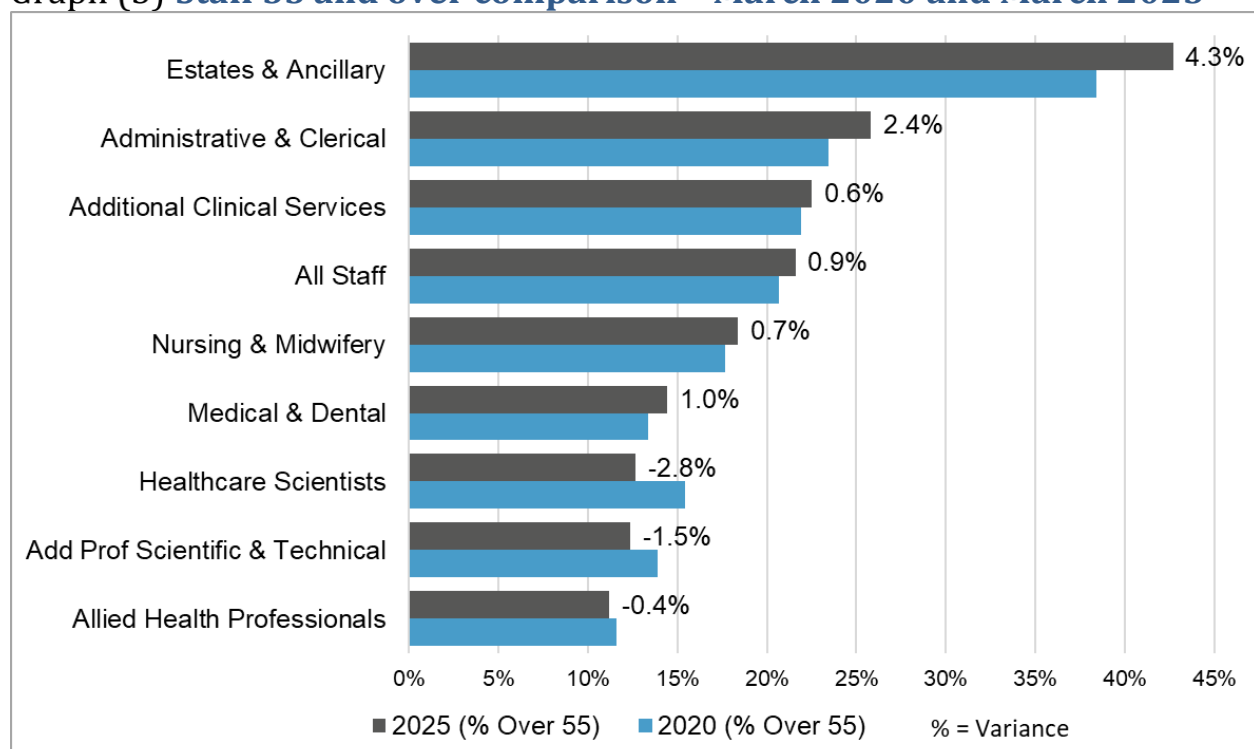
The most notable increase occurred in the Estates & Ancillary workforce, where the proportion of staff over 55 rose by 4.3 percentage points, reaching over 40%. Administrative & Clerical roles also saw a significant increase (+2.4%), contributing to an ageing profile in key non-clinical functions.

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

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

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

Graph (5) **Staff 55 and over comparison – March 2020 and March 2025**



Data source: ESR DW

3.6 Percentage of staff who retire and return

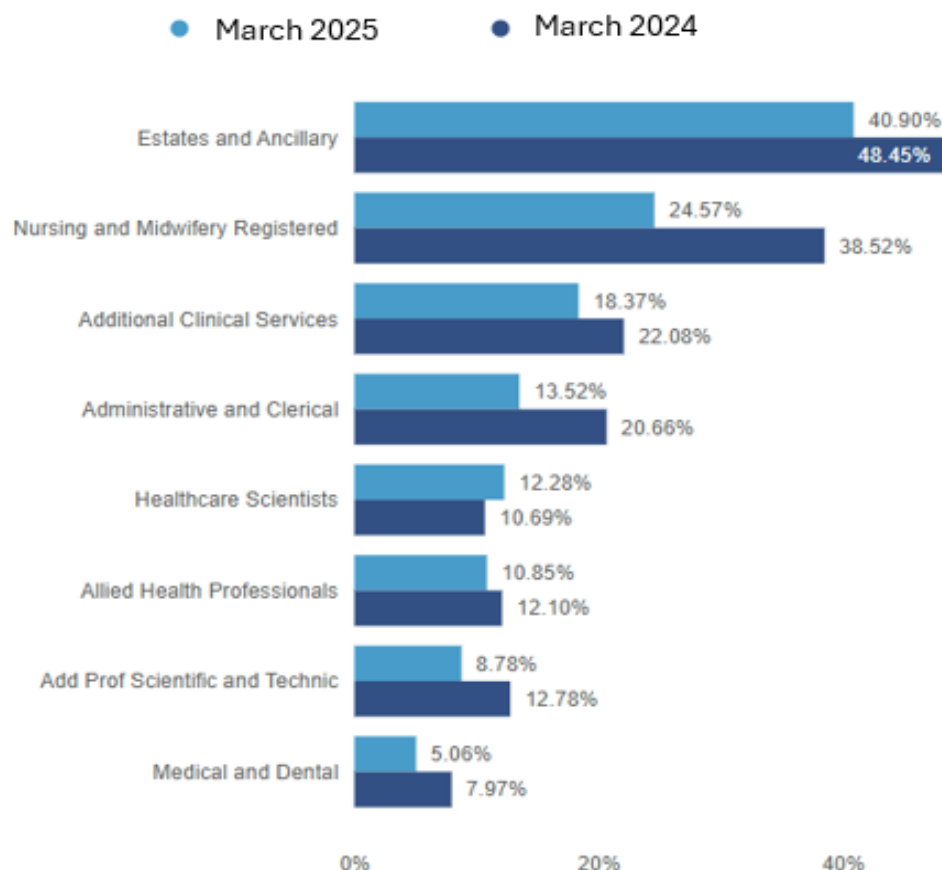
The graph illustrates the percentage of staff who retire and return into the workforce over a 12-month period. Comparing the last 12 month to the previous 12 months.

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

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

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

Graph (6) 12-month rolling retire and return rate by staff group: March 2024 vs 2025



Data source: ESR DW

3.7 Number of vacancies and vacancy rates by staff group

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

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

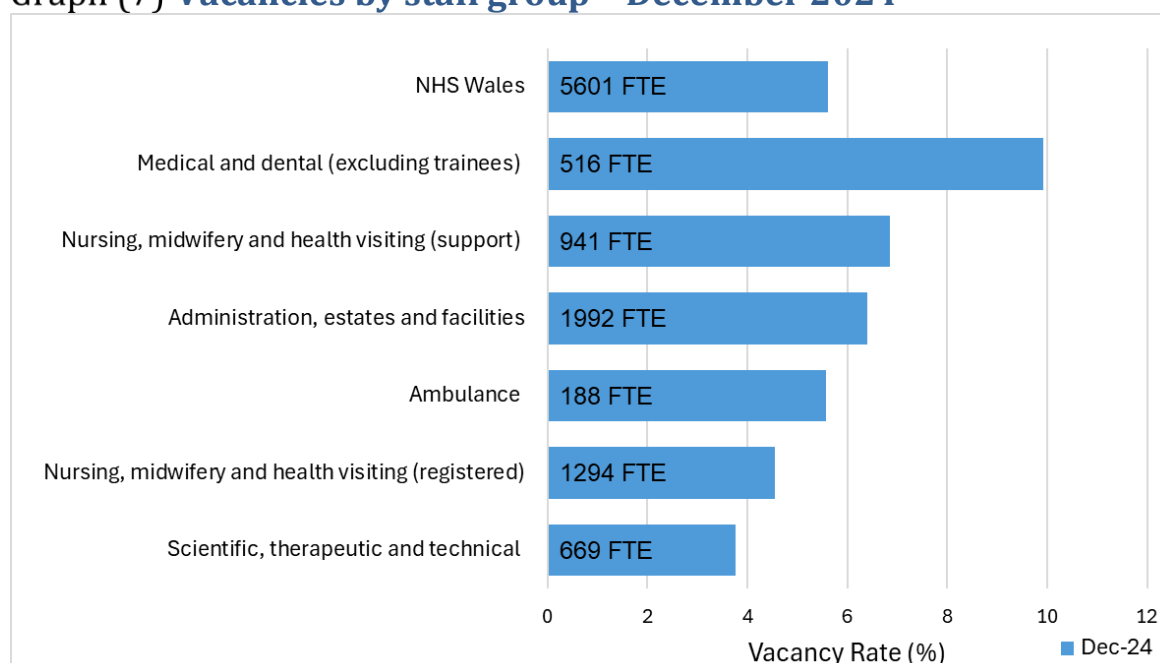
The highest vacancy rate was observed within the Medical and Dental (excluding trainees) group, at approximately 10%, equating to 516 FTE. This highlights ongoing recruitment and retention challenges within key clinical specialties.

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

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

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

Graph (7) **Vacancies by staff group – December 2024**



Data source: StatsWales

3.8 Percentage vacancies rate by staff group

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

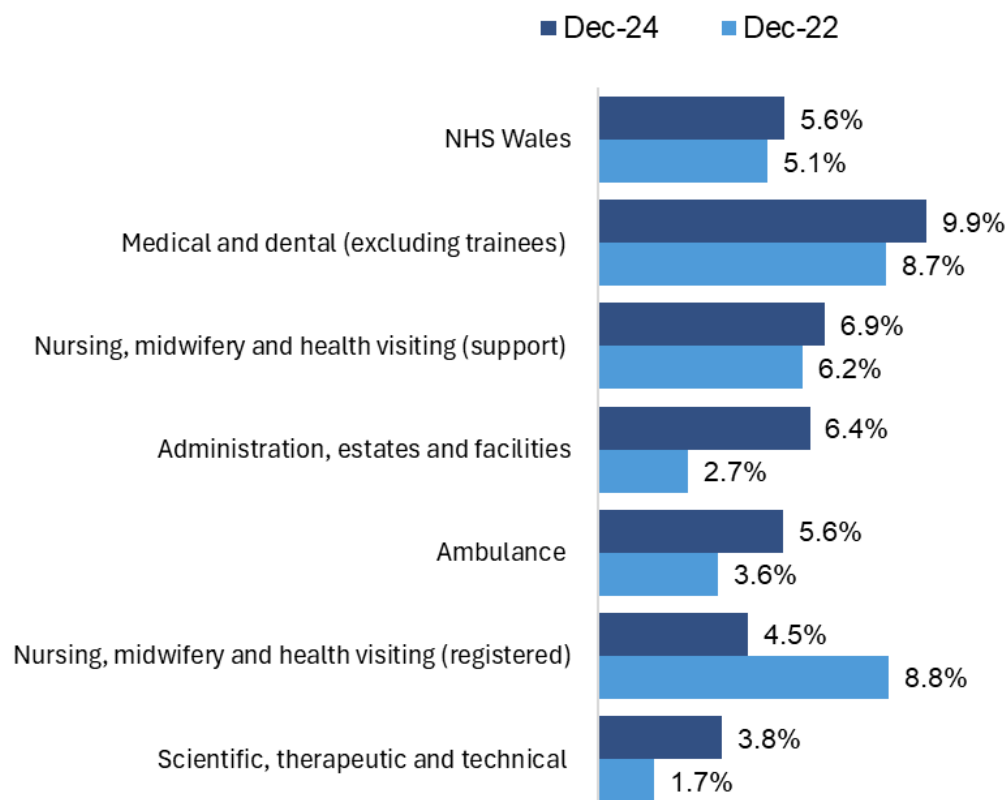
The Medical and Dental (excluding trainees) category saw the highest vacancy rate in both years, increasing from 8.7% to 9.9%, reflecting persistent recruitment challenges in this area.

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

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

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

Graph (8) **Vacancies rate by staff group 2022 and 2024**



Data source: StatsWales

3.9 Participation rate by age band and gender

Workforce participation rates remain high for both males and females up to age 50, with over 80% engagement across the age bands.

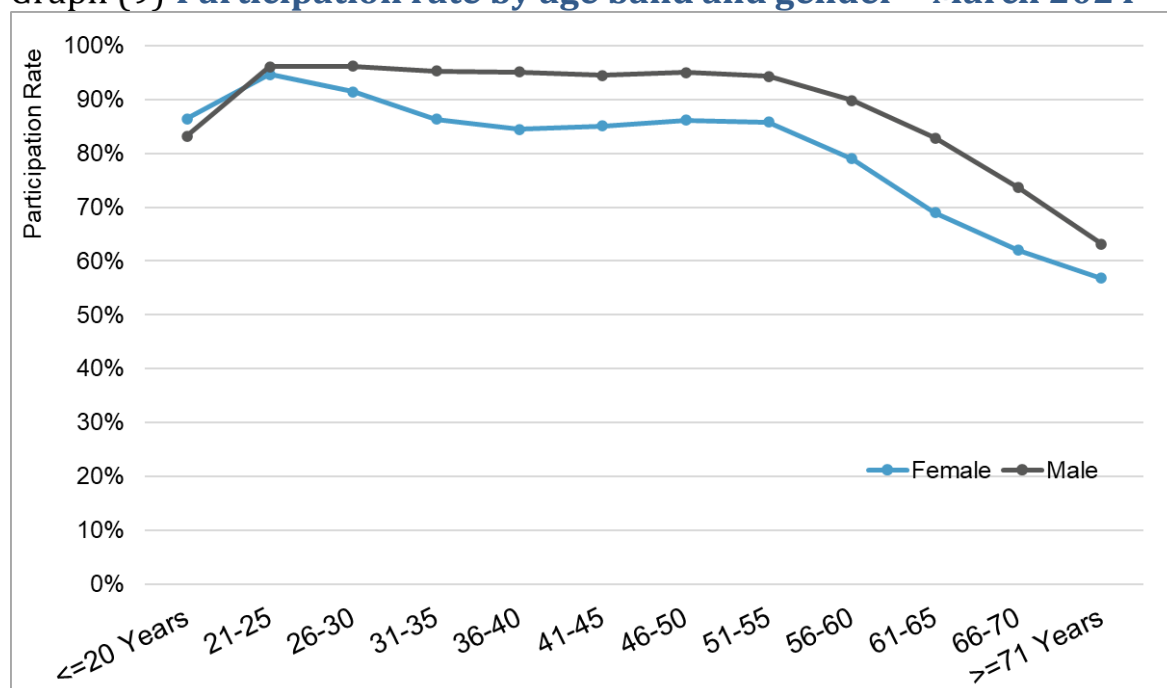
From age 21–55, male participation remains relatively stable at around 95%, whereas female participation dips below 90% from age band 31–35. Both male and female a gradual decline from the age band 56 onwards. By age 66–70, female participation falls to 62% and males, 74%.

Understanding gendered participation trends can help inform targeted retention strategies, particularly for women in mid-career roles.

Definition of Participation Rate: The graph shows participation rate for the NHS Wales workforce by age and gender for March 2025. Participation rate is a percentage of part time working. The number is derived by dividing the contracted FTE by the headcount. The higher the participation rate, the more hours, on average a person is working per week.

For example, if an individual is working 37.5 hours a week, they will have a participation rate of 100% (full time), if they are working 22.5 hours a week, they will have a participation rate of 60%.

Graph (9) **Participation rate by age band and gender – March 2024**



(Participation rate = FTE / Headcount)

Data source: ESR DW

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

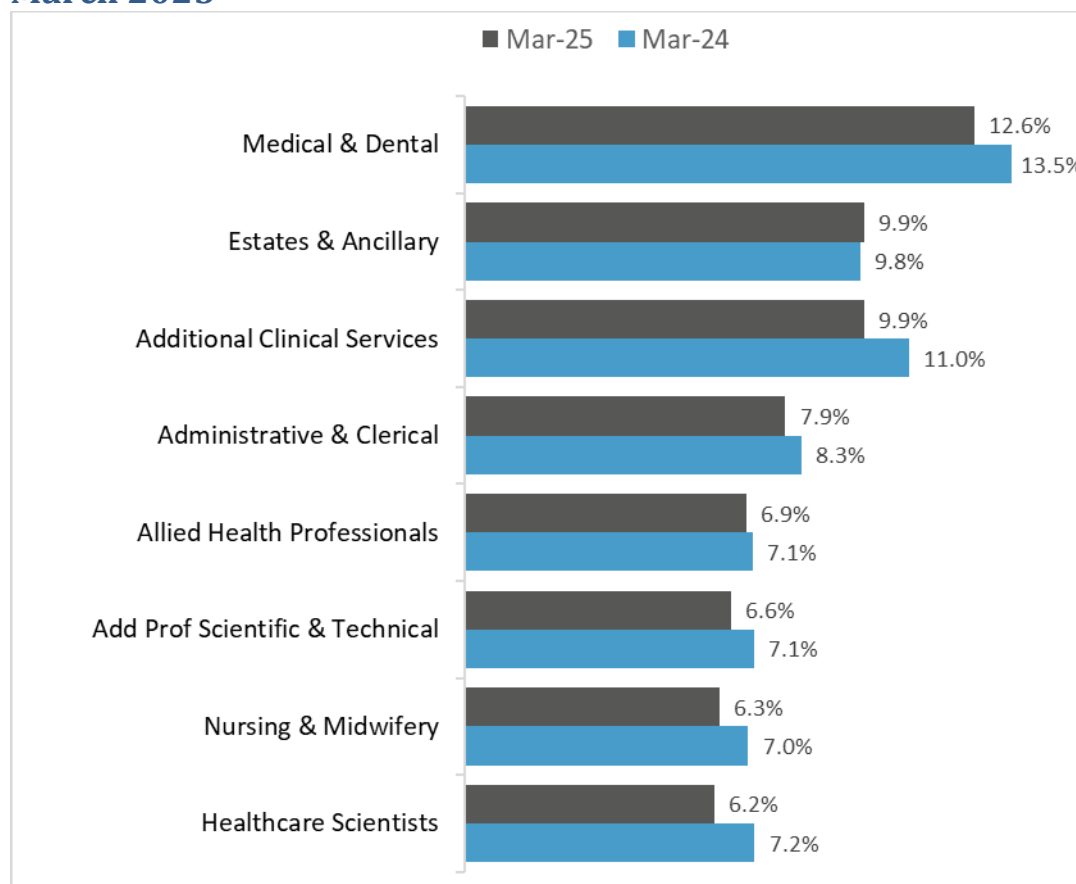
3.10 Turnover by staff group

The graph shows a comparison between March 2024 and March 2025 of 12 month rolling turnover percentage by staff group.

Turnover rates across NHS Wales varied by staff group, with Medical and Dental staff (this excludes trainees in turnover calculation) experiencing the highest turnover at 12.6%, down from 13.5% the previous year.

Additional Clinical Services experienced the largest decrease in turnover, falling from 11% to 9.9%. A reduction was also seen in Nursing and Midwifery, where turnover dropped from 7% to 6.3%.

Graph (10) **12 month rolling turnover by staff group for March 2024 vs March 2025**



Data source: ESR DW

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.

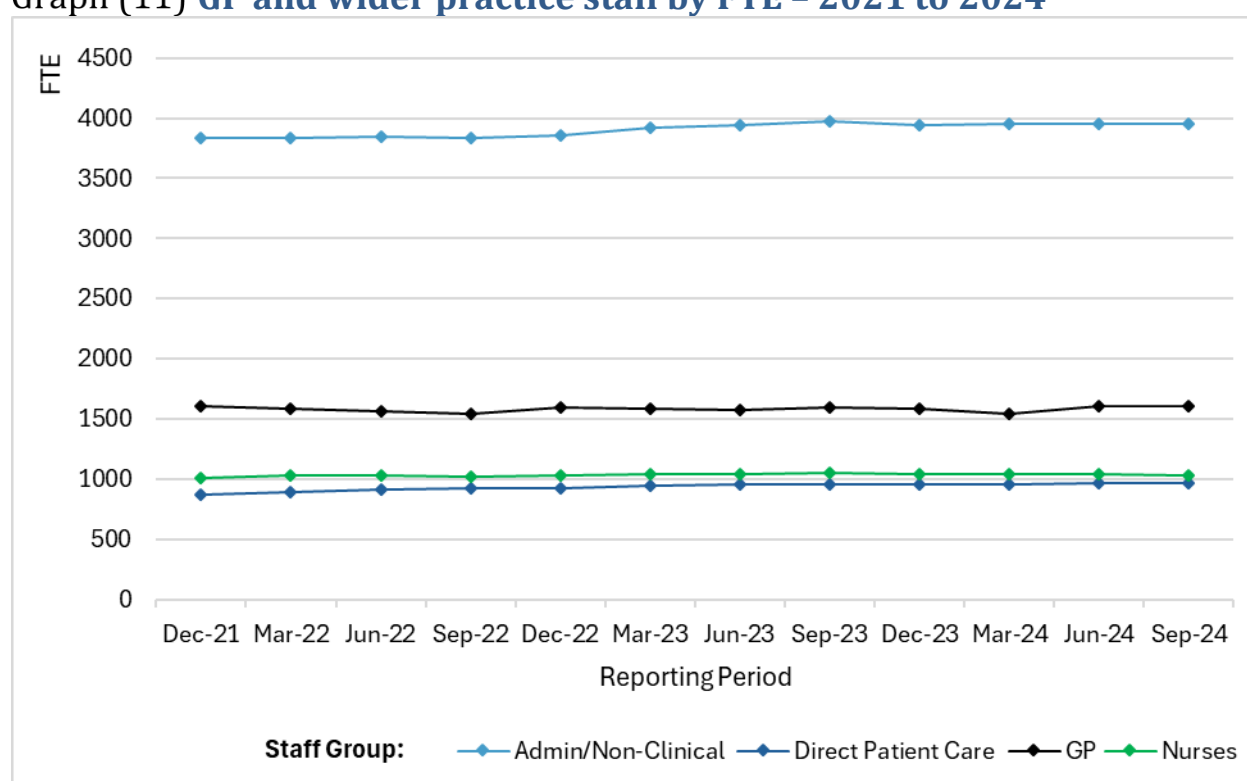
4.1 Historic trend of the General Medical Service

The graph below illustrates trends in the GP and wider practice workforce from December 2021 to September 2024

The wider GP workforce, including all staff groups, has shown steady growth over the three-year period to September 2024. Admin and non-clinical roles remain the largest group, rising from around 3,800 FTE in December 2021 to nearly 4,000 FTE by mid-2023. In contrast, the number of General Practitioners themselves has remained broadly stable at around 1,500 FTE over the same period, with a modest increase in the most recent quarters. Not contained within the graph, there are approximately 500 FTE doctors in training.

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

Graph (11) **GP and wider practice staff by FTE - 2021 to 2024**



Data source: StatsWales

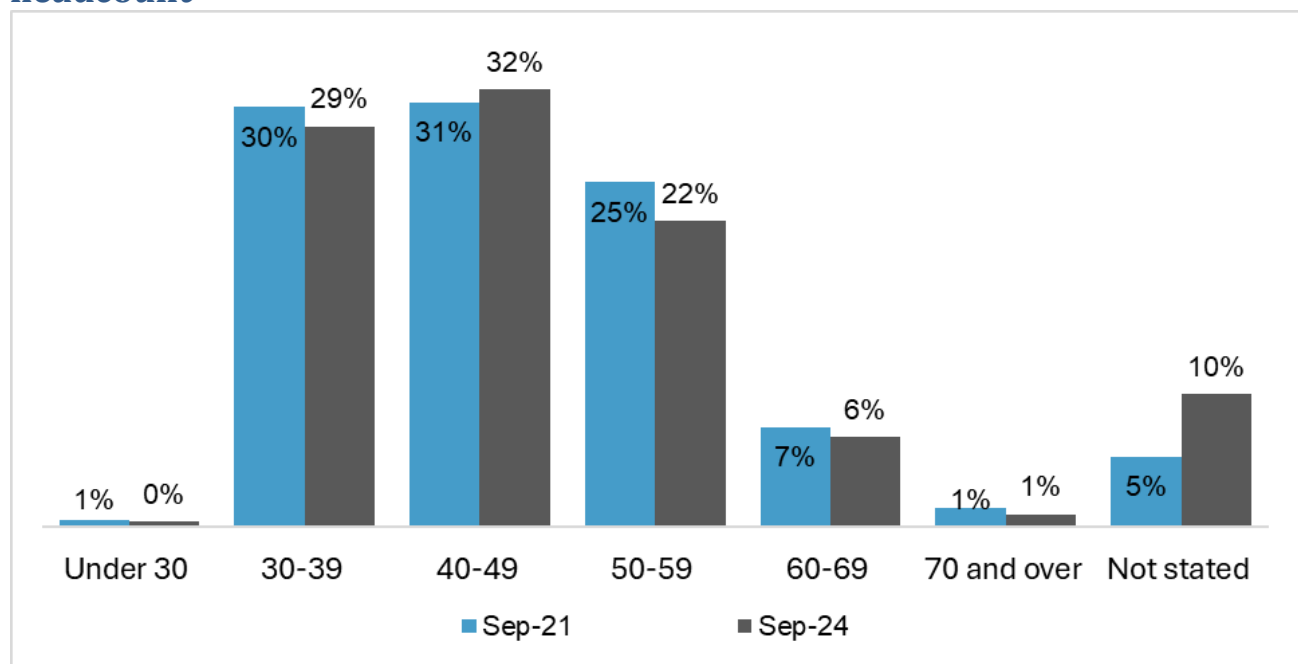
4.2 Age profile comparison of the GP workforce

This graph compares the age profile of the GP workforce in Wales between September 2021 and September 2024, based on headcount.

The age profile of the GP workforce has remained relatively stable over the past three years, with some notable shifts. The largest proportion of GPs continues to fall within the 40–49 age group, increasing slightly from 31% in 2021 to 32% in 2024. There has been a decrease in the proportion of GPs aged 50–59 (from 25% to 22%).

A key consideration when interpreting this data is the doubling of ‘Not stated’ age entries, increasing from 5% in 2021 to 10% in 2024. This rise limits the certainty with which age-related trends can be assessed and highlights ongoing issues with data completeness and quality. Addressing these gaps is essential to ensuring robust workforce planning and targeted interventions.

Graph (12) **Age profile comparison of the GP workforce 2021 and 2024 by headcount**



Data Source: StatsWales

4.3 Age profile comparison of GP practice Nurses

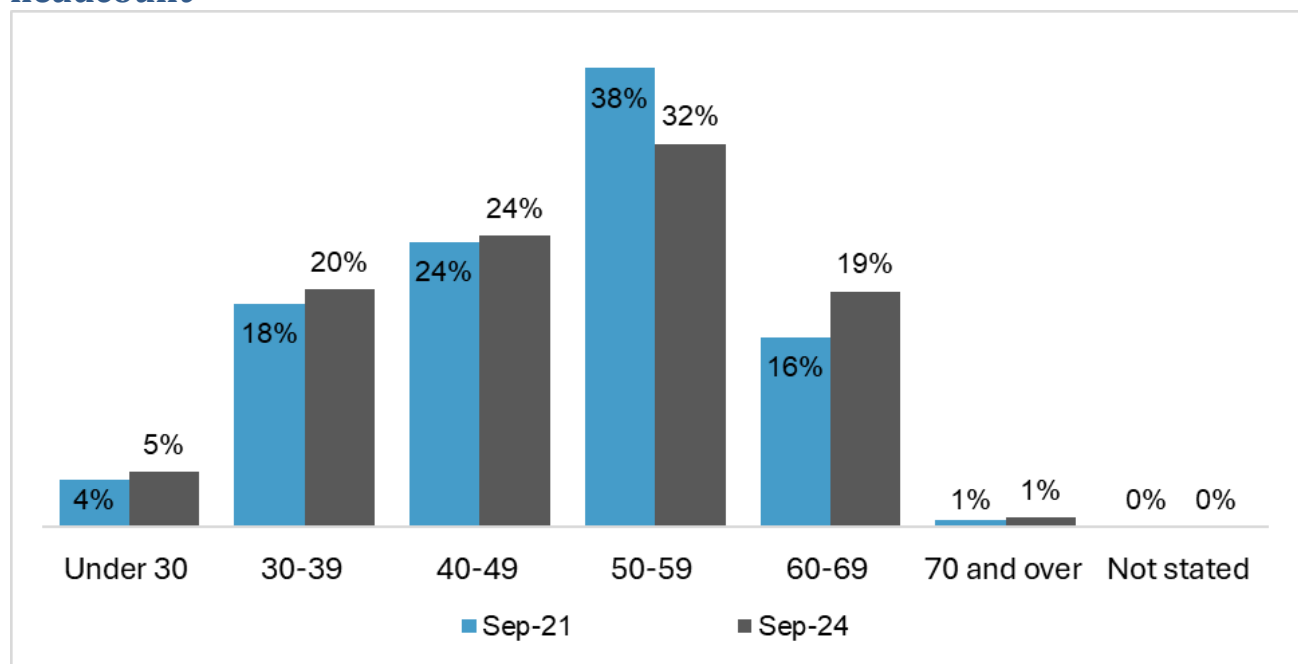
This graph compares the age profile of the Nurses employed in GP practices in Wales between September 2021 and September 2024, based on headcount.

The age distribution of GP practice nurses shows a gradual shift between September 2021 and September 2024. The two big shifts in the workforce occurs in the 50–59 age group, which decreased from 38% to 32% and the 60–69 age group, which has risen from 16% to 19%.

This highlights the increasing reliance on older, potentially retirement-age staff. This may signal retention challenges ahead if plans are not in place to support succession or flexible working for these workers.

In contrast to GP data, the 'Not stated' category remains at 0%, indicating good data completeness for this staff group and providing more confidence in interpreting trends.

Graph (13) **Age profile comparison of GP practice Nurses 2021 and 2024 by headcount**



Data Source: StatsWales

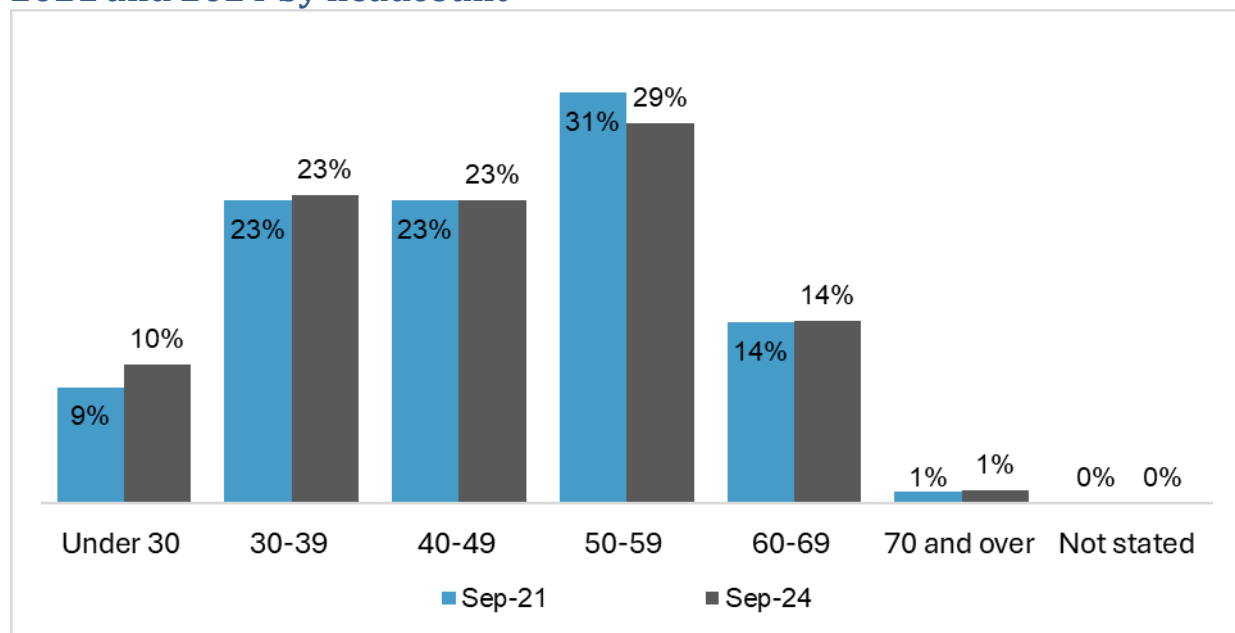
4.4 Age Profile Comparison of the direct patient care workforce

This graph compares the age profile of the direct patient care workforce employed in GP practices in Wales between September 2021 and September 2024, based on headcount.

The age profile of the direct patient care workforce has remained relatively stable between September 2021 and September 2024, with only minor shifts across most age groups. The 50–59 age group continues to represent the largest proportion of the workforce, though it has decreased slightly from 31% to 29%.

The 60–69 age group has remained consistent at 14%, although the overall workforce is stable, this still represents a significant proportion of the workforce nearing or beyond typical retirement age. This underlines the importance of succession planning and retention strategies, particularly given the hands-on nature of these roles.

Graph (14) Age profile comparison of the direct patient care workforce, 2021 and 2024 by headcount



Data Source: StatsWales

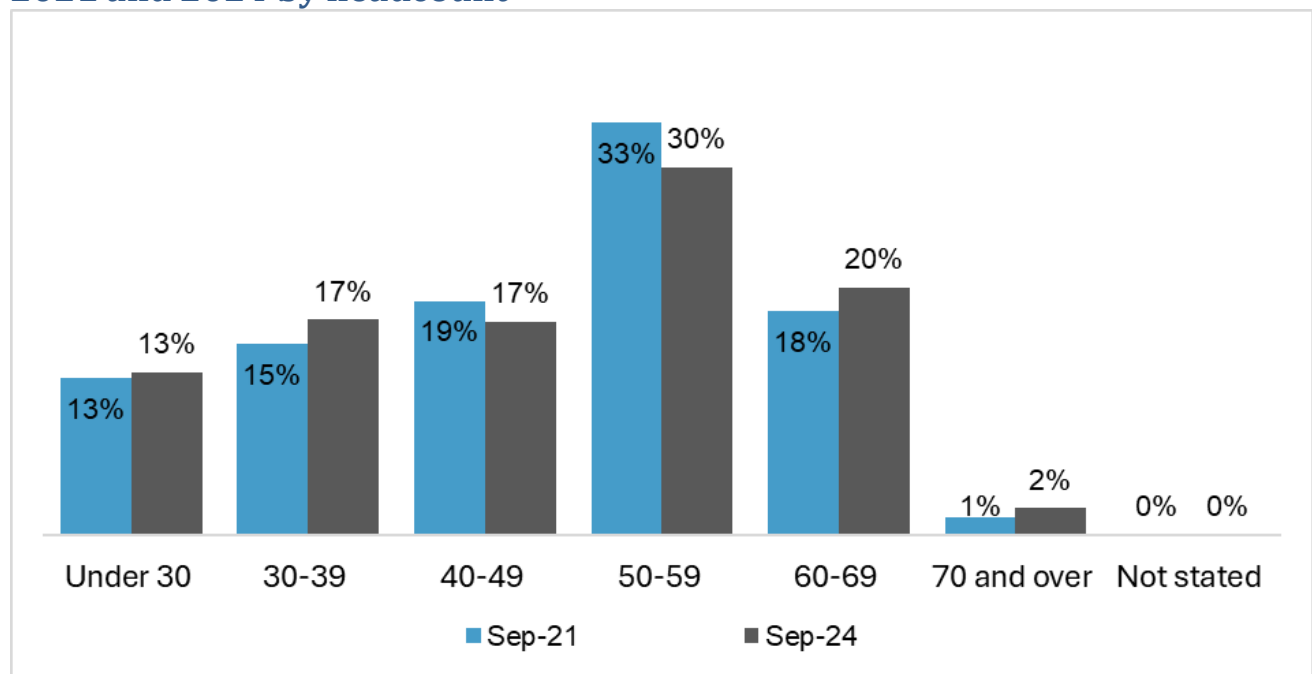
4.5 Age profile comparison of admin and non-clinical workforce

This graph compares the age profile of the admin and non-clinical workforce employed in GP practices in Wales between September 2021 and September 2024, based on headcount.

The age profile of the admin and non-clinical workforce shows modest shifts between September 2021 and September 2024. The largest cohort remains the 50–59 age group and has declined slightly from 33% to 30%.

Among the different staff groups in GP practices, admin and non-clinical roles have the highest proportion of staff aged 60–69. This age group has grown from 18% in 2021 to 20% in 2024, highlighting a potential retirement risk within this part of the workforce. This reinforces the importance of succession planning and knowledge transfer to maintain service continuity.

Graph (15) **Age profile comparison of the admin and non-clinical workforce, 2021 and 2024 by headcount**



Data Source: StatsWales

4.6 Participation rate of the GP workforce

This graph shows the estimated participation rate of GPs by age and gender. Participation is defined as the headcount divided by the full time equivalent. These figures include Registrar, locum and substantive posts.

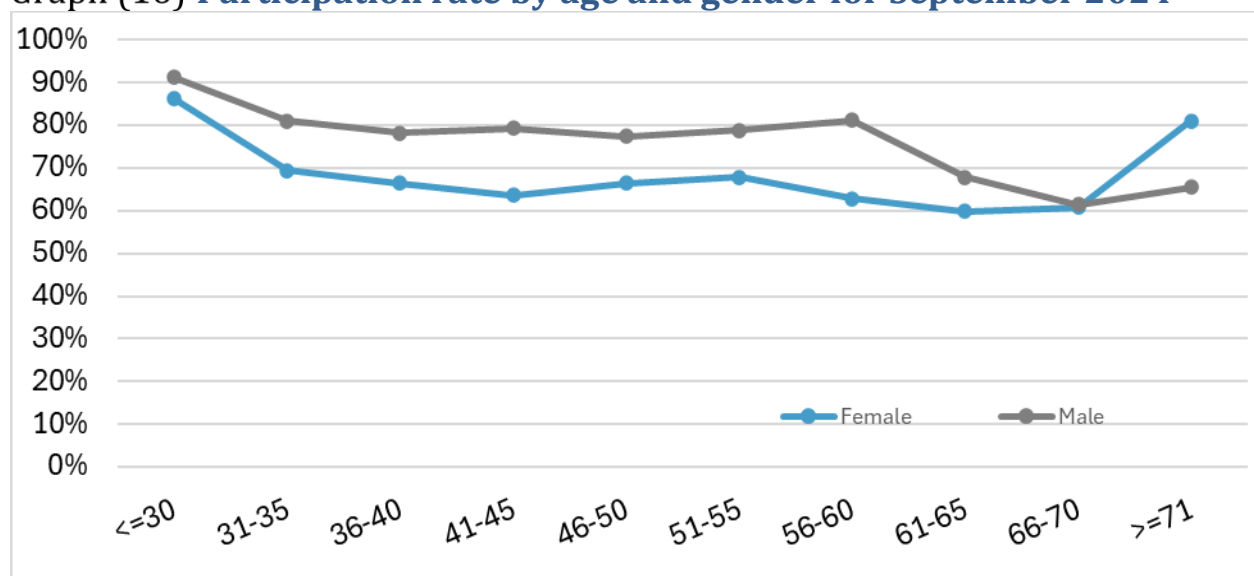
Participation is highest among the youngest GPs (aged ≤ 30), where both males and females show near-full participation.

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

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

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

Graph (16) **Participation rate by age and gender for September 2024**



Unknown age bands have been excluded approx. 8% (317 Headcount). GP numbers include GP trainees

Data Source: WNWRS

4.7 Demographics of the GP workforce

The following graphs show the gender and ethnicity breakdown of the GP workforce by headcount. These figures include registrar, locum and substantive posts.

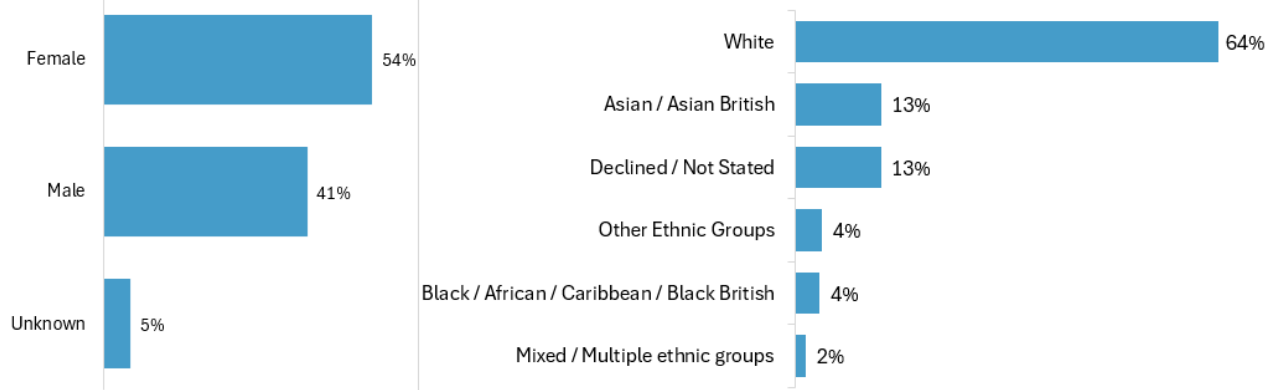
Of the current workforce recorded in the latest period, 54% identified as female, 41% as male and 5% did not state or had unknown gender recorded. This is broadly consistent with the gender profile of the wider NHS Wales workforce, which remains predominantly female.

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

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

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

Graph (17) GP workforce gender and ethnicity by headcount in Sept 2024



Data Source: WNWRS

5. NHS Wales workforce Cost

The cost of the total NHS Wales workforce (including agency and locum) for 2024/25 was £6.7 billion¹.

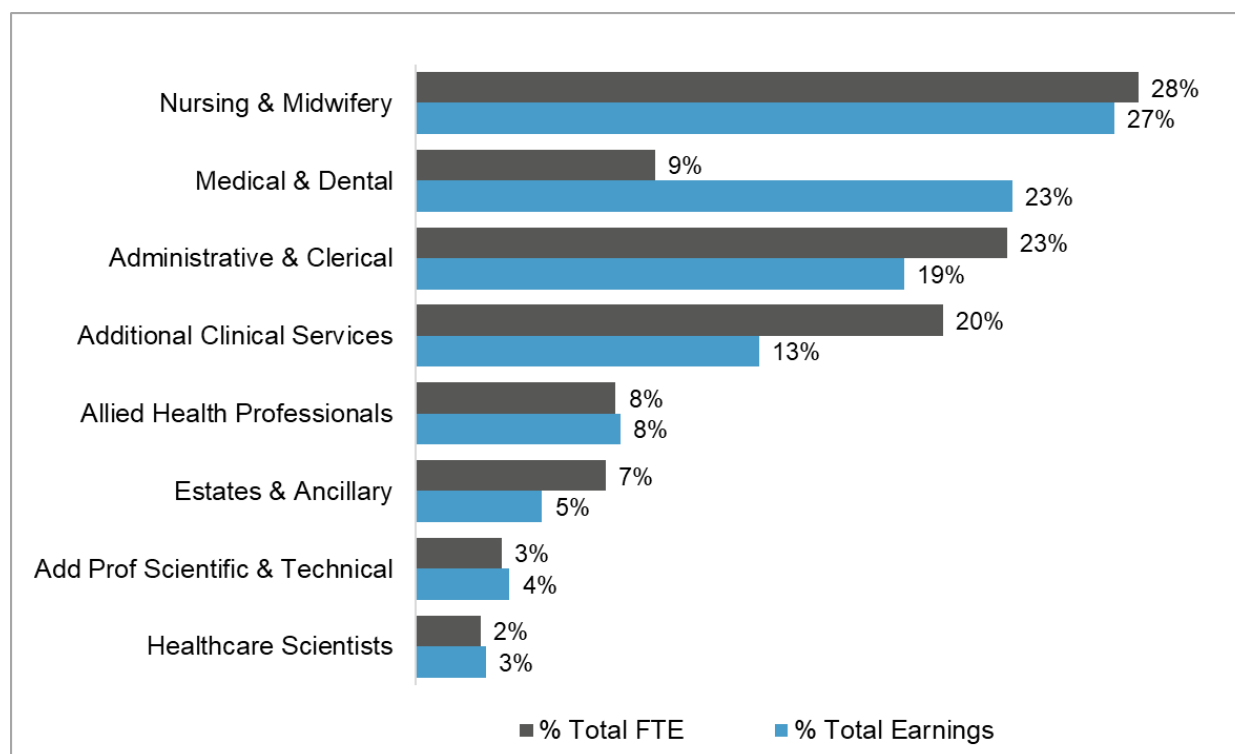
5.1 Cost of the current NHS Wales workforce

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

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

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

Graph (18) **Percentage of FTE & total earnings by staff group March 2025**



Data source: ESR DW

¹ NHS Wales Financial Monitoring reports – Pay Bill

5.2 Total pay bill trends

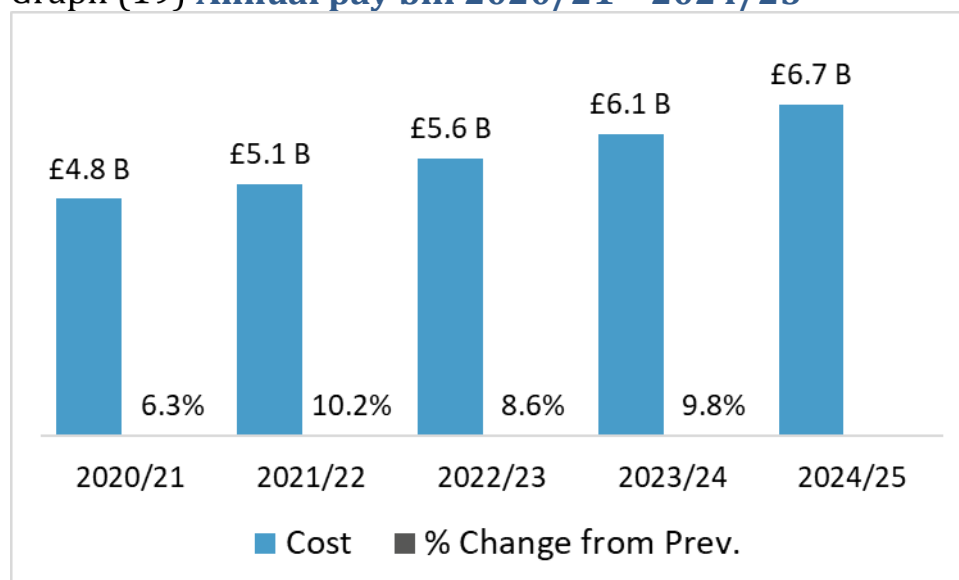
The cost analysis in the rest of this section has been based on NHS Wales Financial Monitoring returns and refers to the last five financial years. The following graph shows the monthly pay bill and the annual percentage change from the previous year from April 2020 to March 2025.

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

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

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

Graph (19) **Annual pay bill 2020/21 – 2024/25**



Data source: NHS Wales Financial Monitoring returns.

5.3 Agency & locum trends

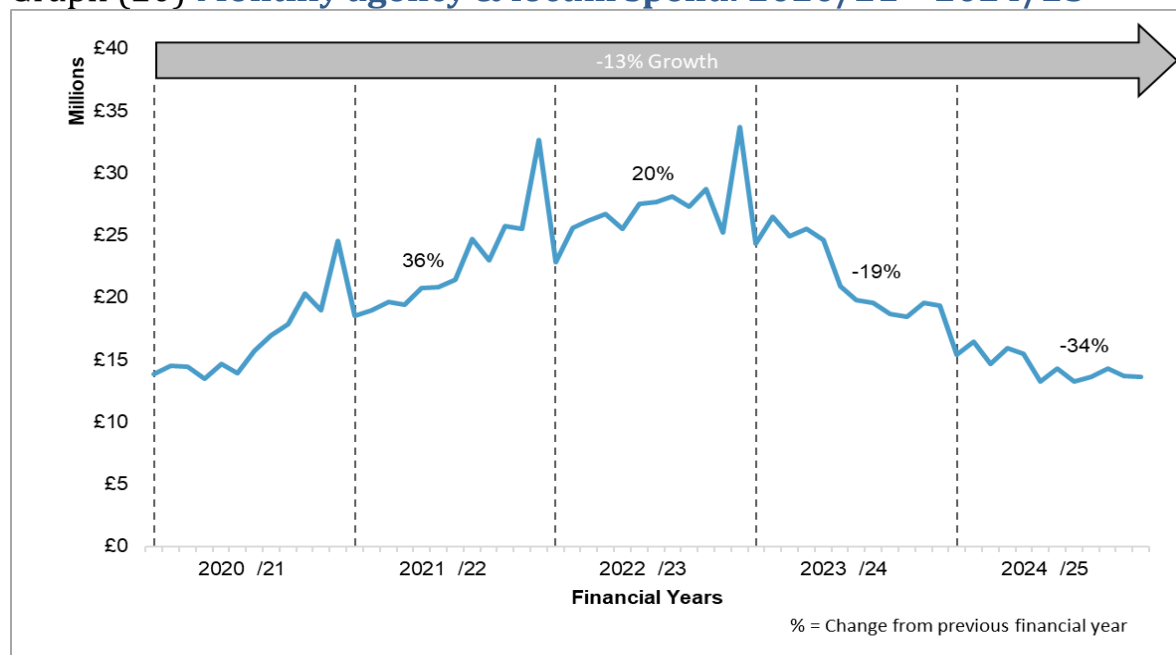
Agency and locum staff are usually deployed when substantive and bank options have been exhausted. Below shows the monthly spend on agency and locum staff and the percentage change compared to the previous year from April 2020 to March 2025.

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

A 36% increase was recorded in 2021/22, likely reflecting ongoing pandemic-related pressures and workforce gaps. Growth continued into 2022/23, though at a slower rate (20%). From 2023/24 onwards, agency expenditure dropped significantly, with a 19% reduction (£63 million) followed by a further 34% decrease in 2024/25 (£88 million). In 2022/23, the annual agency expenditure amounted to £324 million. In the most recent financial year, this expenditure has been reduced by nearly 50%, now totalling £173 million.

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

Graph (20) **Monthly agency & locum spend: 2020/21 – 2024/25**



Data source: NHS Wales Financial Monitoring returns

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

5.4 Agency and locum spend by staff group

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

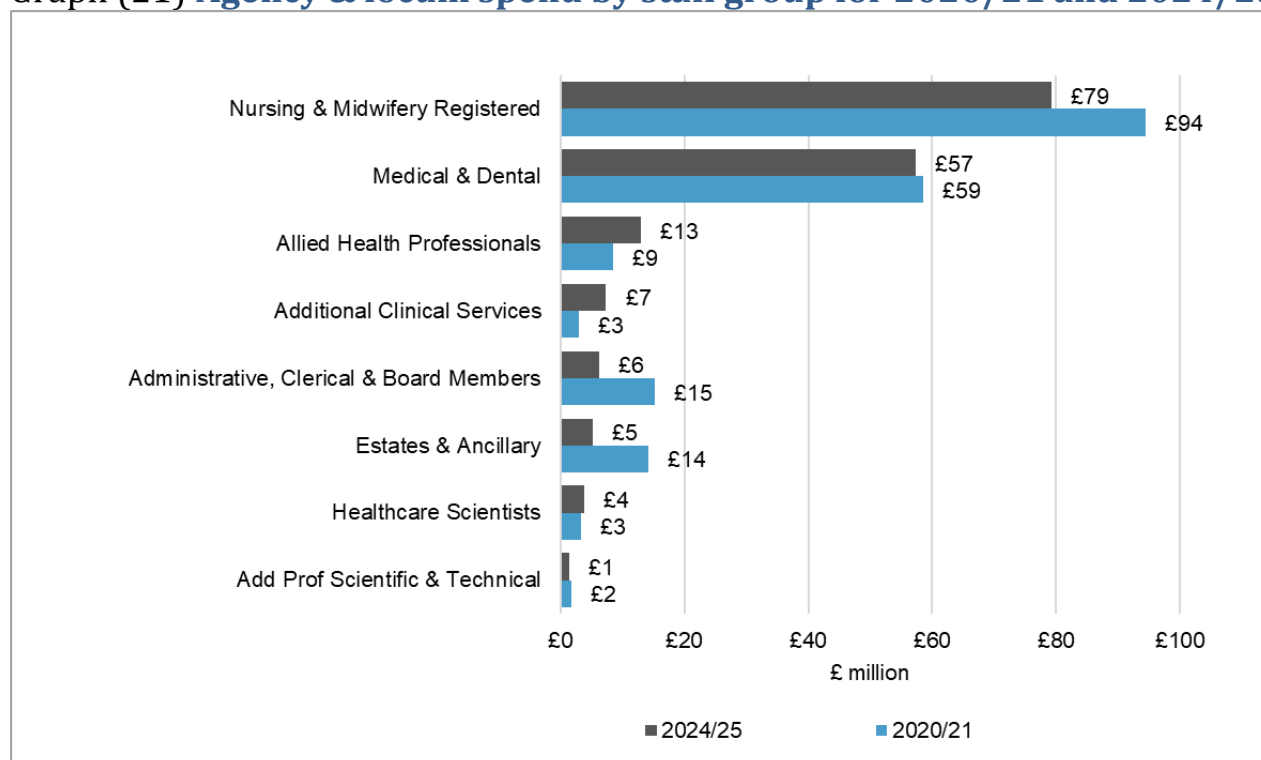
Nursing and Midwifery Registered staff group continues to account for the highest level of agency spend but has reduced significantly from £94 million to £79 million. Medical and Dental spend has now returned to 2020/21 levels at £57 million.

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

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

These trends suggest a clamping down on agency spend across the staff groups through policy changes and increased financial control.

Graph (21) **Agency & locum spend by staff group for 2020/21 and 2024/25**



Data Source: NHS Wales Financial Monitoring returns

6. NHS Wales sickness absence

6.1 Monthly sickness absence

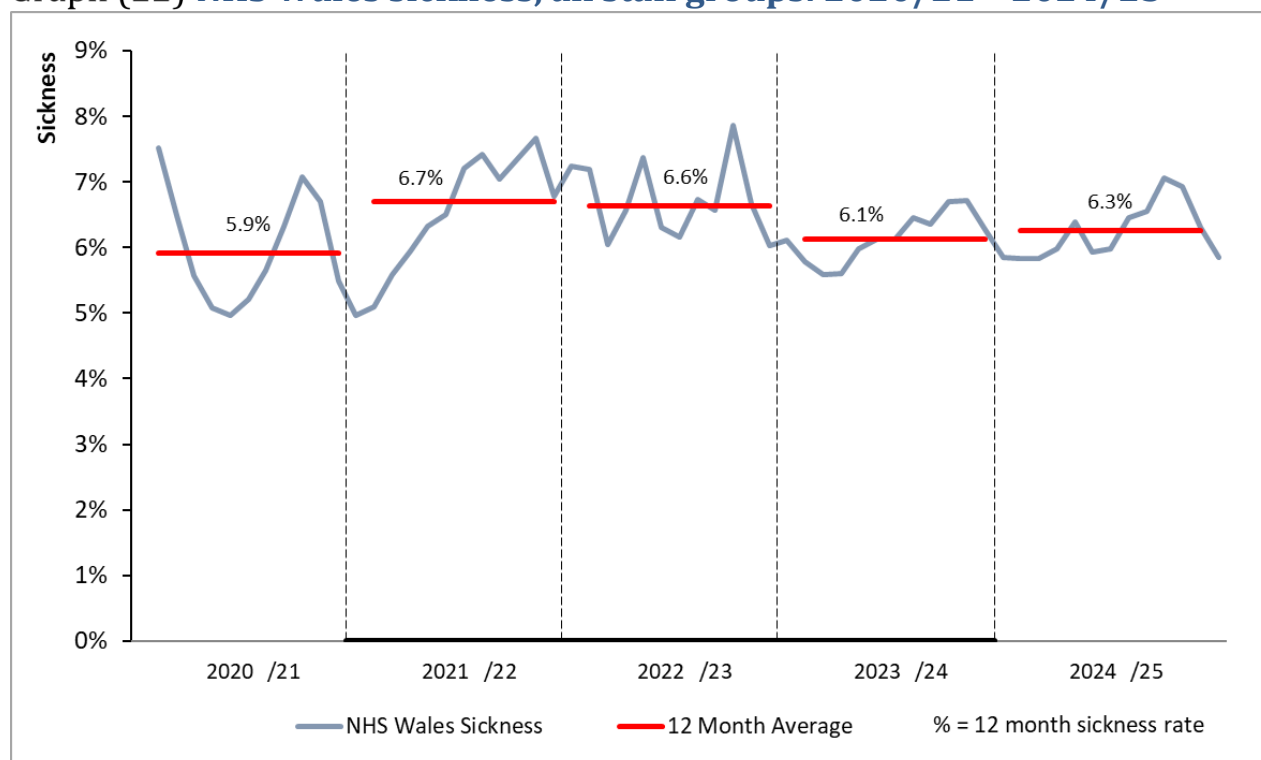
The sickness graph below shows NHS Wales monthly sickness absence rate from April 2020 to March 2025 for all staff groups. The red line indicates the 12-month average sickness absence rate for the financial year.

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

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

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

Graph (22) **NHS Wales sickness, all staff groups: 2020/21 - 2024/25**



Data source: ESR DW

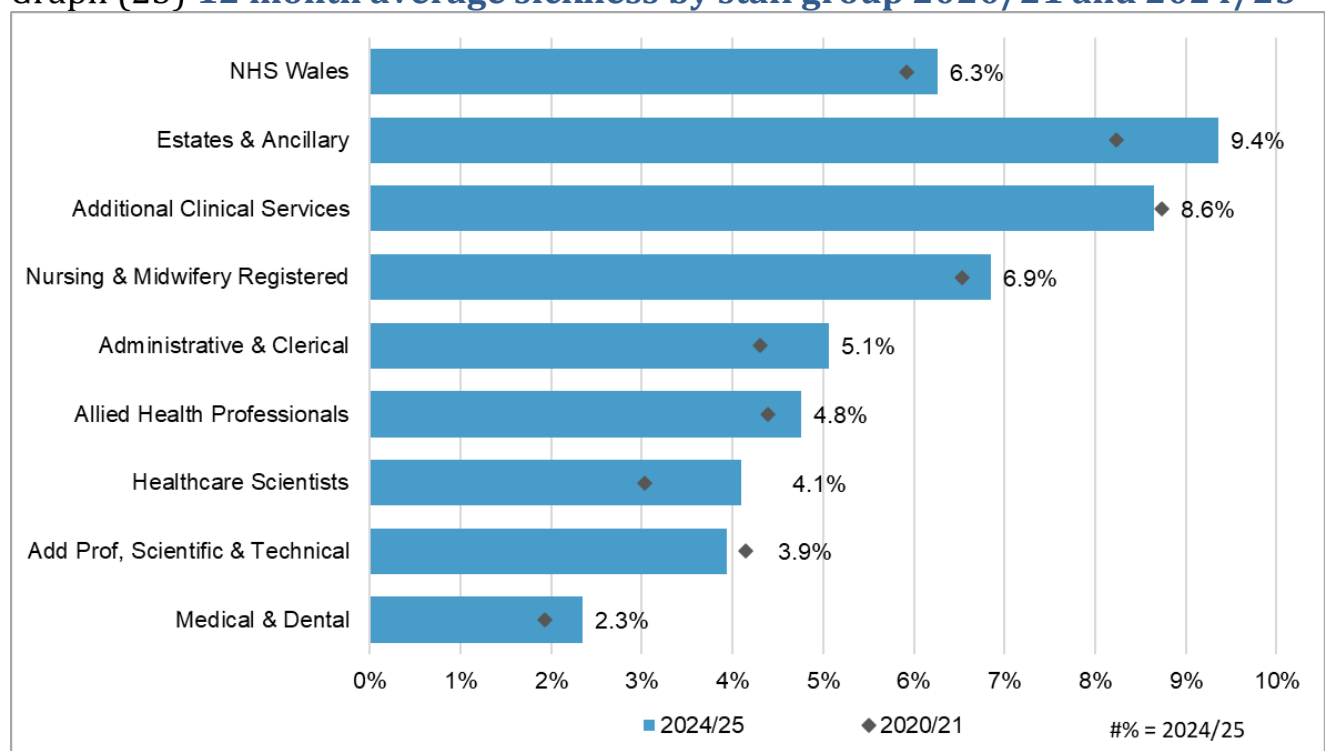
6.2 Sickness by staff group

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

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

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

Graph (23) **12 month average sickness by staff group 2020/21 and 2024/25**



Data source: ESR DW

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

6.3 Reasons for sickness absence

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

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

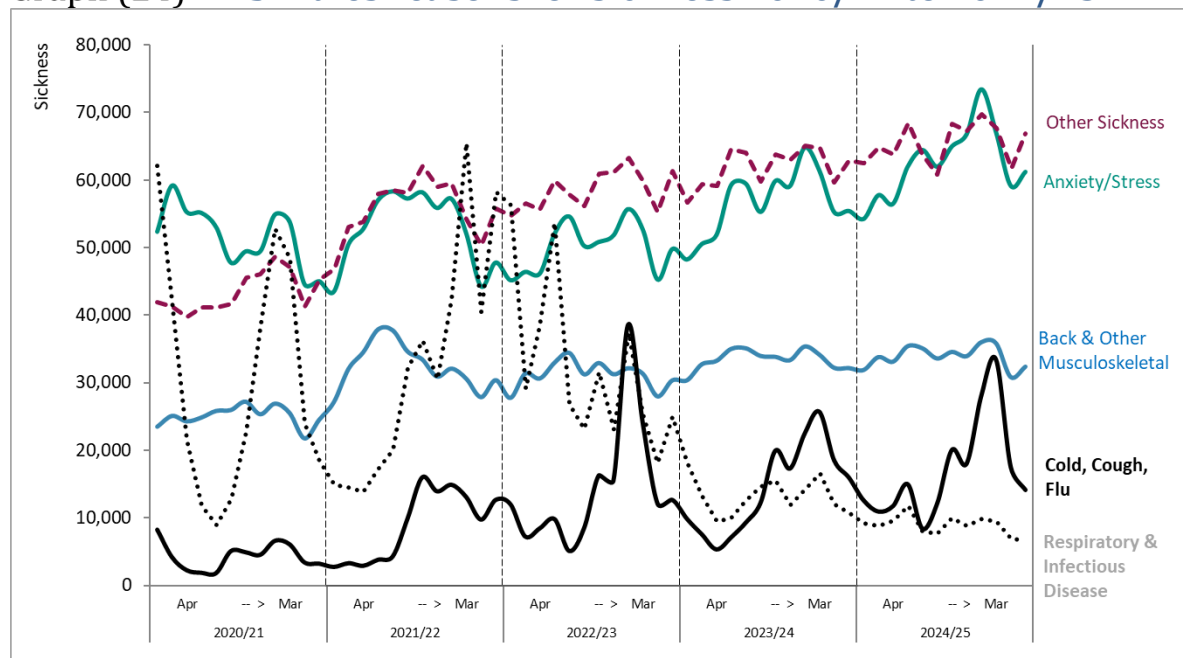
Musculoskeletal issues, particularly back and other conditions, have remained consistently high across the period.

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

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

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

Graph (24) **NHS Wales reasons for sickness 2020/21 to 2024/25**



Data source: ESR DW

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

NHS Wales Workforce Trends (March 2025)

6.4 Reasons for sickness by staff group

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

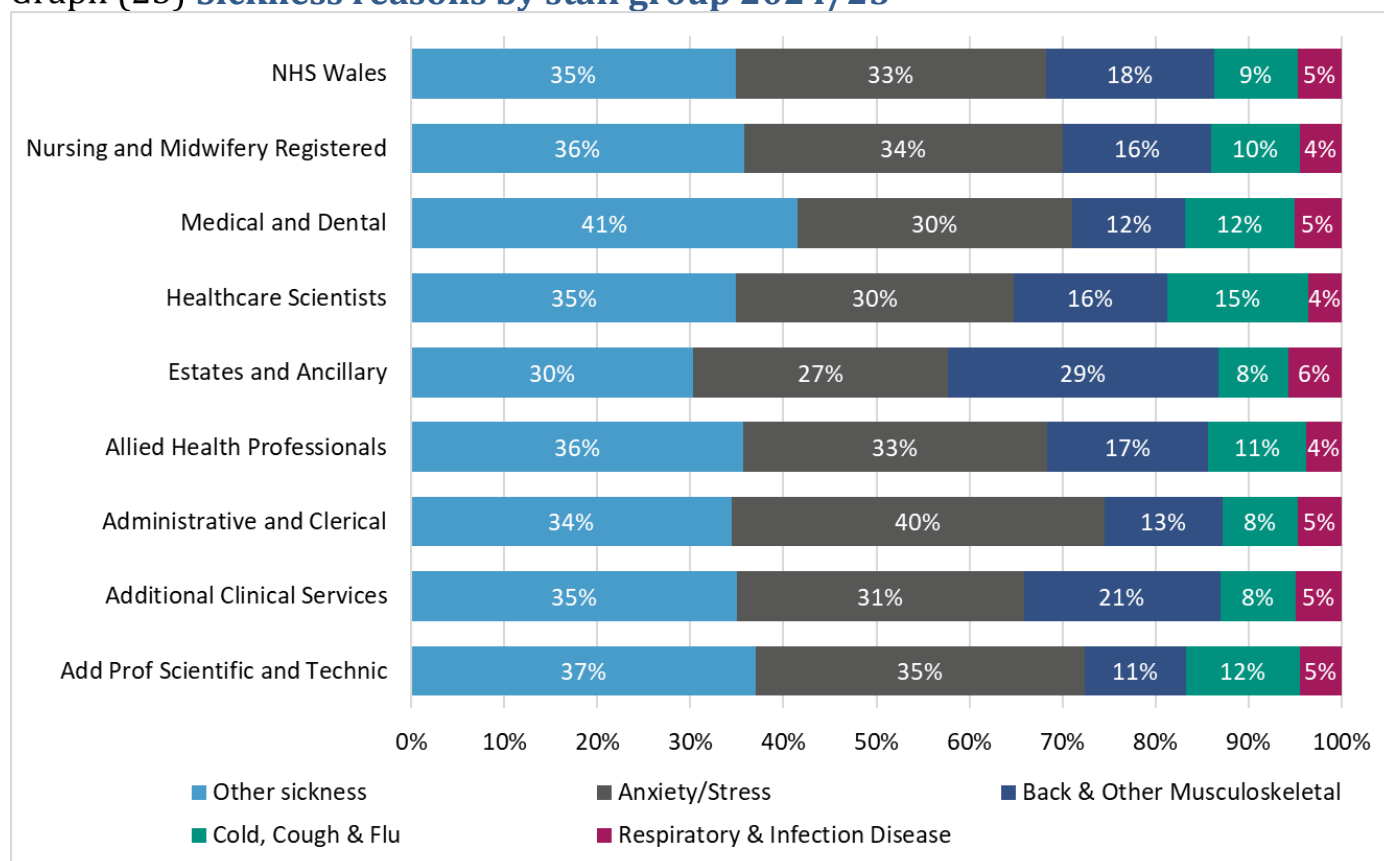
‘Other sickness’ accounts for 35% of all absences across NHS Wales. This ranged from 30% in Estates and Ancillary to 41% in Medical and Dental.

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

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

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

Graph (25) **Sickness reasons by staff group 2024/25**



Data source: ESR DW

7. Overseas and non-overseas nursing workforce movements

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

7.1 Annual overview of overseas and non-overseas Nurses in NHS Wales (2015 to 2024)

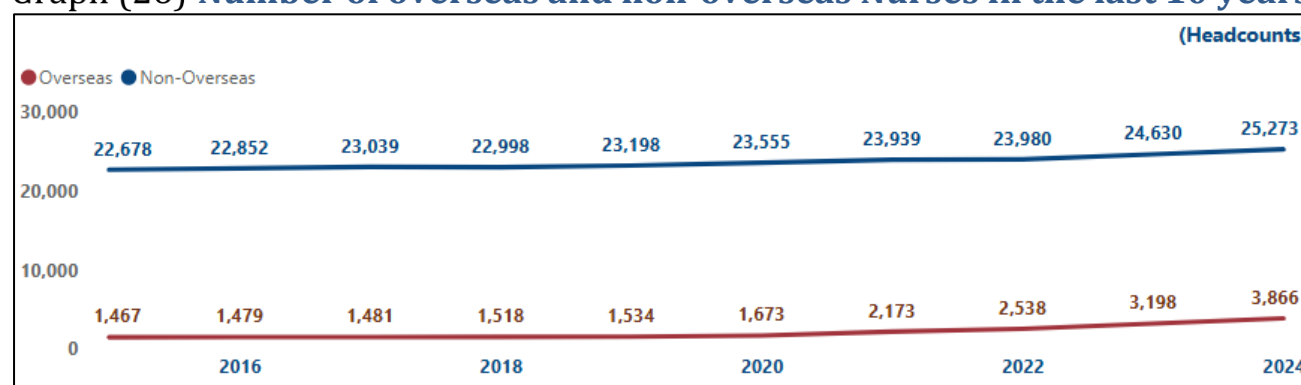
This graph shows the headcount of nursing staff in NHS Wales over a ten-year period, split between those who trained overseas and those who trained within the UK (non-overseas). The blue line represents non-overseas nurses, while the red line shows overseas-trained staff.

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

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

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

Graph (26) **Number of overseas and non-overseas Nurses in the last 10 years**



Data source: ESR DW

7.2 Number of new starters of overseas and non-overseas Nurses in NHS Wales

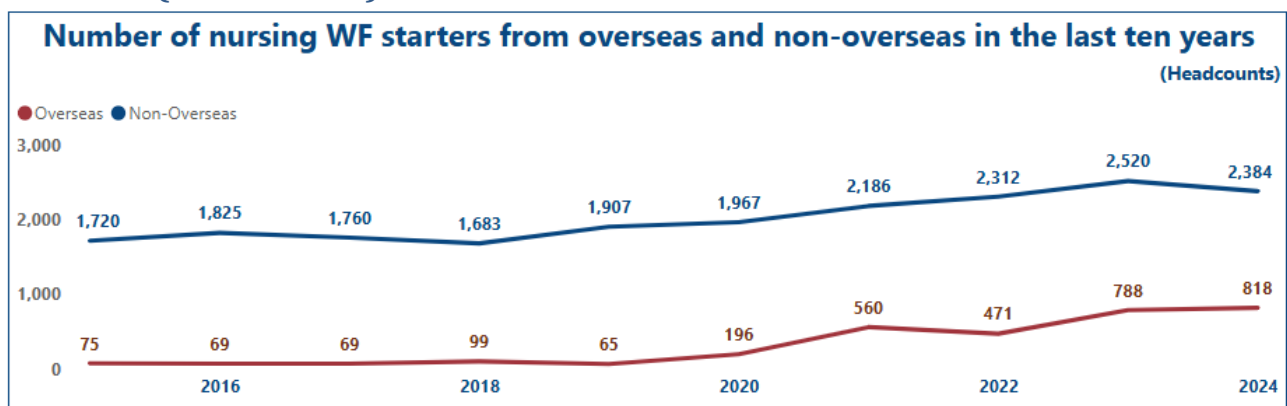
This graph displays the number of new nursing workforce starters in NHS Wales each year over the last decade, split by whether they trained overseas (red line) or in the UK (blue line).

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

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

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

Graph (27) **Number of Nursing workforce starters from overseas and non-overseas (2015–2024)**



Data source: ESR DW

7.3 Nurse vacancy figures

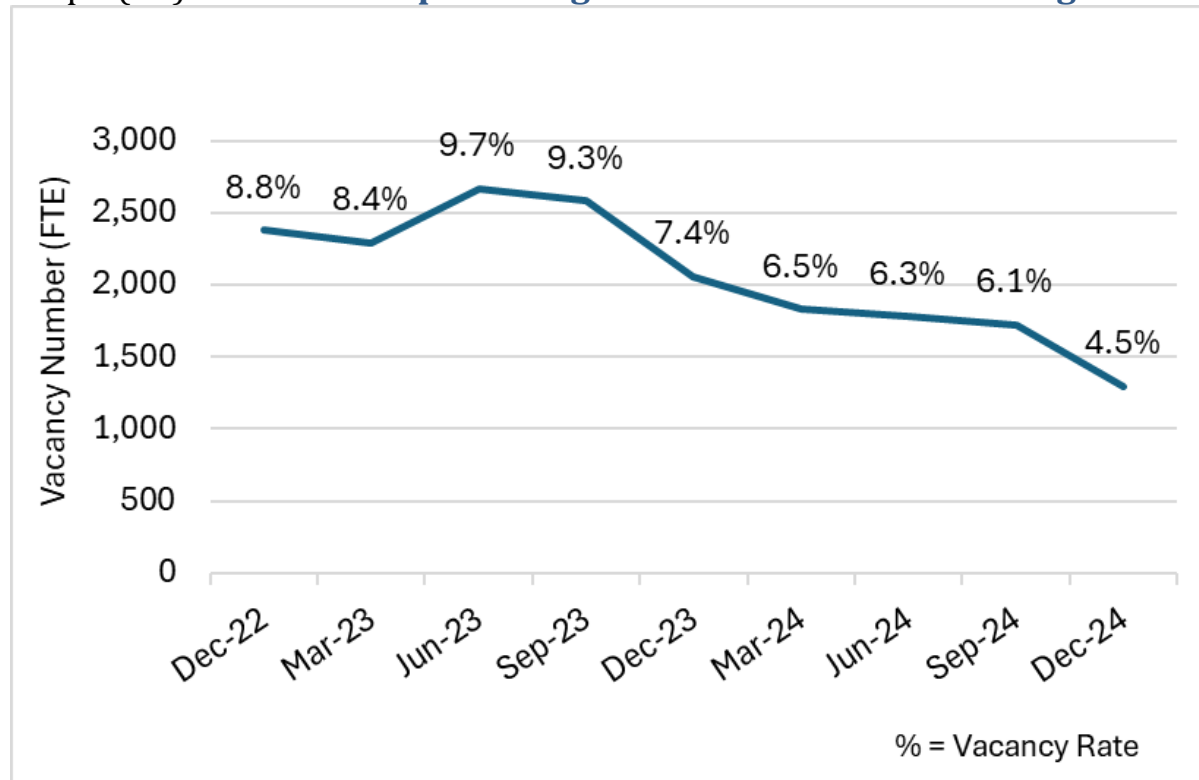
This graph tracks both the number of nursing vacancies (y-axis) and the corresponding vacancy rate (%) across NHS Wales over a two-year period.

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

This decline in vacancies coincides with the notable rise in international nursing recruitment shown in the previous charts. Between 2022 and 2024, the number of overseas nursing workforce starters rose significantly (from 471 to 818), while the overall overseas nursing workforce grew from 2,538 to 3,866.

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

Graph (28) **Number and percentage of vacancies in the Nursing workforce**



Data source: WG StatsWales

7.4 Overseas adult Nursing commissioning

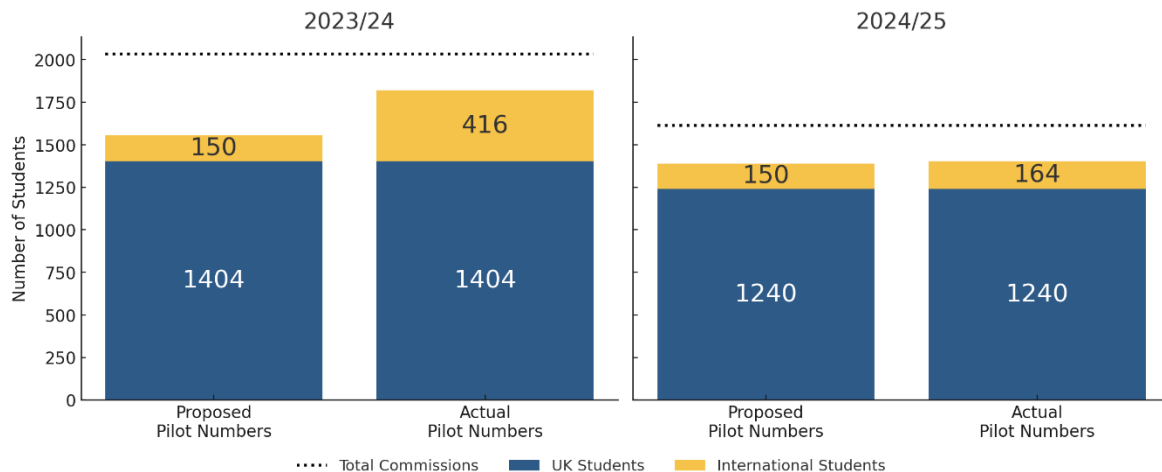
This graph shows the number of adult nursing students in Wales who filled commissioned education places, split by UK and international students, for the academic years 2023/24 and 2024/25.

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

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

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

Graph (29) **Adult Nursing commissioned places filled 2023-2025**



Data Source: HEIW DW

8. NHS Wales workforce performance measures

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

8.1 Annual appraisal compliance

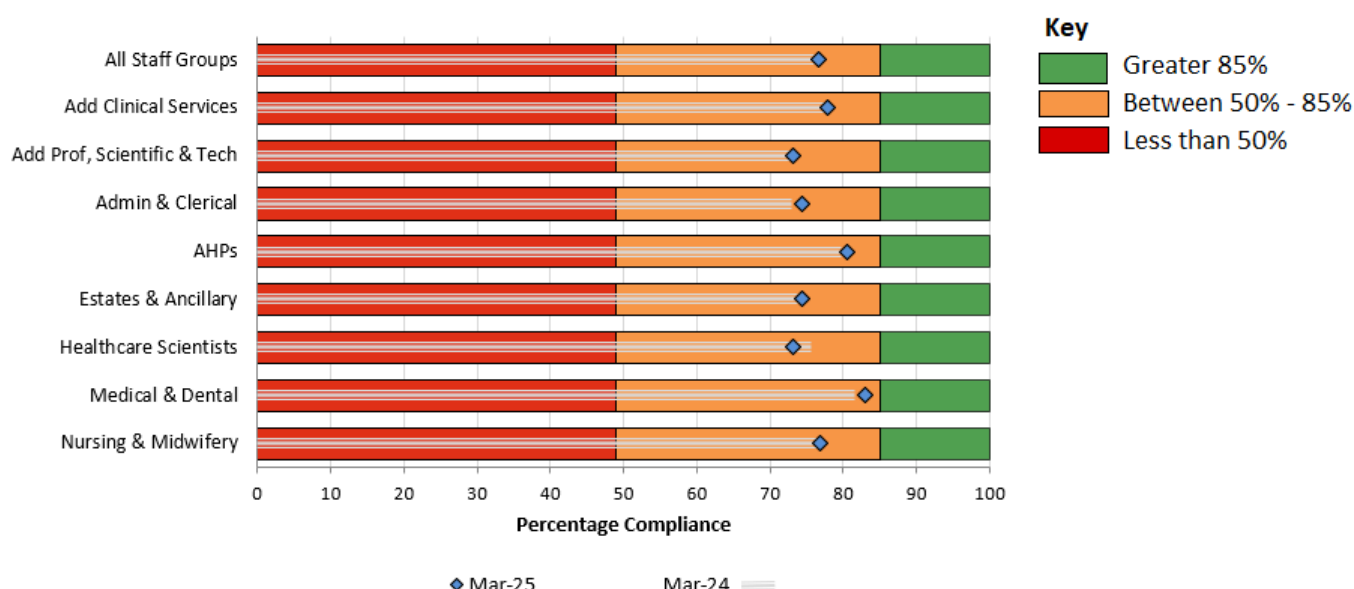
Appraisal Rates are based on the percentage of headcount of staff who have had a PADR/Medical Appraisal in the previous 12-month period - excluding doctors and dentists in training.

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

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

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

Graph (30) **Appraisal compliance by staff group - March 2024 and March 2025**



Data source: NHS Wales Performance Dashboard March 2025

8.2 Statutory and mandatory training compliance

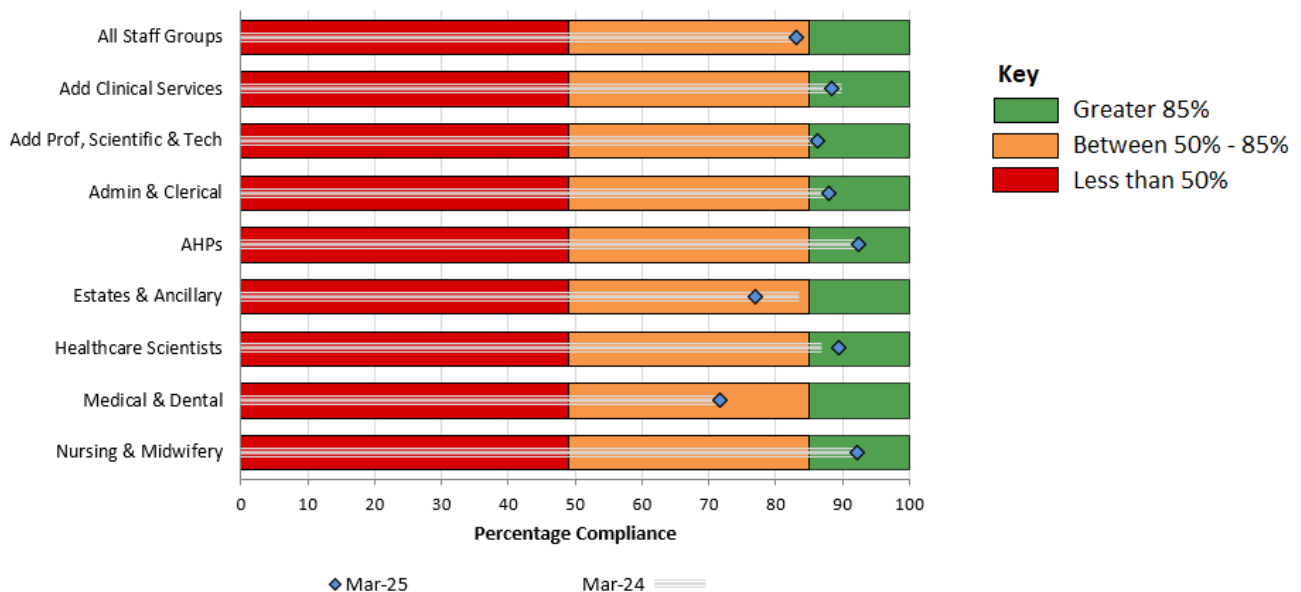
NHS Wales organisations by law need to ensure that all employees undertake statutory and mandatory training. There are 10 agreed Level 1 competencies within the Core Skills and Training Framework (CSTF). See Appendix 1, Table 3 for a breakdown of modules included in the CSTF.

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

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

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

Graph (31) **Statutory and mandatory compliance by staff group - March 2024 and March 2025**



Data source: NHS Wales Performance Dashboard March 2025

9. Current NHS Wales workforce profile

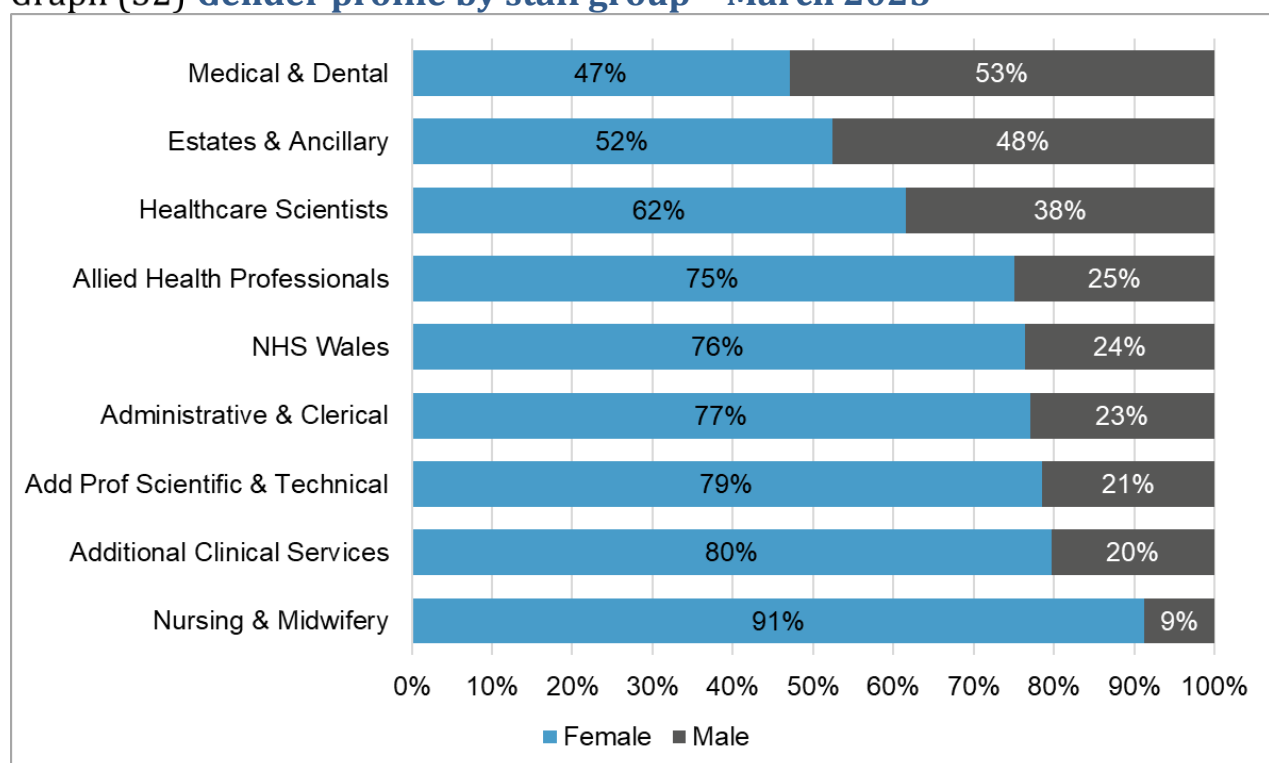
Based on NHS Contracted staff in post as of March 2025, this section looks at Gender, Nationality, Welsh Language Skills, Ethnicity, Disability and Sexual Orientation.

9.1 Gender by staff group

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

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

Graph (32) **Gender profile by staff group – March 2025**



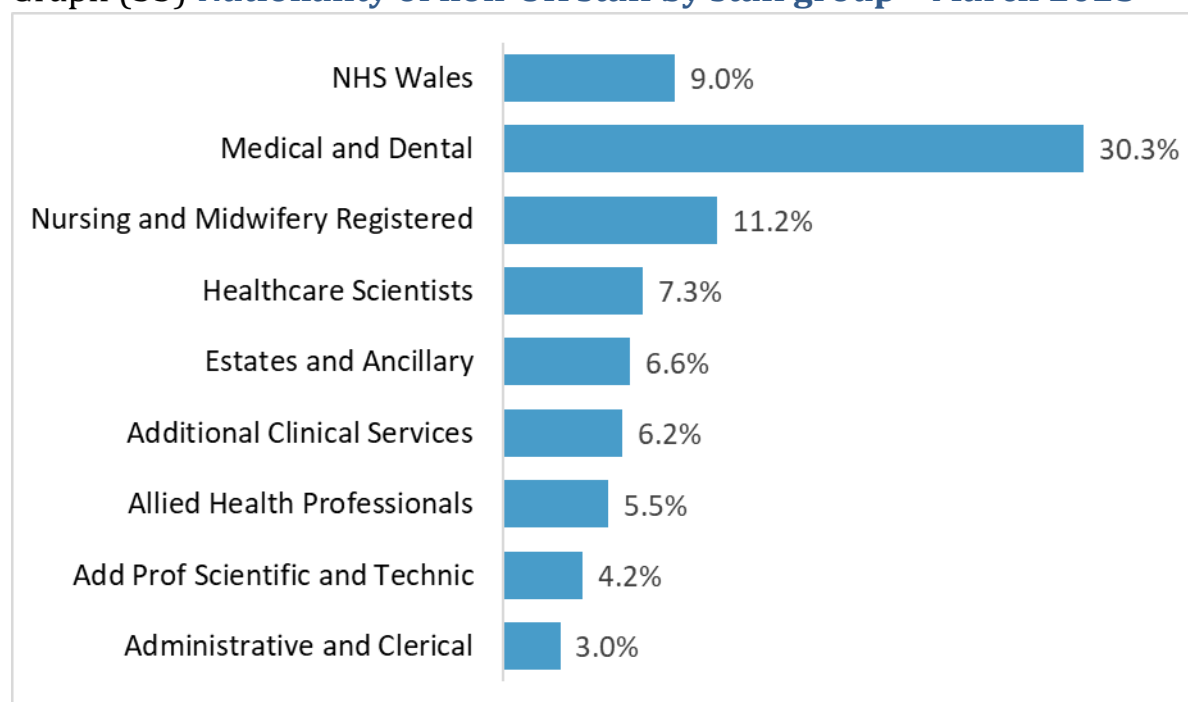
Data source: ESR DW

9.2 Nationality / International Staff

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

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

Graph (33) **Nationality of non-UK staff by staff group - March 2025**



Data source: ESR DW

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

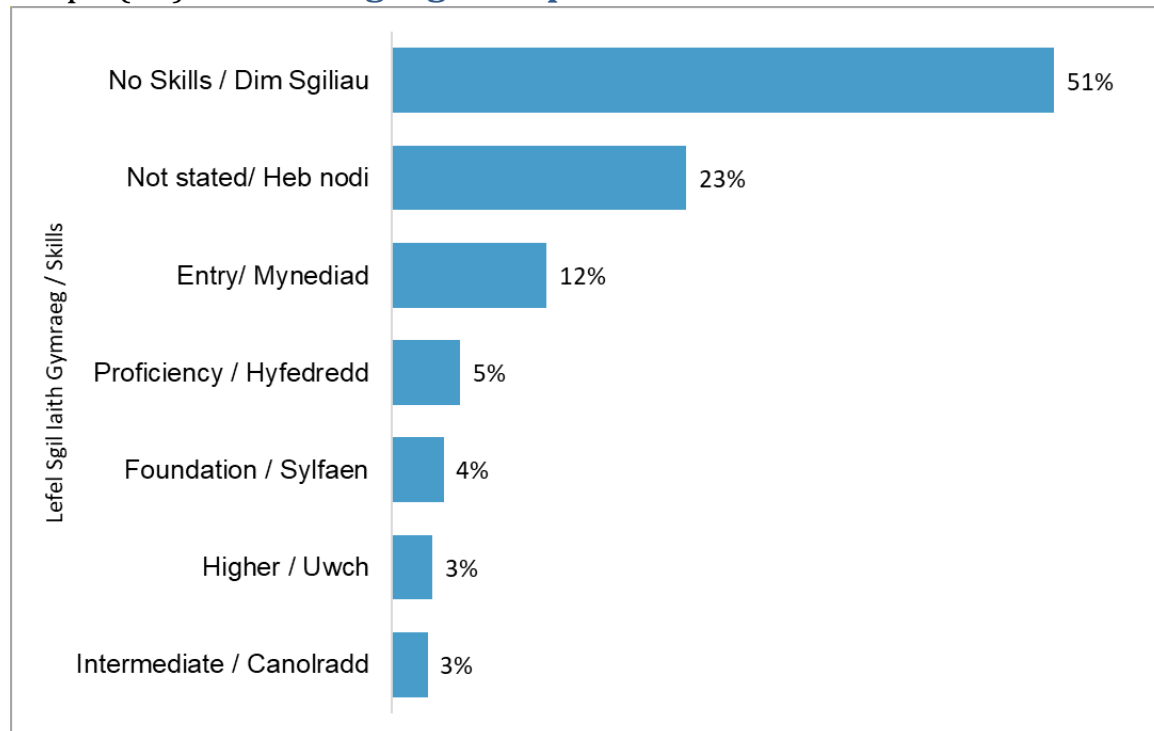
9.3 Welsh language skills

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

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

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

Graph (34) **Welsh language competence - March 2025**



Data source: ESR DW

9.4 Ethnicity by staff group

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

Ethnic categories are based on the definitions specified in the NHS Data Dictionary². Staff are required to enter their Ethnicity into the ESR system as part of the Equalities data collection.

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

The highest levels of ethnic diversity are seen in the Medical and Dental workforce, where just 47.7% identify as White. Over one-fifth (22.4%) identify as Asian or Asian British, 4.8% as Black/African/Caribbean/Black British, and 6.2% as Other ethnic groups. This reflects the international composition of the medical workforce and highlights its critical contribution to NHS Wales.

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

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

Table 1. Ethnicity percentage by staff group – March 2025

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

Data source: ESR DW

² Based on NHS Data Dictionary -

https://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp

9.5 Disability by staff group

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

As of March 2025, 6.2% of NHS Wales staff have declared a disability. However, disclosure rates vary significantly across staff groups, and 15.6% of staff have either not disclosed or not stated their status.

The highest levels of disability declaration are found among Allied Health Professionals (8.2%) and Administrative & Clerical staff (7.9%).

Medical & Dental staff report the lowest declaration rate at just 2.5%, with 23% not disclosing their status. This pattern may reflect cultural, professional, or data quality factors that limit self-reporting in this group.

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

Table 2. **Disability percentage by staff group – March 2025**

Staff Group	Yes	No	Not Disclosed / Not Stated
Allied Health Professionals	8.2%	81.0%	10.8%
Administrative & Clerical	7.9%	80.0%	12.1%
Add Prof Scientific & Technical	6.9%	84.1%	9.0%
Healthcare Scientists	6.5%	78.1%	15.4%
Additional Clinical Services	6.2%	79.0%	14.8%
Nursing & Midwifery	5.8%	79.2%	14.9%
Estates & Ancillary	5.2%	65.7%	29.2%
Medical & Dental	2.5%	74.5%	23.0%
NHS Wales	6.2%	78.1%	15.6%

Data source: ESR DW

9.6 Sexual orientation by staff group

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

Most staff within NHS Wales, 78% have recorded their sexual orientation as heterosexual or straight, 18.4% have not disclosed or not stated their sexual orientation. Medical and Dental staff group has the highest percentage of staff that have 'Not Disclosed/Not Stated' at 34.1%.

Table 3. Sexual orientation percentage by staff group – March 2025

Sexual Orientation	Heterosexual or Straight	Gay or Lesbian	Bisexual	Other sexual orientation not listed	Undecided	Not Disclosed /Not Stated
Add Prof Scientific & Technical	82.6%	2.9%	1.6%	0.4%	0.2%	12.3%
Additional Clinical Services	79.5%	2.3%	1.5%	0.2%	0.2%	16.4%
Administrative & Clerical	82.1%	2.1%	1.3%	0.2%	0.2%	14.2%
Allied Health Professionals	82.3%	2.3%	1.8%	0.2%	0.2%	13.2%
Estates & Ancillary	66.6%	1.2%	0.6%	0.2%	0.2%	31.3%
Healthcare Scientists	77.3%	2.8%	1.6%	0.3%	0.5%	17.6%
Medical & Dental	62.7%	1.5%	1.4%	0.1%	0.1%	34.1%
Nursing & Midwifery	80.1%	1.8%	1.2%	0.1%	0.1%	16.6%
NHS Wales	78.0%	2.0%	1.3%	0.2%	0.2%	18.4%

Data source: ESR DW

Appendix 1

Table 1. **Contracted FTE by staff group – March 2020 and March 2025**

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

Data source: ESR DW

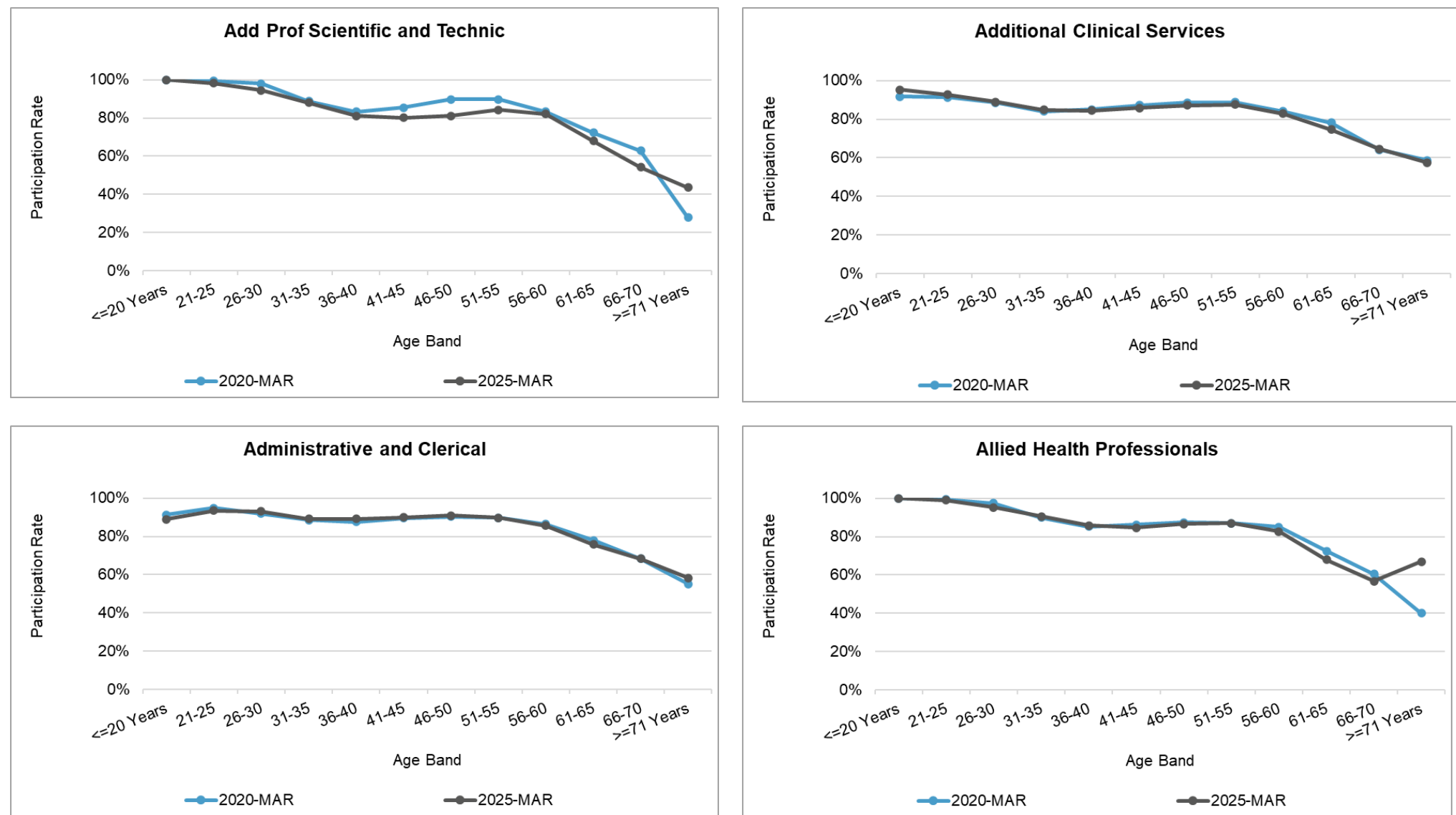
Table 2 - Welsh language Definitions

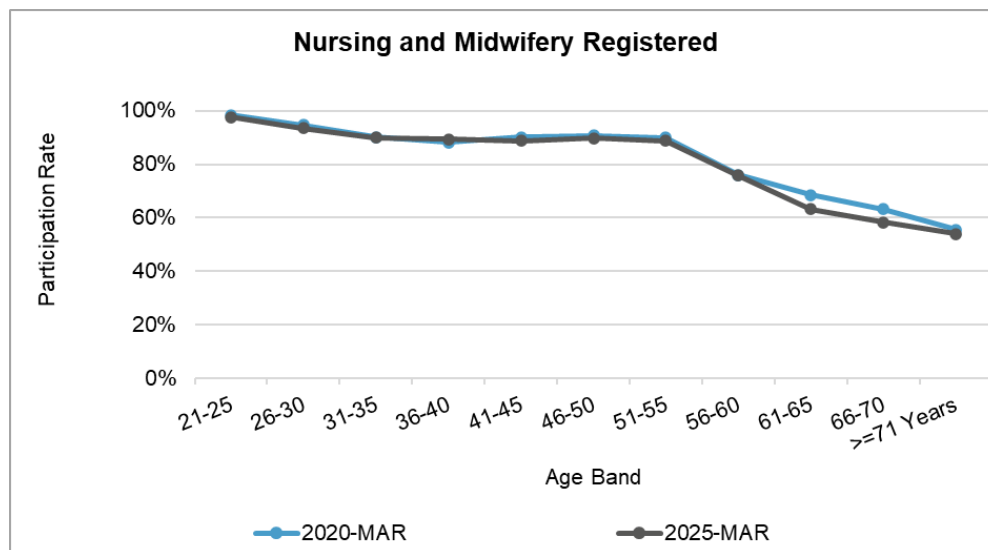
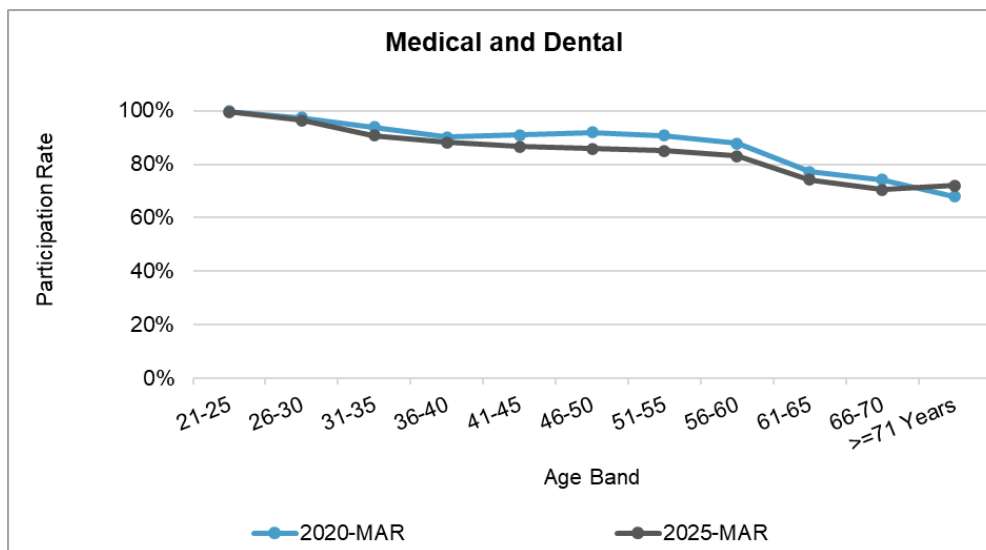
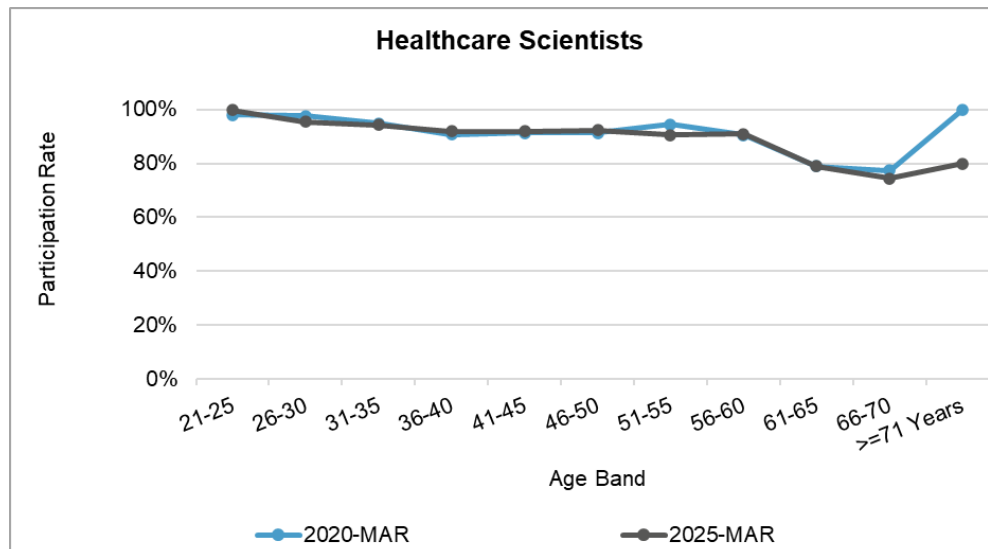
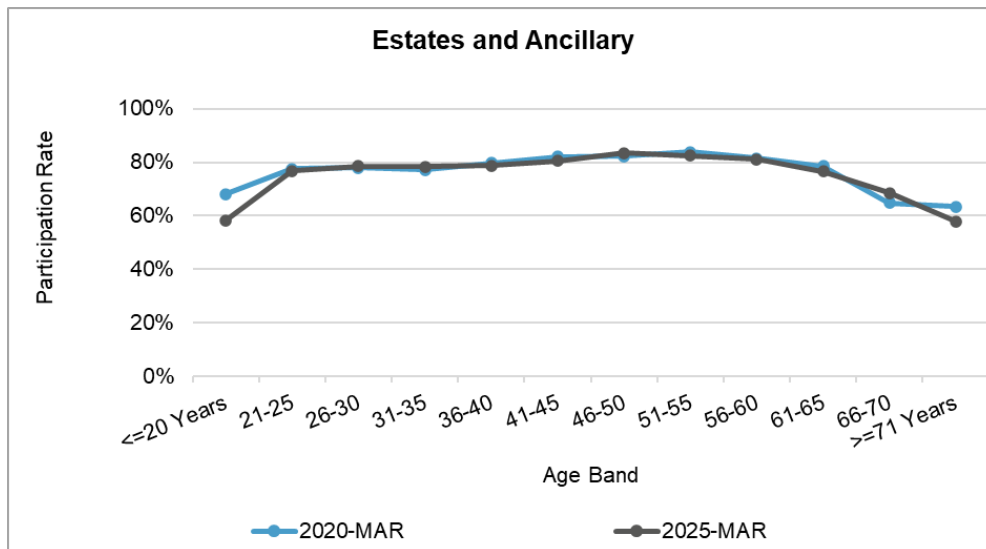
Welsh Language Skill Level	Definition
No Skills / Dim Sgiliau	I cannot understand or speak any Welsh
Entry/ Mynediad	I can: Pronounce Welsh words, people's names, place names etc. Greet and understand a greeting Understand and use basic everyday words and phrases e.g. thank you, please, excuse me, may 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

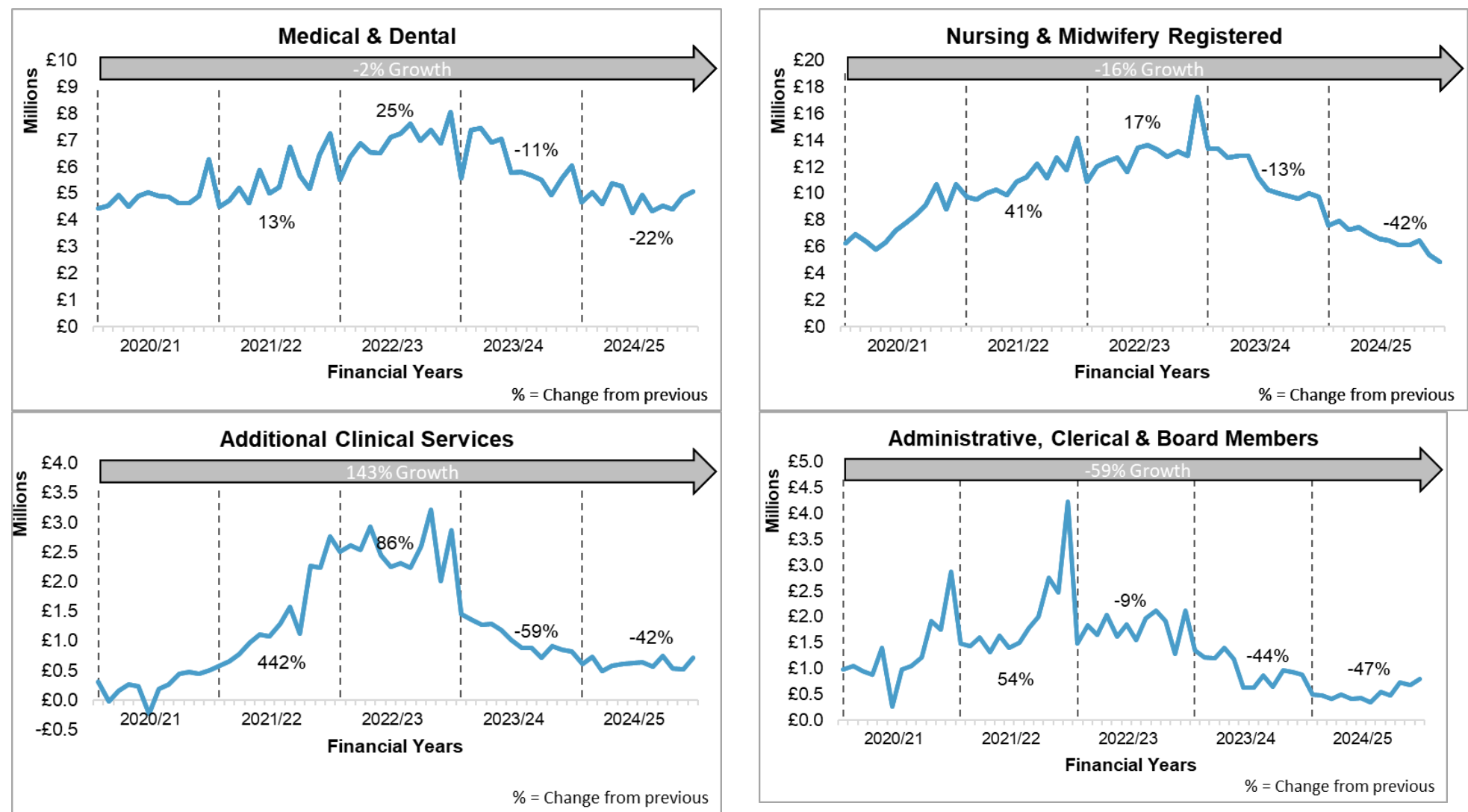
Core Skills and Training Framework	
1	Equality, Diversity & Human Rights (Treat me Fairly)
2	Fire Safety
3	Health, Safety & Welfare
4	Infection Prevention & Control
5	Information Governance (Wales)
6	Moving and Handling
7	Resuscitation
8	Safeguarding Adults
9	Safeguarding Children
10	Violence & Aggression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

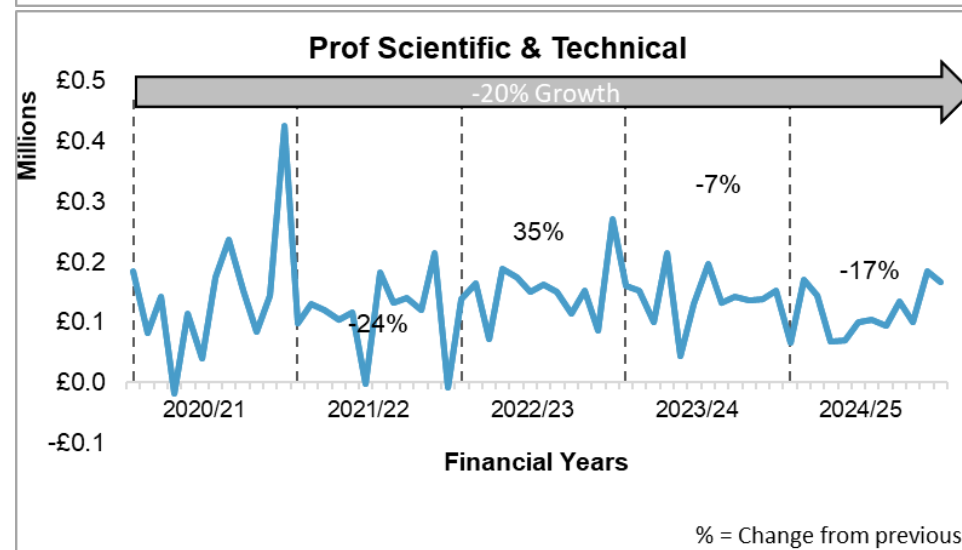
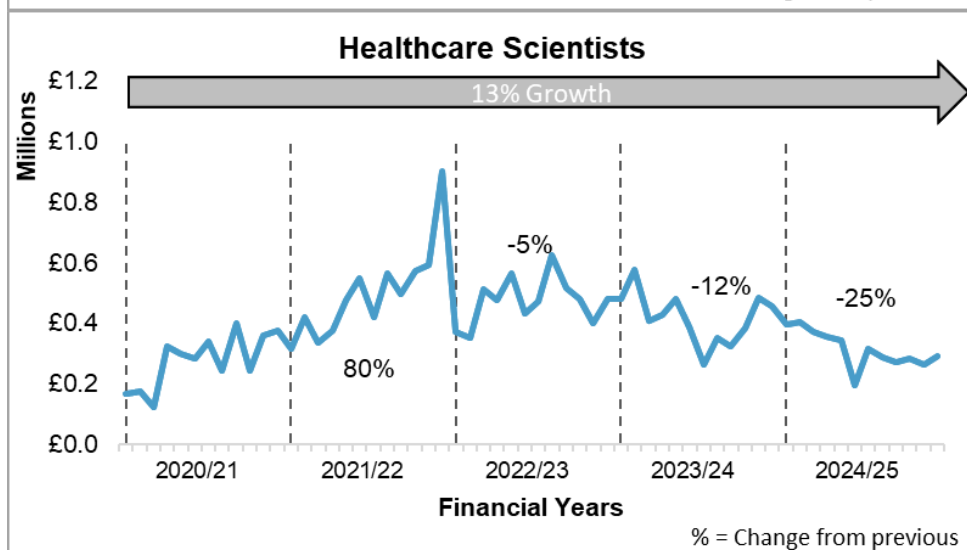
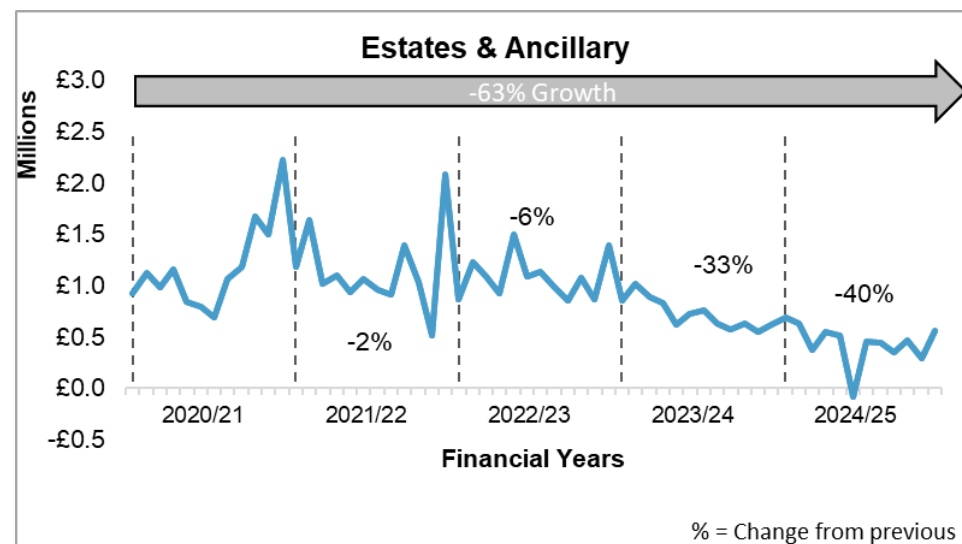
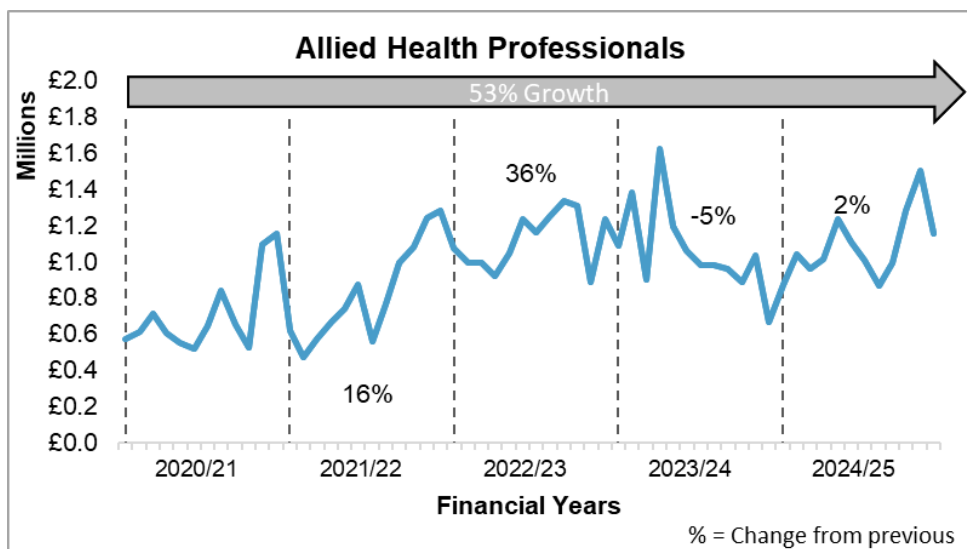
Graph (1) Participation rate by staff group –2020 and 2025
Data source: ESR DW



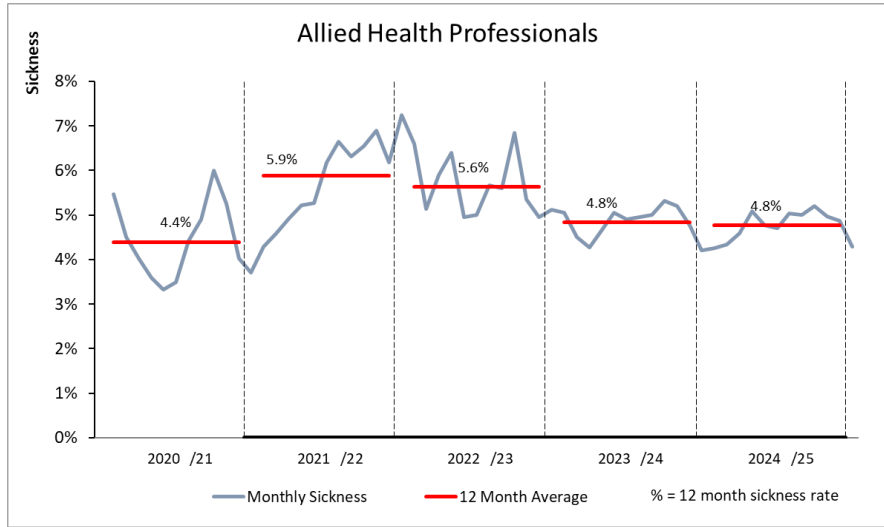
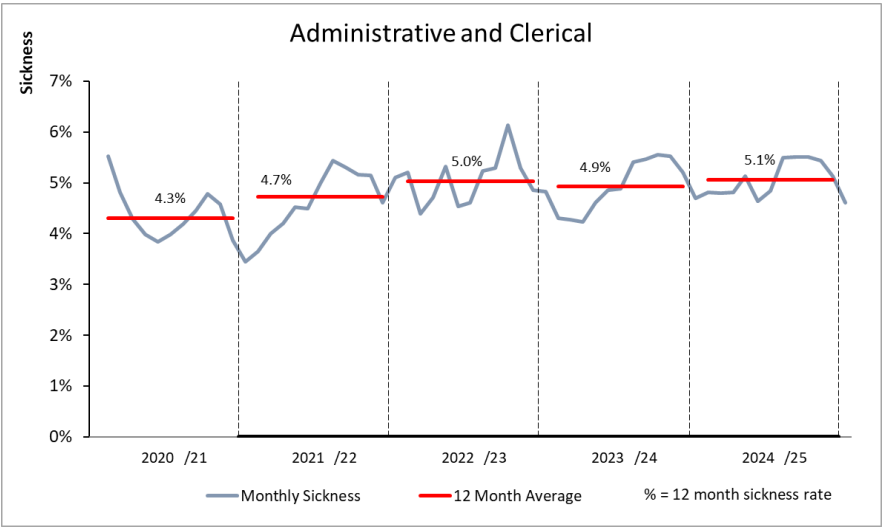
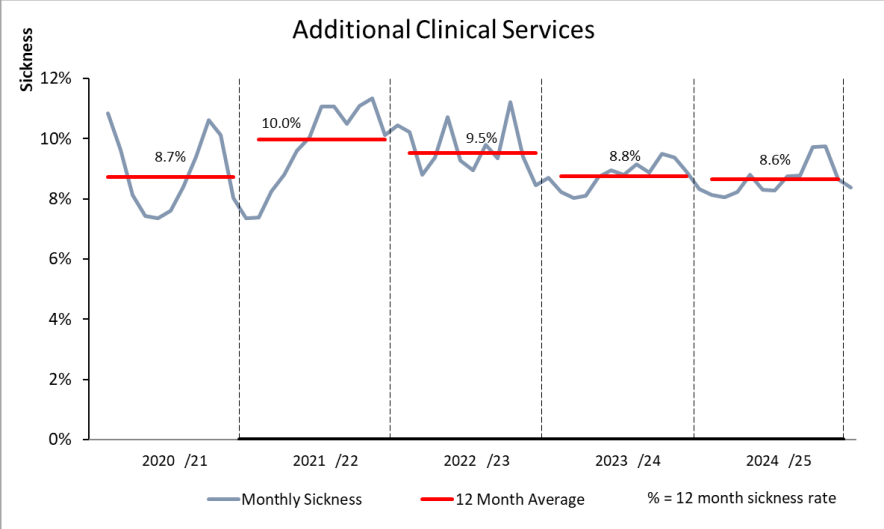
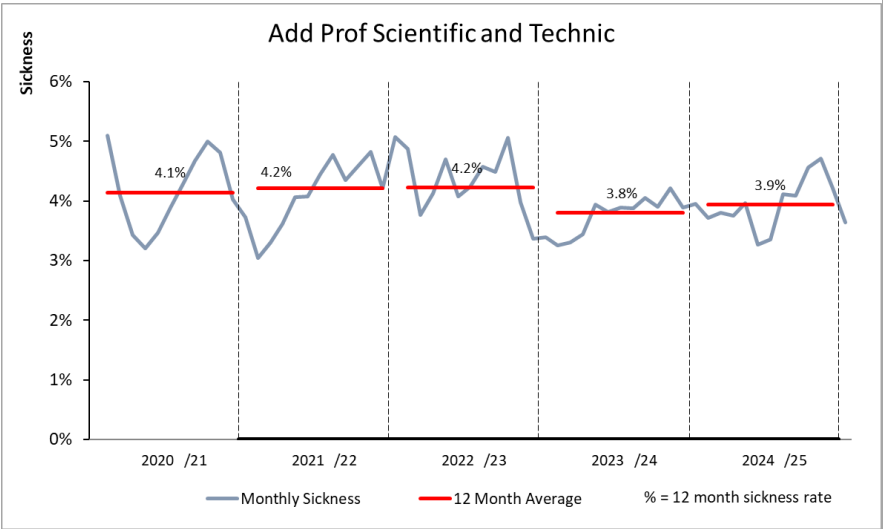


Graph (2) Agency pay by staff group – Financial years 2020/21 to 2024/25
Data source: NHS Wales Financial Monitoring returns





Graph (3) Sickness by staff group – Financial years 2020/21 to 2024/25
Data source: ESR DW



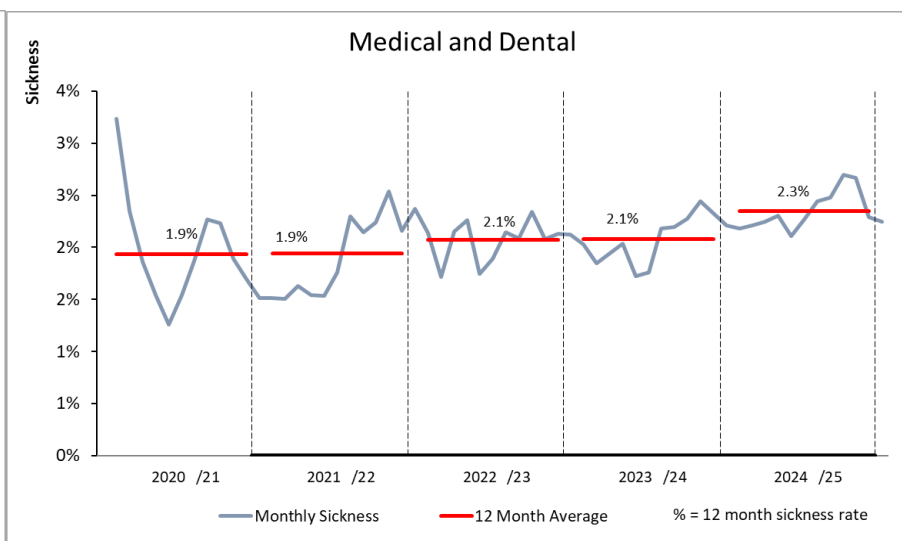
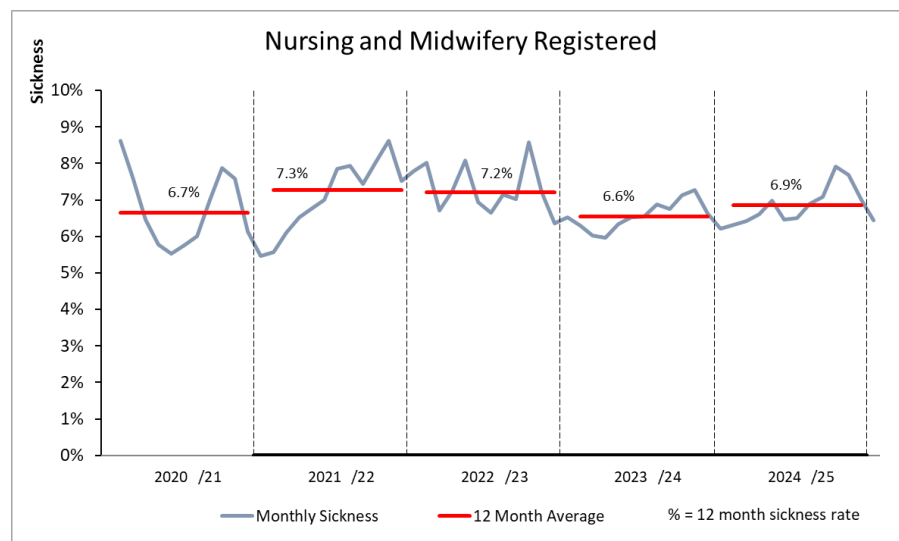
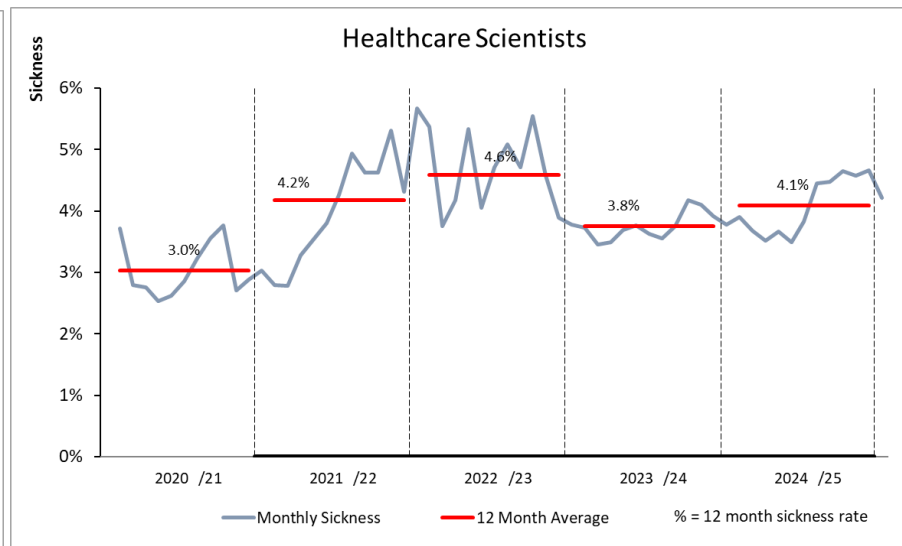
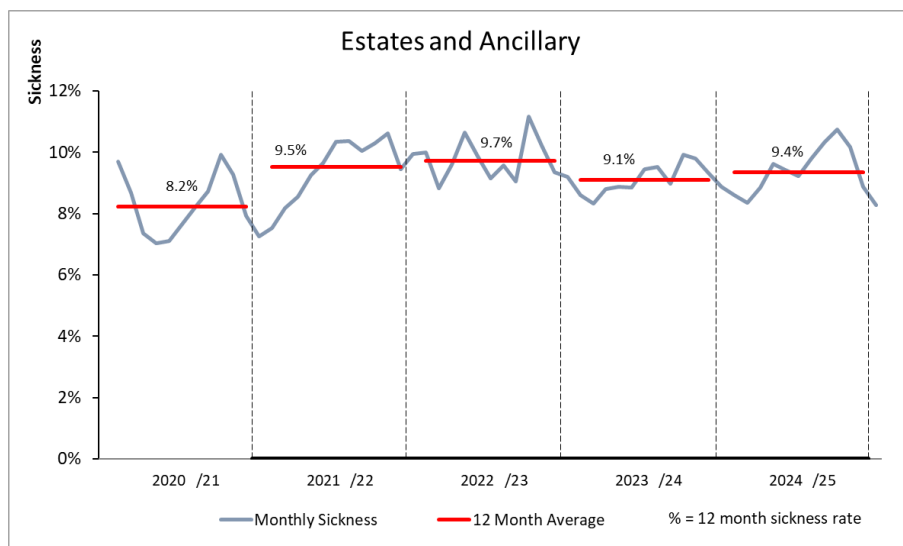


Table 4 – Summary sickness reasons

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

Sickness Reasons	Workforce Trends Summary
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