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Shared Services  
Partnership  
Workforce, Education and Development Services

# **NHS Wales' Workforce Trends (as at 31<sup>st</sup> March 2017)**

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## 1. Summary

The purpose of this report is to summarise the high level trends relating to the NHS Wales workforce.

National changes recently introduced and implemented across NHS Wales have had an effect on how the workforce is coded. As a result of these changes, and to ensure data is accurately reported, where applicable, new reports have been run.

A number of data sources have been used which span different time periods depending on the availability of data, namely:

- Stats Wales: 2000 – 2009
- ESR Data Warehouse (ESR DW): 2007 - 2017
- WEDS Agency & Locum Tool (data source: WG Finance Department): 2011 – 2017
- Performance Measures Dashboard (data source: NHS Wales Organisations): March 2016 – March 2017

### 1.1. Staff in Post

#### Historic profile

The workforce has changed significantly over the past seventeen years. Between 2000 and 2006 NHS Wales' workforce increased by 27% from 55,675 to 70,619. From 2006 to date the increase in the workforce has been less dramatic. In 2010/11 the NHS Wales' workforce reduced overall staffing numbers and this reduction continued until 2012/13. Since 2013/14 however, NHS Wales staffing numbers have again steadily increased. The overall workforce has grown by 7.2% (5,219 FTE) over the last four years, with the majority of this increase (4,071 FTE) occurring in the last two years.

#### Changes in FTE profile between 2011 and 2017

Comparing the contracted FTE for 2011 to 2017 shows that the majority of staff groups have seen increases in their workforce whilst the overall distribution of staff remains the same. The only staff groups to have seen a reduction in FTE between the two periods are Healthcare Scientists and Estates & Ancillary, with reductions of 7% and 5% respectively. Increases can be seen across all other staff groups with the Nursing & Midwifery workforce having the lowest percentage increase (4%). The Medical workforce has grown by 10% with increases occurring across all grade groups.

## **1.2. Cost of the workforce**

### **Total pay**

The cost of the workforce for 2016/17 was circa £3.5 billion. Over the past six years the pay bill has been increasing annually due to the continued workforce growth, the cost of national pay awards, the introduction of the Living Wage, increases in agency pay and incremental drift.

Between 2011/12 and 2013/14 the monthly reported variance in total pay remained relatively stable with payments each month being around the same as the previous month. In the last three years the reported monthly spend has fluctuated more month on month with 2015/16 being the most variable year.

In 2016/17 the total pay bill increased 6.4% from the previous year. This is the biggest jump in annual spending in the last six years. Some of this increase can be explained by the increasing size of the workforce and also the continued cost of Agency and Locum spend.

### **Agency and Locum spend**

There has been a dramatic increase in Agency and Locum spend over the last three financial years.

- In 2014/15 spend increased by 78% from £49 million to £88 million
- In 2015/16 spend increased again to £135 million, 54% increase from the previous year.
- In 2016/17 spend reached £164 million, 21.5% increase from the previous year.

The cost of Locum and Agency spend in 2016/17 accounts for 4.7% of the total pay compared to the previous year which was 4.1%.

In 2016/17, 80% of Agency and Locum spend was attributed to two staff groups; Medical & Dental (47%) and Nursing & Midwifery (33%). The total Nursing & Midwifery spend for 2016/17 is £54 million, an increase of 17% from 2015/16. Medical spend has increased during 2016/17, with spend reaching £77 million, an increase of 25% on 2015/16.

### **1.3. Sickness**

#### **Sickness trends**

The 12 month sickness absence rate for 2016/17 has shown a slight overall reduction compared to the previous 12 months, reducing from 5.2% to 5.1%. In 2016/17 the seasonal sickness peaks and troughs resemble those seen in 2014/15 and the 'flattening' out of sickness absence seen during 2015/16 is no longer evident. The overall sickness rate reduction coincides with the implementation of new policy guidance in relation to the payment of enhancements during sickness introduced in January 15 and the NHS Wales drive to improve staff well-being.

#### **Sickness reasons**

Further investigation into the reasons for sickness absence has shown that since 2013/14 Anxiety/Stress and Back & Other Musculoskeletal reasons have been increasing year on year and have been following very similar patterns. However, from mid-way through 2016/17 absence due to Anxiety/Stress continued to increase while absence due to Back & Other Musculoskeletal reasons started to reduce. With regard to Back & Other Musculoskeletal absence, it is noted that there have been well-being initiatives, specifically around the Musculoskeletal 'drop-in' clinics offered by Health & Well-being services throughout NHS Wales.

#### **Sickness by age**

There is a clear correlation between pay band and age and sickness absence rates. The highest percentage of sickness absence occurs in staff who are the oldest and who have the lowest pay band. Proportionally more NHS staff suffer from Musculoskeletal conditions from the age of 50+, while staff aged 55-60 appear to be more stressed. Given the aging NHS workforce, without any intervention, it is likely that the percentage of sickness absence for Anxiety/Stress and Musculoskeletal would increase.

## **1.4. Performance Dashboard**

### **Annual Appraisal Compliance**

Appraisal was identified in research undertaken in the NHS by Professor Michael West as being closely linked to levels of patient mortality and organisation performance.

- All staff Groups have completed between 50-85 % of appraisals.
- The majority of staff groups have seen an improvement compared to the previous 12 months.
- Improvement in compliance varies across the staff groups.

### **Statutory and Mandatory Training**

By law each of the organisations within NHS Wales need to ensure all employees undertake statutory and mandatory training. Monitoring of the compliance rates held in ESR for the 10 agreed Level 1 competencies within the Core Skills and Training Framework (CSTF) is regularly undertaken to ensure continual progress.

- All staff groups have seen a marked improvement compared to the previous 12 months.
- Healthcare Scientists have made the biggest improvement.
- Allied Health Professionals are the most compliant while Medical & Dental are the least compliant.

### **Staff Survey Engagement Index**

The Staff Engagement Index measures the staff engagement with their jobs and day-to-day work. It is based on the staff survey questions and looks at intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation.

- Staff Engagement has increase from 55% in 2013 to 62% in 2016.
- Administrative & Clerical are the most engaged staff group.
- Estates & Ancillary are the least engaged staff group.

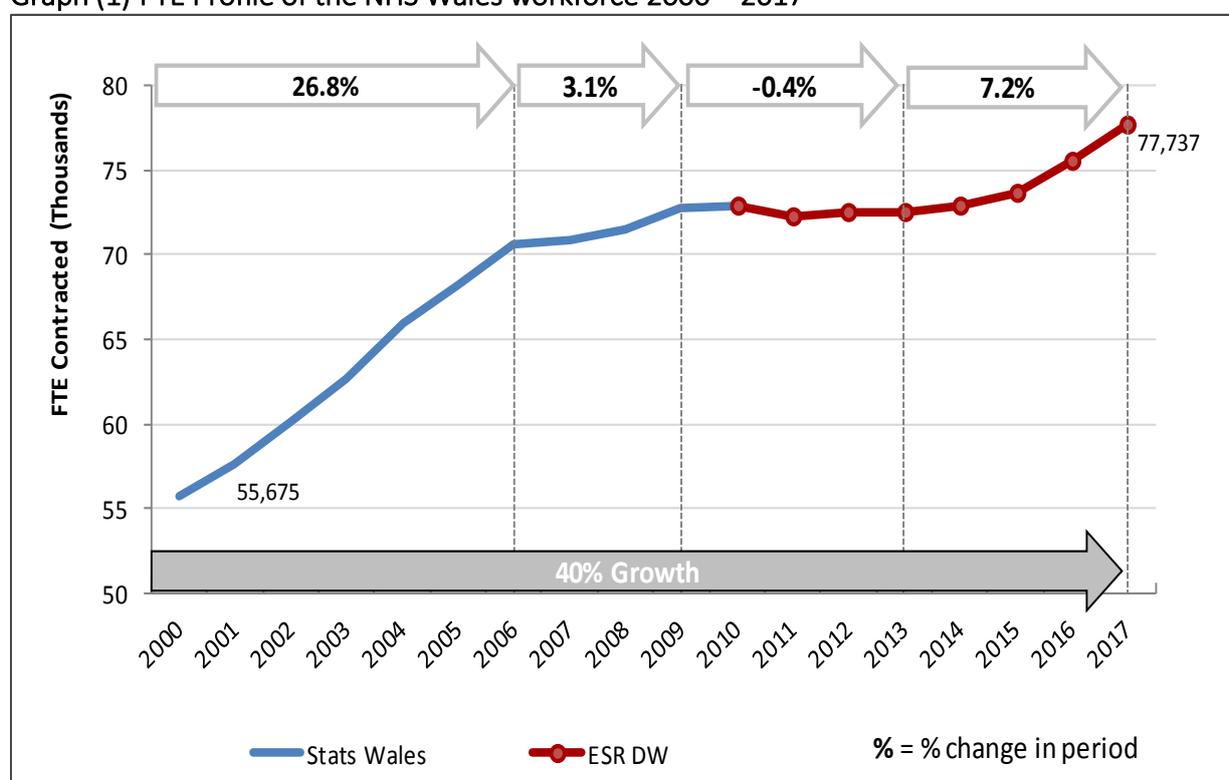
## 2. Size of the workforce

### 2.1. Historic size of the workforce (Stats Wales & ESR DW)

Graph (1) shows the overall workforce numbers in Full Time Equivalents (FTE) and uses data from two sources. From 2000 to 2009 Stats Wales data was used and from 2010 to 2017 ESR Data Warehouse (ESR DW) data was used<sup>1</sup>.

The workforce has changed significantly over the past seventeen years with the highest increase in growth seen between 2000 and 2006. From 2006 to 2014 the workforce remained relatively static however, since 2015 the workforce has increased in size year on year.

Graph (1) FTE Profile of the NHS Wales workforce 2000 – 2017



Data Source: Stats Wales & ESR DW

### Key findings

- Between 2000 and 2006 NHS Wales' workforce increased by 27% from 55,675 to 70,619. This was the result of a large investment in public services.
- Between 2006 and 2009 the workforce continued to grow (3.1%) but the growth was less dramatic.

<sup>1</sup> ESR Data Warehouse - ESR (DW) data is only available from 2010

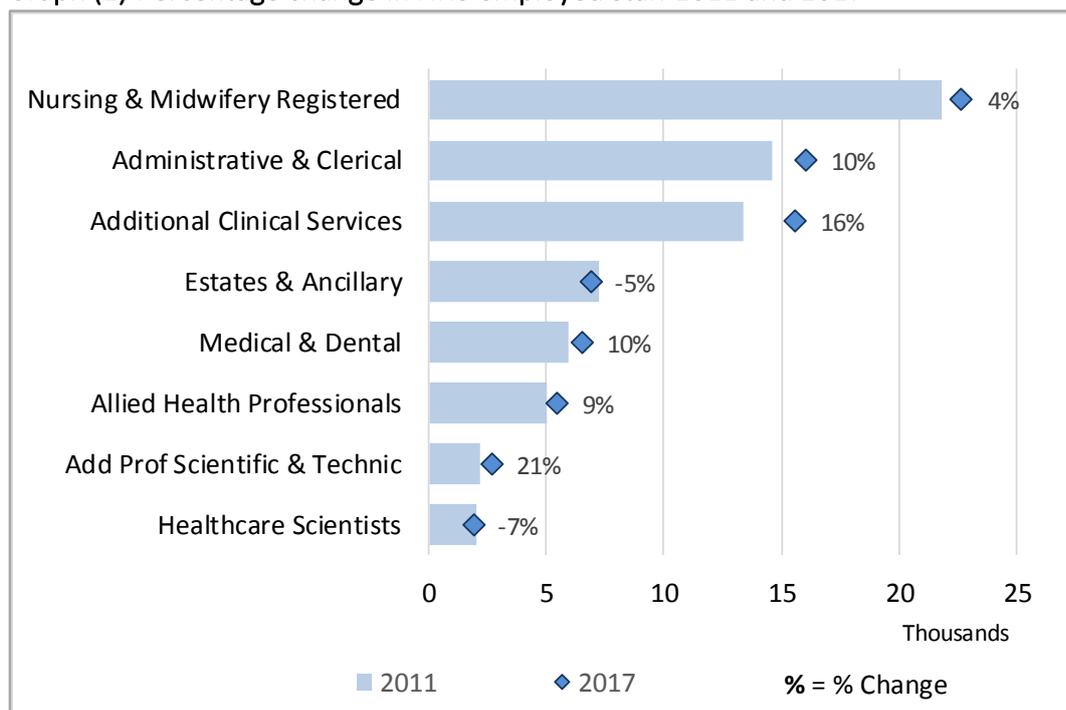
- During the period between 2009 and 2013, the workforce experienced a slight reduction, with a loss of 260 FTE. This reduction was a result of the freeze on recruitment within NHS Wales.
- 2010 to 2011 was the first and only time NHS Wales' workforce has seen a reduction from the previous year, dropping 574 FTE.
- During the last five years the workforce FTE has increased steadily, from 72,518 FTE to 77,737, an overall increase of 5,219 FTE. Over 40% of this increase occurred between March 16 – March 17, when the FTE increased by 2,167 FTE. The workforce has not seen this type of growth since 2006.
- The workforce increased by 2.9% (2,167 FTE) during 2016/17. If the same percentage increase continues then potentially in 2019/20 the workforce could exceed 84,500 FTE.

## 2.2. Workforce change between 2011 and 2017

Graph (2) shows the FTE and percentage change in the different staff groups between 2011 and 2017.

From 2011 to 2017 the workforce has grown by 7.6% and there are now 5,472 FTE more staff. The majority of staff groups have seen an increase in FTE. The only staff groups to have seen a reduction in FTE are Estates & Ancillary and Healthcare Scientists.

Graph (2) Percentage change in NHS employed staff 2011 and 2017



Data source: ESR DW

### Key findings

- The two staff groups that have seen a significant increase in their workforce FTE are Additional Clinical Service who have increased by 2,198 FTE (16%) and Administrative & Clerical by 1,406 FTE (10%).
- The two staff groups with the largest percentage increase are Additional Prof Scientific & Technical (21%) and Additional Clinical Service (16%).
- Despite the focus on Nursing & Midwifery the workforce has seen a modest increase in growth of 4% (860 FTE).
  - Analysis shows between 2011 and 2017 the Nursing workforce grew by 804 FTE (4%) and the Midwifery workforce grew by 56 FTE (4%).
  - It is anticipated that the number of Nurses will increase in the coming years due to the large increase in education commissions.

- There is one staff group that have seen their workforce reduce: Estates & Ancillary by 339 FTE (10%).
- Healthcare Scientists shows an apparent reduction. However, the Healthcare Scientists workforce was re-coded in 2014. Taking this into consideration since 2015, the workforce has actually increased slightly (15 FTE).

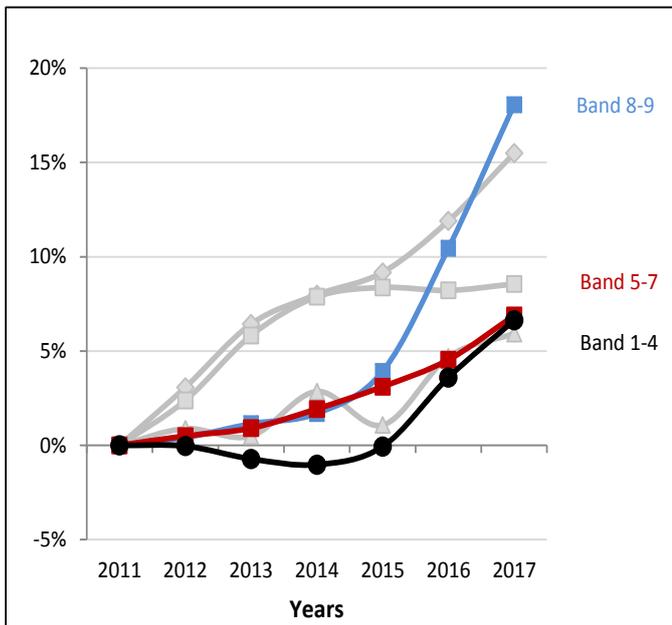
### 2.3. Grade group change between 2011 – 2017

Graph (3) and Graph (4) shows the annual FTE percentage change indexed from 2011 by grade groups. The graphs are split into Agenda for Change and Medical and Dental staff.

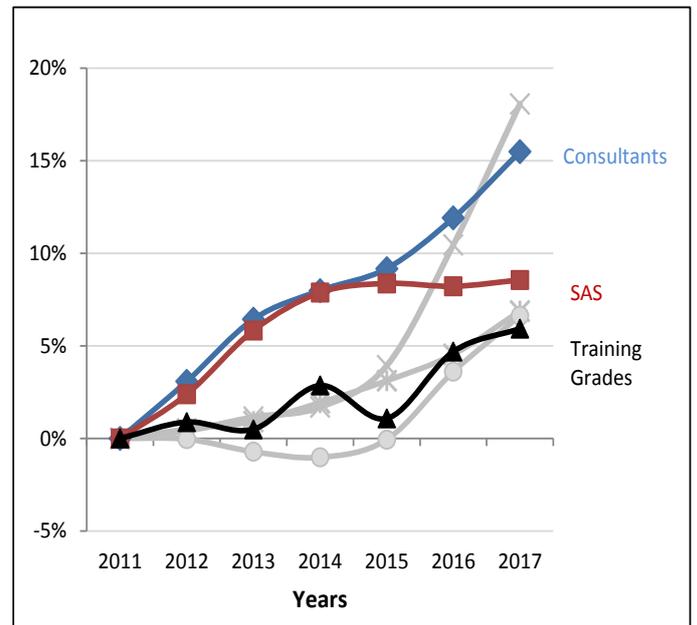
By 2015 every grade group had grown in size from 2011. The two graphs show that this increase in the workforce has not been uniform. Up to mid-2016 the Consultant workforce was the highest growing grade group. This group has seen consistent annual expansion of their workforce. The grade group which has grown the most over the last six years is Band 8-9. Between 2011 and 2017 Band 8-9 grew by 18%.

Graph (3) Agenda for Change Grade groups between 2011-17<sup>2</sup>

Graph (4) Medical Grade group between 2011-17



Data Source: ESR DW



Data Source: ESR DW

<sup>2</sup> Executive and Senior Posts have been excluded from the above figures

## Key findings

- The grade group which has grown the most over the last six years is Band 8-9 - increasing by 18% (630 FTE), with the majority of this growth (493 FTE) happening between 2015 and 2017.
- The increase in Band 8-9 can be seen across the Additional, Prof, Scientific & Tech, Administrative & Clerical and Nursing & Midwifery staff groups.
- Based on the midpoint of each band the cost of the increase in FTE per annum for Band 8-9 is circa £31 million based on 2016/17 pay scales.
- Up to mid-2016 the Consultant workforce was the highest growing grade group. The Consultant workforce has seen consistent year on year growth and has grown 15% (348 FTE) over the past six years.
- The grade group that has seen the largest increase in FTE is Band 5-7 (2,260 FTE), it has grown steadily since 2013.
- Band 1-4 saw negative growth between 2012 and 2014 but between 2015 and 2017 the workforce grew 1,970 FTE.
- Up to 2014 the SAS workforce experienced a similar growth to the Consultant workforce. Since 2015 the workforce has plateaued.

Note: While the percentage growth of Band 8-9 is large, the numbers are relatively small compared to other Band grouping. When looking at the medical training grades the fluctuation over time is also due to the relatively small numbers that are in this grouping. Please see Appendix 1, Tables 1 and 2 for the actual numbers.

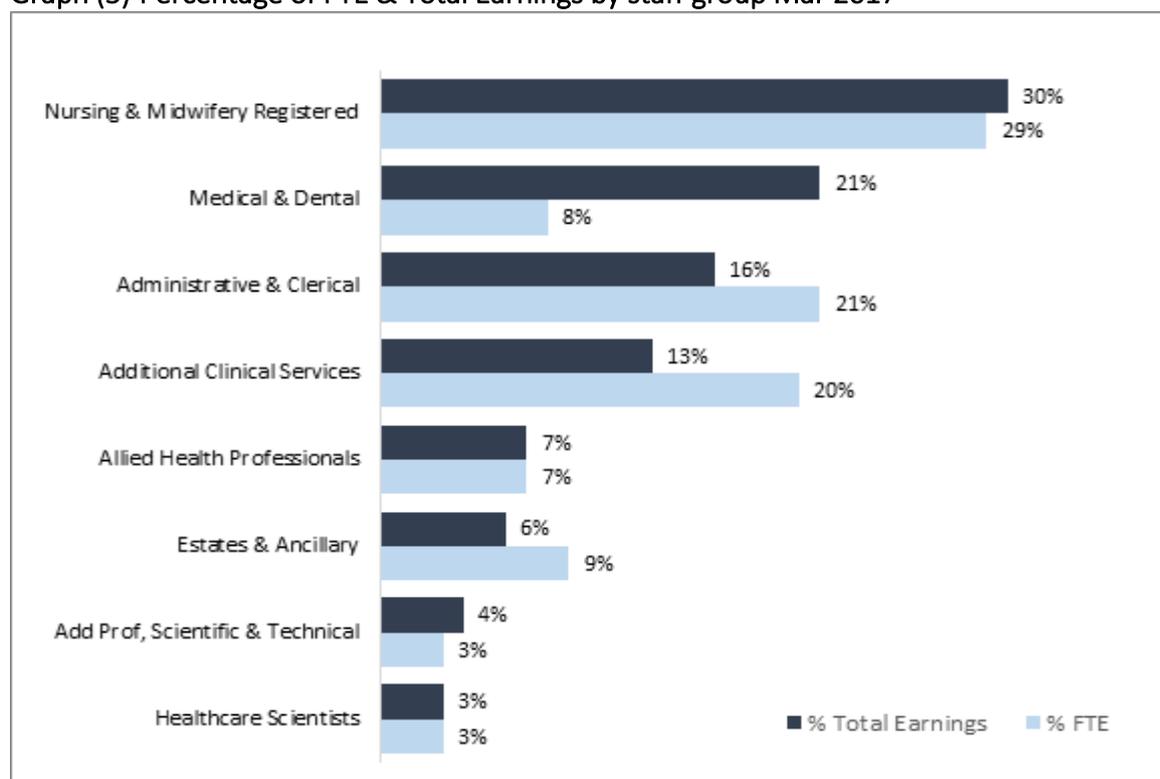
### 3. Workforce Cost

#### 3.1. Cost of the Current Workforce

Graph (5) shows the percentage of staff in post, and percentage of total earnings, by staff group based on the staff in post at Mar 17.

The cost of the current directly employed NHS Wales workforce for 2016/17 was £3.5 billion<sup>3</sup>. Out of the workforce budget variable pay<sup>4</sup> accounted for 14%.

Graph (5) Percentage of FTE & Total Earnings by staff group Mar 2017



Data source: ESR DW

#### Key findings

- The staff group with the biggest total Pay to FTE ratio is Medical & Dental workforce at 8% FTE and 21% total spend.
- The staff group with the biggest FTE to total Pay ratio is Additional Clinical Services workforce at 20% FTE and a 13% total spend.
- The Registered Nursing & Midwifery workforce accounts for 29% of the workforce and 30% of the total spend.

<sup>3</sup> WG Finance – Pay Bill

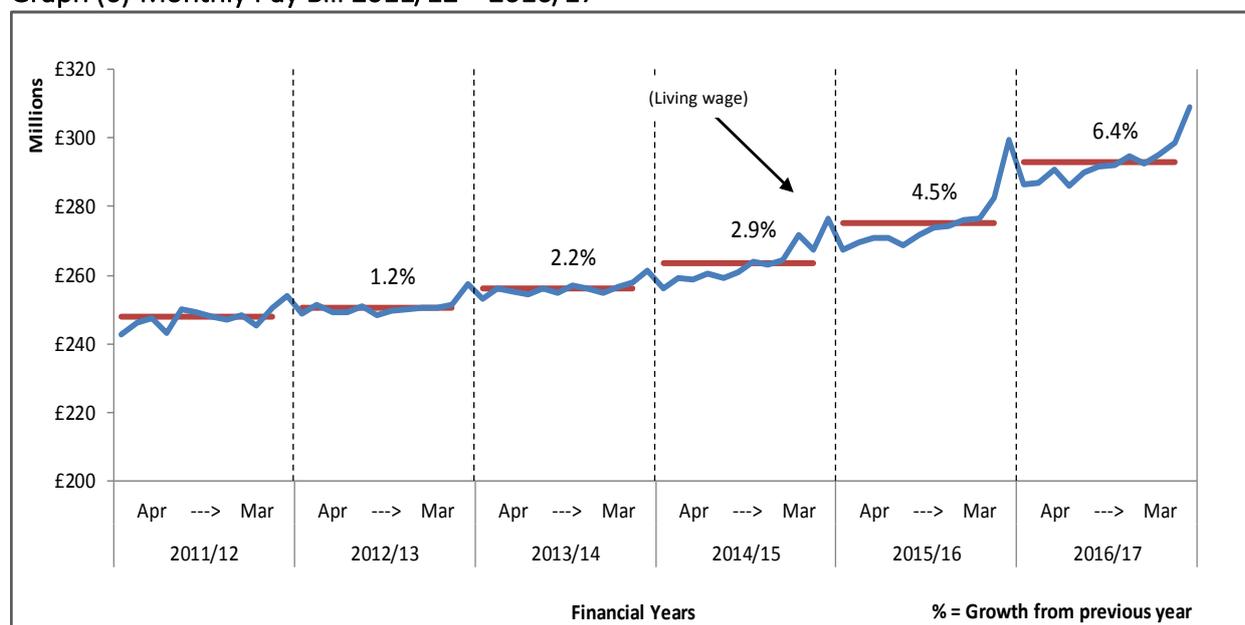
<sup>4</sup> Variable pay – all payments with the exception of basic pay.

## Total Pay Bill Trends

The cost analysis in the rest of this section has been based on data taken from WEDS Agency & Locum Tool (data source: NHS Financial Monitoring reports) and refers to the last six financial years. Graph (6) shows the monthly pay bill and the annual percentage change from the previous year from April 2011 to March 2017

For the past six years the total pay bill has increased year on year. In 2011/12 the annual pay bill was £3 billion and in 2016/17 it is now £3.5 billion. The pattern of spend in 2012/13 and 2013/14 is very similar with only slight variances between the monthly spend. Since 2014/15 the pattern of spend has changed with obvious variances between the monthly spend year on year.

Graph (6) Monthly Pay Bill 2011/12 – 2016/17



Data source: WG Finance Dept.

## Key findings

- For the past six years the total pay bill has increased year on year, with an increase of 18% from 2011/12 to 2016/17. The increase is attributed to a number of factors such as the growth of the workforce, national pay awards, introduction of the living wage, increase in agency pay and incremental drift.
- In 2012/13 a number of organisations implemented recruitment restrictions which reduced the increase in the total pay bill (pay bill increased 1.2%, £35 Million). However, this approach was not sustained and in the absence of major service reconfiguration, the pay bill in the following year increased by 2.2% (£66 Million).

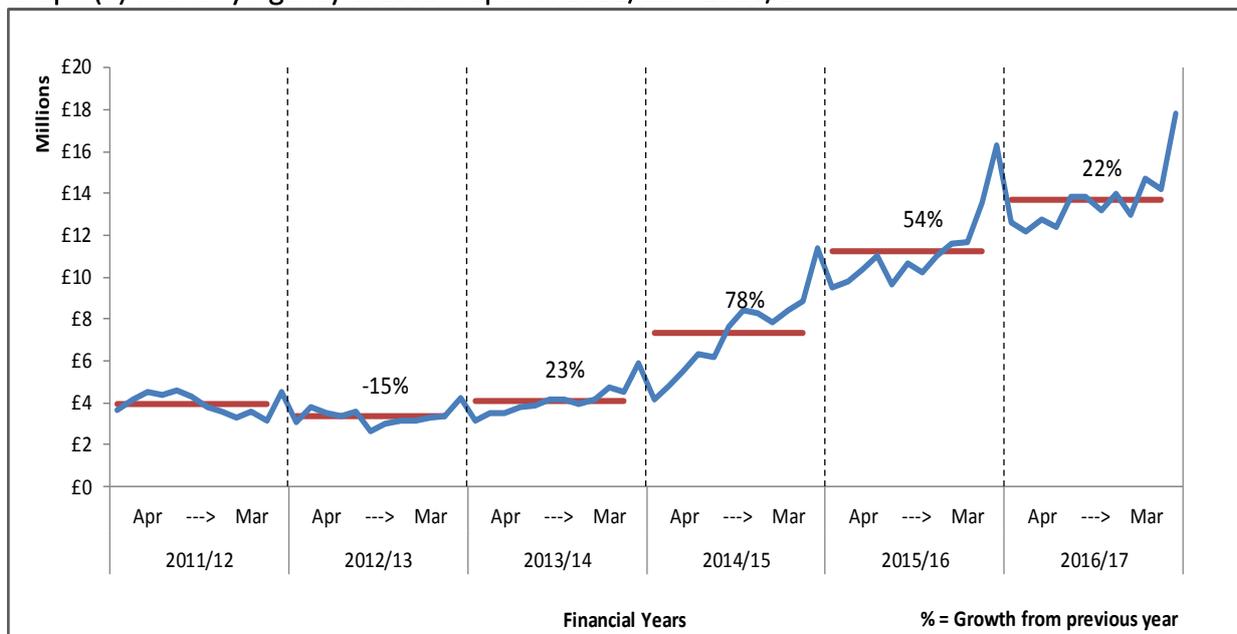
- Between 2011/12 and 2013/14 the monthly variance in pay remained relatively stable. In the last three years the reported monthly spend has become more variable.
- The first peak in 2014/15 can be attributed to the one-off payment of £187 made in January 2015 (£12.5 million) and introduction of the Living Wage.
- Over the last two years the workforce has seen significant increases compared to previous years. Some of this increase can be attributed to the increasing workforce as identified in section 2.1 and the increased cost of the Agency & Locum spend.

### 3.2. Agency & Locum Trends

Agency and locum staff are usually deployed when substantive and bank options have been exhausted. Graph (7) shows the monthly spend on agency and locum staff and the percentage increase from the previous year from April 2011 to March 2017

In 2011/12 the annual cost of Agency and Locum spend was £47.5 million it is now £164 million, a growth of £116.5 million. Between 2011/12 to 2013/14 spend remained relatively stable. From 2014/15 onwards monthly spend appears to be more variable and annual spend has increased year on year.

Graph (7) Monthly Agency & Locum Spend: 2011/12 – 2016/17



Data source: WG Finance Dept

## Key findings

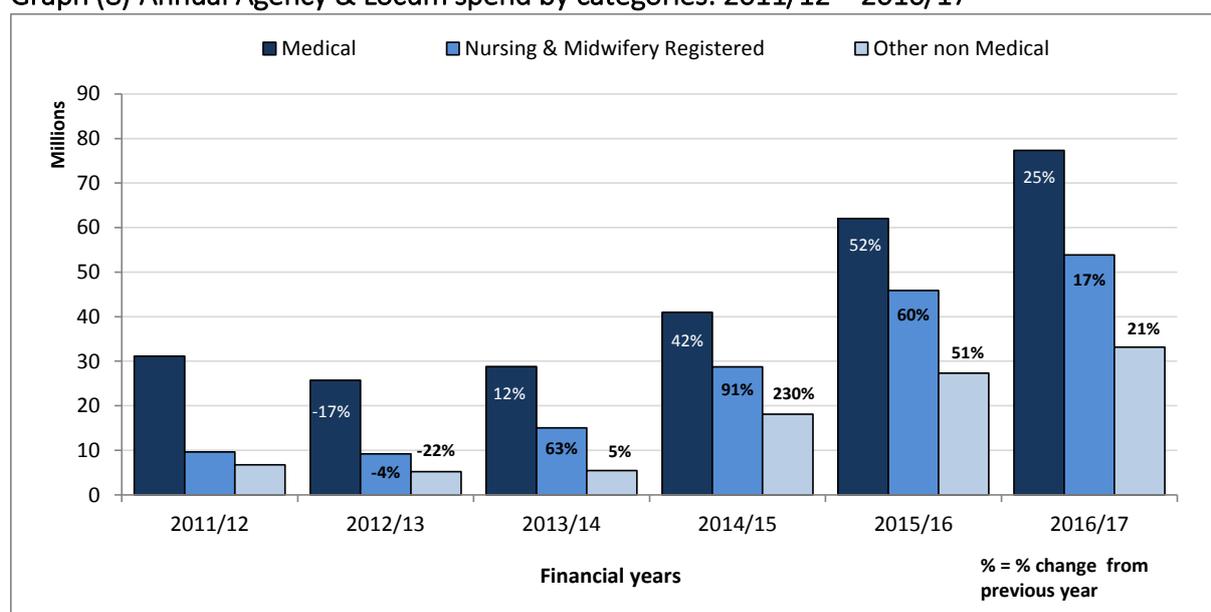
- The annual Agency & Locum costs from 2011/12 to 2013/14 remained relatively stable fluctuating between £40 million and £50 million.
- Between 2014/15 and 2016/17 spend on agency and locum has seen dramatic increases and has almost doubled during this period.
  - In 2014/15 spend increased by 78% from £49 million to £88 million. Spend in this year saw increases nearly every month.
  - In 2015/16 the rise in spend continued increasing to £135 million, (54% increase on the previous year). The final two months saw an unprecedented spike in the agency and locum bill from £11.6 million to £16.3 million, an increase of £4.7 million.
  - The total spend in 2016/17 is £164 million which is an increase of £29 million from the previous year. Spend has continued to increase year on year but the rate of increase appears to be reducing. The spike seen in 2015/16 is again evident but the overall increase seen in the last two months is lower (£3.1 million), increasing from £14.7 million to £17.8 million.
- The cost of agency and locum in 2016/17 accounts for 4.7% of the total pay compared to the previous year which was 4.1%.
- Graph (7) shows a similar pattern to that seen on the annual pay bill where monthly spend between 2011/12 and 2013/14 was relatively stable. From 2014/15 to 2016/17 monthly spend becomes more variable with larger spikes at year end.

## Agency & Locum Trends by Staff group

Graph (8) shows Agency and Locum spend from April 2011 to March 2017 split into three categories: Nursing & Midwifery; Medical and Other non-Medical<sup>5</sup> and identifies the percentage increase from the previous year.

The graph shows in 2012/13 there was a reduction in Agency & Locum spend across all categories. Since 2013/14 spend has continually increased. Proportionally spend on each of the three staff groups has remained the same. Medical 47%, Nursing & Midwifery 33% and Other non-Medical 20%.

Graph (8) Annual Agency & Locum spend by categories: 2011/12 – 2016/17



Data source: WG Finance Dept.

## Key findings

- In 2016/17 all three categories saw an increase in spend but the rate at which spend is increasing has clearly reduced from the previous year.
- In 2014/15 spend across two of the three categories saw the highest percentage increase with Other non-Medical seeing a 230% increase.
- Since 2014/15 the total spend has continually increased year on year but proportionally spend on each of the three staff groups has remained the same. Medical 47%, Nursing & Midwifery 33% and Other non-Medical 20%.
- In 2016/17 the total Nursing & Midwifery spend was £54 million, this is £8 million more than 2015/16 and £25 million more than 2014/15.

<sup>5</sup> All other staff group apart from Medical & Dental and Nursing & Midwifery

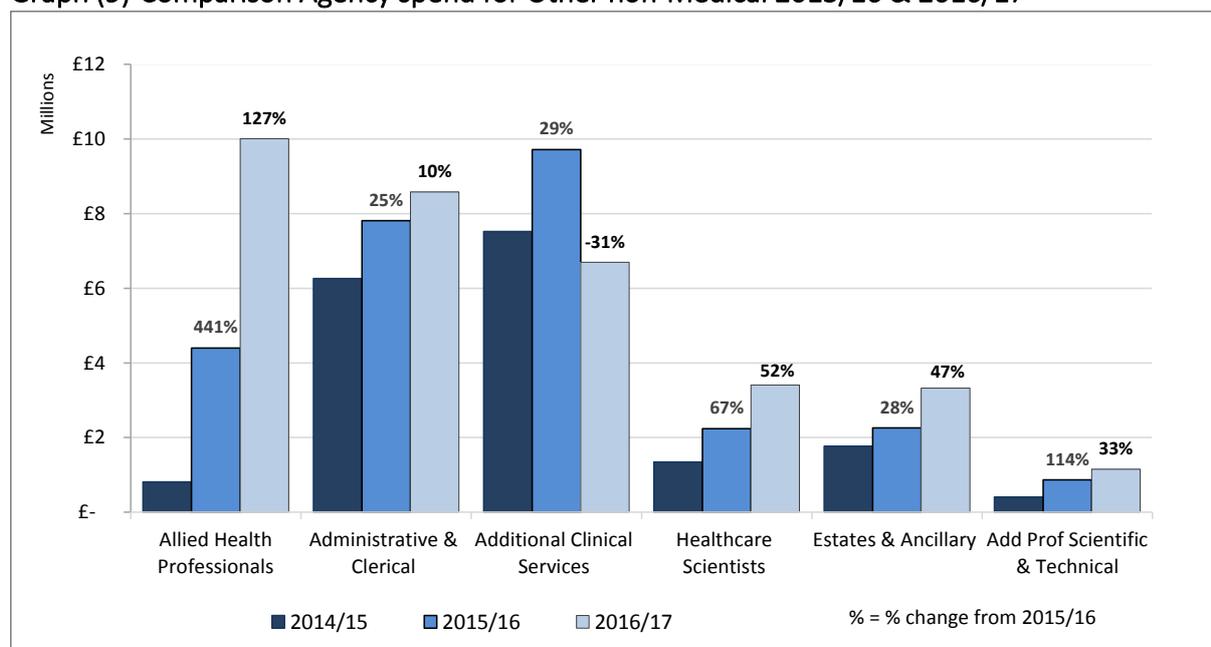
- The Nursing & Midwifery spend has increased so much in recent years that the combined total of 2012/13, 2013/14 and 2014/15 nursing spend is just under £1 million short of the 2016/17 total.
- Medical spend in 2016/17 was £77 million this has increased £15 million from the previous year. The medical spend in 2016/17 is more than three times the medical spend in 2012/13 (£25.7 million).
- Other non-Medical spend in 2016/17 was £33 million, £6 million higher than the previous year. This is higher than the Nursing & Midwifery spend in 2014/15 (£29 million).

### Agency spend for 'Other non-Medical' group by Staff Group

Graph (9) shows the annual spend on Agency and Locum staff for the 'Other non-medical' staff groups between April 2014 and March 2017. The percentages show the percentage increase or decrease from the previous year.

Out of the total agency spend in 2016/17 (£164 million) £33 million was spent on 'Other non- Medical'. Allied Health Professionals account for the largest percentage (30%) with spend of £10 million, this is an increase of 127% on 2015/16 spend. Spend on Allied Health Professionals has seen the largest increase over the past three years increasing from £0.8 million in 2014/15 to £10 million in 2016/17, an increase of 1130%. The only staff group that has seen a reduction in Agency spend is Additional Clinical Services.

Graph (9) Comparison Agency spend for Other non-Medical 2015/16 & 2016/17



Data source: WG Finance Dept.

## Key findings

- In 2014/15 Allied Health Professionals spend was £0.8 million and this increased in 2016/17 to £10 million.
- Additional Clinical Services are the only staff group to have seen a reduction in spend. In 2014/15 spend was £7.5 million and in 2016/17 this reduced to £6.7 million, a reduction of 5% (£0.8 million).

Further analysis for 'Other non-Medical' shows:

- The contracted workforce has increased across all staff groups over the last three years as shown in Appendix 1, Table 3. These increases should provide some staff groups with the opportunity to reduce Agency & Locum spend by utilising the additional FTE. An example of where this practice is possibly being implemented is within Additional Clinical Services, where an increase of 598 FTE can be seen when comparing Mar 16 to Mar 17 alongside a reduction in Agency spend of £3.0 million (31%) during 2016/17.

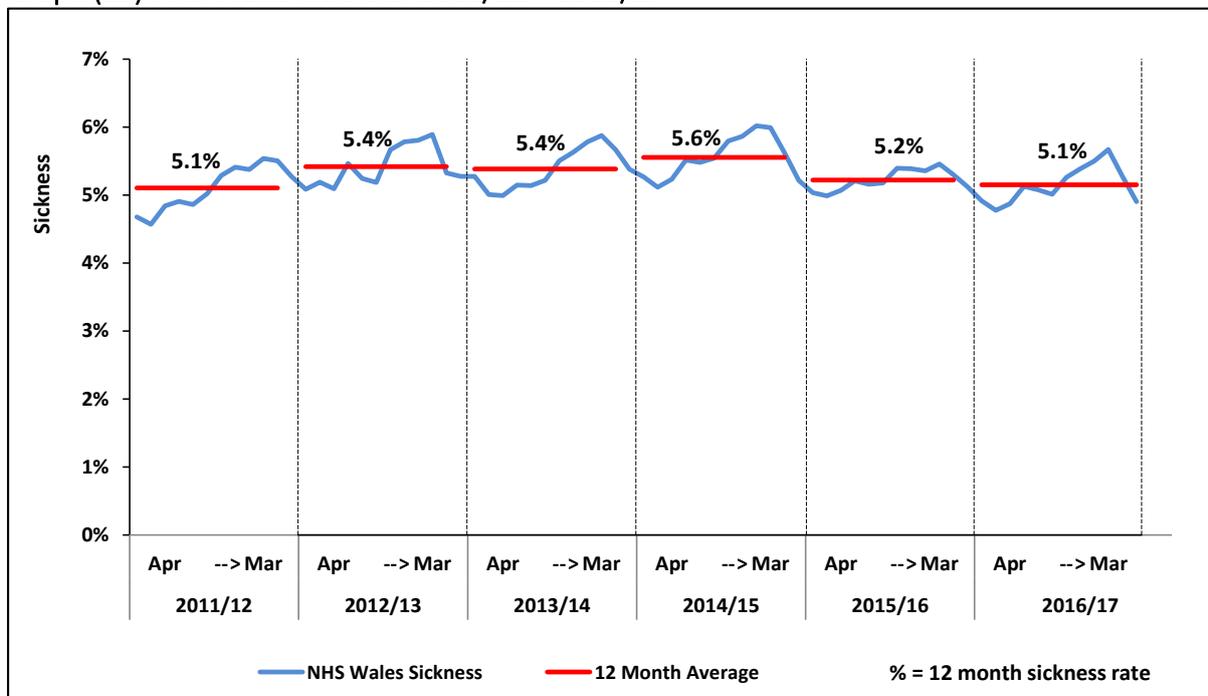
## 4. Sickness Absence

### 4.1. Sickness Trend

Graph (10) shows NHS Wales' monthly sickness absence rate from April 2011 to March 2017. The red line indicates the rolling 12 month sickness absence rate.

The graph highlights the seasonal peaks and troughs of sickness. 2014/15 has the highest sickness level of 5.6% with both 2011/12 and 2016/17 having the lowest rate of 5.1%. With the exception of 2015/16 the pattern of sickness looks very similar with sickness increasing towards the middle of the year and then falling towards the end. In 2015/16 sickness appears to be more contained and evenly spread throughout the year.

Graph (10) NHS Wales Sickness: 2011/12 – 2016/17



Data source: ESR DW

### Key findings

- The average sickness for 2016/17 is the lowest it has been over the last six years and matches the average sickness level seen during 2011/12 with a rolling 12 month average of 5.1%.
- The highest average sickness levels occurred in 2014/15, where the average sickness level reached a high of 5.6%.

- The reduction of the 12 months average sickness rate for 2015/16 to 5.2% coincides with:
  - The implementation of new policy guidance in relation to the payment of enhancements during sickness.
  - An NHS Wales drive to improve staff well-being.
  - The increase in new starters.
    - Lower sickness entitlements for new starters to the NHS.
    - New starters in the lower age bands are less likely to be sick – see 4.2 Table 1.

#### 4.2. Sickness by Grade and Age Band

Table 1 shows the 12 month rolling sickness absence rates (April 2016 to March 2017) by pay band and age band. The red highlighting shows where the sickness absence rate is higher than the NHS Wales average of 5.1%.

The table clearly shows the correlation of pay band and age on sickness rates. The highest percentage of sickness absence occurs in staff who are the oldest and who have lower pay bands.

Table 1: 12 Month Rolling Sickness % Apr 16 – Mar 17 by Grade and Age Band

Agenda for Change Band / Medical & Dental	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 60	Over 60	All Age Bands
Band 1	4.8%	6.1%	6.7%	6.7%	6.3%	6.8%	7.3%	7.9%	9.6%	7.4%
Band 2	4.7%	5.8%	7.0%	6.2%	7.1%	6.7%	7.1%	8.4%	9.4%	7.2%
Band 3	3.2%	4.5%	4.6%	5.8%	7.0%	6.7%	6.7%	7.6%	8.2%	6.5%
Band 4	2.3%	3.1%	4.0%	4.0%	5.0%	4.6%	5.7%	6.4%	7.8%	5.1%
Band 5	2.0%	3.5%	4.7%	5.2%	5.4%	6.3%	7.0%	7.8%	8.8%	5.5%
Band 6	1.1%	2.4%	3.3%	4.0%	4.3%	4.9%	5.6%	6.2%	6.1%	4.6%
Band 7	0.0%	1.6%	2.1%	2.8%	3.4%	3.6%	4.2%	5.3%	4.8%	3.8%
Band 8a	0.0%	0.5%	1.2%	1.7%	2.3%	3.0%	3.9%	3.5%	3.4%	2.9%
Band 8b	0.0%	2.7%	1.9%	1.1%	1.7%	2.5%	1.8%	2.7%	3.1%	2.1%
Band 8c	0.0%	0.0%	0.3%	2.4%	0.5%	1.8%	2.9%	2.3%	1.6%	2.1%
Band 8d	0.0%	0.0%	0.0%	0.2%	0.3%	1.1%	1.3%	3.0%	0.1%	1.6%
Band 9	0.0%	0.0%	1.2%	2.1%	0.4%	1.3%	1.8%	0.9%	0.0%	1.2%
Medical & Dental	0.4%	1.0%	1.4%	1.5%	1.2%	2.0%	2.2%	2.8%	2.9%	1.7%
Non AfC Band	2.5%	0.1%	2.3%	1.5%	2.9%	2.7%	3.1%	3.4%	1.1%	2.6%
<b>All Pay Bands</b>	<b>3.0%</b>	<b>3.4%</b>	<b>4.1%</b>	<b>4.3%</b>	<b>4.8%</b>	<b>5.1%</b>	<b>5.7%</b>	<b>6.6%</b>	<b>7.7%</b>	<b>5.1%</b>

(Highlighted cells are results above the Welsh average of 5.1%)

Data Source: ESR DW

## Key findings

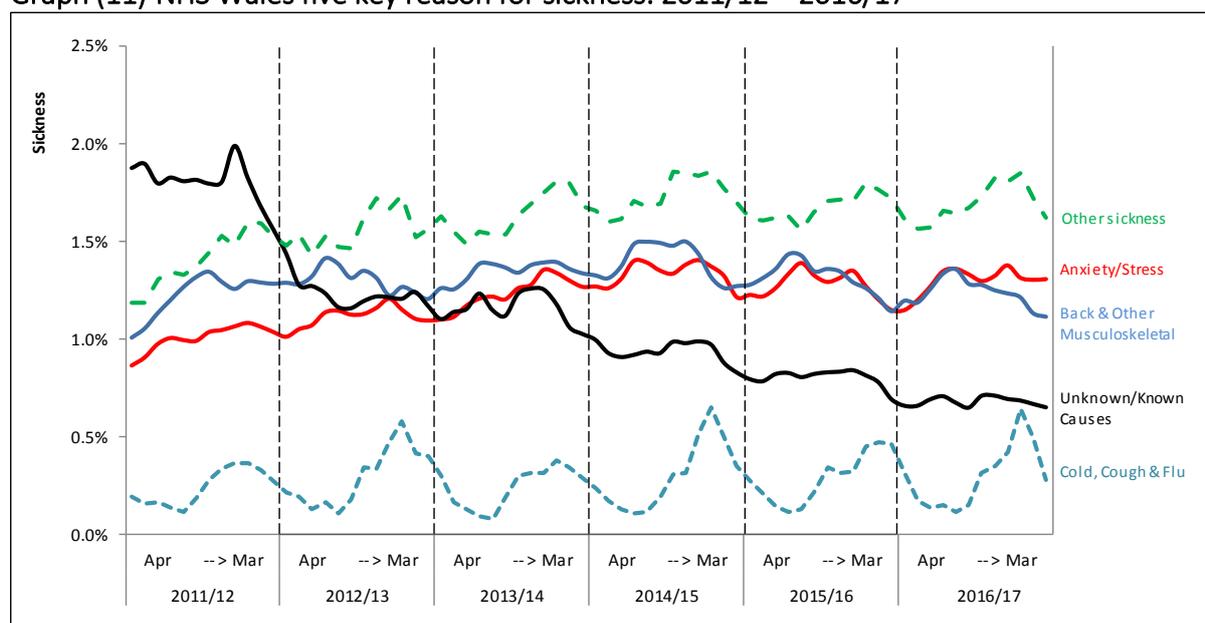
- Staff under the age of 25 have sickness rates below the average rolling 12 month sickness rate of 5.1%. However, the lower the band the greater the sickness absence rate.
- The exception to the sickness trend is Band 4s. Their sickness absence rate is similar to Band 6.
- From Band 8a and above (including Medical & Dental and Non AfC) sickness absence levels are under the NHS Wales' average for all age bands.

### 4.3. Key Reasons for Sickness Absence

There are 22 different reasons for sickness held in Electronic Staff Record (ESR). Graph 11 shows the monthly sickness absence rate split into the four main reasons for sickness and 'Other Sickness'. 'Other Sickness' is a combination of the other 18 reasons. The graph shows out of the total sickness how much is attributed to what reason from April 2011 to March 2017.

In 2011/12 sickness due to Unknown/Known Causes accounted for the majority of sickness reasons, this has reduced over the last six years from 1.9% to 0.6%. Sickness due to Back & Other Musculoskeletal reasons accounted for more sickness absence than Anxiety/Stress for the majority of the last six years. However, midway through 2016/17 Anxiety/Stress has overtaken Back & Other Musculoskeletal and now accounts for the main reason for sickness absence.

Graph (11) NHS Wales five key reason for sickness: 2011/12 – 2016/17



Data source: ESR DW

## Key findings

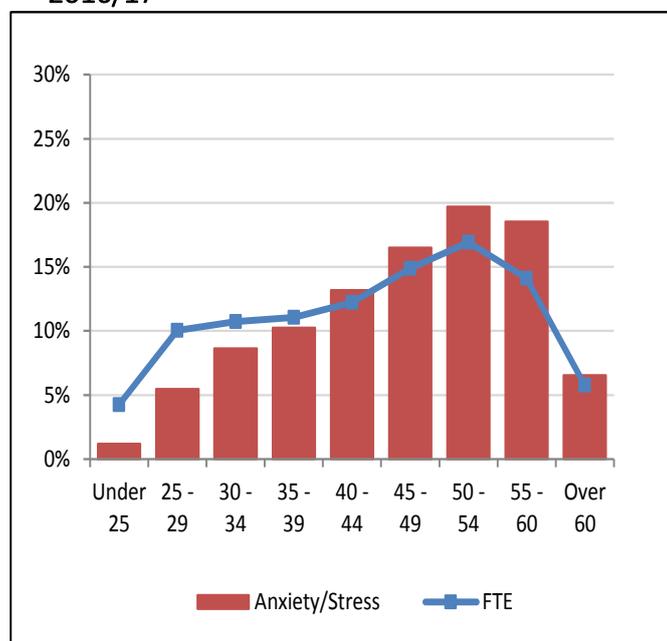
- Absence due to Stress/Anxiety has increased over the last six years with levels of absence increasing from 0.9% in April 11 to 1.3% in March 17. The highest level of sickness occurred during July 14 and December 14 when sickness levels increased to 1.4%.
- The highest levels of sickness due to Back & Other Musculoskeletal reasons can be seen during 2014/15, with sickness levels accounting for between 1.3% - 1.5%. In March 17 the sickness level has reduced to 1.1%, the lowest level since April 11. This reduction could potentially be as a direct result of the well-being initiatives supported by Health & Well-being services throughout NHS Wales.
- Absence due to Cold, Coughs & Flu follows the same pattern each year with a consistent drop in sickness each year during August when the sickness rate falls to 0.1%. The graph also shows that every other year there is a sharp increase during January where sickness accounts for 0.5% of absence.
- It can be clearly seen that Unknown/Known causes have been consistently reducing. Unknown/Known causes in 2011/12 accounted for 24% of all reasons, it has now reduced to 12%. It is still difficult to draw any solid conclusions because the reduction of this reason masks our ability to properly track the real change in the other reasons.

#### 4.4. Sickness Reason by Staff in Post

The following graphs show the percentage of the workforce by age band overlaid with the percentage of sickness by age band. If sickness was equally distributed across the age bands, it would be reasonable to expect to see similar percentage rates of both staff in post and sickness. Deviation from the rate of sickness of staff in post is an indication that a particular age band contributes more, or less, according to their population size.

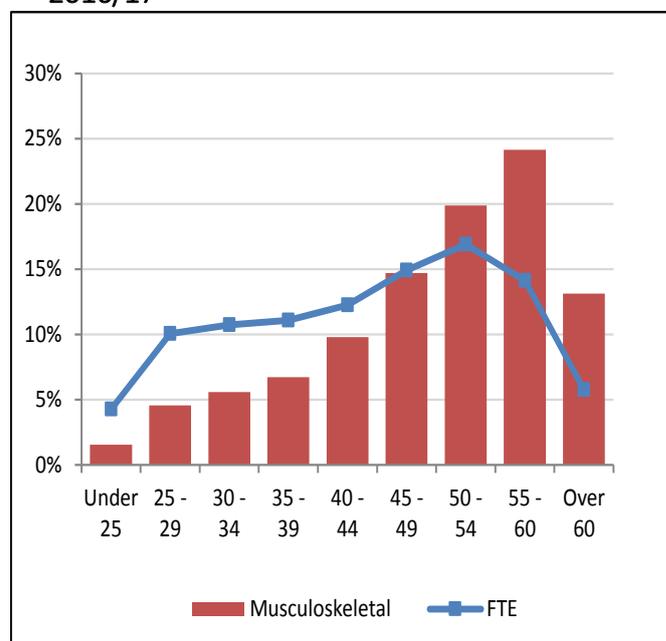
There is a marked difference in the distribution of sickness between Anxiety/Stress and Musculoskeletal. **Error! Reference source not found.** shows that Anxiety/Stress sickness is more equally distributed across all ages, compared to the distribution seen for Musculoskeletal in Graph (13).

Graph (12) Percentage Anxiety/Stress sickness by SIP 2016/17



Data source: ESR DW

Graph (13) Percentage Musculoskeletal sickness by SIP 2016/17



Data source: ESR DW

#### Key findings

- There is a marked difference in the distribution of sickness between Anxiety/Stress and Musculoskeletal. **Error! Reference source not found.** shows that Anxiety/Stress sickness is more equally distributed across all ages, compared to the distribution seen for Musculoskeletal in Graph (13).
- From the ages of 50 and over, proportionally more NHS staff suffer from Musculoskeletal injuries, the highest proportion being those age 55-60.
- From the age of 45, NHS staff are proportionally more stressed, with staff age 55-60 appearing to be the most stressed.

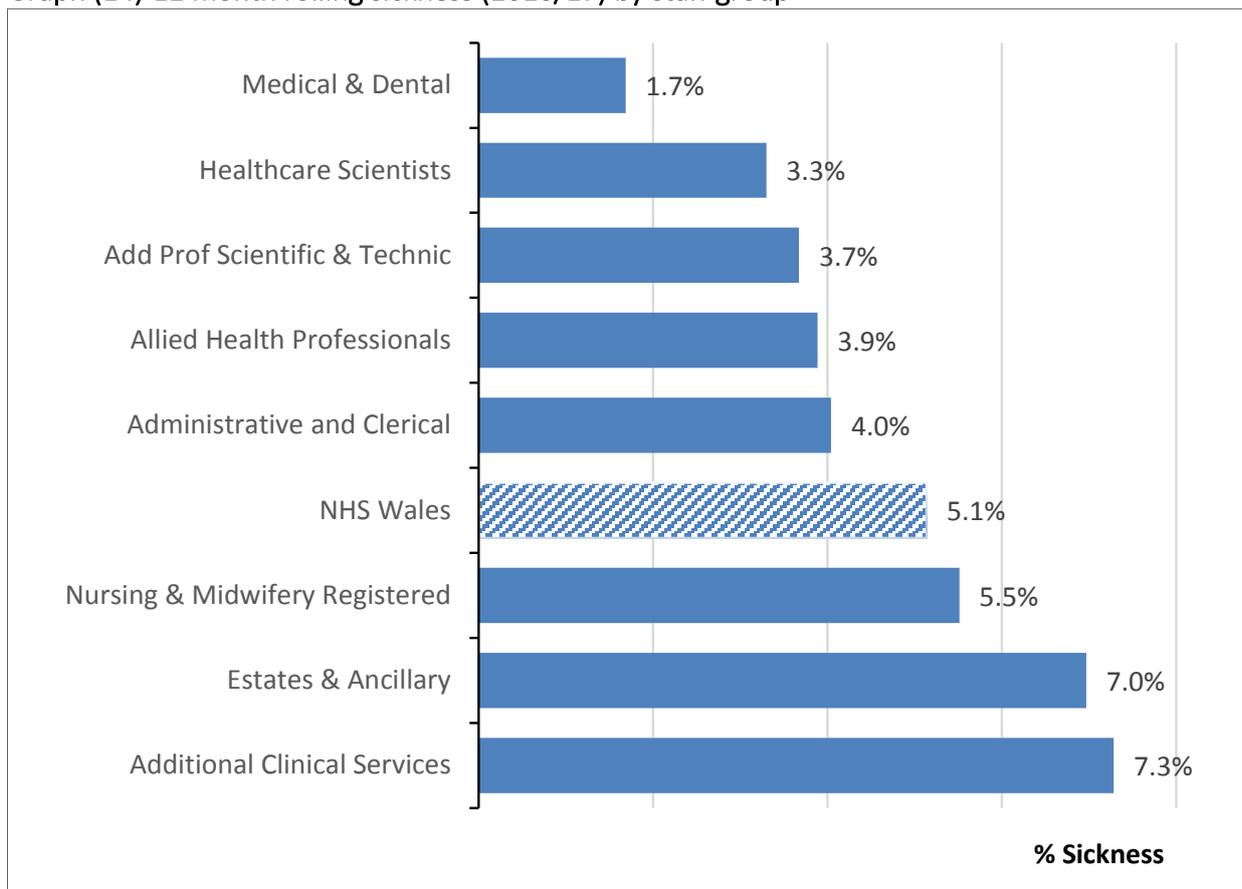
- Based on the age of workforce at March 17, without any intervention, it is likely that the percentage of sickness reasons for Anxiety/Stress and Musculoskeletal will increase. See Appendix 1, Table 4 for breakdown of headcount percentage by age band at March 17.

#### 4.5. Sickness by Staff Group

Graph (14) shows the rolling 12 month sickness for NHS Wales and each of the staff groups.

Sickness among the different staff groups varies widely, from 1.7% to 7.3%, with only three of the eight staff groups having sickness levels above the rolling 12 month sickness rate for NHS Wales (5.1%). The reasons for some of the variations are explored in the sickness report by WEDS: [‘Focus on Sickness Absence Trends in NHS Wales’](#)

Graph (14) 12 month rolling sickness (2016/17) by staff group



Data source: ESR DW

## Key findings

- The two staff groups with the highest sickness are Additional Clinical Services (7.3%) and Estates & Ancillary (7.0%). These staff groups are predominately composed of Bands 1 to 4. Table 1 highlights the lower the pay band, the higher the sickness absence rate.
- The staff group with the lowest sickness rate is Medical & Dental (1.7%). The reason for this may be due to the fact that this staff group is more resilient to illness, or that sickness is under-reported. If sickness is under-reported it may impede the organisations' ability to identify potential underlying problems.

Additional analysis shows that 60% of all sickness is attributed to Nursing & Midwifery and Additional Clinical Services. These two groups account for almost 50% of the workforce so a reduction in sickness in these staff groups would significantly impact on the overall sickness levels.

## 5. Performance Dashboard

WEDS in collaboration with the Health Boards & Trusts have created a monthly Workforce Performance Dashboard which collates key performance indicators which are known to be critical to organisation performance. This section focuses on appraisal rates, statutory and mandatory training rates and key staff survey questions.

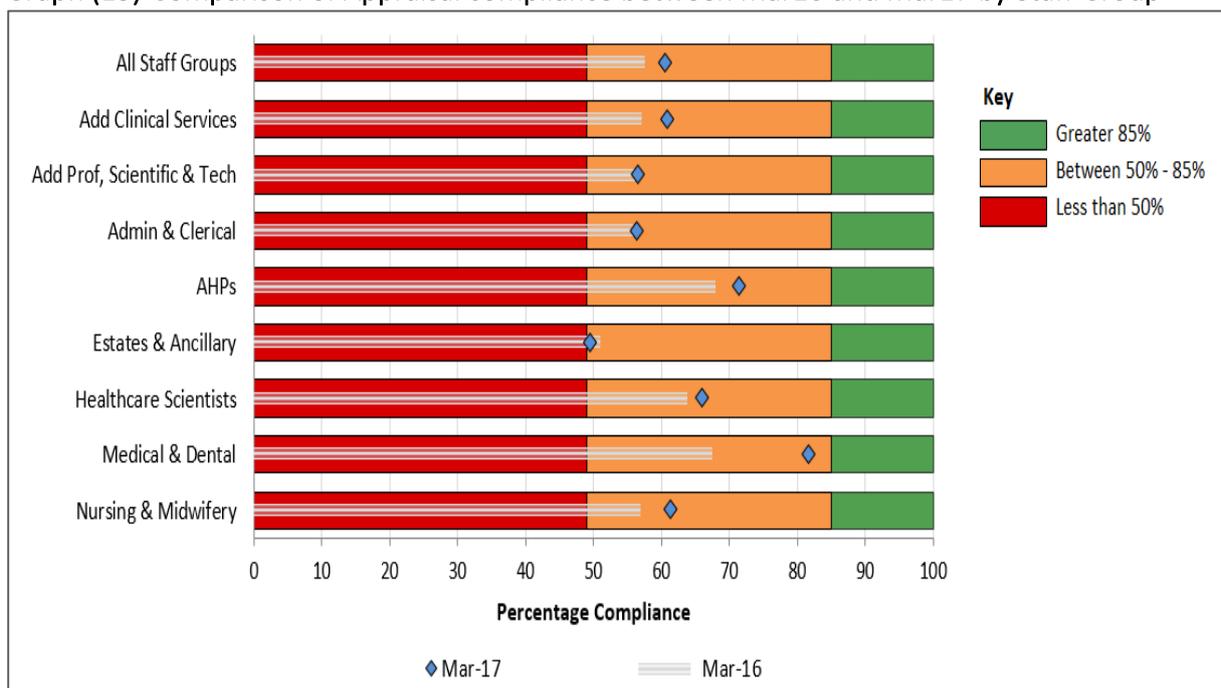
### 5.1. Annual Appraisal Compliance

Appraisal was identified in research undertaken in the NHS by Professor Michael West as being closely linked to levels of patient mortality and organisation performance. It is also important to note that when looking at appraisal rates, experience of appraisal should be considered. See [Staff Survey Report](#).

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

Graph (15) shows the appraisals rates by staff group based on the 12 months to March 16 and March 17. The appraisal results have been RAG rated in accordance with agreed performance targets (see graph key). The white line represents the position at March 16 and the blue diamond indicates the position at March 17.

Graph (15) Comparison of Appraisal compliance between Mar16 and Mar17 by Staff Group



Data source: NHS Wales Performance Dashboard

## Key findings

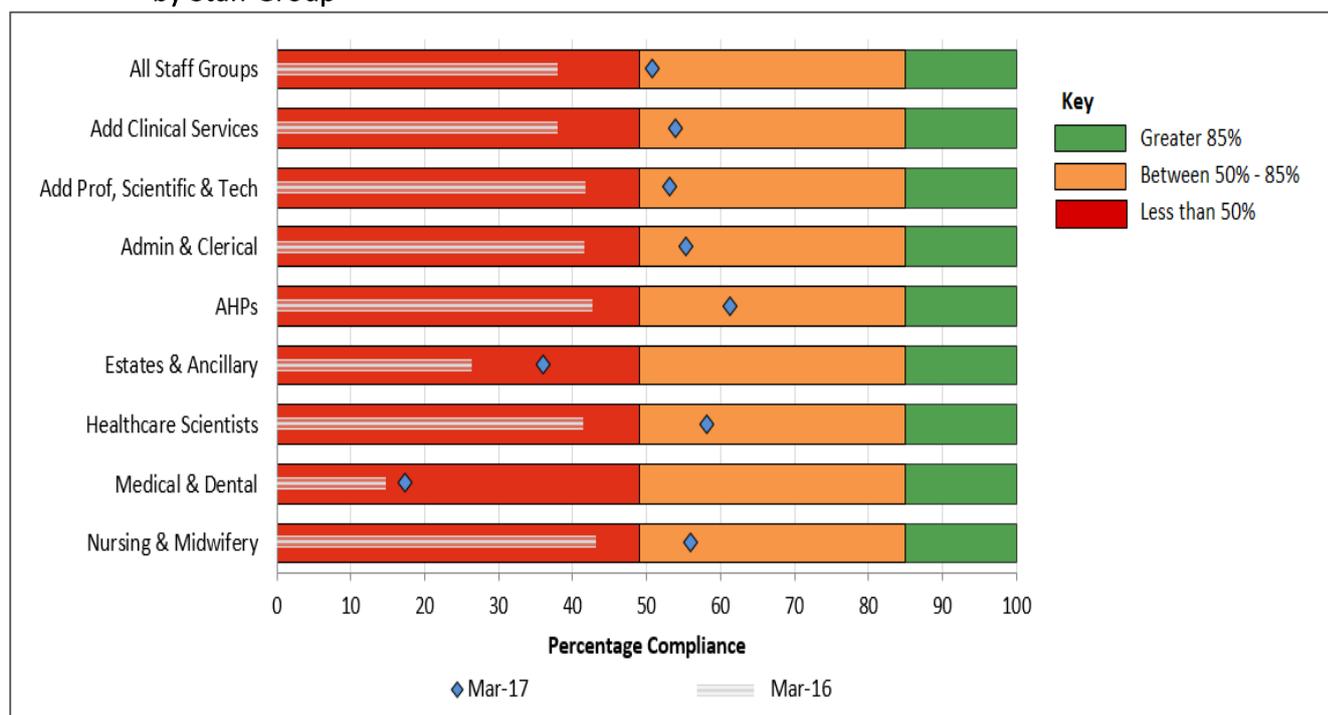
- All Staff groups are in the 'AMBER' part of the graph meaning that between 50-85% of appraisals have been completed.
- NHS Wales has seen an increase in the appraisal rate, increasing from 57% in March 16 to 61% in March 17.
- The majority of staff groups have seen an improvement compared to the previous 12 months.
  - The staff group with the largest improvement is Medical & Dental increasing from 67% to 82% and they are the most compliant staff group in Mar 17.
  - Add Prof Scientific and Technical and Administrative and Clerical remained at the same level of compliance with 57% and 56% respectively.
  - The staff group with the only reduction in percentage compliance is Estates & Ancillary reducing from 51% to 50%

## 5.2. 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 5 for breakdown of modules included in the CSTF.

Graph (16) 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 data in the graph is based on the 12 months to March 16 and March 17. The statutory and mandatory training results have been RAG rated in accordance with agreed performance targets (see graph key). The white line represents the position at March 16 and the blue diamond indicates the position at March 17.

Graph (16) Comparison of Statutory and Mandatory Compliance between Mar16 and Mar17 by Staff Group



Data source: NHS Wales Performance Dashboard

## Key findings

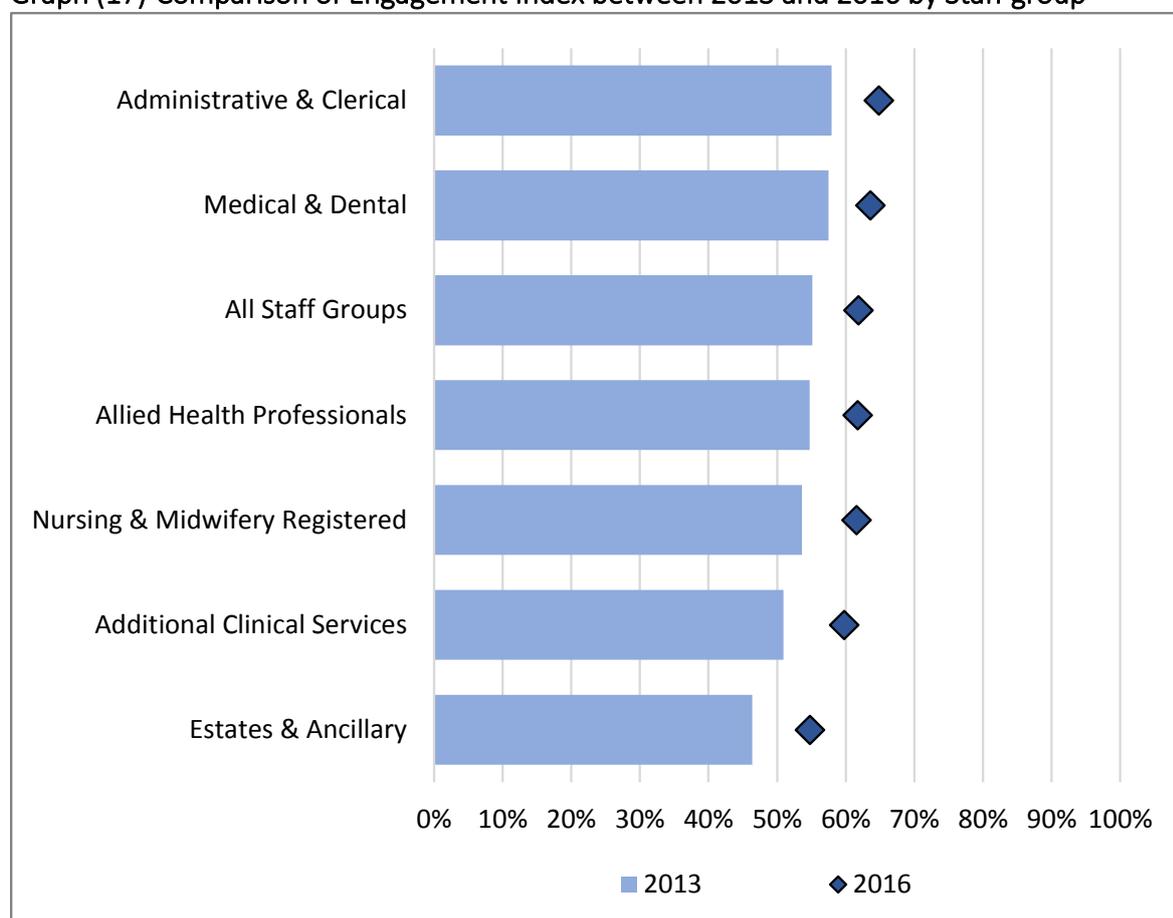
- Overall there has been an increase in the statutory and mandatory compliance rate, increasing from 38% in March 16 to 51% in March 17.
- All staff groups have seen an improvement compared to the previous 12 months.
  - The majority of staff groups are in the 'AMBER' part of the graph meaning that between 50 – 85% of statutory and mandatory training has been completed.
  - The only staff groups currently in the 'RED' area of the graph are Estates & Ancillary and Medical & Dental, this means less than 50% of staff have completed and recorded statutory and mandatory training within ESR.
  - The Staff group that has seen the biggest improvement are the Healthcare Scientists who have increased their compliance from 41% to 58%.

### 5.3. Staff Survey Engagement Index

The Staff Engagement Index measures the staff engagement with their jobs and day-to-day work. It is based on the staff survey questions and looks at intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Staff engagement is considered a crucial driver of staff morale and performance within the NHS, and has been shown to be important to the performance of NHS Organisations<sup>1</sup>, e.g. reduced absenteeism and better quality of services (West and Dawson, 2012).

Graph 17 shows the comparison of the engagement index between the 2013 and 2016 staff surveys by individual staff group.

Graph (17) Comparison of Engagement Index between 2013 and 2016 by Staff group



Data source: NHS Wales Staff Survey 2013 & 2016

#### Key findings

- The Staff Engagement Index has seen an improvement across all Staff groups. Increasing NHS Wales overall Engagement Index from 55% in 2013 to 62% in 2016.

- The staff group that has highest Engagement Index in 2016 is Administrative & Clerical. They have increased from 58% to 65%.
- The staff group that has the lowest Engagement Index score in 2016 is Estates & Ancillary. However, this staff group has seen one of the biggest improvements, increasing from 46% in 2013 to 55% in 2016.

**Note:** In the previous 2013 staff survey the Healthcare Scientists were combined with the Add Prof Scientific & Technical staff group. For this reason, both staff groups have been excluded from the graph below.

## Appendix 1

Table 1

<b>Contracted FTE by Agenda for Change (AfC) Band Group</b>							
<b>AfC Bands</b>	<b>2011-MAR</b>	<b>2012-MAR</b>	<b>2013-MAR</b>	<b>2014-MAR</b>	<b>2015-MAR</b>	<b>2016-MAR</b>	<b>2017-MAR</b>
Band 8-9	3486	3500	3526	3545	3623	3851	4116
Band 5-7	32920	33084	33220	33557	33946	34415	35185
Band 1-4	29532	29521	29320	29231	29514	30596	31490

Table 2

<b>Contracted FTE by Medical Grade Group</b>							
<b>M&amp;D Grades</b>	<b>2011-MAR</b>	<b>2012-MAR</b>	<b>2013-MAR</b>	<b>2014-MAR</b>	<b>2015-MAR</b>	<b>2016-MAR</b>	<b>2017-MAR</b>
Consultant	2246	2315	2391	2426	2452	2514	2594
SAS	754	772	798	814	818	816	819
Training Grade	2693	2717	2707	2770	2722	2820	2853

Table 3

<b>Contracted FTE</b>			
<b>Staff Group</b>	<b>2015-MAR</b>	<b>2016-MAR</b>	<b>2017-MAR</b>
Add Prof Scientific and Technic	2460	2589	2675
Additional Clinical Services	14154	14967	15565
Administrative and Clerical	14840	15285	16028
Allied Health Professionals	5149	5293	5445
Estates and Ancillary	6700	6744	6870
Healthcare Scientists	1891	1897	1905
Medical and Dental	6218	6368	6514
Nursing and Midwifery Registered	22177	22352	22652
Students	78	78	82
<b>NHS Wales</b>	<b>73666</b>	<b>75572</b>	<b>77737</b>

Table 4

Age Band	Headcount % 2017-MAR
Under 25	4.0%
25 - 29	9.4%
30 - 34	10.6%
35 - 39	11.1%
40 - 44	12.2%
45 - 49	14.6%
50 - 54	16.6%
55 - 60	14.6%
Over 60	6.8%

Table 5

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)

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<sup>i</sup> Measuring Employee Engagement and Interpreting Survey Results - Institute for Employment Studies (2014)