Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

DEPARTMENT OF HEALTH

NORTHERN IRELAND

EVIDENCE

THE REVIEW BODY ON NHS PAY

2026/27 PAY ROUND

October 2025

Contents

Section One – 38th Report – Observations and Recommendations

1.1 Overview of Recommendations

The Minister of Health and the Department welcomed the NHS Pay review Bodies 38thth annual report when it was published in May. which made the following recommendations:

- a 3.6% consolidated uplift effective from 1 April 2025 for all AfC pay points.
- the UK Government provides the NHS Staff Council with a funded mandate to resolve outstanding concerns with the AfC pay structure.

The Minister has accepted the recommendations within the report despite them being currently unaffordable for the Department to implement. The Minister issued a Ministerial Direction to implement the pay awards for the consideration of the Minister of Finance who then referred the Direction on to the Northern Ireland Executive for a decision on providing additional funding to implement that awards. This is currently still with the NI Executive and the Department is awaiting their decision.

The Minister has also written to the NHS Staff Council to set out his expectation for the how work on a funded mandate for AfC pay reform should proceed, with England taking the lead in negotiations for funding and his wish that NHS Staff Council representatives from Northern Ireland are involved in the exploratory discussions around the scope and aims of the reform taken and any subsequent negotiations.

1.2 Financial Position – Funds Available for 2025/26 Pay Award

The Minister for Finance announced the 2025-26 Final Budget for Northern Ireland on 3rd April 2025 with Health receiving an allocation of some **£8.4 billion**. Essentially the resource allocation provided for Health has only given us an additional **£200 million** of funding when compared to 2024-25. This represented a small increase in funding compared to our expenditure in 2024/25 however made no allowance for significant increases in cost which we will face in 2025/26 as a result of pay and price inflation and rising demand.

Ringfencing some **£165 million** from within this budget for waiting lists, rather than providing it as an additional allocation, will intensify already severe pressures on Health and Social Care (HSC) Trusts, to make further savings and efficiencies and live

within their means. This will inevitably have consequences for services. The Final Budget also provided funding for employers National Insurance Contribution (NIC) increases which is significantly less than required and will add to our funding deficit. The additional pressures that the final budget adds in terms of the ringfencing of the department's general allocation to waiting lists and the difference in the allocation for the rise in national insurance contributions compared to our funding requirements, has left a funding gap of some **£600 million**.

Our Minister has committed to implementing the 2025/26 pay awards in line with the pay review bodies recommendations, however the departments officials have advised him that the application of these awards was not affordable under the current agreed budget and would require a ministerial Direction as it will put us on a trajectory to exceed our budget allocation. In line with Managing Public Money Northern Ireland (MPMNI) the Department has referred the Ministerial Direction to the Department of Finance for the Finance Minister's approval. While we are still awaiting a decision the Ministerial Direction is in effect seeking approval to overspend our budget allocation.

1.3 Departmental Approach to Pay Award 2026/27

A budget for Northern Ireland Departments has not yet been set for 2026/27. The current budgetary uncertainty has obvious consequences for pay planning and policy.

It is anticipated that the future funding position will not significantly improve, with next year's financial position equally as challenging and there is the potential that budgets may be reduced due to overspending in 2025/26. There will be no capacity to afford a pay uplift in 2026/27 in this context without implementing corresponding cuts to expenditure on services or additional funding being made available in-year, the latter then perpetuates the funding issue into the future.

The Department will need to continue to focus on efficiency and savings measures, but we are likely to be faced with some difficult decisions to determine what can be funded from the allocation available. The high proportion of Health expenditure accounted for by pay (over 50%) means that trends in pay costs continue to have significant implications for spending on service delivery.

Additional detail on the affordability of a 2026/27 pay award and its implications for service delivery will be provided as supplementary evidence.

Section 2 - General Economic Context for Northern Ireland

2.1 Economic Overview

As a small open economy, Northern Ireland (NI) is particularly vulnerable to national and international conditions outside of its control.

Consumer Price Index (CPI) inflation stood at 4.1% in the 12 months to April 2025, up from 3.4% in the 12 months to March[1]. Inflation has been close to the 2% target since the middle of last year, from a peak of over 11% in 2022. The Bank of England expects an increase in inflation this year. It is likely to rise temporarily, to 3.7%, partly because of higher energy prices. Inflation is expected to fall back to the 2% target after that[2]. At the same time average wage growth in NI increased by 6.8% over the year to May 2025[3]. The ASDA income tracker for example shows discretionary income was up by 18.7% on the year in Q1 2025. This was the strongest growth across all regions.

Average household spending power for Northern Ireland amounted to £139 per week in Q1 2025. This remains the lowest level amongst the UK's regions and nations.

Northern Ireland has historically had one of the highest incidences of low-paid jobs in the UK. This is reflected in its gross income, which averaged £886 per week in Q1 2025, the third lowest of all regions and nations, ahead of only the North East and Wales. This lower earning capacity partly explains the lower spending power[4]

2.2 Labour Market[5]

Online job listings, as reported by the Department for the Economy, increased by 12% compared with the previous month. There were 8,700 new job postings in May 2025, an annual decrease of 28%[6]. In addition, according to the latest Ulster Bank PMI[7], employment growth remains resilient as Northern Ireland enters 2025.

Manufacturing and services continued to drive economic growth and job creation in Northern Ireland, employment growth, although modest, has continued into January,

---

[1] *ONS - Consumer price inflation, UK: April 2025*
[2] *Bank of England – Monetary Policy Report – May 2025*
[3] *NISRA NI Labour Market Report – June 2025 – HMRC PAYE statistics*
[4] *ASDA Income Tracker – April 2025 Report*
[5] *NISRA NI Labour Market Report – June 2025*
[6] *Department for the Economy- Online Job Posting Trends - May 2025*
[7] *Ulster Bank PMI Report – February 2025 (January data)*

meaning staffing levels have increased for the 25th consecutive month.

The latest survey reported a further downturn in business growth as the country's construction and retail sectors aligned with the downturn affecting other regions of the UK.

The number of people on the claimant count in May 2025 was 38,200 people or 3.9% of the workforce – a decrease of 1.5% over the month. This is 40.4% less than the recent peak in May 2020 and 28% more than the pre-pandemic count in March 2020. May 2025 was the first month where the claimant count rate was below 4.0% since June 2024.

Looking at the employment rate, over the last 15 years, the rate in NI has been consistently below the UK rate. For the period February-April 2025 was estimated at 71.7%. This was a decrease of 0.5pps over the quarter (not statistically significant) and a decrease of 1.0 pps over the year (not statistically significant). The most recent UK employment rate for February-April 2025 was estimated at 75.1%.

Additionally, the rolling 12-month total of confirmed redundancies of 2,170 remains similar to the trend seen before the pandemic. During May 2025, the Department for the Economy were notified of 560 proposed redundancies, almost four times the monthly average for 2024 (150). Over the last twelve months, to the end of May 2025, there were 2,170 proposed redundancies, approximately ninety percent of the figure for the previous year (2,470).

Finally, a significant issue in NI is that over the last 15 years, economic inactivity in NI has been consistently higher than the UK average, with more variability in economic inactivity in NI than the UK. The NI economic inactivity rate (aged 16 to 64) of 26.9% was 5.6pps above the most recent UK rate of 21.3%. This is the second highest of the twelve UK regions.

2.3 Public Expenditure

On 11 June 2025, the Chancellor announced Phase 2 of the Spending Review providing the Executive with a multi-year funding envelope for the period 2026-27 to 2028-29 for Resource plus an additional year to 2029-30 for Capital as set out in the table below.

Table 1 - Resource plus an additional year to 2029-30 for Capital

£ Million

Control Total	2025-26 Budget*	2026-27	2027-28	2028-29	2029-30
Resource DEL	16,148.5	16,348.0	16,834.7	17,334.3	-
Capital DEL	2,154.2	2,339.1	2,307.9	2,302.1	2,296.0
Financial Transactions Capital)	57.4	91.7	92.6	118.6	140.7

** 2025-26 position is included for comparison - Source: Spending review 2025*

Over the three-year Resource period from 2026-27 to 2028-29, the Executive will receive £16.3 billion, £16.8 billion and £17.3 billion respectively.

This includes an additional £3.1 billion in Barnett for day-to-day spending over the 3-year period. Furthermore, agreement on a new Relative Funding Methodology with Treasury has resulted in the Executive receiving £603 million more across the Spending Review period than would have been received under the previous arrangement.

Whilst overall the Spending Review outcome provides the Executive with additional funding when compared to 2025-26, the position remains challenging as this must be viewed in the context of rising demand and the increasing cost of delivering public services.

In particular, the 2026-27 outcome provides only a small increase to the 2025-26 position due to the end of the financial stabilisation package that was agreed on the restoration of the Executive.

The reality is, the Executive will remain financially constrained, particularly in 2026–27, as the biggest uplifts in day-to-day spending power occur in subsequent years.

2.4 The Public Sector Workforce

The public sector in NI employs 228,240 people[8] or 27.1 % of all employee jobs in NI, a significantly higher share compared to 18.1%[9] for the UK as a whole – however,

[8] *NISRA Northern Ireland Quarterly Employment Survey – March 2025*
[9] *ONS Public sector employment, UK, June 2025 (March 2025 Data)*

such comparisons should be treated with caution given the different structure and coverage of the public sector workforces.

Northern Ireland has consistently had a higher proportion of public sector jobs per population than the whole of the UK. In March 2025, NI public sector jobs as a proportion of the population were 11.9%, which compares to 9.0% for the whole of the UK.

2.5 Public Sector Pay

Public sector pay in Northern Ireland accounts for a significant share of the Resource Department Expenditure Limits (DEL) budget. Provisional outturn figures for the 2024-25 financial year indicate that pay costs accounted for approximately 59.4% of departmental non-ring-fenced Resource DEL.

2.6 Northern Ireland Executive Pay Policy

The Executive's Final Budget 2025-26 was approved by the Assembly on 19 May 2025. This set the context for pay, and Department of Finance (DoF) subsequently issued FD (DoF) 04/25 (FD (DoF) 04/25 - Public Sector Pay and Pay Remit Approvals 2025-26)[10] on 27 May 2025. The guidance noted that as with recent years, the overarching approach has three principles: (i) pay must be affordable within each department's budget settlement; (ii) awards should be targeted to address low pay, and where possible, the payment of the real Living Wage; and (iii) fairness in setting awards for Senior Executives.

It is too early to say what the approach to pay setting for 2026-27 will be. This will be influenced by the UK Government approach to pay and dependent on the broader budget position next year.

2.7 Total Health Expenditure

The AfC 2024/25 pay bill (including agency costs) was approximately £3.6 billion.

[10] https://www.finance-ni.gov.uk/sites/default/files/2025-05/fddof0425.pdf

Section 3 - Policy Context

3.1 The Longer-term Direction of Travel and Aspiration for Health Services in Northern Ireland

3.1.1 Updating on key strategies and how the Agenda for Change workforce support these.

The Northern Ireland (NI) Cancer Strategy launched in March 2022. It sets out 60 actions to transform cancer services over the next decade. This is a very large programme of change for cancer services which cannot be rushed.

A total recurrent investment of £10.6m has been made over years 1-3 in to support the Cancer Strategy implementation. This funding allocation was substantially lower than the amount outlined in the indicative strategy funding plan published in March 2022.

Whilst there has been significant progress to-date, it will not be possible to fully implement the cancer strategy without significant additional investment over the coming years.

As with most healthcare services in Northern Ireland, a key constraint to the delivery of the change outlined in the cancer strategy is our ability to recruit and retain staff with key skills and experience that are required. A key component of the cancer strategy is to ensure that there is an appropriately resourced and skilled workforce to deliver cancer services.

Work is currently being undertaken across a range of actions to fully understand the number of staff required, and the appropriate skills mix necessary required.

3.1.2 Elective Care

Waiting times for elective care services in Northern Ireland are among the worst in the UK. They are unacceptable and have significantly increased in recent years. This is due to the challenging financial situation, the residual impact of covid and an increasing health service capacity and demand gap.

The Department of Health's Elective Care Framework, updated in May 2024[11], sets out the strategic direction for the development and implementation of the changes necessary for effective sustainable elective care services in Northern Ireland over the next 5-year period. It sets out a thematic plan designed to reduce waiting lists and increase capacity across the elective care system.

The reform of elective care services is multi-factorial and can only be achieved if it is underpinned by a sustainable workforce. A key component of the Framework is to ensure that there is an appropriately resourced and skilled workforce to deliver elective care services here. Without this, it will not be possible to deliver the Framework. This is not just about workforce numbers, it is about different ways of working to get the best service for patients from all available resources and having the right staff with the right skills mix, to do that.

Within the Framework, the objective, 'Transformation of the elective care workforce to meet future requirements and to create effective teams with the right skills mix' sets out the strategic direction aimed at maximising the workforce we have in the best way possible, focusing on increasing the time surgeons spend in theatre, the development of other support roles aimed at ensuring surgeons are able to maximise their capacity, transformation in the outpatient setting with a focus on enhanced triage and patient initiated follow up (PIFU) and expansion of training places and placement for vulnerable specialities. It is recognised that this will take time, however, enhancing and expanding the capacity of our workforce is essential to achieve the ambitions as set out in the Elective Care Framework.

Work has continued across the system to stabilise, expand and develop the elective care workforce, to support more effective use of staff across different specialities. This work will continue to ensure appropriate plans are developed for a robust workforce to underpin the necessary transformational and development work to secure a fit for purpose health service.

[11] *https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf*

On 30 May 2025, the Minister of Health published an Elective Care Framework Implementation Plan[12] which details how the £215m ringfenced allocation in the 2025/26 Northern Ireland Health budget for waiting list activities will be invested across three areas; to expand core capacity to reduce the red flag/time critical capacity gap, increase core routine capacity and non-recurrent funding to start tackling the backlog of patients waiting.

The Implementation Plan sets out a breakdown of how the funding allocated for waiting list activities in this year's budget will be invested with a targeted focus to ensure core capacity is expanded on a sustainable basis across Health and Social Care alongside investment in workforce opportunities.

The Minister of Health on 2nd September 2025 publicly welcomed the very real progress in efforts to reduce the longest waiting times. The Minister of Health highlighted the reductions in longest waits:

- Outpatient waits of over four years down by 14%, and surgical waits of more than four years down by 21%.
- In named specialties like gallbladders and tonsils, waits have fallen by 24%.
- Since April almost 59,000 additional treatments, assessments and diagnostic tests have been delivered – putting the Department on track to hit the Programme for Government target.
- Endoscopy waits are now fewer than half the peak in 2022.
- No child is expected to wait more than a year for an endoscopy, and, by March 2026, no child should wait beyond 13 weeks for scoliosis, cleft lip or squint surgery.

The people who work in Health and Social Care are the system's greatest strength. This should now be seen as the turning point in addressing the demand capacity gap and building up a health service that is sustainable for patients.

[12] *https://www.health-ni.gov.uk/sites/default/files/2025-05/doh-elective-care-framework-funding-plan-may-2025.PDF*

3.1.3 Cancer Strategy

The Northern Ireland (NI) Cancer Strategy launched in March 2022. It sets out 60 actions to transform cancer services over the next decade. This is a very large programme of change for cancer services which cannot be rushed.

A total recurrent investment of £10.6m has been made over years 1-3 to support the Cancer Strategy implementation. This funding allocation was substantially lower than the amount outlined in the indicative strategy funding plan published in March 2022.

Whilst there has been significant progress to-date, it will not be possible to fully implement the cancer strategy without significant additional investment over the coming years.

As with most healthcare services in Northern Ireland, a key constraint to the delivery of the change outlined in the cancer strategy is HSC's ability to recruit and retain staff with the key skills and experience that are required. A key component of the cancer strategy is to ensure that there is an appropriately resourced and skilled workforce to deliver cancer services.

Work is currently being undertaken across a range of actions, including a review of radiotherapy services, and a review of breast services, the outworkings of which will allow The Department to fully understand the number of staff required, and the appropriate skills mix necessary required.

3.1.4 How backlogs caused by pandemic-related disruption to care will be tackled, as well as progress towards reducing them

In relation to the longer-term approach to address backlogs, the Elective Care Framework (ECF) (originally published in June 2021 and updated in May 2024) remains the roadmap for change. It sets out a five-year plan to systematically tackle the backlog of patients waiting, and to invest in and transform services to meet the population's demands in future.

Positive achievements have been made through the development of elective care centres, rapid diagnosis centres and mega clinics. In addition, service reviews have been completed across a number of specialities, subsequently leading to improvements. The Department of Health continues to work with Trusts to increase

productivity and efficiency through the use of a wide range of best practice service improvements.

The Elective Care Framework Implementation Plan, published on 30 May 2025, includes a package of measures to reduce the backlogs including; clearing current four-year waits across a number of specialities, funding specialist procedures for targeted reductions in waiting times including gynae mesh, paediatric scopes, squints, peg tubes, cleft lip, and scoliosis, expansion of elective care services in Primary Care, investment in Mega Clinics and a new Waiting List Reduction Reimbursement Scheme.

Reducing waiting lists will not be a quick fix and it will not be resolved in a year or two. Investment at this level or higher will need to be sustained for up to five years to bring hospital waiting times down to acceptable levels.

The Elective Care Framework (updated 2024) and the 2025 Elective Care Implementation and Funding Plan, published in response to the setting of Programme for Government (PfG) target states the following;

To reduce the current backlog will require a range of other targeted interventions. These initiatives include:

Waiting List Initiatives – In-house and Independent Sector (IS) capacity will be used to address some of the longest waiting for assessments and treatments across a number of general specialties and/or procedures. Funding will also be targeted at some of those specialist procedures where there are long waits impacting women or children.

Waiting List Reduction Reimbursement Scheme (£10m) – The establishment of the Waiting List Reduction Reimbursement Scheme will help facilitate the transfer and treatment of long waiting patients, without impacting on core or local IS capacity. The Scheme would initially offer patients the choice of treatment in the Republic of Ireland, expanding to other European Union providers later in the year. To ensure the maximum impact on waiting times, this Scheme will be limited to those patients who have been waiting at least 24 months for their procedure. Based on the previous schemes, the average cost of £7k per patient has been estimated, this would result in approximately 140 surgeries being funded for every £1m allocated to the scheme. On

8th September the Minister of Health launched phase two of the Waiting List Reimbursement Scheme, delivery on the commitment made when the scheme was first introduced in June.

Mega Clinics – these clinics will be undertaken in all Trusts and will cover a range of specialties including; ophthalmology, orthopaedics, general surgery and ENT. Mega clinics may also be utilised to undertake large scale administrative and clinical validation as this will represent value for money.

Validation – Given the current long waits for routine assessment, it is not uncommon for a patient's clinical condition to change. Undertaking regular validation of the waiting list is important to ensure accuracy of waits and reduce the risk of patient cancellations or Did Not Attends (DNAs). Using both secondary and primary care, there is an opportunity to undertake a targeted validation exercise across a number of specialties and waiting time cohorts. Ensuring accurate and up to date waiting lists will enable more efficient scheduling of activity and should reduce DNAs and Cancellations, thereby improving the overall service productivity. Historically between 5-10% of contacts via validation results in a removal from a waiting list.

3.1.5 The role of the use of multidisciplinary teams in addressing long-term demand growth

The Primary Care Multi-disciplinary Teams (MDTs) Programme has introduced new physiotherapy, social work, and mental health roles into general practice, working alongside the existing practice team and enhanced levels of nursing.

MDT practitioners are working with patients of all ages to ensure they have access to timely assessment and appropriate support to address their individual needs. There is a strong focus on prevention and early intervention to help patients self-manage a variety of issues.

The MDT Programme has already delivered a range of positive outcomes across a variety of areas. By focusing on wellbeing rather than just sickness and proactively managing patient need in their local GP practice setting though a multi-disciplinary early intervention approach we are improving patient outcomes, reducing the need for referrals and appointments elsewhere, and ultimately easing pressure on GP and hospital services.

3.1.6 Primary care

The MDT model remains the key to stabilising and strengthening vital Primary Care services to ensure they can continue to provide high quality care to our people, now and into the future.

As of March 2025, through the rollout of the MDT Programme over 756,000 citizens now have access to physiotherapy, social work or mental health services and benefit from enhanced levels of nursing across 117 GP practices. There are currently in 375.91 whole time equivalent frontline staff working in 7 GP Federation areas in the Primary Care MDT programme. There are currently in 362.59 whole time equivalent frontline staff working across 115 GP practices in 7 GP Federation areas in the Primary Care MDT programme.

Patients can see a member of the MDT without first having to be assessed by a GP, with ongoing challenges with GP retention and recruitment across Northern Ireland MDT practitioners are therefore key in helping to meet rising demand in the primary care setting.

During 2024/25, over 342,000 additional consultations were delivered in General Practice settings by MDT teams. It is estimated that once fully rolled out, the programme could provide around a million consultations each year in General Practice.

Feedback from senior GPs in existing MDT areas indicates that these practice-based MDT roles have been critical in stabilising GP services in these areas and averting further practice closures to date. Of the GP contracts that have been returned over the past two years, none have been from practices with the full MDT in place.

A successful bid for £61m was made to the Transformation Fund, to support the further rollout of the MDT Programme across the five-year span of the Transformation Fund.

Planning for the further rollout of the MDT programme is well developed, focusing on ensuring that the benefits of implementation of the model are as equally distributed as possible while being mindful of current challenging workforce and financial constraints.

Work is ongoing with local areas to finalise plans and further discussions are planned around the levels of investment available for GP leadership in the programme moving forward.

The introduction of new roles such as Advanced Nurse Practitioners, additional General Practice Nurses and General Practice Pharmacists is also making a difference to the capacity of primary care services and how those services are delivered and is contributing to improved patient outcomes.

3.1.7 Utilising the skills and capacity of the 3rd sector

The MDT Programme has worked closely with the Community & Voluntary (C&V)/3rd sectors in each rollout area. During 24/25, in addition in excess of an additional 342k consultations delivered in general practice settings by the MDT team, through innovative use of the MDT Social Work Seed Funding, more than 17,000 patients also benefited from 76,162 total contacts through over 400 targeted community initiatives delivered alongside C&V colleagues.

For appropriate patients, these innovative approaches utilising the skills and capacity of the C&V sector can present an effective and appropriate alternative to a hospital referral or a prescription.

In 24/25, iro 6.4% of patients seen by MDTS had an onward referral to the 3rd sector.

It is expected that further investment to complete the MDT model will increase opportunities to reform referral pathways and increase innovative partnerships with the 3rd sector across all of NI.

3.1.8 HSC Trust services

Full implementation of the MDT model has the potential to deliver an additional 1m patient consultations each year in Primary Care, significantly improving access for patients to a wider range of services in their communities.

Evidence suggests that MDT has a significant transformative effect on the delivery of health and social care services:

- 12% reduction from MDT practices into core Trust servies vs non-MDT practices.

- 15% reduction in Orthopaedic referrals from MDT practices vs 4% reduction in non-MDT practices
- 32% reduction in referrals to adult mental health services from MDT practices vs non- MDT practices.

It is estimated that the full roll out of MDT could result in c10k fewer Orthopaedic referrals/ yr. Similarly, for Integrated Clinical Assessment and Treatment Services (ICATS) / Musculoskeletal (MSK) / Physio it is estimated that MDT could result in 2.8k fewer referrals per year. This in turn has the potential for further transformation of the service offering from HSC Trusts, with associated reallocation of resources.

3.2 Workforce Strategy

Information on Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015 is contained at Appendix 4. That lists strategic workforce planning reviews accepted by the Department of Health and those where work is ongoing or planned for the future.

The Department of Health published the comprehensive Health and Social Care Workforce Strategy 2026: Delivering for Our People in May 2018, with an aim 'by 2026, we meet our workforce needs and the needs of our workforce.'

The Strategy, which covers the period 2018 to 2026 was developed by the Department's Workforce Policy Directorate through detailed engagement with health and social care colleagues across the HSC and independent, voluntary and community sector healthcare providers and trade unions.

The Strategy's Second Action Plan was published on 15 June 2022 and identifies an ambitious range of strategic actions for progression over the next three years (2022/23 to 2024/25). Lead organisations have been assigned to each action to facilitate implementation with delivery of identified actions currently ongoing. Engagement on the development of a third action plan to run from April 2025 commenced in October 2024.

Effective workforce planning is complex and challenging but is essential in order to contribute to ensuring services across Northern Ireland are both sustainable and delivered to the appropriate standard. The range of challenges faced by the health and social care system has reinforced the need to ensure that the workforce is

balanced correctly in terms of numbers and skills. At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for service users within available resources.

The Department has accepted the Skills for Health Six Step Methodology as the tool for all workforce planning. All workforce reviews consider the purpose, scope and ownership of the plan at the outset. Each identifies the goals/benefits of change. It collates the current baseline data, highlights drivers for change e.g. MDT, work life balance/family friendly policies etc. It agrees working models going forward and scenario sets against the working models for future planning. Analysis is carried out of the activities undertaken, types of roles and numbers required, productivity and new ways of working. This helps identify skill sets and levels of interventions for service users and facilitates new ways of working.

In order to project the future workforce requirements, analysis of the demographics alongside the supply chain is examined in great detail. Managing the changes required is complex and challenging and often has significant financial implications. This is a key challenge: it is much easier to assess workforce need than to implement the measures (including recruitment and training) necessary to ensure workforce supply. An implementation plan is developed to oversee and monitor the implementation of each workforce review's recommendations. Our recruitment processes endeavour to reflect the growing diversity of Northern Ireland society, including increasing participation of women and people from minority ethnic backgrounds in the workforce.

Governance arrangements are in place to ensure that all workforce reviews are considered by the Department and seek the approval of Minister (or where necessary, Permanent Secretary) thus ensuring a robust process is in place.

The Department has moved away from sole reliance on uni-professional workforce reviews. Increasingly, a Programme of Care approach will be taken to workforce planning (for example, in areas such as Diabetes, Cancer and Stroke) which endeavours to map the patient journey through the service. This will significantly progress multi-disciplinary working and will be used to build the optimum workforce for future services across health and social care as envisaged by the Workforce Strategy

– see the attached programme of ongoing and planned strategic workforce reviews, with medical specialties highlighted.

The Workforce Strategy Second Action Plan also contains a range of actions aimed at addressing attraction, recruitment and retention across all professions, which have been allocated to the respective Chief Professional Officers to progress alongside HSC employers. A forum has been established for Chief Professional Officers to support collaborative working and sharing of best practice and experience across professions in these areas, with a view to developing profession specific initiatives to attract and retain staff.

3.2.1 Update on implementation and impact to date of the work already completed.

Significant progress has been made in recent years to stabilise and grow the HSC workforce supported by the strategic approach to workforce development outlined in the Health and Social Care Workforce Strategy. This has included a rolling programme of strategic workforce planning, increased commissioning of pre- and post-registration training, better attraction and recruitment of staff, reducing agency dependency and developing initiatives to improve staff retention.

Since publication of the Strategy in 2018 there has been a 17.7% (+10,062) increase in whole time equivalent (wte) staff directly employed by the HSC in Northern Ireland, with 66,865 wte staff in post at the end of March 2025 compared to 56,802 at March 2018.

This includes a 19.4% (+2,938 wte) increase in registered nursing and midwifery staff and a 24.9% increase in (+2,026 wte) increase in professional and technical staff, compared to 2018. Further detail on whole time equivalent workforce numbers for each HSC staff group are outlined in the table below.

The Department of Health has undertaken a series of engagements during 2024/205 with health and social care stakeholders to identify priorities for progression through the third action plan of the Health and Social Care Workforce Strategy which will be published shortly. The third action plan will run for the three year period from April 2025.

3.2.2 Table 2 - HSC Workforce (Whole Time Equivalent) by Staff Group, 31 March 2018 to 31 March 2025

Staff Group	March 2018	March 2025	Difference	% Difference
Administration & Clerical	11,067	13,235	2,168	19.6%
Estates Services	686	827	141	20.5%
Support Services	4,802	5,051	249	5.2%
Registered Nursing & Midwifery	15,112	18,050	2,938	19.4%
Nursing & Midwifery Support	4,374	4,219	-155	-3.5%
Social Services (excl. Domiciliary Care)	7,326	8,848	1,523	20.8%
Professional & Technical	8,137	10,163	2,026	24.9%
Medical & Dental	4,199	5,218	1,019	24.3%
Ambulance	1,100	1,254	154	14.0%
Total	56,803	66,865	10,062	17.7%

Source: Information & Analysis Directorate, Department of Health NI

3.2.3 Long-term workforce demand in Northern Ireland

The Department of Health NI continues to undertake a rolling programme of workforce reviews thorough its strategic workforce planning function. The Department of Health has undertaken a series of engagements during 2024/2025 with health and social care stakeholders to identify priorities for progression through the *Third Action Plan* of the Health and Social Care Workforce Strategy which will run from April 2025. A specific action to *'develop a strategic workforce planning programme to provide a system wide view of workforce requirements across a reformed health and social care system'* will be included within the *Third Action Plan*. This programme of work will include refreshing and augmenting the Department's existing strategic workforce planning programme. As part of this exercise, a refresh of the *Regional HSC Workforce*

Planning Framework[13] will be undertaken to provide further clarity on organisational roles and responsibilities for workforce planning across the HSC.

The feasibility of developing a statistical workforce model to estimate future workforce requirements at uni-professional level will also be explored during 2025/26.

3.3 Workforce Planning

The Department of Health published the comprehensive *Health and Social Care Workforce Strategy 2026: Delivering for Our People*, with the aim that "by 2026, we meet our workforce needs and the needs of our workforce."

The Strategy, which covers the period 2018 to 2026, was developed by the Department's Workforce Policy Directorate through detailed engagement with health and social care stakeholders across the HSC and independent, voluntary and community sector healthcare providers and trade unions.

The Strategy's *Second Action Plan (2022-23 to 2024-25)* was published on 15 June 2022 and identifies a wide range of strategic actions for progression over the next three years. Lead organisations have been assigned to each action and implementation is currently ongoing.

Effective workforce planning is recognised as a key theme within the Strategy and its Action Plans. This is essential to ensuring services across Northern Ireland are both sustainable and delivered to the appropriate standard. The objective is to develop a workforce of the right size, with the right balance of skills, organised in the right way, to provide the best possible care within available resources. The Department utilises the Skills for Health Six Step Methodology as the tool for all workforce planning which is reflected in the *Regional HSC Workforce Planning Framework*.

Operational workforce planning is a responsibility of employers; either HSC organisations or independent, voluntary, community or private sector organisations from whom services are commissioned. This includes service delivery and safe staffing levels, operational vacancy management and recruitment, skill mix/band mix changes, career progression pathways and workforce design to support new models of care within organisations.

[13] https://www.health-ni.gov.uk/publications/regional-hsc-workforce-planning-framework

Long-term, regional workforce planning is led by the Department of Health. It is strategic, including all of the HSC, recognising the links and interdependencies with the independent, voluntary, community and private sectors. The aim is to secure workforce supply across the entire HSC over a 5 – 10 year horizon. While concentrating on workforce supply, it also considers opportunities for workforce development. The resulting strategic workforce review reports provide a sound evidence base for the commissioning of pre- and post-registration training by the Department.

All strategic workforce reviews identify the goals/benefits of change. They collate relevant current baseline data, highlight drivers for change e.g. patient need; multi-disciplinary working; innovation; utilisation of new ways of working; recruitment/retention initiatives such as work life balance/family friendly policies etc. Analysis is carried out of the activities undertaken and the types of roles and numbers required.

Managing the change required is demanding and often has significant financial implications. This is a key challenge: it is much easier to assess workforce need than to implement the measures (including recruitment and training) necessary to ensure workforce supply. For example, if a workforce review report recommends an increase in the number of Whole Time Equivalent relevant staff, the impact of increasing numbers of relevant staff training and working less than full time hours must be recognised in a proportionate expansion in actual training or staff numbers, to deliver the required increase in WTE staff. Governance arrangements are in place to ensure that all strategic workforce reviews are considered by the Department and seek the approval of Minister (or where necessary, Permanent Secretary), thus ensuring a robust process is in place.

The current programme of ongoing and planned strategic workforce reviews is outlined in Appendix 4 to this document. The Department is taking forward the development of a new strategic workforce review programme to inform the optimum workforce going forward. This follows commitments in the *Health and Social Care Workforce Strategy 2026: Delivering for Our People* and its *Second Action Plan (2022-23 to 2024-25)*. It will have an increased focus upon workforce reviews at a Programme of Care level that will consider the numbers and skills mix of all healthcare professional groups

required to the deliver these respective service areas. This will significantly progress multi-disciplinary working and will be used to build the optimum workforce for future services across health and social care as envisaged by the Workforce Strategy. The priority areas for the new strategic workforce planning review programme will continue to be aligned to, and support, the Transformation agenda.

For each strategic workforce review, an implementation plan is developed to oversee and monitor the implementation of the review recommendations. Responsibility for the implementation of strategic workforce reviews lies with the relevant Directorate/Business Area within the Department, working with the key stakeholders identified in the implementation plan. Workforce Policy Directorate will provide annual updates on the implementation of each strategic workforce review to the Workforce Strategy Programme Board as part of the ongoing process of monitoring and evaluation.

The analysis arising from strategic workforce reviews is key to identifying the composition of the optimum workforce. As envisaged in the *Health and Social Care Workforce Strategy 2026*, this will utilise outputs from strategic workforce reviews to provide a system wide view of workforce requirements across the reconfigured health and social care system. However, actual delivery is dependent upon provision of the finance necessary to develop and supply the workforce. The Departmental Minister works alongside ministerial colleagues on the Northern Ireland Executive to secure the funding required to implement the recommendations of workforce reviews.

In 2025/26, the Department will commission 505 Allied Health Professional (AHP) pre-registration training places — the highest ever — alongside 1065 Nursing and Midwifery places and 340 Social Work places. This expansion is part of an annual £160 million investment in workforce commissioning across all professions. This ongoing, strategic approach to workforce development has supported a 17.2% increase in whole time equivalent staff directly employed across the HSC since the publication of the *Health and Social Care Workforce Strategy 2026* in 2018. That amounts to 9,786 additional whole time equivalent staff across the HSC, including 989 (+23.6%) more medical and dental staff, 2,891 (+19.1%) more registered nurses and midwives and 1,928 (+23.7%) more professional and technical staff.

Nevertheless, the Department recognises that current levels of funding remain inadequate, with the one-year Departmental funding cycle seriously constraining assessment of affordability and frustrating the long-term investment in pre- and post-registration education and training required to deliver an optimum workforce. The Department has a comprehensive assessment of unmet education and training commissioning requirements to be translated into a prioritised and costed commissioning plan should additional funding be identified.

Departmental officials will continue to consider opportunities for recommended expansions in the annual review of education and training commissioned by the Department. However, additional pre-registration training places to develop registrant workforce supply, or post-registration to develop enhanced skills, can only be commissioned if relevant recurrent funding is available in a situation where the financial position remains extremely challenging.

Departmental officials are reviewing the breadth of current funding provided in support of healthcare related courses which lead to a career within HSC and will include options for those undertaking pre-registration nursing degree courses. This review is intended to inform options for a public consultation, inclusive of options which may release more funding for the Department to workforce priorities. The current target date to launch that consultation is late summer/early autumn 2025.

Section 4 - Agenda for Change Overview

4.1 Introduction

Agenda for Change is a national set of Terms and conditions which cover a broad diverse spectrum of professional groups within the Health Service that has been agreed aby all four nations with the UK. Staff covered under this within NHS includes including:

- Nursing and Midwifery
- Social Services including Domiciliary Services
- Support Services]
- Administration and Clerical services
- Estates
- Professional and Technical Services
- Paramedics and Ambulance Service

These staff groups cover a large range of skills and experience which are vital in ensuring delivery of high quality care services to patients including maintenance of hospital premises and information systems, delivery of community care, delivery of emergency care, support of medical staff and administration of service delivery.

Agenda for Change was implemented in the NHS and HSC in 2004 and provides a single set of employment terms and conditions for staff covering all elements of their employment including Pay, Sick Absence, Annual Leave etc. These terms do not cover Medical or Dental groups or very senior management who are on separate terms.

4.2 Terms and Conditions difference in Northern Ireland

The Agenda for Change Terms and conditions handbook provides a mostly consistent set of Terms and Conditions across all 4 nations. There are a small number of divergences across the terms between the 4 nations across the following areas, which include:

4.2.1 Pay Structure

NI differs from Scotland, where the current structure of the Agenda for Change pay system in Scotland was agreed as part of a three year pay deal implemented in 2018.

Under these arrangements in Scotland, Bands 2 to 9 are made up of at least two pay points to allow for pay progression in post.

4.2.2 Maintaining Round the Clock Services

In NI this Section was effective from 1 April 2020, whereas in England it was effective from 1 July 2018 and in Wales and Scotland from 1 April 2008.

There are differences in terms and conditions in NI for ambulance staff who are employed by ambulance organisations, they continue to receive unsocial hours payments in accordance with Annex 5 and Annex 6, whereas in England, effective from 1 September 2018, this agreement will apply to ambulance staff who start their employment (new entrants), or who change roles (including promotion) in an ambulance trust in England.

Under Unsocial hours payments, In NI, for staff choosing to move to band 2 from band 1, they should continue to receive payment of unsocial hours payments at the rates applicable to band 1 until such time as their full-time salary exceeds that which is received at band 1. This is not applied in other regions.

NI also has different rates for unsocial hours from those paid in Scotland.

NI also differs from England in that in NI all unsocial hours payments are pensionable and count towards occupational sick pay in line with paragraph 14.4 and contractual maternity pay, in line with Section 15, whereas in England from 1 July 2018, for the purposes of occupational sick pay, unsocial hours payments will not be payable during sickness absences for: staff who first started their employment under the terms of the handbook on or after 1 July 2018.

4.2.3 Career and pay Progression

Under Development of Professional Roles, in both England and Wales Guidance on the development of roles for healthcare professionals on pay band 5 is in annex 20. This does not apply in NI.

NI differs from Scotland in Appraisal and Incremental Progression, where in Scotland, as part of the three-year Agenda for Change deal agreed in 2018, NHS Scotland Employers and Staff Side agreed to review the current approach to Appraisal and Incremental Progression.

In this section, NI sets out guidance on Temporary movement into a higher pay band, where, it states that pay should be set either at the minimum of the new pay band or, if this would result in no pay increase (by reference to basic pay plus any recruitment and retention premium, if applicable) the first pay point in the band which would deliver an increase in pay. This is not replicated in England, Scotland or Wales.

NI also has a section on pay on promotion, which sets out that pay on promotion should be set either at the minimum of the new pay band or, if this would result in no pay increase, the first pay point in the band which would deliver an increase in pay. This is not replicated in England, Scotland or Wales.

4.2.4 Sick Absence

In NI, the definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high-cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work.

Whereas, in England, from 1 July 2018, for staff whose basic pay is above £18,160, and for new starters, full pay is pay which is in line with the appropriate pay point in the relevant pay circular, plus high cost area supplements and any locally agreed pay protection (if these are in payment on the day before the sickness absence begins).

In Wales, regularly paid supplements will not be paid for the first week of sickness absence.

4.2.5 Redundancy Pay

In Scotland, Wales and Northern Ireland, this Section sets out the arrangements for redundancy pay for employees dismissed by reason of redundancy who, at the date of termination of their contract, have at least 104 weeks of continuous fulltime or part-time service. These take effect from 1 October 2006. In England it is 2 years of continuous service and takes effect from 1 April 2015.

Under Qualification for a redundancy payment, in Scotland, Wales and Northern Ireland the employee must also have at least 104 weeks of continuous full-time or part-time service. In England this is 2 years.

Under the Calculation of a redundancy payment, in NI the lump sum will be calculated on the basis of one month's pay for each complete year of reckonable service, subject to a minimum of two years' (104 weeks') continuous service and a maximum of 24 years' reckonable service being counted. England has different calculations for those earning less than £23,000 and those earning over £80,00. In England no redundancy payment will exceed £160,000.

In NI, If the redundant member of staff chooses to take early retirement with an unreduced pension under these arrangements, they will receive immediately the full value of their qualifying pension benefits at the point of redundancy, without the actuarial reduction that would occur with voluntary early retirement.

Whereas in England, pension benefits that are paid earlier than a member's normal pension age are usually reduced to cover the cost of paying the pension early.

4.2.6 Balancing work and Personal Life

NI, England and Wales have the same section. Scotland has additional detail on access to leave arrangements which recognise the additional personal commitments staff may have. Scotland also has additional details on flexible working and goes into more detail on examples such as staff with a disability and staff with health conditions, staff returning to work following maternity/paternity leave etc.

NI, England and Wales set out that employers and trade unions should work in partnership to agree arrangements for considering applications for flexible working in a fair and consistent manner. In Scotland the section reads that all people with flexible working arrangements should have access to standard terms and conditions of employment, on an equal or pro-rata basis, unless different treatment can be justified for operational reasons.

Section 5 – Industrial Action

5.1 Industrial Action

Given the constant financial pressures and delays in implementation faced by the Department of Health in Northern Ireland over the last few years Industrial Action from Agenda for Change Trade Unions has always been a constant risk, with industrial action and strike action taking place over pay in 2022/23.

The Department has continued to engage with Trade Unions to ensure relations are maintained and to foster collaboration in the face of the ongoing challenges with pay and Departmental funding. However there have been ongoing industrial disputes with in particular around shift handovers in the Northern Ireland Ambulance Service and over and staff shortages in relation to Trusts children's services.

The inability to fund the recommended pay award for 2025/26 has also started to increase tensions with Trade Unions. RCN Have recently lodged a trade dispute with the Executive Trusts and the Department over the significant unresolved delay in implementing a pay award for 2025/26 and they have announced they intend to move to ballot their members for strike action. It is likely other unions will follow. Any strike action will have an impact on service delivery, waiting lists, and staff morale on an already strained Health service

Section 6 – Vacancies and Shortages

6.1 Regional Overview

In 2024/25 Trusts continued to deal with varying levels of vacancies and staff shortages across their different staff groups. Staff shortages create additional pressures and workloads both within acute and community settings and across acute wards and departments. Trust's first preferences will always be to fill posts on a permanent basis as this brings consistency, continuity and stability to services. Notwithstanding this, where permanent recruitment is not possible; posts are filled on a temporary basis with agency cover being provided in critical areas as a last resort.

Timely recruitment is paramount in order to secure increased workforce capacity to deliver services to communities. There is ongoing work both internally to the Trusts and regionally to enhance performance and bring improvements to the recruitment process.

Shortages of staff in Trusts affects their workforce in various ways. Increasing workloads where there are vacancies or shortages in a service has a detrimental effect on well-being and performance.

Staff shortages are compounded by high vacancy levels and challenges in recruiting staff in general and more specifically in 'hard to fill' disciplines. This results in:

- increasing workloads to provide services and protect patients
- increasing stress levels,
- increased absence due to sickness,
- lower morale which can permeate beyond individual staff members and impact other healthcare professionals they work with - ripple effect
- Increased risk of errors
- Increased risk of burnout
- High attrition rate as staff leave/ retire.
- Recruitment and Retention Challenges

The shortages could also impact the quality and accessibility of health care for patients with:

- Longer waiting lists
- Reduction in service provision across multiple sites
- Impacts on patient care due to a stretched work force
- Dissatisfaction with service
- Reduced quality of care
- Longer waiting times
- Longer journeys to receive treatment
- Dissatisfaction and complaints
- Increased risk of harm

For each Trust shortages present a number of other risks including:

- Inability to address major healthcare backlogs accrued before and during the pandemic
- Increased reliance on overseas workers
- Financial costs in plugging gaps to maintain services – higher cost agency staff, repeated recruitment campaigns often with no applicants
- Reputational damage to Trust.

An example of the impact of shortage on Midwifery within Trusts can be seen in the outcome of the Renfrew Report, Oct 2024, which was commissioned by the DoH to look at Enabling Safe Quality Midwifery Services and Care in Northern Ireland. Root causes of problems in maternity services included:

- Long term midwifery workforce shortages;
- funding constraints; and
- no consistent strategic direction.

The effects of these have resulted in lack of interdisciplinary discussions, planning review, staff and student stress, distress and retention problems. This has impacted women and babies resulting in serious deficits in care, physical and psychological damage, lack of equity, and long term impact on early years, women's health and population health and wellbeing.

2024/25 has also shown a decrease in overall turnover of permanent staff within Trusts across the board on a regional level from the previous year as laid out in Table 3 below

Table 3 – Regional Permanent Turnover

	2023/24	2024/25	Variance
South-Eastern Health and Social Care Trust	8.8%	8.3%	-0.5%
Southern Health and Social Care Trust	8.8%	7.6%	-1.2%
Northern Health and Social Care Trust	8.3%	7.3%	-1.0%
Belfast Health and Social Care Trust	8.2%	7.3%	-1.0%
Western Health and Social Care Trust	7.8%	6.8%	-1.1%

Source: Southern Health and Social Care Trust

Higher levels of turnover can have immediate and lasting consequences for Trusts with loss of valuable knowledge and experience, increased cost in recruitment, decreases in productivity, and loss of morale for those staff remaining.

Vacancy and turnover data is set out below for each Trust with any reasons for leaving that were captured also presented. The largest reason for leaving across Trusts is resignation however, as with previous years, the voluntary nature of exit questionnaires have meant it is difficult to provide more detailed information behind reasons for resignations etc.

Vacancies and turnover impacts the quality, timeliness, and continuity of service delivery, both in acute hospital environments and in community-based services. Within acute settings staff are having to cover a higher number of beds/ wards. In the community, increased demand and clinical complexity, vacancies and turnover are undermining the services ability to support early intervention and hospital avoidance.

6.2 Trust Specific vacancies and turnover

6.2.1 Belfast Trust

Turnover in Belfast Trust has decreased overall from the 2023/24 financial year in relation to Agenda for Change Staff with numbers of leavers and turnover rate for both permanent and temporary staff set out in Table 4 for 2024/25. The Trust continues to face shortages across all staff groups with vacancy rates across the professional groups within Belfast Trust remaining at a consistent level throughout the year apart from a significant drop in psychology professions and a significant increase in Estates.

Table 4 - Leavers in Belfast Trust 2024/25

1 April 2024 - 31 March 2025									
Personnel Area	Permanent Staff			Temporary Staff			Overall Totals		
	No. of Leavers	Average No. of Staff	Percentage of Leavers	No. of Leavers	Average No. of Staff	Percentage of Leavers	No. of Leavers	Average No. of Staff	Percentage of Leavers
Admin & Clerical	207	3465	5.97%	64	272	23.53%	271	3737	7.25%
Estates	17	243	7.00%	4	9	44.44%	21	252	8.33%
Nursing & Midwifery	543	7623	7.12%	15	95	15.79%	558	7718	7.23%
Prof & Tech	276	3840	7.19%	29	141	20.57%	305	3981	7.66%
Social Services	247	2626	9.41%	111	110	100.91%	358	2736	13.08%
Support Services	172	2000	8.60%	6	126	4.76%	178	2126	8.37%
Grand Total	1462	19,797	7.39%	229	753	30.41%	1691	20,550	8.23%

Source: Belfast Health and Social Care Trust

Table 5 outlines the vacancy trend in the last year based on staff in post information from the financial system.

Table 5: Vacancy rates by professional group

	Aug-23	Mar-24	Sep-24	Dec-24	Mar-25
Nursing	13%	14%	15%	14%	15%
Professional & Technical	3%	8%	7%	6%	8%
Pharmacy	13%	10%	9%	10%	10%
AHP	14%	11%	12%	13%	10%
Psychology	29%	22%	22%	15%	18%
Administration	14%	15%	15%	15%	16%
Support Services	18%	19%	21%	21%	21%
Social Services	19%	17%	18%	19%	20%
Estates	10%	8%	18%	18%	18%

Source: Belfast Health and Social Care Trust

6.2.2 Northern Trust

Table 6 sets out the Trust's workforce (excluding medical and dental) as of 30 September 2024 and 31st March 2025. In that period there has been a 0.53 per cent and 0.48 per cent decrease in headcount and WTE respectively.

Table 6 – Overall Headcount and WTE by Personnel Area (excluding Bank Workers WTE <0.03 excluding Med & Dental)

Personnel Area	As of 30 September 2024		As of 31 March 2025	
	Total Headcount	Total WTE	Total Headcount	Total WTE
Admin & Clerical	2,124	1,783.08	2087	1748.22
Estates	169	167.67	169	168.07
Nursing& Midwifery	4,106	3,577.15	4223	3690.38
Professional & Technical	1,971	1640.39	2017	1676.23
Social Services	2,882	2,447.41	2861	2430.80
Support Services	1,093	798.96	1127	819.40
Total	**12,345**	**10,414.666**	**12,484**	**10,533.10**
	444	**392.93**	**455**	**402.28**

Source: Northern Health and Social Care Trust

The Trust faces staff shortages across all professional groups, including nursing support, social work and support services and domiciliary care. The below table sets out the percentage of the Trust's permanently funded posts are vacancy as at September, December and March 2025.

Table 7- Trust's permanent funded post vacancies comparison September 24, December 24 and March 25

Profession	% of perm vacancies 30/09/24	% of perm vacancies 31/12/24	% of perm vacancies 31/03/25	Difference since 31/03/24
Admin & Clerical	9.3%	9.7%	10.7%	↑ 1.5%
Domiciliary/ Homecare	38.5%	39.7%	40.3%	↑ 3.2%
Estates	9.3%	9.4%	7.4%	↑ 1.4%
Support Services	21.9%	20.5%	19.1%	↓ 2.5%
Reg. Nursing/ Midwifery	9.0%	6.1%	6.5%	↓ 2.0%
Non-Reg. Nursing/ Midwifery	15.2%	16.8%	16.4%	↑ 2.0%
Registered Social Work	5.4%	4.9%	6.0%	↓ 1.6%
Non-Registered Social Work	10.7%	10.3%	9.1%	↓ 5.3%
Professional & Technical	9.1%	8.2%	7.8%	↑ 0.2%

Source: Northern Health and Social Care Trust

Table 8 below shows the number of AfC roles being **actively recruited** to as of 31 March 2025. Please note, this does not account for vacancies which are not being recruited to.

Table 8 - Number of vacancies actively being recruited to as of 31st March 2025

Staff Group	Bands 1-4	Band 5	Band 6-7	Bands 8 & above	Total Post Count
Generic	0	12	18	4	34
Admin & Clerical	74	12	5	6	97

Estate Services Staff	4	3	5	0	12
Support Services/User Experience	79	0	0	0	79
Health Visitors		15	2	0	17
Districts Nurses		20	3	0	23
Paediatric Nurses		5	0	0	5
Mental Health Nurses		0	4	0	4
Learning Disability Nurses		6	5	0	11
All Other registered Nurses		86	22	4	112
Registered Midwives		1	10	0	11
Nurse Support	88				88
Midwifery Support					0
Social Workers		0	51	12	63
Social Care Workers	109	8	0	0	63
Domiciliary Care Workers	10	0	0	0	10
Other Social Services staff	60	5	2	0	67
Physiotherapists		5	5	2	12
Occupational Therapists		9	14	0	23
Speech & Language Therapists		0	6	1	7
Podiatrists		2	0	0	2
Dietitians		1	4	0	5
Orthoptists		0	1	0	1
Radiographers		4	2	0	6
Pharmicists		0	12	3	15
Clinical Psychologist	2	3	4	4	13
Pharmacy Technician/Pharmacy Support	7	0	0	0	7

Scientist/Scientist Support/Medical Technical Officer/Assistant Technical Officer	1	1	2	0	4
Other Professional & Technical staff	9	1	3	0	13
	443	**199**	**190**	**26**	**858**

Source: Northern Health and Social Care Trust

Table 9 sets out the turnover for permanent staff by Personnel Area.

Table 9 - Leavers by Personnel Area from 01 April 2024 to 31st March 2025

Personnel Area	No of leavers who held a permanent contract	% of permanent staff leaving
Admin & Clerical	142	7.14%
Estates	10	6.06%
Nursing & Midwifery	265	6.49%
Professional & Technical	118	6.21%
Social Services	219	7.98%
Support Services	123	11.39%

Source: Northern Health and Social Care Trust

Table 10 depicts the cumulative new starts and leavers for each area by contract type from 01 April 2024 to 31st March 2025. Social Services have the greatest increase in staff with a net gain of 29; this is likely, in part, to be as a result of students who have qualified joining the workforce.

Table 10 - Personnel Area Cumulative New Starts & Leavers: 01 April 2024 – 31st March 2025

Personnel Area	Perm new start h'count	Perm leaver h'count	Temp new start h'count	Temp leaver h'count	Diff bt New Starts & Leavers	Diff bt Perm New Starts & Leavers	Diff bt Temp New Starts & Leavers
Admin & Clerical	94	142	22	18	-44	-48	4
Estates	13	10	2	2	11	9	2
Nursing & Midwifery	320	265	58	42	71	55	16
Professional & Technical	145	118	45	48	24	27	-3
Social Services	225	219	60	31	35	6	29
Support Services	161	123	12	8	42	38	4
Grand Total	**218**	**215**	**59**	**40**	**22**	**3**	**19**

Source: Northern Health and Social Care Trust

6.2.3 Southern Trust

Table 11 shows the breakdown of vacancies within Southern Trust across its AfC staff groups with a more detailed breakdown amongst Nursing & Midwifery, Social Services and Professional and Technical Staff Groups set out in Table 12.

Table 11 - SHSCT Vacancies (Actively Being Recruited)

	Number of Vacancies being Actively Recruited					Trend	Variance (Mar 24 - Mar 25)
Personnel Area	**31-Mar-24**	**30-Jun-24**	**30-Sep-24**	**31-Dec-24**	**31-Mar-25**		
Admin&Clerical	113	120	121	144	108		**-5**
Estates	14	11	10	14	13		**-1**
Support Serv/User Exp.	22	21	24	20	44		**22**
Nursing & Midwifery*	273	194	226	243	278		**5**
Social Services	423	376	381	384	401		**-22**
Professional & Tech.	117	111	109	123	128		**11**
Total	**962**	**833**	**871**	**928**	**972**		**50**

Note: Band 5 Nursing Vacancies at 31 March 2025 - (56) - 21 are temporary positions which are generally filled from a flexible pool of staff the Trust has in place for maternity leave cover or via the Trust's Nurse Bank for block bookings. When a core vacancy arises the Trust aligns some of these internally via the flexible pool as opposed to via a recruitment exercise. Source: Southern Health and Social Care Trust

Table 12 – Vacancies as 31 March 2024 and 2025 by Personnel Area and Staff Group

Personnel Area	**Staff Group**	**31-Mar-24**	**31-Mar-25**	**Variance**
Admin&Clerical	Admin & Clerical	113	108	⇩ -5
Estates	Estates Services Staff	14	13	⇩ -1
Support Serv/User Exp.	Support Services/User Experience	22	44	⇧ 22
Nursing & Midwifery	All Other Registered Nurses	74	92	⇧ 18
	Nurse Support	110	88	⇩ -22
	Mental Health Nurses	34	51	⇧ 17
	Registered Midwives	11	17	⇧ 6
	Learning Disability Nurses	21	13	⇩ -8
	Paediatric Nurses	13	11	⇩ -2

	Health Visitors	6	4	⇩ -2
	District Nurses	4	1	⇩ -3
	Midwifery Support	0	1	⇧ 1
Social Services	Domiciliary Care Workers	234	233	⇩ -1
	Social Care Workers	107	89	⇩ -18
	Social Workers	81	77	⇩ -4
	Other Social Services staff	1	2	⇧ 1
Professional & Tech	Pharmacy Technician / Pharmacy Support	19	27	⇧ 8
	Physiotherapists	23	27	⇩ -2
	Occupational Therapists	10	19	⇧ 9
	Pharmacists	7	17	⇧ 10
	Allied Health Profession Support	0	15	⇧ 15
	Radiographers	7	7	⇧ 0
	Other Professional & Technical staff	25	5	⇩ -20
	Scientist/ Scientist Support/ MTO/ Asst Technical Officer	7	5	⇩ -2
	Podiatrists	2	4	⇧ 2
	Clinical Psychologist	2	4	⇧ 2
	Speech & Language Therapists	9	2	⇩ -7
	Dietitians	6	2	⇩ -4
	Orthoptists	0	0	⇧ 0

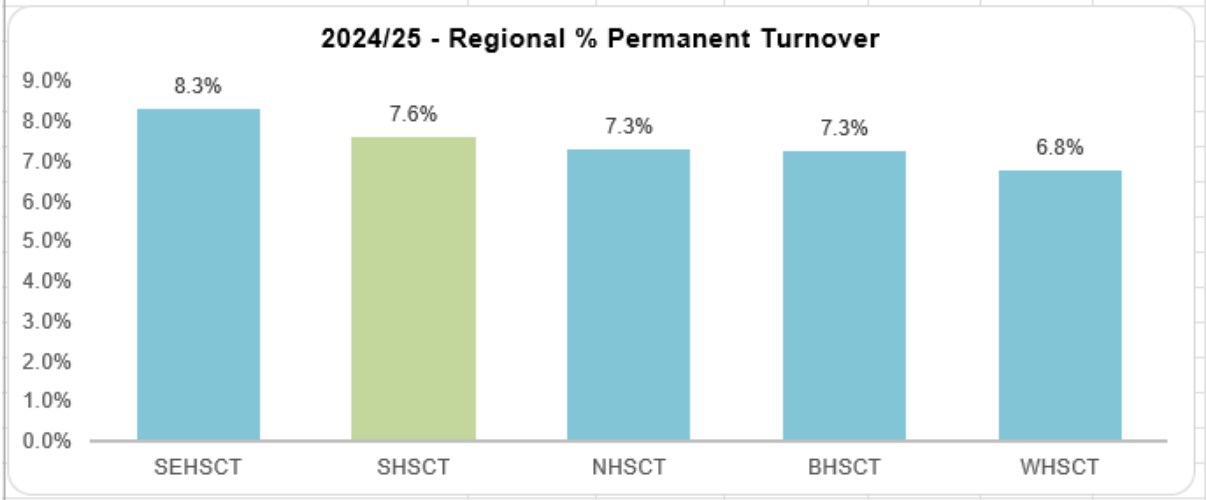
Source: Southern Health and Social Care Trust

Overall Turnover within Southern Trusts has decreased from 2023/24 as can be seen in Charts 1 and 2. This reduction from the previous year can also be seen across almost all staff groups as shown in Table 13.

Chart 1 – Regional Permanent Turnover

a. Regional Permanent Turnover

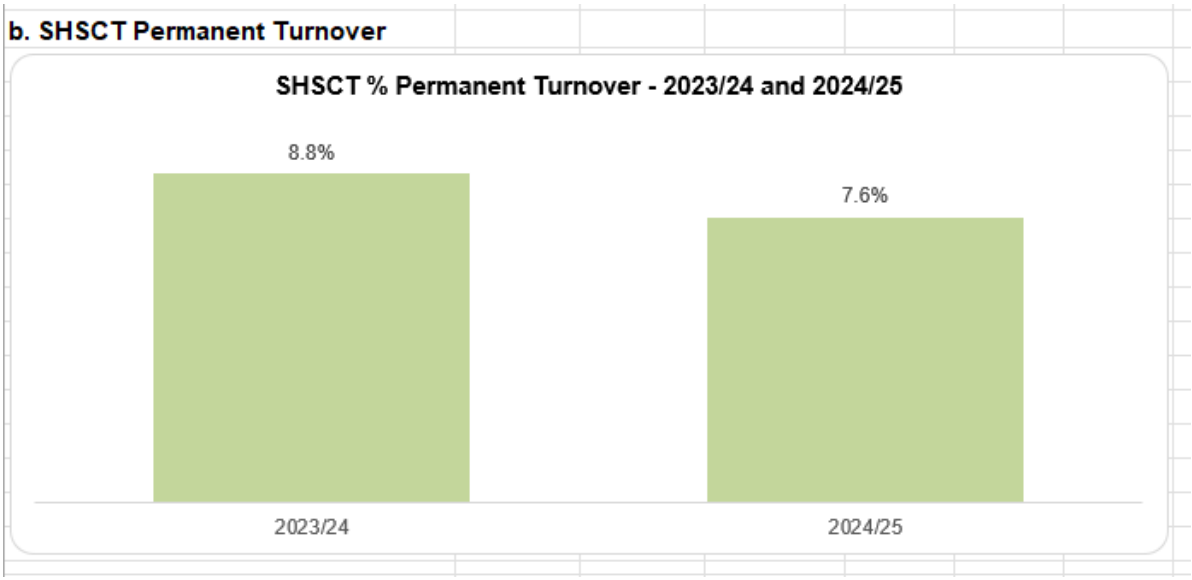
	2023/24	2024/25	Variance
SEHSCT	8.8%	8.3%	-0.5%
SHSCT	**8.8%**	**7.6%**	**-1.2%**
NHSCT	8.3%	7.3%	-1.0%
BHSCT	8.2%	7.3%	-1.0%
WHSCT	7.8%	6.8%	-1.1%



Source: Southern Health and Social Care Trust

Chart 2 – SHSCT Permanent Turnover

b. SHSCT Permanent Turnover



Source: Southern Health and Social Care Trust

Table 13 – SHSCT % Turnover 2023/24 and 2024/25

Personnel Area	2023/24	2024/25	Variance
Admin & Clerical	6.4%	6.5%	⇧ 0.2%
Estates	9.6%	7.8%	⇩ -1.8%
Support Services	11.4%	8.1%	⇩ -3.2%
Nursing & Midwifery	8.7%	6.8%	⇩ -1.9%
Social Services	11.4%	10.3%	⇩ -1.1%
Professional & Technical	6.7%	6.7%	⇩ 0.0%
Ambulance	0.0%	0.0%	⇨ 0.0%

Source: Southern Health and Social Care Trust

6.2.4 South Eastern Trust

The Trust has sought creative ways to attract new staff to work in the service through recruitment and attraction methods outside of what has been traditionally used, such as hosting a Trust wide careers fair in March 2025 in which over 30 professions attended to promote their area. There is also a local and regional focus on reducing the use of agency staff across both Social Work and Nursing. While both these methods have been successful in reducing vacancies and providing more stability into the workforce, significant staffing gaps remain which restricts the Trust achieving its corporate goals.

The Trust continues to operate in a labour market where, across a number of key services (Mental Health and Social Care roles), there is an insufficient supply both locally and nationally of staff across the majority of its staffing groups. This affects the Trust's ability to deliver safe and effective care to its patient and service users and poses a risk to the Trust that has been noted on the Trust's Corporate Risk Register.

Table 14 below describes the number of vacant AfC posts actively being recruited to by the Trust as at the end of March 2025.

Table 14 - Trust Vacancies at 31 March 2025.

Staff Group	Number of vacancies actively being recruited to at 31st March 2025			
	Bands 1-4	Bands 5-7	Bands 8 & above	Total Post Count
Generic		11	2	13
Admin & Clerical	82	18	12	112
Estates Services Staff	1	5	2	8
Support Services/User Experience	111	3		114
All Other Registered Nurses		180	8	188
District Nurses		0	3	3
Health Visitors		1		1
Learning Disability Nurses		3		3
Mental Health Nurses		40		40
Paediatric Nurses		8	1	9
Registered Midwives		20	2	22
Nurse Support	74	0		74
Midwifery Support		0		
Social Workers		98	6	104
Social Care Workers	32	14		46
Domiciliary Care Workers	34	2		36
Other Social Services staff	66	7		73
Physiotherapists		14		14
Occupational Therapists		24		24
Speech & Language Therapists		7		7
Podiatrists		3		3
Dietitians		5		5
Orthoptists		0		
Radiographers		14		14
Pharmacists		25	2	27

Clinical Psychologist	3	4	2	9
Pharmacy Technician / Pharmacy Support	9	1		10
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	4	2	1	7
Other Professional & Technical staff	8	5	2	15
Total	**424**	**514**	**43**	**981**

Source: South-Eastern Health and Social Care Trust

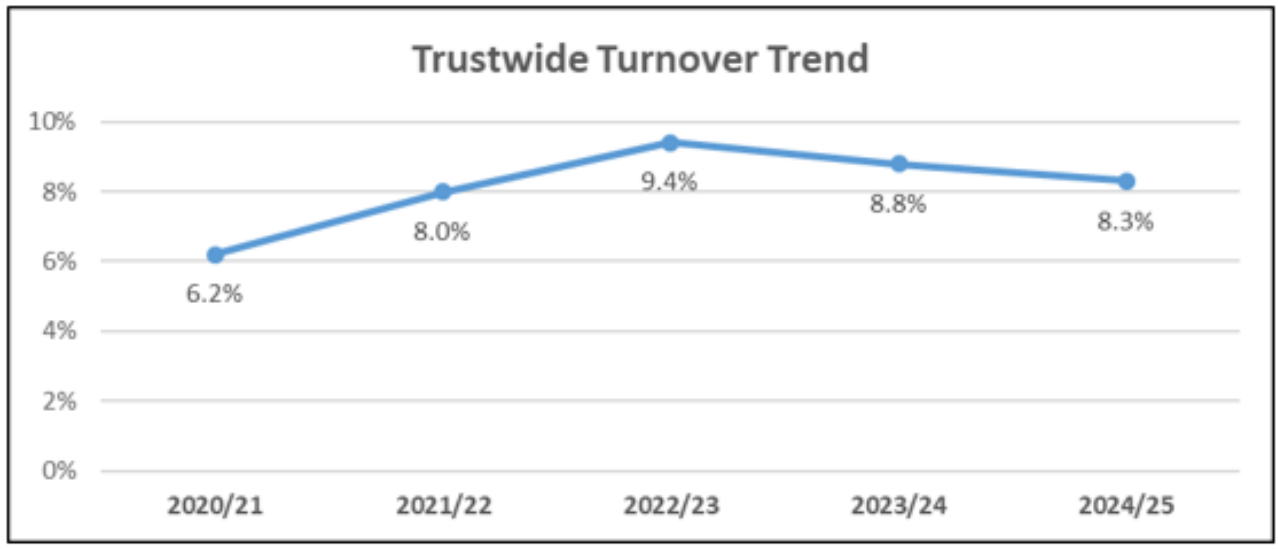
Table 15 shows the staff turnover across the Trust's Directorates at 31st March 2025, 8.32%. The Trust turnover rate for the previous rolling year was 8.79%.

Table 15 - Breakdown of Leavers from 1st April 2024 to 31st March 2025.

Directorates	Average Headcount	Leavers who held a permanent contract	Percentage Turnover of permanent staff
Adult Services	1318	123	9.33%
Children's Services & Social Work	1078	75	6.96%
Finance & Estates	219	25	11.43%
Medical Specialties	451	19	4.21%
Medicine & Unscheduled Care	1826	149	8.16%
Nursing, Midwifery & Support Services	1318	127	9.63%
People & Organisational Development	126	7	5.54%
Planning, Performance & Informatics	275	16	5.81%
Primary Care & Older People Service	2681	231	8.62%
Surgery & Elective, Mat & Paediatrics	1972	165	8.37%
TRUST TOTAL	**11264**	**936**	**8.32%**

Source: South-Eastern Health and Social Care Trust

Chart 3 – Trust wide Turnover Trend



Source: South-Eastern Health and Social Care Trust

The graph shows a consistent downward trend for the last two years indicating a steady decline in labour turnover from 9.4% in 2022/23 to 8.3% in 2024/25.

6.2.5 Western Trust

As at 31 March 2025, the Western Trust reported 831 vacancies in **AFC roles**, an increase of 15.45% from the previous year. This increase is reflective of the significant volume of vacancies at band 2. A further 31% were Nursing and Midwifery, with 19.7% in the Social Care job group, which includes Domiciliary Care, as detailed in the table below. These vacancies are only those which are currently being recruited to.

Table 16 – AFC Trust Vacancy Rates for all Professions September 2023 to March 2025

Staff Group	Total number of vacancies being recruited					% Inc. / Dec.
	Sept 2023	March 2024	June 2024	Sept 2024	March 2025	
Nursing & midwifery	306	162	222	213	188	-11.74%
A & C	191	137	171	132	182	37.88%
Social Care	177	88	75	140	118	-15.71%
Support Services	92	26	70	35	114	225.71%
AHPs	90	58	59	72	113	56.94%
N&M support roles	101	86	70	59	49	-16.95%
Social Work	94	78	30	39	46	17.95%
Estates	14	8	11	10	14	40.00%
Other Professional & Technical	91	34	73	30	7	-76.67%
Total	**1156**	**677**	**781**	**730**	**831**	**15.45%**

Source: Western Health and Social Care Trust

Workforce shortages result in an inability to recruit staff to some specialities and positions. Hard-to-fill posts continue to include areas such as:

Table 17. Areas with hard to fill posts

Areas with hard to fill posts	
Nursing	Emergency Department Medical Care of the Elderly Mental Health Learning Disability Children's Nursing and Neonatal Midwives Theatres
Professional & Technical	AHPs including Podiatry, Physiotherapy, Dietetics, Speech Therapy and Occupational Therapy Plumbers Electricians Laboratory staff.
Social Care	Social workers Social care workers

Source: Western Health and Social Care Trust

6.2.5.1 Nursing & Midwifery

The WHSCT had been experiencing higher levels of vacancies in nursing and midwifery, particularly in the last few years. The Trust has reported the lowest number of adult nurse vacancies in 2025/26.

- 2020 there were 56 Band 5 vacancies
- 2021 there were 68 Band 5 vacancies
- 2022 there were 48 Band 5 vacancies
- 2023 there were 90-100 Band 5 vacancies.
- 2024 there were 92 Band 5 vacancies
- 2025 there were 32 Band 5 vacancies

Table 18 – Summary of Nursing Vacancies as at June 2025

Summary of all Nursing Vacancies June 2025	Band 5 Temp	Band 5 Perm
Directorate of Planned Care Services	8	1
Directorate of Unscheduled Care, Medicine, Cancer& Clinical Services	0	1
Directorate of Community & Older People's Services	6	1
Directorate of Adult Mental Health & Disability Services	11	1
HR Directorate	0	1
Directorate of Children and Families	0	2
Total	**25**	**7**

Source: Western Health and Social Care Trust

Table 19 - Turnover Rates April 2024 to March 2025

Year	Average Perm Headcount	Perm Leavers	Turnover
2018/2019	9682	611	6.31%
2019/2020	10229	594	5.81%
2020/2021	10479	627	5.98%
2021/2022	10523	924	8.78%
2022/2023	10583	822	7.77%
2023/2024	10857	809	7.45%
2024/2025	11175	750	6.71%

Source: Western Health and Social Care Trust

Table 20 - Breakdown of Leavers by Job Family for the Year 2024/2025

Job Family	Av. Perm Headcount	Perm Leavers	Turnover
Admin&Clerical	1808	114	6.31%
Estates	145	10	6.90%
Medical & Dental	317	18	5.68%
Nursing & Midwifery	4201	256	6.09%
Professional & Tech.	1638	102	6.23%
Social Services	1936	118	6.10%
Support Service/User Exp	1130	132	11.68%
Total	**11175**	**750**	**6.71%**

Source: Western Health and Social Care Trust

6.2.5.2 Other professions

The Trust is continuing to face persistent workforce pressures in; Family and Childcare Social Work; Facilities Management, and Digital Services

6.2.6 NI Ambulance Service (NIAS)

Table 21 – Attrition Rates Over Last 3 Years

	2022-23	2023-24	2024-25
Staff Turnover %	5.13%	7.22%	5.89%

Source: Northern Ireland Ambulance Service

The impact of turnover and shortages can be:

- Patients and Service Users
  - Longer wait times for ambulances.
  - Inability to meet the demand for scheduled services or late services.
  - Reduced quality of care and patient dignity.

- Staff
    - Delayed handovers due to staff not being available to relieve crews at the end of shifts.
    - Inability to grant annual leave to staff leading to burn out and reduced morale.
    - Reduced morale due to work pressures.
    - Increase absence rates.
    - Higher attrition with staff leaving NIAS.
    - Increased numbers of incidents/accidents or errors.

- The organisation
    - Reduced public confidence in NIAS.
    - Increased Industrial Relations issues due to safe staffing challenges ASOS.
    - Increased litigation due to work related stress.

Shortages can also result in significant overtime and bank usage and whilst this is helpful in addressing acute shortages in cover is not a sustainable solution to long-term vacancies and exacerbates staff burn out, tiredness and low morale.

It should be noted that the figures presented below are impacted by an ongoing restructure across scheduled care services. The Trust has received recurrent funding for growth in services over the short to medium term. This additional money has increased the funded establishment for operational staffing increasing the vacancy rates. The NIAS Tactical Workforce Group has been developed as a strategic group to develop and implement a plan for achieving full recruitment against the revised funded establishment. The tables below show the WTE and Headcount figure for month 3 2025 for NIAS:

Table 22 indicates the total WTE vacancies at the Band 3 and 4 level within the Scheduled Care service. There are 48.8 WTE Band 3 vacancies and 12.0 Band 4 vacancies. The Trust is resourced to cover 82.5% (17.5% vacancy rate) of our funded establishment at Band 3. This represents an area of pressure for the Trust and impacts our ability to deliver services effectively.

The Trust is due to commence an additional 12 Band 4 staff in September 2025 therefore eliminating the vacancies in this area.

Table 22 - Vacancies for NIAS Scheduled Care Service for Month 3 2025

Cost Centre Description	BAND	Established Funding	Substantive Staff	Agency Staff	Total Staff	Variance
Frontline Staff	3	268.5	219.7		219.7	48.8
	4	13.0	1.0		1.0	12.0
	7	4.0	0.0		0.0	4.0
Frontline Staff Total		**285.5**	**220.7**	**0.0**	**220.7**	**64.8**
Control	3	17.0	13.8	1.7	15.5	1.5
	4	1.0	1.0		1.0	0.0
	5	12.0	12.0		12.0	0.0
	6	1.0	2.0		2.0	-1.0
	7	1.0	1.0		1,0	0.0
Control Total		**32.0**	**29.8**	**1.7**	**31.5**	**0.5**
Senior Manager	7	1.0	0.0		0.0	1.0
	8a	1.0	1.0		1.0	0.0
Senior Manager Total		**2.0**	**1.0**	**0.0**	**1.0**	**1.0**
Admin & Clerical	3	2.0	0.0		0.0	2.0
	4	1.0	1.0		1.0	0.0
Admin & Clerical Total		**3.0**	**1.0**	**0.0**	**1.0**	**2.0**
Grand Total		**322.5**	**252.5**	**1.7**	**254.2**	**68.3**

Source: Northern Ireland Ambulance Service

Table 23 - Vacancies for NIAS Unscheduled Care Service for Month 3 2025

Cost Centre Description	BAND	Established Funding	Substantive Staff	Agency Staff	Total Staff	Variance
Frontline Staff	3	0.0	1.0		1.0	-1.0
	4	345.0	308.5		308.5	36.5
	6	543.0	420.6		420.6	122.5
	7	20.0	22.9		22.9	-2.9
Frontline Staff Total		**908.0**	**752.9**	**0.0**	**752.9**	**155.1**
Control	3	3.0	2.4	0.8	3.2	-0.2
	4	60.0	45.4	0.4	45.8	14.2
	5	9.0	11.3		11.3	-2.3
	6	30.0	29.7		29.7	0.3
	7	11.6	9.0		9.0	2.6
Control Total		**113.6**	**97.8**	**1.2**	**99.0**	**14.6**
Senior Manager	8a	8.0	9.0		9.0	-1.0
	8b	1.0	1.0		1.0	1.0
Senior Manager Total		**9.0**	**10.0**	**0.0**	**10.0**	**-1.0**
Admin & Clerical	3	6.0	2.0		2.0	4.0
	4	7.0	7.9	1.0	8.9	-1.9
	5	5.0	2.0		2.0	3.0
Admin & Clerical Total		**18.0**	**11.9**	**1.0**	**12.9**	**5.1**
Grand Total		**1048.6**	**872.6**	**2.2**	**874.8**	**173.8**

Source: Northern Ireland Ambulance Service

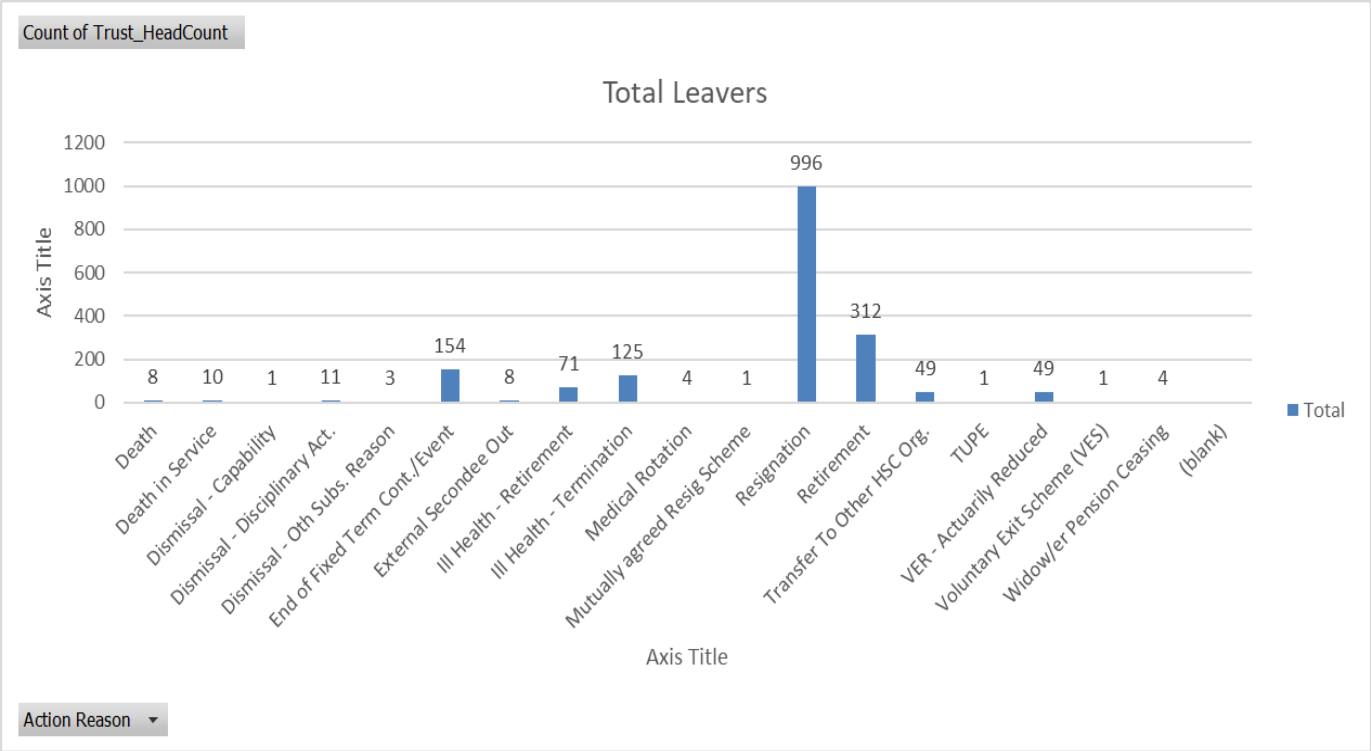
Table 23 indicates the vacancies for NIAS Unscheduled Care Service for month 3 2025. For frontline staffing there are 36.5 WTE vacancies at Band 5 and 122.5 vacancies at Band 6 across our unscheduled care service. The Trust therefore has 10.5% vacancies at Band 5 and 22.5% vacancies at Band 6. The position for Control staffing also remains challenged with 14.2 WTE vacancies at Band 4 representing a vacancy rate of 24%. NIAS continues to report challenges with recruiting suitably qualified support staffing (HR, admin, finance etc) at all Bands across the Trust. This results in a reliance on agency staffing as a temporary backstop which often leads to short-term filling of essential support positions.

The attrition/turnover rate for the period June 24 to May 25 is 5.6%.

6.3 Leavers and Reasons for Leaving

The quality of the information may not be fully accurate as it is reliant on managers selecting the correct leaving reason. Anecdotally the Trust understands managers may choose 'resignation' as it is the top of the drop-down list. Effective workforce planning requires timely, up-to-date and reliable data; current HSCNI information systems does not facilitate this. Also not all staff complete the exit interview questionnaires. For example in Belfast only 6% in 24/25 completed them.

Chart 4 - Reasons for leaving as recorded on the leaver paperwork completed by managers in Belfast Trust.



Source: Belfast Health and Social Care Trust

Table 24 reasons for leaver action on 1st April 2024 – 31st March 2025

Rank	Reason	% total leavers
1	Resignation	58.6
2	Retirement	20.13
3	End of fixed term contact	7.28
4	Ill health termination	5.48
5	Ill health retirement	4.16

Source: Northern Health and Social Care Trust

Table 25 below shows a breakdown of the reasons for leaving for those employees who left the Trust in the rolling year 1st April 2024 – 31st March 2025, 64% of leavers resigned their post while a further 18% retired.

Table 25 - Breakdown of Reasons for Leaving in Southeastern Trust

Leaver Reasons	Headcount
Resignation	595
Retirement	166
Ill Health	123
Transfer To Other HSC Org.	40
Dismissal	8
Other	4
Total	**936**

Source: South-Eastern Health and Social Care Trust

Table 26 Reason for leaving and number of leavers (includes permanent and temporary) Western Trust

Reason	Number of Leavers
Death in Service	9
Dismissal - Disciplinary Act.	13
End of Fixed Term Cont./Event	49
Ill Health – Retirement	38
Ill Health – Termination	63
Resignation	525
Retirement	157
Transfer To Other HSC Org.	12
Other	10
Total	876

Source Western Health and Social Care Trust

The Trust does not have information on where leavers who resign move to.

Table 27 shows the leavers by personnel areas for NIAS. The highest attrition rates are across the ambulance services.

The attrition outlined contributes to vacancy levels. The Trust is in the process of reviewing its demand and capacity levels and associated organisational workforce planning over the coming years. An associated report has been produced following a commissioned review which takes account of developments such as the introduction of new Advanced Paramedic roles, a new Integrated Clinical Hub (to manage demand through innovative solutions linked to Hear and Treat processes with telephone triage).

Table 27 – Leavers by Personnel Area

Personnel Area	Number of Leavers
Admin & Clerical	12
Ambulance	82
Senior Executives	2
Support Services	5
Total	**101**

Source: Northern Ireland Ambulance Service

Table 28 below shows the reason staff have left the Trust in the same period.

Table 28 - Reasons Staff Have Left Trusts

Reason	Number
Administrative purposes	8
Death in Service	2
End of fixed Term Contract	1
Ill health – retirement	11
Ill health termination	8
Resignation	43
Retirement	26
Transfer to other HSC org	1
Widow/er pension ceasing	1
Total	**101**

Source: Northern Ireland Ambulance Service

Section Seven Recruitment and Attraction

7.1 Challenges for Recruitment

In approaching recruitment across the region Trusts are faced with a number of challenges. In recent years the lack of a timely pay settlement for HSCNI staff means it is increasingly difficult to attract people to work in the sector. This is compounded by a lack of pay harmonisation across the 4 nations. Bands 1-3 in Wales ae normally paid higher due to their status as a real living wage employer and due to direct negotiations Scotland have consistently given AfC staff higher pay awards over the last few years with staff receiving a 4.25% uplift for 2024/25 and an uplift of 3.75% already agreed for 2026/27. The inability at present to match other NHS employer salaries impacts on the attractiveness of HSC employers. Moreover, there is a concern students who have studied in the rest of the UK who were contemplating returning to Northern Ireland post qualification will delay returning to Northern Ireland if at all as a direct result of pay disparity. This was reflected at a recent Social Work Job Fair attended in England by Social Work colleagues and based on some feedback from AHP applicants who had previously worked within the NHS.

HSC employers are also trying to recruit staff to Band 2-3 roles in a very competitive labour market. The vacancy rate within non-registrant grade (Bands 2 & Band 3) support roles tend to be high and the inability to attract staff at this level and the impact of this gap on skill mix is a concern for Trusts. The significant vacancy rates at Band 3 across a number of areas will be further impacted by the increase to the earnings threshold for skilled workers that came into effect in April 2025.

In Estates, the differential in pay between the public sector and private sector, particularly given the level of expertise required in HSC impacts the ability to appoint. There is a general under supply of engineering graduates which the private sector is better able to manage through the use of apprenticeships and sponsorship, leverages which are not currently available to HSC.

7.2 Initiatives to enhance recruitment

In recognition the recruitment challenges faced by Trusts the Department of Health agreed to fund one Recruitment Retention Coordinator (band 7 WTE) in each of the Trusts.

Trusts also participate with other HSC Organisations in their recruitment approaches including:

- seeking improved methods of attracting entry-level staff across all professional roles recently attending the Northern Ireland schools summit conference.
- participating in both local and regional recruitment, including for for Band 5 AHPs across the region, as well as working collaboratively on International Recruitment.
- Continuing to invest significantly in activities to attract social workers including the provision of show case events locally and in Manchester and participation in the regional streamlining recruitment for Band 5/6 social work posts
- embarking on a regional review of recruitment and occupational health services and activities to strengthen and improve services provided to perspective applications.
- Use of national recruitment approaches for specific recruitment exercises in midwifery and neonatal nursing, with some degree of success.
- Involvement in an ACAHP Workforce Widening Access Group to gauge the suitability of public-sector Higher-Level Apprenticeships (HLA's) to healthcare roles, with an aspiration to develop a Higher-Level Apprenticeship programme in parallel to a pilot project that could be delivered by a local provider in the future should the pilot be successful.
- Exploration of use of apprenticeships to develop and grow the workforce for certain nursing and AHP roles with better links with local education bodies such as schools and training colleges. This is combined with an increased outreach focus on recruitment events in local communities and job centres for hard to fill posts.
- Increased usage of social media and increased visibility of advertised posts across the UK
- Offering Work placement opportunities which includes for school students to further education students as well as elective places for university students.
- Highlighting development opportunities via collaboration with the Ulster University to offer accredited Leadership and Management programmes to staff.

Trusts are also showcasing the non pay benefits of both working in Northern and Trusts such as

- living and working in Northern Ireland, particularly in relation to the costs of living compared to other parts of the UK and Republic of Ireland.
- Work related, financial and social benefits for staff such as Annual Leave, Car leasing, pensions and flexible hours, child care voucher scheme.
- Development opportunities such as assistance to study, professional development and workforce education.
- Highlighting staff health and wellbeing initiatives.

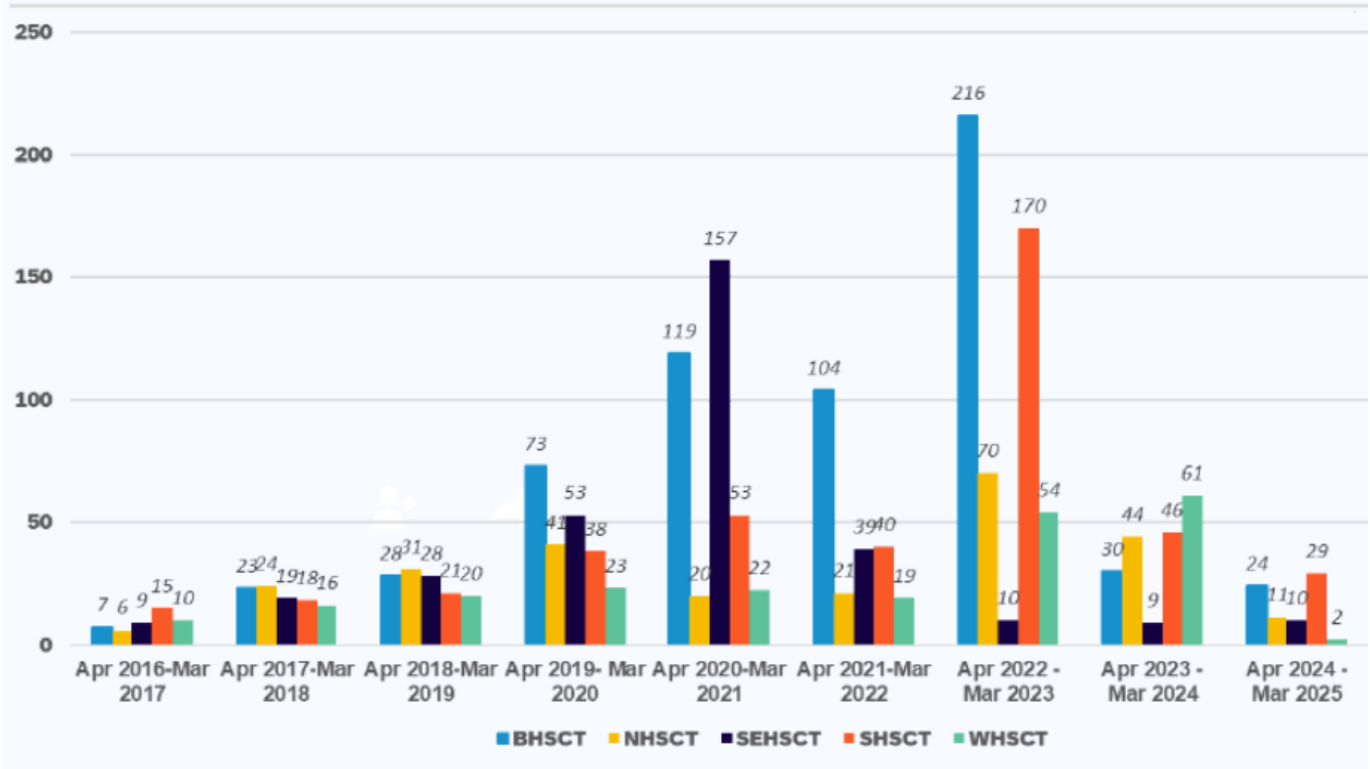
The Northern Trust have commenced work on the Team North Career Compass to improve attraction, recruitment and retention. This career compass will support existing employees and potential candidates to: Kick start a career; Change career and; Close your career. The Trusts Career Compass will showcase their opportunities including student placements, work experience, development of apprenticeship programmes, returnship programmes, retire and return, pension flexibility etc.

In the Western Trust Healthdaq have supported the Trust with a digital recruitment platform which provides access to an Applicant Tracking System (ATS). This allows the local retained recruitment team to control and recruit time critical positions quickly without reliance on the HSCNI Recruitment Provider – Recruitment Shared Service Centre (RSSC). The RSSC provides a standard largely inflexible recruitment service to Trusts, which is limited in its ability to respond to service need, and in attraction strategies. The recruitment process in RSSC is outside the control of local recruitment teams limiting potential for expediting appointments. Over the last 21 months Healthdaq has worked with the Western Trust and together have developed and enhanced a recruitment model that has seen a significant reduction in previously 'hard to fill' vacancies and vacancies overall. Through Healthdaq, the Trust has been able to adapt their approach to recruitment meaning they are not confined to one model.

7.3 International Recruitment

Chart 5 below sets out the number of international nurses recruited by the Trust, per year, since 2017.

Chart 5 – Number of International Nurses Recruited by Trust Per Year Since 2017



Source Northern Health and Social Care Trust

The International Nurse Recruitment (INR) programme in the Northern Trust has resulted in 268 international nurses (excluding through trained in the EEA) being employed between April 2017 – March 2025. It has been noted across the region that the increased number of stations during OSCE (from 6 to 10) has resulted in an increased number of partial fails which require resits. This is reflective of the regional picture.

7.4 Recruitment and Retention Premia (RRP)

Recruitment and Retention Premia are very selectively used in Northern Ireland due to the mobility of the workforce – enhancing pay for one group may de-stabilise another neighbouring Trust's service.

Only one RRP is currently in place in Northern Ireland and this is in the South Eastern Trust. Due to difficulties in attracting and retaining staff to work within the Trust's Healthcare in Prison service, the Trust introduced a Recruitment & Retention Premium in April 2020. This was backdated to AFC staff to 2016. This premium is funded from savings made by reducing the reliance on Agency staffing. An allowance paid is £1,300 *pro rata* annually for each employee. This amount reflects not only what is paid in England and Scotland, but also the amount paid to staff who have an allowance already paid under TUPE arrangements from when they transferred from Department of Justice to HSC employment, as set out in the Business Case.

A business case was submitted to the Department of Health from the five HSC Trusts in 2024 to apply a recruitment and retention premium to all Bands 5, 6 and 7 social work employees delivering Gateway, Family Intervention and Looked after Children's services across all five Trust areas. This was rejected as it did not provide sufficient evidence to the Department to justify application of an RRP to that specific area.

7.5 Cross Border Issues

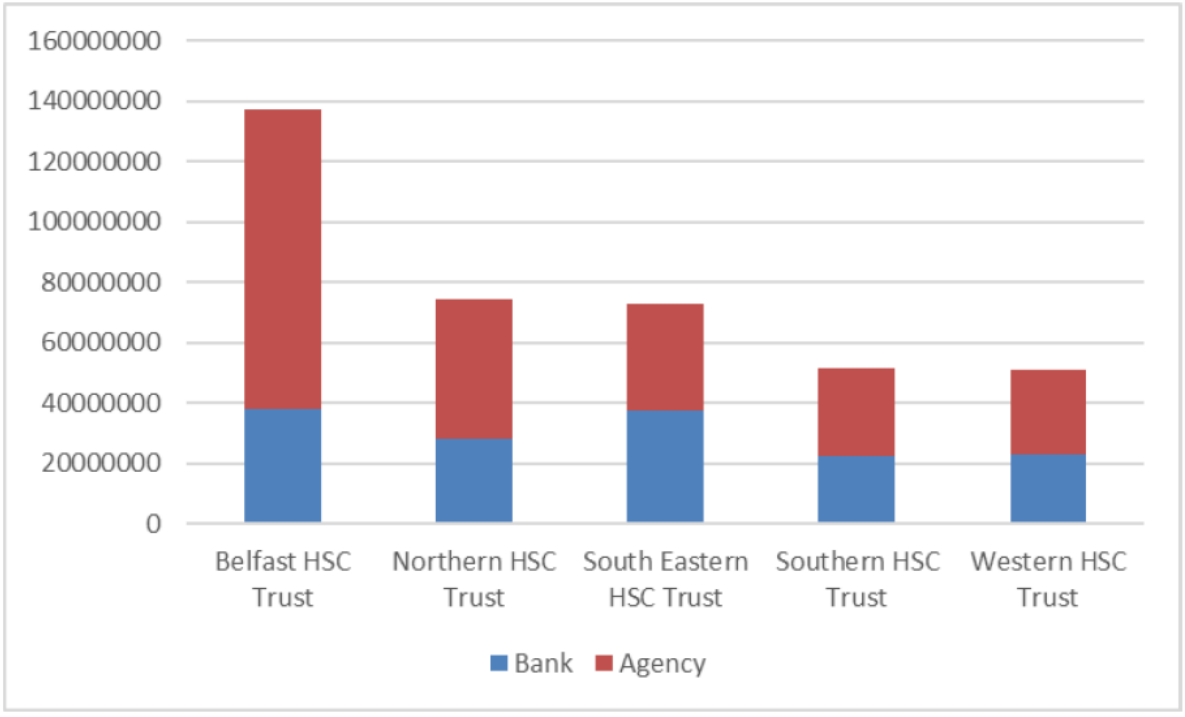
A substantial portion of the Western Trust borders the Republic of Ireland, presenting unique workforce challenges. One key issue is the requirement for Dual Registration in Social Work, which remains a barrier for those delivering cross-border services to children and young adults. The Trust's location also intensifies competition for staff not only with other Northern Ireland Trusts but also with employers in the Republic. More attractive terms and conditions in the ROI health service increase the risk of staff migrating south or newly qualified professionals opting to begin their careers there.

Section Eight - Use of Bank and Agency Staff

HSC Trust expenditure on agency staff has been incurred to ensure that safe and effective services are sustained and contributes importantly to maintaining service provision to patients and clients. HSC Trusts employ locum staff for several reasons, for example, cover for sickness and maternity/paternity leave; cover for existing vacancies; and when demand increases over the winter months.

Whilst these agency costs have increased substantially over the last 10 years for both AfC and medical and dental, from £76m in 2014/15 to £382m in 2024/25, it is concerning the impact this is having on the Health & Social Care budget and the Department recognises that this is not sustainable, particularly at a time of serious financial pressures right across the public sector.

Chart 6 - 2024/25 HSC bank and agency expenditure



Source: Northern Health and Social Care Trust

8.1 Reducing Agency Spend Through Local Initiatives

A regional Agency Reduction Implementation Group (ARIG) was established in March 2020 to co-ordinate the improvement of staff utilisation, with the aim of reducing unsustainable agency spend across HSC. The main function of the Group is to

develop and implement a plan, with local and regional commitment and coordination, to safely facilitate, and manage the service impact of, reducing unsustainable agency and locum spend. The ARIG is progressing a number of work streams as part of a wider strategic approach to seek to address this issue.

Significant progress has already been made across HSC as a whole since the implementation of the new agency frameworks with expenditure of 'Off-Framework' agency use falling from £134m in 22/23 to £19m in 24/25 across Nursing & Midwifery and Social Workers. For these two staff groups, the continued progress being made has yielded an overall reduction in agency expenditure in 2024/25 compared to the base year (2022/23), of £34m.

Alongside this work the strategic approach to workforce development, supported by sustained increased investment in pre-registration education and training, has facilitated a 17.7% (+10,063) increase in whole time equivalent (WTE) staff in post across the HSC in Northern Ireland between March 2018 (56,802) and March 2025 (66,865). This includes a 24.2% (+1,018 WTE) increase in medical and dental staff, a 19.4% (+2,938 WTE) increase in registered nursing and midwifery staff and a 24.9% (+2,026 WTE) increase in professional and technical staff in post.

The ARIG developed a governance structure and approach encompassing short, medium and long-term actions to deliver the objective of reducing unsustainable agency spend. The ARIG programme of work has evolved significantly since the programme was established in March 2020 and now includes a number of specific work streams to deal with the rollout of the new frameworks. [see appendix 1].

8.1.1 Nursing and Midwifery (N&M) Agency Reduction

The nursing and midwifery workstream manages the development and implementation of a new framework for the supply of registered nurses, midwives and healthcare support workers with the aim of:

- Eliminating the use of off framework agencies at significantly enhanced off framework rates;

- Improving the supply of agency nurses and midwives (Lot 1) and HCAs (Lot 2) to HSC NI Trusts/organisations;
- Introducing a price cap for the supply of registered nurses and midwives which the recruitment agencies were required to bid against for the duration of the framework. Prior to that previous frameworks had been linked to the AfC pay scales, however over time these rates were not adhered to by off framework agencies. Lot 2 of the framework continues to be aligned to AfC rates; and
- increasing substantive staff morale and retention.

N&M agency spend had been steadily rising since 2010/11, when expenditure was reported to be £7million (source DoH annual returns). By 2022/23, the last full financial year before the introduction of the new framework, the total HSC spend had risen to £186m.

Since the introduction of the new framework, spend on registered and unregistered nursing and midwifery staffing has reduced significantly, with actual reduction by the end of 2024/25 of **13%** in N&M agency spend and 89% reduction in off framework spend.

Table 29 – Expenditure for N&M Agency staff 2022/23, 2023/24, 2024/25

	2022/23	**2023/24**			**2024/25**		
	£m	£m	*cmp with previous FY (£m)*	*%*	£m	*cmp with previous FY (£m)*	*%*
Framework	52	112	60	*115*	147.4	35.4	*31*
Off framework	134	42	-92	*-69*	14.2	-27.8	*-66*
Total expenditure	**186**	**154**	**-32**	***-17***	**161.6**	**7.6**	***5***

Source Business Support Unit - Department of Health NI

It should be noted that the above reduction does not constitute 'savings' but rather reduced agency spend. Some of this cost reduction will have 'transferred' to other

payroll elements within Trusts, such as substantive staff core pay, additional hours, overtime and bank. In relation to nursing/midwifery agency spend in 2024/25 (£161.6million), this represented 12% of the total costs of nursing/midwifery staffing (total costs £1.356 billion).

The implementation of the price cap means that the cost of living uplift within the AfC pay award is not applied to the registered nursing and midwifery rates. In light of the 2023/24 and 2024/25 AfC pay awards, this means that the framework rates have been eroded by 10.5%. By the end of the life of this framework it is anticipated that the agency premium will have been completely eroded.

The implementation of the N&M framework is supported by regional monitoring and reporting undertaken through PaLS, the ARIG Programme Management arrangements and regional reporting by SPPG. Performance of all the agencies on both parts of the framework are reviewed monthly. These are critically important functions to ensure the sustainability of the current framework and to provide a platform for compliance arrangements for other staff groups.

8.1.2 Nurse Bank Reform

A regional group was established in January 2025 to take forward a model for reform and modernisation of nurse bank processes across HSC. It is anticipated this piece of work will enhance Trusts ability to utilise this flexible staffing workforce. Four task and finish subgroups have been stood up to progress this work, these are:

- Attraction and onboarding;
- Digital optimisation;
- Governance and compliance; and
- Reward and incentivisation.

The Chief Nursing Officer's office is progressing a project on rostering, seeking to optimise rostering processes across HSC. The Nurse Bank Reform project team will coordinate with the CNO's office to ensure that their project aligns with this work.

8.1.3 Social Work Agency Reduction

In Spring 2023, the Executive Directors of Social Work agreed with the DoH that they would no longer utilise any social work agency within HSC organisations. Off

framework agency utilisation ceased on 31 March 2023 and the remaining agency usage ceased on 30 June 2023. This has been a real success across HSC with no reported agency use against registered social work in 24/25.

DoH has worked with HSC Trusts on a regional recruitment process, supported by Healthdaq (an external recruitment technology provider), for the recruitment of social work graduates to streamline recruitment and seek to stabilise social work services including frontline children's services functions.

8.1.4 Non Nursing, Non Medical Agency Reduction

The nursing, midwives and healthcare support workers framework provided a model and associated targets for the process of developing and implementing the non medical framework. This framework covers a wide range of staff groups including professional and technical, admin and clerical, support services, social care and estates and maintenance. The new framework has now been in place since June 2025.

Similar to the approach taken with the nursing, midwives and healthcare support workers framework, a regional workgroup was established with risk assessments underway including a transition period as part of the implementation process. Separate guidance has also been devised to support managers moving forward with the new framework introduction. The tender is similar to previous non nursing non medical tenders in that it is linked to AfC rates and does not include price caps.

A date for the cessation of the use of off framework agencies is currently under review. Regional guidance on the engagement of agency workers for this framework has also been developed. This framework accounts for a lower level of spend when compared to nursing and midwifery with a total expenditure of £78.5m in 2024/25. The full elimination of off framework suppliers in certain critical areas will require a range of resourcing strategies some of which will take a number of years to deliver.

8.1.5 Communications

It has been recognised throughout the ARIG programme that effective communication to the market and to staff are key enablers to the success of the programme. This messaging has been developed by an ARIG communications sub-group, including trade union representatives, in conjunction with the DoH Press Office. This has

allowed for clear messaging to the market about the serious intent of HSC and helps to ensure that the market engages appropriately with the procurement processes.

Communications with managers and staff regarding the implementation of the new arrangements, and the requirement to comply strictly with them, have also been important in achieving compliance with the framework. There have been a number of attempts by N&M agencies, not on the existing framework, to offer staff to individual organisations. These have been escalated to PaLS who have in turn reinforced the current framework arrangements with these suppliers.

8.2 Use of overtime and bank rates to incentivise staff and reduce use of agency staff

Trusts have been proactive in using overtime and bank rates to incentivise staff to help in the reduction of agency staff.

- Southern Trust use an enhanced rate which is applied to the area of midwifery only. This is used for the purpose of filling shifts via the bank while reducing the use of agency staff.
- South eastern Trust operate a Critical Shift Scheme which is open to nursing registrants and Nursing Assistants, which had been in place since November 2019. The purpose of this Scheme is to eliminate the use of high cost off framework agencies
- In Western Trust Enhanced overtime and bank rates have effectively incentivised staff to take on additional shifts, helping to ease workforce pressures in key areas like emergency, maternity, and domiciliary care. Following the 2024/25 pay award, recalculated enhancements and arrears payments made extra shifts more financially attractive. These measures also support efforts to reduce reliance on costly agency staff, aiding retention and workforce stability. While agency use persists in some areas due to vacancies and labour market challenges, the Trust has made progress in reducing non-contract agency nursing and continues to implement reduction plans across all staff groups.
- NIAS and Belfast do not currently utilise enhanced rates.

8.3 National Comparison

HSC has been able to send very strong signals to the market and within HSC of the seriousness of the intent to eliminate off framework agency utilisation.

Northern Ireland is the only jurisdiction across England, Scotland, Wales and the Republic of Ireland to have eliminated off framework nurse agency utilisation. HSC staff have shared the HSC approach and our learning on these processes through presentations to the Health Finance Managers' Association (HFMA), at the NICON Annual Conference and with Cooperation and Working Together (CAWT).

Section Nine Appraisal

9.1 Introduction

Health and social care organisations must foster a culture of accountability, development, and alignment with best practices, through the application of a robust staff appraisal process which can directly contribute to safer outcomes for patients and higher-quality healthcare services. In Northern Ireland, the appraisal of health and social care staff is structured to support professional development, ensure high-quality patient care, and meet regulatory requirements for registrants. The approach varies across different professional groups.

Appraisals aim to monitor, maintain and improve employee performance in line with an organisation's objectives. The appraisal process is a two-way conversation between managers and team members to:

- **Reflect:** Look back at the past 12 months'
- **Review:** Provide constructive feedback and direction on performance
- **Recognise:** Recognise and acknowledge the employee's contribution/achievement
- **Realise:** Identify individual performance objectives and support required to achieve

Appraisal offers the benefits to both Organisations and individuals. Organisationally it provides the opportunity to

- Identify expectations and aspirations of employees
- Review succession planning
- Identify training needs which can act as a basis for developing training plans
- Ensure Organisational objectives are implemented
- Recognise achievements and improved performance
- Agree priorities between management and staff
- Build and contribute to motivation
- Provide basis of context for performance & capability matters

On an individual basis it provides individuals with an understanding of:

- Role & Responsibilities

- How role fits within team & organisation
- How performance is assessed and monitored
- Own strengths and areas for development

It also provides them with an opportunity to:

- Identify ways to improve performance
- Identify training needs
- Understand and agree objectives
- Discuss career direction & PDP
- Identify areas of support

9.2 Appraisal rates

9.2.1 Belfast Trust

In October 2024 Belfast Trust introduced a new approach to managing staff appraisals by utilising the Learn HSCNI Learning Management System.
To support this transition, they launched a focused campaign to equip both managers and staff with the knowledge and skills to complete the process within the system.
Since implementation, 1,432 appraisals have been completed, with an additional 717 submitted and currently awaiting managerial approval.
This shift to a digital system represents a positive step forward in streamlining our appraisal process, enhancing reporting accuracy, and ensuring greater consistency and accountability across the organisation.

9.2.2 Northern Trust

Over the past number of years, the Trust has moved to an appraisal which incorporates wellbeing into the conversation. 55% of staff had a completed appraisal recorded on HRPTS for the12 months ending 31 March 2025 (breakdown by profession below).

Table 30 – Appraisal completed from 1st April 2024 to 31st March 2025

Personnel Area	% Completed
Admin & Clerical	56%
Estates	83%
Nursing & Midwifery	51%
Professional & Tech	50%
Social Services	61%
Support Services	61%
Trust Position	**55%**

Source: Northern Health and Social Care Trust

9.2.3 Southern Trust

As at 31 December 2024, 54% of Agenda for Change workforce in the Southern Trust had a completed appraisal. Appraisal Conversation Awareness Sessions for Managers was delivered to ensure that managers were provided with appropriate support to undertake and record appraisals. **13** sessions have been delivered between April 2024 and February 2025 with **79** managers attending.

9.2.4 South Eastern Trust

Within the Trust, an "*Appraisal Conversations*" approach is used. Appraisal uptake is reported on a monthly rolling basis covering the previous 12-month period.

In the rolling year prior to 31st May 2025, 3731 employees had received their appraisal. The significant service pressures the Trust faces continues to impact on the number of staff who have been formally appraised but work continues to promote such appraisals as a priority for the Trust to support our people.

In addition, appraisal is an important component assessed as part of the Trust's approach to Investors in People (IiP). IiP reports are produced at sub-Directorate and Directorate level.

9.2.5 Western Trust

As at 31st May 2025 35% of AfC employees were appraised in the 12 months prior (Headcount 12260). In response to valuable feedback provided by staff, three new

appraisal models were introduced so that appraisals could be tailored to meet the needs of managers, teams and individuals.

9.2.6 NI Ambulance Service (NIAS)

NIAS is currently reviewing the approach to appraisals and a new system is currently under development for role out this financial year. Due to this no data was available.

Section 10 Pensions

10.1 Pensions

From 1 April 2024 to 31 March 2025 the HSC Pension Service have:

- Delivered 115 Pension Information workshops/seminars – 4977 attendees
- Attended 5 conferences where factsheets and guides were made available – 1314 attendees
- Delivered 811 one to one consultations.
- 4 member newsletters distributed electronically to all HSC staff with an email address – approximately 65,000 staff. Employers are encouraged to print these off and make them available to staff who do not have email addresses. The newsletters are also available on the HSC Pension Service website.

In addition to the above they ran sessions for both Employees and Managers providing information and guidance on Pension Flexibilities. These sessions were in collaboration with HR representatives and there was attendance of 2321 from Dec 2024 – Mar 2025

The new HSC Pension Service website launched May 2024. The new layout is much more user friendly and is accessible to all, as a result there has been a steady increase in website usage (see below)

Table 31 – HSC Pension Services Website Traffic since May 2024

Area of Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Website Views	108k	151k	158k	232k	645k
Website Clicks	359K	502k	523k	758k	2.14 Million

Source: Pensions Unit - Workforce Policy Directorate – Department of Health NI

The website remains under constant review where they will continue to assess how they can improve the user experience and reach more members. The website is promoted via social media channels and users are encouraged to provide feedback.

The Department introduced legislation in April 2024 providing the legal framework for the introduction of a package of new retirement flexibilities including pensionable re-

employment, partial retirement and removal of the 16-hour rule, for the 1995 Section of the HSC Pension Scheme. Flexible Retirement Guidance for members of the HSC Pension Scheme was launched on 1 December 2024 with information sessions being delivered to explain the new features in detail. It is hoped these flexibilities will offer members a greater degree of flexibility around how they take their pension benefits as well as providing an important boost to HSC capacity. With regards to further flexibilities, we aim to maintain parity with E&W on any significant policy changes

Section Eleven Staff Well-being

11.1 Introduction

Staff wellbeing is a key priority across HSC in Northern Ireland. Trusts are committed to creating a supportive and inclusive working environment where staff feel valued, safe, and empowered. A wide range of initiatives are in place across the HSC to promote physical, emotional, and mental wellbeing from access to psychological support services and wellbeing toolkits, to stress management programmes and financial wellbeing resources. These efforts aim not only to support staff in their roles but also to foster a culture of compassion, resilience, and respect across the health and social care system.

11.2 Flexible Working

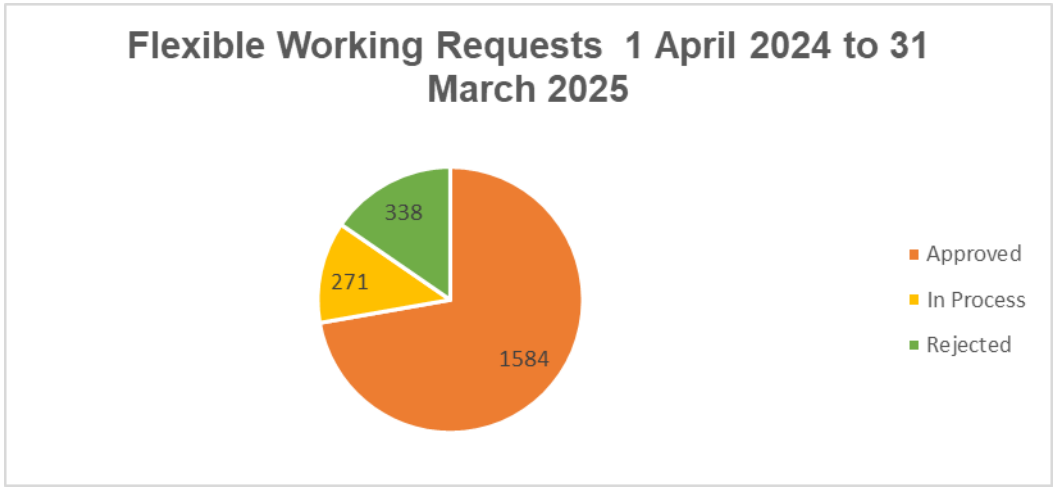
All Trusts recognise that employee's lives are often demanding and complex. Trusts are dedicated to working together to support their employees in balancing work and other responsibilities. Whilst the need for provision of services which meet the needs of patients will always be a top priority, Trusts encourage smart, modern and flexible ways of working and recognises the benefits of providing these opportunities both for individuals and for the organisation.

Trust staff are increasingly seeking flexible ways of working for a broad range of reasons, such as to manage health conditions, accommodate caring responsibilities, childcare, studying, volunteering, or hobbies or social activities. In addition, demographic trends reflect an ageing population and an increase in the number of people living and working with long term health conditions.

Trusts recognise that the provision of flexible working opportunities is one of the key ways to attract and retain a diverse workforce impacting positively on productivity, stress and absence levels, whilst improving working lives and supporting a culture of wellbeing across their workforce.

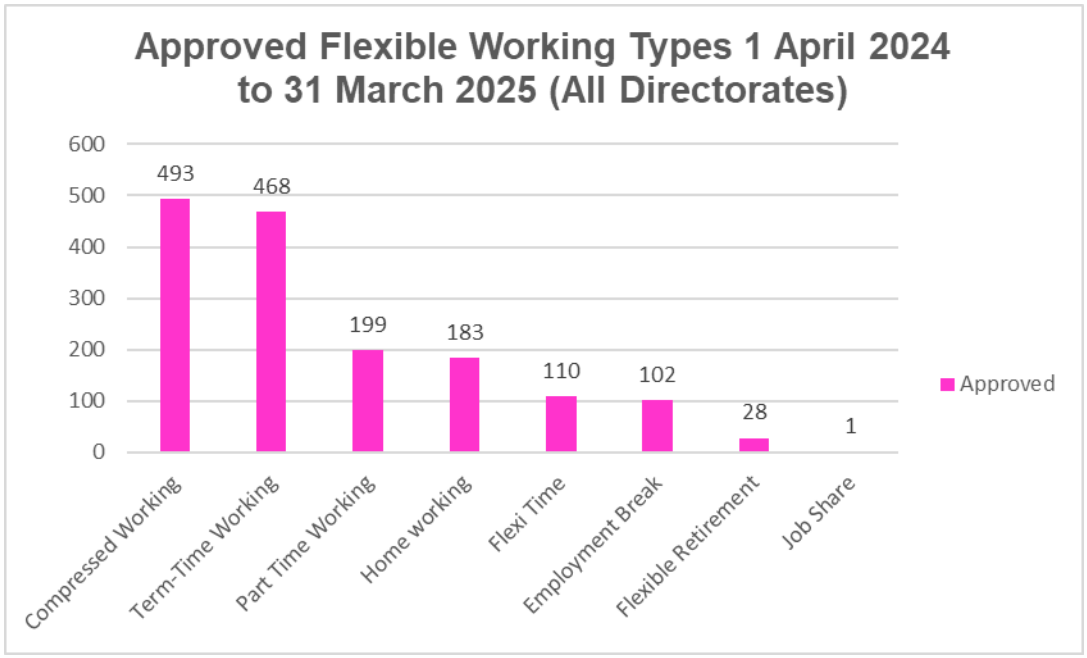
Belfast trust has seen an increase in the number of flexible working requests, which now includes the option for partial retirement due to the change in the pension regulations. 82% of requests for flexible working were approved in 24/25.

Chart 7 – Flexible Working Requests 1 April 2024 to 31 March 2025



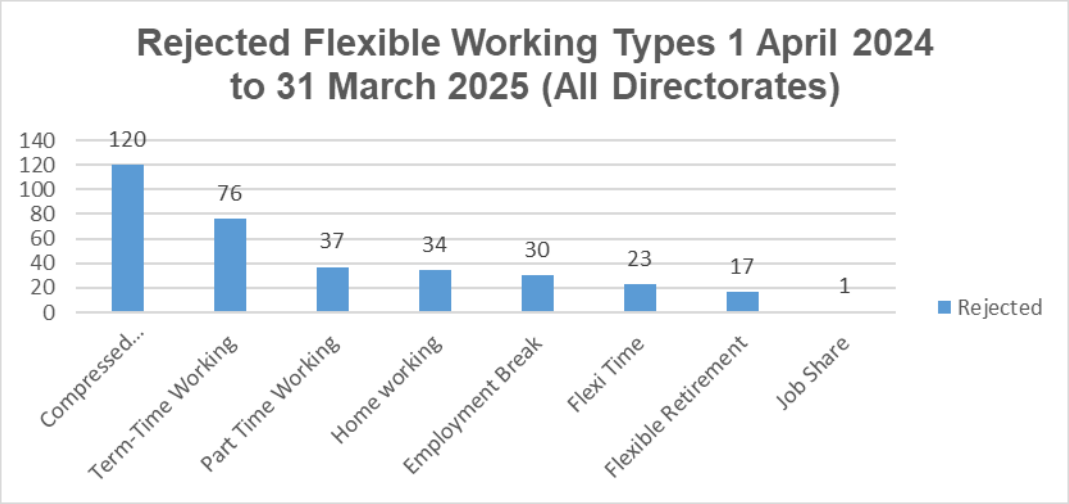
Source: Belfast Health and Social Care Trust

Chart 8 – Approved Flexible Working Types 1 April 2024 to March 2025



Source: Belfast Health and Social Care Trust

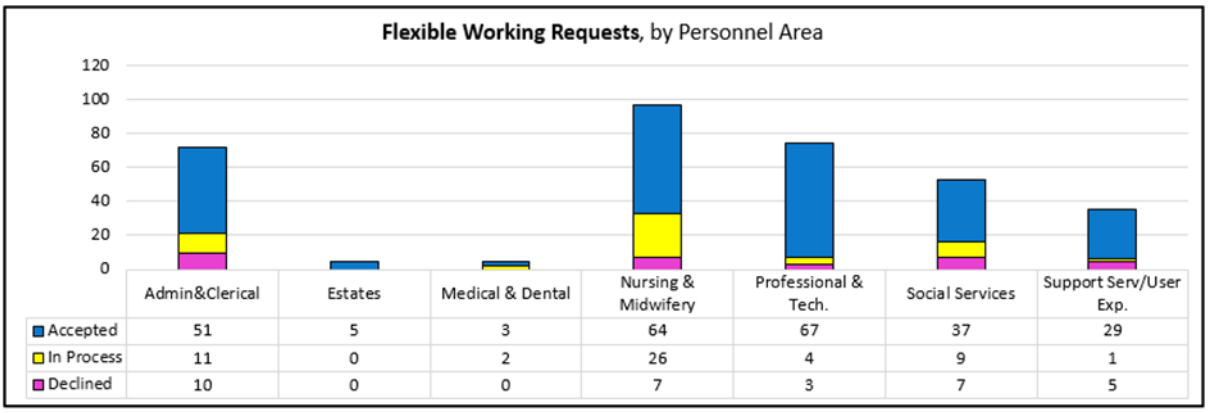
Chart 9 – rejected Flexible Working Types 1 April 2024 to March 2025



Source: Belfast Health and Social Care Trust

In South Eastern Trust in 2024/25 a total of 341 Flexible Working requests were received across the Trust, 256 of which were approved and 53 in process. This is compared to 204 requests in 2023/24. Nursing & Midwifery workforce submitted 28% of all requests, followed by Professional & Technical workforce with 22% and Admin 21%.

Chart 10 - Flexible Working requests & Outcomes by Staffing Group March 2025



	Admin&Clerical	Estates	Medical & Dental	Nursing & Midwifery	Professional & Tech.	Social Services	Support Serv/User Exp.
Accepted	51	5	3	64	67	37	29
In Process	11	0	2	26	4	9	1
Declined	10	0	0	7	3	7	5

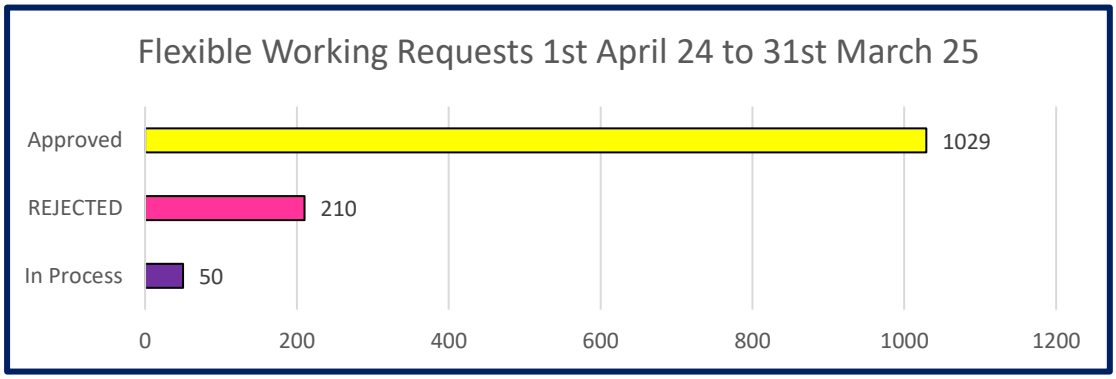
Source: South-Eastern Health and Social Care Trust

In Western Trust following a 12 month review it was noted that:

- 1289 Flexible Working Requests submitted in 24/25
- 1029 individual staff members submitted a request
- 79.83% of all requests in 24/25 were approved (1029 applications

- Term-time working was recorded as the highest flexible working request with 593 applications submitted

Chart 11 - Flexible Working Requests 24/25.



Source: Western Health and Social Care Trust

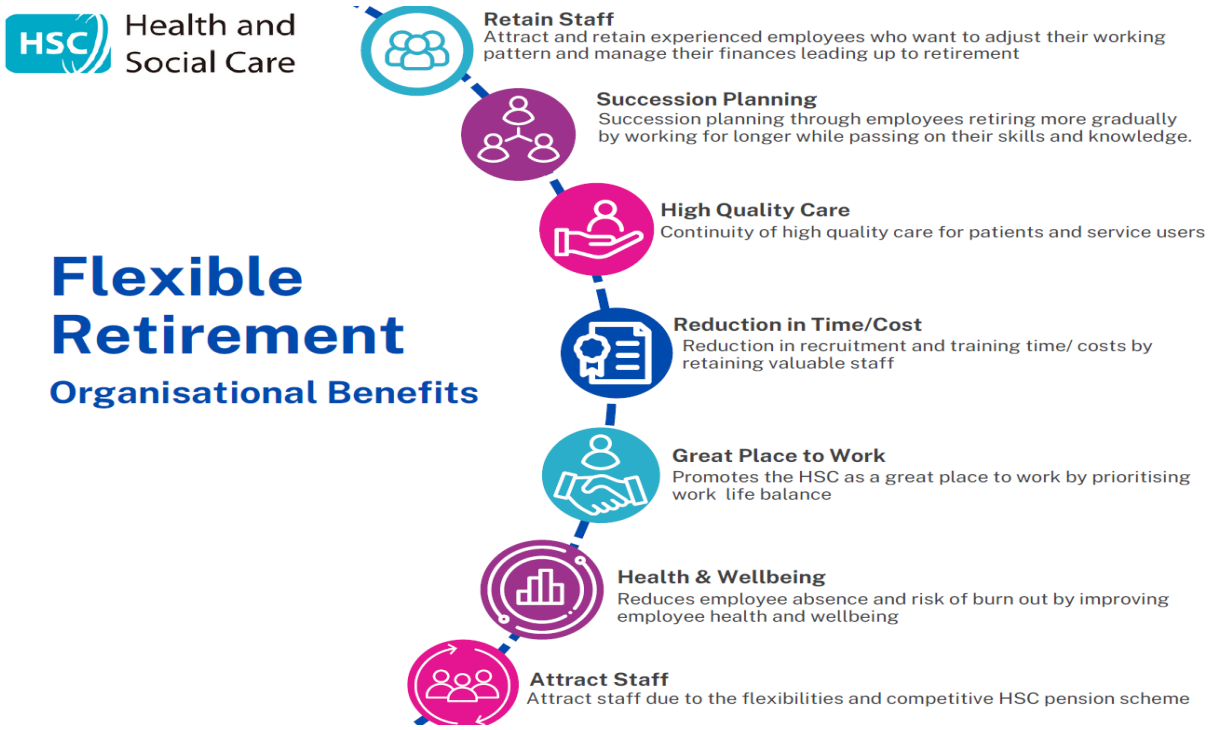
11.3 Flexible Retirement

The definition of retirement is changing and broadening with many employees considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace, or that work should be immediately replaced with full time retirement

Flexible working is just as valuable for employees approaching the end of their careers, and for pensioners returning to employment with the Trust, as it is for those joining the Trust for the first time or returning from parental leave. To support employees to access flexible working later in their careers, regional Flexible Retirement for HSC Pension Scheme Members was launched on 01 December 2024. The guidance, and associated promotional material, has been developed to provide an overview of the options available to employees who are members of the HSC Pension Scheme.

This Guidance supports the changes introduced by the Department of Health earlier this year to the HSC Pension Scheme Regulations. Whilst it is hoped the ability to retire flexibly will result in benefits for both the employee and Trust (see chart 22 for organisational benefits).

Chart 12 - Organisational benefits of flexible retirement



Source Northern Health and Social Care Trust

11.4 Pension Recycling

Some staff may be concerned about potential pension tax charges and feel the need to take steps to manage their pension growth. Actions they might consider include:

- Reducing their working hours
- Declining additional paid responsibilities
- Temporarily or permanently opting out of the HSC Pension Scheme
- Accessing their pension and leaving HSC employment
- Retiring and returning to work, often on reduced hours

While these decisions may help individuals manage their pension tax liabilities, they can also result in reduced clinical capacity and impact service delivery.

To help retain experienced senior clinicians within the HSC, the Department of Health introduced a model Pension Recycling policy for HSCNI employers, which was implemented at the end of 2024.

11.5 Health and Wellbeing Initiatives in Trusts

11.5.1 Belfast Trust

Belfast Trust offers a comprehensive range of wellbeing initiatives designed to support staff health and wellbeing. These include:

- Having a Wellbeing Conversation – practical tools and guidance for managers to support their teams
- Staff Care
- Belfast Recovery College
- Clinical Psychology Services
- Condition Management Programme
- Stress Focus Groups
- Here 4U
- Mind Ur Mind Toolkit
- Menopause Toolkit
- Employee Wellbeing Toolkit
- Domestic Abuse Resources
- Financial Wellbeing Resources

These initiatives are generally well received by staff. In the Staff Experience Survey (March 2024), the statement “The Trust supports my health and wellbeing” received a mean rating score for Medical and Dental staff was 42.4. This compares to a figure of 59.5 for all staff groups, reflecting a positive response to the Trust’s ongoing commitment to staff wellbeing.

Within social work there is a calendar of coordinated specific well-being events which have been positively evaluated by those who attend in terms of impact on retention and in feeling valued.

11.5.1.1 Staff Recognition

The Belfast Trust Reward and Recognition Policy sets out its commitment to ensuring staff feel appropriately recognised, valued and appreciated. Elevating the recognition and appreciation of staff stands as a key focus among the Trust’s People and Culture priorities. A range of informal and formal practices are encouraged and in place. As

part of the Staff Experience Survey, staff are given the opportunity to anonymously nominate a colleague to receive a recognition certificate. Notably, 3,724 staff members received a recognition certificate following the 2024 survey, and a further 2,601 have been nominated in the May 2025 survey, bringing the total distributed to over 12,000 since its inception in 2021. Recipients of the certificates are also invited to attend a virtual recognition event hosted by the Chief Executive and Chairman. Plans are underway to host recognition events in September 2025 for those nominated in the May 2025 survey.

In addition to this peer recognition initiative the organisation employs a variety of other formal and informal recognition methods to appreciate staff contributions. Formal methods include annual organisation-wide awards (e.g. Chairman's Awards and the Social Care Awards), quality improvement showcases, staff development recognition events, long service awards, and appraisals that incorporate recognition and wellbeing. Informal methods encompass local magazines and eZines highlighting achievements, celebration of international and cultural days, retirement recognition, positive feedback sharing through Care Opinion, leadership walks, intranet showcases of staff achievements, regular team meetings, Christmas events, profession-specific celebrations, and staff health and wellbeing initiatives. Everyday recognition practices include "Thank You" campaigns, thank-you emails, manager and peer feedback, local team get-togethers, and team lunches. These diverse approaches ensure that staff feel valued and appreciated in various meaningful ways.

11.5.2 Northern Trust

11.5.2.1 Staff Health, Wellbeing and Inclusion Strategy

NHSCT Occupational Health and Wellbeing Service (OHWS) is committed to ensuring the highest quality of care through the provision of a confidential, accessible, inclusive service, focusing on prevention, protection and improved staff wellbeing. Enhanced engagement with its service users and stakeholders ensures that staff know how and when to access advice and support to help decrease any perceived stigma in relation to asking for help. This includes the provision of timely, appropriate MDT specialised advice and interventions for staff, including those who are off work, or, are at work and living with a long-term health condition, as well as to those who for any reason feel that their health is being adversely affected by their work.

Chart 13 Occupational Health and Wellbeing Service

Source Northern Heath and Social Care Trust

The Trust's multi-disciplinary team of specialist nurse practitioners, physiotherapists, psychologists, occupational therapists, technicians, medical staff and admin support provide a range of key services across the Trust, including:

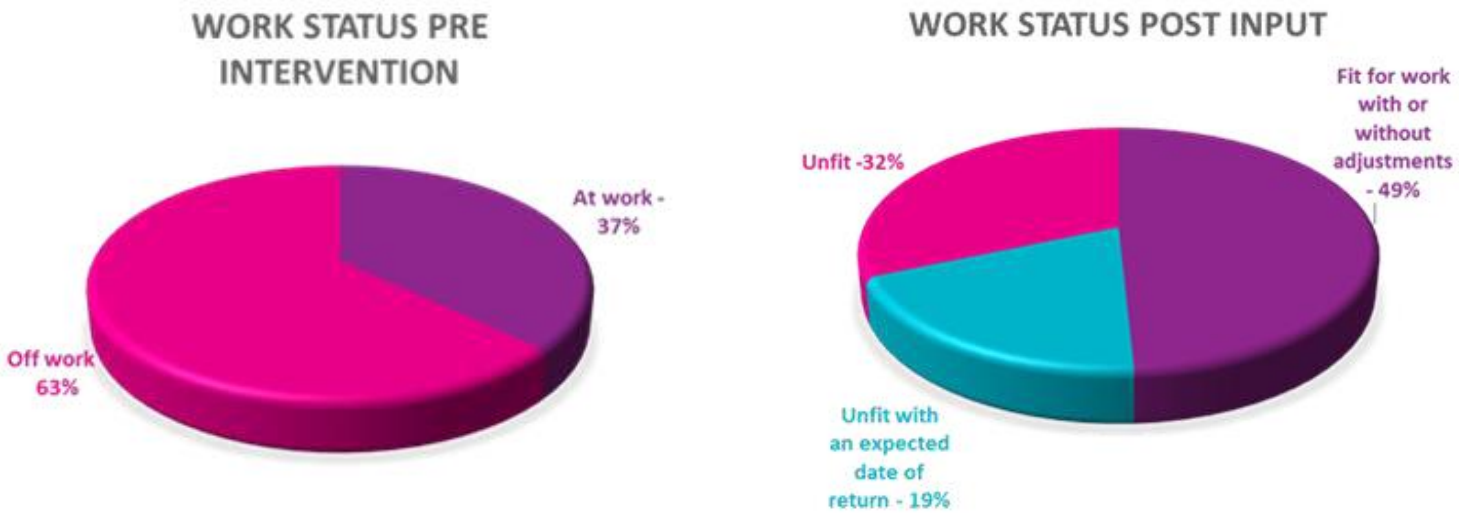
- Confidential advice to staff
- Management referrals and reports
- Pre-employment health assessments
- Self-referral for staff to OH physiotherapy
- Internal referrals to OH Psychology

- Face fit testing and immunisation programmes to protect staff against infectious diseases
- Follow up of sharp injuries
- Group Intervention delivered by OH Specialist multi-disciplinary team including Fatigue Management and Back Care classes
- Targeted support and intervention for staff with health-related issues including stress, menopause, MSK problems and other long term health conditions.

The OHWS has also placed increased emphasis on measuring and reporting outcomes, following interventions with the multi-disciplinary team. One specific area includes reviewing work status pre and post input with OHWS, for those 2,584 staff who have been referred through management referral during 2024/25.

As highlighted below there was a 49.82% decrease in those staff who were off work with no planned return to work post intervention.

Chart 14 – Work Status Pre Intervention/Work Status Post Input



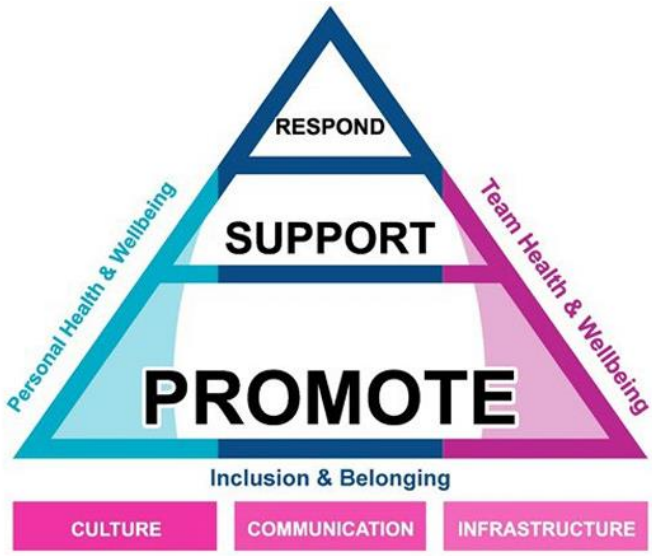
Source Northern Health and Social Care Trust

OHWS Service User Feedback received throughout 2024/25 indicated 75% of those attending for management referrals felt that the appointment helped address the concerns ‘a great deal’

Last year the Trust launched its Staff Health, Wellbeing and Inclusion Strategy, which sets out it's ambition for the next three years, it is supported by an annual action plan that sets out precisely what the Trust is doing to bring this ambition to life. The Strategy is informed by the Regional Staff Health and Wellbeing Framework, which has been developed to provide a standardised view of what good practice looks like when it comes to caring for staff health and wellbeing.

The Trust's Strategy is underpinned by an annual action plan, which outlines the key actions to be taken to bring the aims of the strategy to life for the relevant year. There is no final destination in the journey of caring for people – the job can never really be considered 'done'. Therefore, developing the action plans year on year allows the trust to retain agility in their approach to better respond to the health, wellbeing and inclusion needs of Team North as they arise.

Chart 15 – Team North approach to staff health, wellbeing and inclusion;



Source Northern Health and Social Care Trust

Firstly, the Trust uses a Stepped Approach of Promote, Support and Respond.

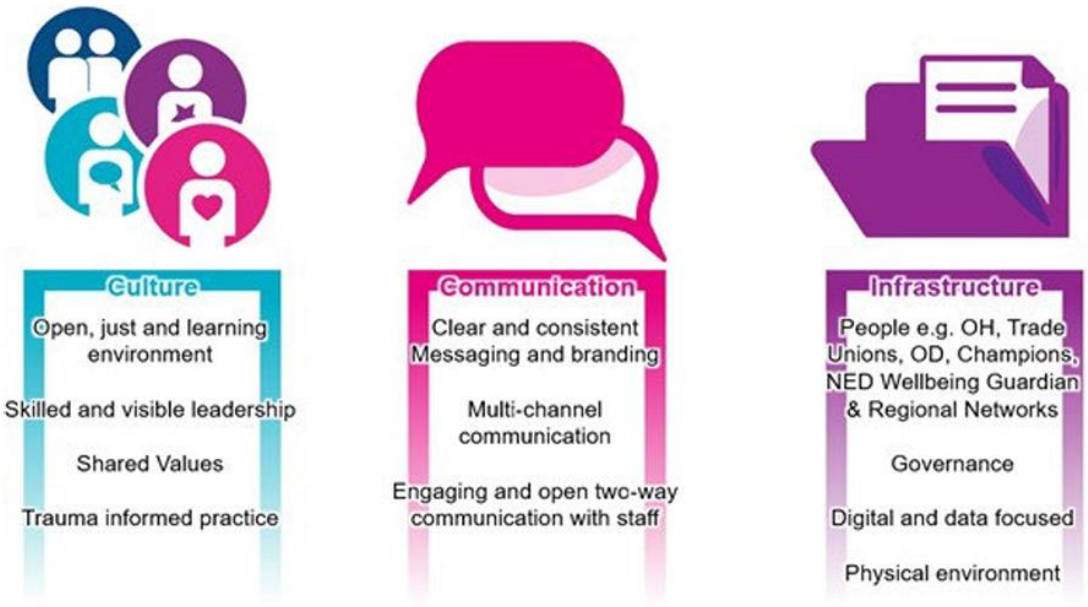
Promoting incorporates all efforts to develop a culture that promotes health, wellbeing and inclusion. This includes things like HR policies, i-matter and all wellbeing initiatives.

Supporting incorporates all efforts aimed at supporting staff, teams and managers to develop skills to enhance wellbeing.

Responding incorporates all efforts to provide timely and appropriate input for teams, services or individuals whose health and wellbeing is impacted within work. This might mean sourcing support from outlets such as HR, Occupational Health or other supports.

Secondly, the Trust has three enablers; their culture, communication and infrastructure are the foundations that allow us to deliver effective health, wellbeing and inclusion support to all of Team North as set out in Chart 26 below.

Chart 16 - Three enablers to deliver effective staff health, wellbeing and inclusion support



Source Northern Health and Social Care Trust

The third element is pillars of focus (chart 18) Each year, an action plan will be developed that will identify the individual pieces of work that are being carried out under each ‘pillar’ or ‘enabler’ as appropriate.

Chart 17 - Pillars of focus for health, wellbeing and inclusion

Source Northern Health and Social Care Trust

The Trust's 2025/26 action plan includes:

- Promotion of our Open, Just and Learning Culture
- Promotion of trauma informed practice
- To become a 'Menopause Informed' Organisation
- Enhance the support for staff living and working with underlying and long-term health conditions.
- Recognise and respond to workplace stress and emotional wellbeing of staff to support and reduce workplace stress.
- Enhance the focus towards bereavement and loss to have a compassionate approach through education and support.
- Enhance supports to help with taking steps to better financial wellbeing and dealing with money worries.
- Enhance the focus to support teams and individuals post critical incidents to ensure teams feel supported and to protect their wellbeing.
- Enhance Team Wellbeing offering to build and embed the HWBI strategy within teams.
- To have an inclusive workforce where everyone is included and feels a sense of belonging.

- Utilise the HWBI Champions to promote and communicate the HWB action plan, initiatives and events across their areas.
- To develop and embed a streamlined approach that reaches all staff to support the delivery of the HWBI Action Plan.

11.5.2.2 Financial wellbeing.

The Trust offer a range of resources for staff to support their financial wellbeing. This includes, Northern Saver Newsletter on a quarterly basis with tips, recipes and details of upcoming workshops; The Trust's syndicated membership of the Money & Pensions Service and Money Helper ensures their staff have ongoing access to free, up to date, impartial advice and support on all matters related to money and personal finance; and Food vouchers in conjunction with The Trussell Trust.

The Northern HSC Trust Staff Financial Wellbeing Survey 2025 found that almost two thirds reported anxiety due to their finances, with 83% of staff find keeping up with bills and credit commitments stressful. Financial education sessions, in partnership with several organisations, on a range of topics including; energy efficiency and reducing energy bills, understanding your HSC Pension, consumer issues. Staff Financial Wellbeing Handbook with signposting to various avenues of information and support. Initiatives to support staff i.e. free will writing and free breakfast initiative with take-home information on financial wellbeing.

11.5.2.3 Equality, diversity and inclusion

The Trust recognises that when staff are able to be ourselves in work, they are more likely to enjoy going to work, feel included and achieve their full potential. As an inclusive organisation, the Trust is committed to the staff's health, well-being and dignity, regardless of age, sex, gender identity, sexual orientation, community background, religious belief, political opinion, race, disability, dependent status and marital or civil partnership status.

The Equality Commission for Northern Ireland commenced a consultation which ended in February 2025 to discuss the Gender Pay Gap in Northern Ireland. The Trust do not have results of the consultation at this stage. At present, HSCNI do not report on Gender Pay Gaps.

The Trust has in place an Equality, Diversity and Inclusion Steering Group chaired by the Executive Director of Finance and Deputy Chief Executive with representatives of each service area. The Group meet regularly to oversee the implementation of the workplace Equality, diversity and Inclusion (EDI) Framework. A significant programme of work has been completed in 2024/25, including the below highlights/ areas of focus (chart 18):

Chart 18 - Programme of work

Source Northern Health and Social Care Trust

11.5.3 South Eastern Trust

The Trust want to ensure that not only is SET a great place to receive care, it is an excellent place to live and work. To support staff in work, there is a focus on flexible working which supports their health and wellbeing.

The Trust commitment to improve the Health & Wellbeing of staff is evidenced through Our People Plan alongside the Quality4All strategy.

The Trust H&WB Steering Group is multi professional and works in partnership with Trade Unions. It engages with staff identifying what matters to them and how the Trust can support them through raising awareness of Health & Wellbeing resources available and linked to the Regional Framework.

Health & Wellbeing awareness is included within the Trusts Corporate Welcome, Induction programmes and team events to ensure that staff are informed of the importance of their H&WB throughout their journey in SET. A range of H&WB campaigns is promoted and information stalls are situated within the hospital and community sites highlighting support available.

Keeping Everyone in the Loop communication sessions led by the Chief Executive helps reminds staff to look after ourselves and avail of resources supported by the H&WB team. At the attendance training programme managers are reminded of the range of support available to help them look after their own and their team's health and wellbeing.

The importance of taking time to talk has been highlighted within engagement sessions. Having conversations with managers and peers is important; availing of the training, '*Important Conversations'* identifies the building blocks of holding conversations to achieve the required results.

In addition to conversations with managers and peers a Coach Approach partnership model continues to thrive within SET. Coaching for Wellbeing, Leadership and Performance is available with a qualified coach from their coaching pool. This opportunity provides a safe supportive space to discuss what is important to staff. Alongside this, the pilot Mentoring Programme has completed with very positive results. Staff can be supported to develop from within or outside of their own profession.

Opportunities to avail of team based support through Staff Psychology Wellbeing Services and H&WB continues in conjunction with Organisation Workforce Development. This provides multi-disciplinary teams with the opportunity to review how they are working together as a team and what would make it even better.

Prioritising self-care is difficult and will be one of the first things to go when there are challenges, information on self-care tools to help cope with ongoing challenges are available through the Livewell platform. Locally, the Trust has a range of stress management and resilience-training modules, *Healthy Workplaces and Bend Don't Break* sessions are available both in person and virtually

The Trust recognise the importance of support. A Carers Forum has been created and a carer's framework and passport are being developed. Alongside this forum, the disability forum and multi-cultural forum continue to develop.

Opportunities to avail of corporate gym membership, cycle to work schemes and weekly exercise classes provide a range of options for staff to avail off.

Like other HSC organisations, the Trust runs a concentrated flu campaign every autumn/winter and this specifically targets key front line clinical staff to ensure they have received their flu vaccination.

11.5.3 Western Trust

11.5.3.1 Occupational Health & Wellbeing (OHW) Advice and Support

The OHW service has adopted a proactive and targeted approach to identify and prevent the causes of ill health and support staff to remain well at work. Interventions include individual and team psychological support, crisis intervention, musculoskeletal intervention and support with other long-term conditions, including menopause. Menopause Cafes are facilitated monthly for all staff. Chair-based exercise with the OHW Physiotherapist is offered Trust-wide on a weekly basis.

OHW provides guidance with risk assessment, signposting to relevant services to aid recovery, facilitation of phased returns and identification of reasonable adjustments to support return to work. There has been a strong focus on the benefits of improving

relationships, communication and engagement with managers. This has enabled a more agile and targeted approach in terms of complex cases and identification of fragilities within services that can be supported via the fast track pathway for OHW assessment.

11.5.3.2 Lena by Inspire

Rapid access to therapeutic support is provided by qualified counsellors via video, face-to–face and telephone consultations. Self-help tools and resources are available on a digital support hub.

11.5.3.3 Individual Psychological Therapy

The Occupational Health & Wellbeing (OHW) Psychology Service continues to provide essential psychological support to staff across the Trust through both individual and group-based interventions.

This is available via internal referral through the OHW Service and is delivered by Clinical Psychologists and CBT therapists. The service has experienced a steady increase in referrals, reflecting growing awareness and trust in its effectiveness. The impact of individual therapy is assessed through:

- Service User Feedback: Collected via satisfaction surveys.
- Clinical Outcomes: Measured using pre- and post-intervention psychometric tools.
- Organisational Outcomes: Evaluated through return-to-work rates and sustained attendance.

Staff survey feedback has indicated post intervention reduction in stress and trauma-related symptoms, increased confidence and development of effective coping strategies and enhanced workplace satisfaction.

11.5.3.4 Critical Incident Group Support

This is available via one-off psychological support sessions in response to critical incidents, including; sudden or traumatic loss of a colleague, high-profile investigations affecting multiple staff and repeated exposure to distressing or high-intensity events. These sessions offer a safe, therapeutic space for teams to process their experiences.

Where appropriate, follow-up referrals for individual therapy are facilitated to ensure continuity of care.

11.5.3.5 Team Support Sessions

The Trust Organisation and Workforce Development (OWD) team have a model in place that provides Team Development which contributes to the overall health and wellbeing within teams. There are two types of interventions that teams can access in this model. The first is Team Support where teams are experiencing difficulties due to various factors, including things like conflict, poor culture and high absence rates. The second is Team Building where teams request to get together and access a series of team building activities that is contextualised to their needs.

Within these processes it is often identified that the team needs psychological support. In these instances OWD will work in partnership with the Occupational Health & Wellbeing Psychology Service to develop and deliver sessions. Over the past three years OWD has delivered 149 sessions to teams. Post-session evaluations indicated high satisfaction with content relevance and delivery. Participants reported intentions to adopt more compassionate communication, proactively manage wellbeing, and apply practical tools introduced during the sessions.

11.5.3.6 Encompass Transition Support

A bespoke wellbeing programme was developed to support the Trust-wide implementation of the Encompass system. Key components included: upskilling managers and Encompass ‘superusers’, raising awareness of the emotional impact of organisational change and equipping staff with strategies to maintain wellbeing during transitions.

11.5.3.7 Learning and Development

The OHW service in collaboration with OWD contribute to the Leader and Manager Framework (LMF) training at Level 1, and 2. Sessions have been developed and delivered on psychological safety and support within teams and the use of the Stress Toolkit to address work-related stress. The LMF also has wider Health and Wellbeing content included for managers across the Trust such as REACT mental health and Health Improvement. These sessions help build confidence in

managers across the Trust to support their own wellbeing as well as the needs of their teams.

In the past year, and in line with the Trusts Culture Survey results, the Trust have rolled out a bespoke Leadership programme to all Band 7 managers in Children's services. The programme includes a module on how the band 7s look after their own health and wellbeing and how they pay attention and support the band 5 and Band 6 staff. Children's services are seeing evidence of staff achieving better work life balances whilst managing the complexity of complex children's cases. This will in turn support the stabilisation of the workforce.

11.5.3.8 Coaching and Mentoring

The OWD team facilitate a Trust wide Coaching and Mentoring Network that provides staff opportunities to discuss and address challenges in safe and structured spaces. There are over 50 trained coaches across the Trust and a referral system is in place accessible on the HR Knowledge Hub. To date Mentoring has been mainly accessible via Leader and Manager Development programs such as the LMF, where in 2024 leaders at 8a/b and c took part in group mentoring with the Non-Executive Director group. Plans are in place to grow this model in the future to provide more mentoring opportunities for staff in the Trust.

11.5.3.9 Recognition of Expertise

Expertise is valued in various ways across the Trust. Courses delivered by the Organisation and Workforce Development (OWD) team such as the Leader and Manager Framework and the Post Graduate Diploma (PGDip) in Health and Social Care Leadership and Management have graduation ceremonies which celebrate the success of completion and qualification. The PGDip graduation is part of the Ulster University graduation program with the Western Trust the only Trust in the region to have certification to deliver the course and graduation locally.

In addition any staff who complete a work-related qualification through the Trust Vocational Training team are invited to an awards ceremony at the end of the year. These graduations and awards are always well attended by the Chief Executive and CMT who take part by speaking and handing out awards and certificates at each event.

Staff recognition events are also in place that look at recognising wider staff skills and competencies, of which expertise would be one. The annual staff awards have a number of categories for recognising staff and uses a nomination process that is reviewed by a panel for decisions. The Mission Cup follows a similar nomination process but is unique in that it is a team-based award that recognises teams who display the Trust Values, and the next winner is selected by the current holders.

11.5.3.10 Peer Support Networks

The OHW Psychology Service continues to support the Peer Support Network within the Trust's Theatre team at Altnagelvin. Anecdotal feedback has suggested that this initiative has been well received by staff, supported retention and morale and enabled timely access to psychological support. A guidance paper has been developed to support the scaling and adoption of peer support networks across other service areas within the Trust.

11.5.3.11 Wellbeing Programmes, Training and Resources

The Trust 'We are With You' project has delivered a range of health and wellbeing initiatives to support physical, nutritional and mental health. The Corporate Management Team have led on a 3-month tenure as Wellbeing Guardian, promoting health and wellbeing topics to all staff. Over 70 staff have volunteered as Wellbeing Champions, promoting wellbeing initiatives and activities within their teams and places of work.

The staff wellbeing team were also part of a working group to design, develop and launch The Carers Framework Hub.The Carers Framework Hub has been developed to ensure everyone in the organisation is clear about how they can access support for carers through the various support pathways. The framework provides guidance and signposting to the range of support provided to carers and the procedures for accessing that provision. The hub is set out for easy access by either managers of staff or staff with caring responsibilities within the Trust.

A monthly newsletter 'Thrive' is developed and shared widely with staff. The newsletter provides tips and advice on all things wellbeing, and useful op-eds from clinical staff. It also provide information on relevant campaigns, including information on events and world health days.

The Trust has also commenced a monthly pod cast, Trust-Ed Podcast. The Director of Children and Families interviews Trust staff to provide advice and information on different health topics.

11.5.4 Southern Trust

The Trust's People Framework sets out what their people can expect from their formal leaders and from each other. It was influenced by national, regional and local priorities and by listening to the people. It is informed by what their people have told us - what is important to them, what works well and how they can get better together. Their ambition, put simply, is to 'create a great place to work', a workplace where staff are engaged, feel valued and work well together.

Developed by its staff, the HSC values underpin how the organisation delivers its purpose and vision. The values of compassion, openness and honesty, working together, and excellence, along with the behaviours associated with each, guide all employees and shape the way work is carried out. These values are central to the Trust's people priorities and inform decision-making and actions, helping to foster a positive workplace culture.

The Trust recognises the importance of focusing on its people. Its People Priorities, Wellbeing, Belonging, and Growing are designed to help create a great place to work, where staff feel engaged, valued, and able to collaborate effectively. These priorities support the transformation of the workplace, which in turn enables the transformation of care, ensuring the continued delivery of safe, high-quality, and compassionate care and support to the population.

11.5.4.1 Wellbeing Framework

In September 2022, the Trust developed and launched its Workplace Health & Wellbeing Framework for 2022–2025. This framework centres around three key pillars of integrated wellbeing, providing a structured approach to supporting staff health and wellbeing across the organisation.

1. Healthy Workplaces (Supporting You);

2. Healthy Relationships (Staying Connected); and
3. Healthy Body & Mind (Being You).

The Health & Wellbeing Framework emphasises the need for Trust change to ensure that staff wellbeing is embedded in every aspect of work. The Trust is committed to supporting the wellbeing of its people, fostering a culture of wellbeing, and responding to the evolving nature of work.

The Year 3 (2024–2025) Action Plan included 23 actions, with several outlined in the Occupational Health, Wellbeing, and Psychology section. Two notable new actions were the completion of the Baseline Assessment Tool aligned with NICE Public Health Guideline NG212 on mental wellbeing at work, where 90% of the recommendations were met and the scoping and review of existing actions against the new Regional Health & Wellbeing Framework launched in September 2024.

A number of actions also focused on supporting staff wellbeing in response to the demands of preparing for and implementing major digital transformation programmes, specifically encompass and equip, which represent significant Trust change.

In April 2024, membership of the Health & Wellbeing Work-stream was expanded to ensure broader workforce representation in shaping the wellbeing agenda and future plans. This included new members from Estates, Support Services, and Wellbeing Champions. An action planning workshop held in December 2024 helped inform the development of the Action Plan for 2025–2026**.**

11.5.4.2 Workplace Wellbeing Team & Wellbeing Champions

With support from NHS Charities funding, the Trust launched a new Workplace Wellbeing Team focused on enhancing team wellbeing across the Trust. This team develops Trust-wide wellbeing programmes and resources, assists teams in creating their own wellbeing plans, and facilitates access to a broad range of wellbeing supports available through the Trust, local communities, and partner organisations.
Three dedicated support workers deliver wellbeing programmes directly to teams, concentrating on physical, emotional, and financial wellbeing. A review and refresh of the Wellbeing Champion role was also undertaken, resulting in the expansion of the

network to 68 Champions. For the first time, Wellbeing Champions have been allocated two hours of protected time each month to carry out their role and support colleagues.

Additionally, a new resource titled Supporting You Through Change[14] was developed and launched to assist staff during periods of organisational transition. In light of significant organisational change this resource was developed to support employees. It is a brief online magazine highlighting options for self-care, team support, others who can help, and hints and tips to help support wellbeing.

11.5.4.3 Disability Advocate Role

The Disability Advocate Role was established in October 2024 to better represent and support the needs of staff with disabilities and long-term health conditions and ensure your voice is heard and valued. Dr Clodagh Corrigan, is a Specialty Doctor in Emergency Medicine and is based in the Emergency Department in Daisy Hill Hospital. The Trust is the first Trust in Northern Ireland to develop this role and Dr Corrigan, hopes to bring real life experience to the position. During 2024/25 Dr. Corrigan has developed a podcast, reviewed and input to policy development, carried out a staff survey to get an understanding of the issues which will inform future work and areas for improvement. The Trust also marked International Day of Persons with a Disability in December 2024, established a staff network and supported staff on a one-to-one advocacy role.

11.5.4.4 Critical Incident Peer Support: Guidelines and Pathway developed

This is a preventative trauma informed approach to support employees who have been exposed to distress / trauma. These guidelines and new pathway developed alongside Psychology and the Regional Trauma Network (RTN) are proposed as the Trust's response to a sensitive and critical period of support for staff teams and individuals. The OH Psychology lead has facilitated 6 debriefings during this period to different teams within the Trust and 4 peer support meetings were facilitated alongside members of the Regional Trauma Network (RTN).

[14] https://view.pagetiger.com/Education-Learning-and-Development/20240209-supporting-you-through

11.5.4.5 Free Hospital Parking for all staff

Implementation of free hospital parking for all staff, in line with legislative direction was due to be implemented in May 2024 but was subsequently agreed by the NI Executive to be deferred for two years to allow for the necessary infrastructure to be implemented at hospital sites. In the meantime, and in the spirit of the legislation, a working group has been developing needs-based criteria to facilitate the provision of free parking permits for staff throughout the two-year deferral period.

11.5.4.6 Contract stability for staff

Ensuring stable and consistent staff teams is essential for the safe and effective delivery of services to users. Over the past year, a key focus across the Trust has been the stabilisation of rotas and employment contracts. Within the functional support services teams, significant progress was made through the conversion of over 100 long-term agency workers and temporary employees to permanent Trust positions, enhancing employment stability. This initiative was followed by targeted recruitment campaigns, enabling remaining non-permanent staff to apply for permanent roles. These efforts aim to further strengthen team stability and reduce reliance on agency staffing within this group.

11.5.4.7 Occupational Health and Wellbeing

Over the past year, the Occupational Health & Wellbeing Service has maintained its focus on prevention, protection, and the enhancement of employee wellbeing, alongside fitness for work assessments. The multidisciplinary team comprises Specialist Occupational Health Nurses, Doctors, Technicians, Specialist Occupational Therapists, Clinical Psychologists, and Physiotherapists.

The service continues to deliver tailored interventions for both individuals and groups of Trust staff. These include initiatives such as the Wellness in the Workplace and Living and Working with Conditions groups, as well as Staff Health and Wellbeing Fairs and events.

In support of the Responding to Stress Policy and Toolkit, two live face-to-face awareness sessions were delivered, complemented by a pre-recorded webinar co-facilitated by Occupational Health & Wellbeing Service Team Leads and the

Consultant Clinical Psychologist. A total of 42 employees attended the live sessions, while 114 managers and 149 employees have viewed the awareness materials. These sessions were designed to promote the new policy and toolkit and to support both staff and managers in its application.

11.5.4.8 OHWS Psychology Team

The Occupational Health Psychology service is embedded within the overall Occupational Health and Wellbeing Service and a breakdown of the associated interventions undertaken in 2024/25 are outlined below:

Psychology 1:1 Intervention: This is a highly specialist service, which aims to provide therapeutic support to staff with a range of emotional difficulties that have directly stemmed from workplace factors. This may include post-trauma symptoms following a work-related incident or injury; work-related stress and anxiety and support for employees undergoing workplace investigations. Overall, the Trust received 83 employee referrals to this service during 24-25 and the average waiting time for this period was 11 weeks.

816 appointments were offered to employees during this period. As at March 2025, 26 of these 83 staff members had finished their treatment and were discharged from Occupational Health Psychology service. Of these 26 referrals, 65% were from staff members who were at work at time of referral, 16% were from staff who were off on sickness absence at time of referral and 19% Unknown or Other. 65% of staff members who attended the service whist at work at time of referral remained at work following OH Psychology intervention. 38% of staff who were off work prior to OH Psychology intervention also returned to work following OH Intervention.

Managers Consultation Service: This consultation service offers confidential psychological support to their managers within the Trust. This may be to consider the emotional impact of the role on the manager's own well-being, to consider how best they support an individual employee, or to consider how best they support the emotional well-being of their team (this includes responding post critical incidents).

45 Consultation sessions were offered to managers throughout this period. The outcome of these included OH Psychology team input (Staff Wellbeing Session or

Peer Support Debriefing), further consultation support, and onward referral to services including OH Psychology, NFA and signposting to other services.

Staff Wellbeing Team Interventions: are offered to teams across the Trust. These half day sessions focus on the emotional impact of the work carried out within these teams and how best individuals and the teams can look after their emotional well-being. During this period, 19 staff wellbeing sessions were delivered, and 241 employees attended these sessions.

Schwartz Rounds: Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. 6 Schwartz Rounds were delivered across the Trust during the year. 286 employees across different directorates and bandings attended these Rounds.

11.5.4.9 Pilot group programme for staff experiencing personal stress [Wellness in the Workplace Group]

OHWB Psychology Service have piloted a Wellness in the Workplace CBT informed group. This is a self-help group for staff members who are experiencing personal stress (for staff at work and on sickness absence). Staff members were recruited to the group following assessment/internal triage. It is specialist input from a multidisciplinary team including psychology, nursing and occupational health physiotherapy. The pilot group was run for 7 consecutive weeks on a weekly basis and participants completed a number of measures pre and post completion of the group. These measures focused on wellbeing and resilience, general quality and functioning. A further two groups have been rolled out since the pilot with the fourth group starting in March 25.

11.5.5 NIAS

11.5.5.1 Impact of Local and National Staff Wellbeing Approaches.

NIAS has a unique and challenging workforce environment. NIAS staff are exposed to violence and aggression regularly and are exposed to some very traumatic situations. Additionally, there are cultural challenges across ambulance services as

most recently highlighted in a range of reports and statements issued through the Association of Ambulance Chief Executives (AACE) around Sexual Safety in the workplace.

At the heart of how staff are supported and engaged is a biopsychosocial, evidenced based, peer led, compassionate and trauma Informed approach. We welcomed the Departments of Health's HSC Staff Wellbeing Framework, that acknowledged the increased risk to wellbeing of staff exposed to distressing incidents or emotionally taxing situations. Although NIAS has increased recruitment the health and social care system continues to be a difficult physical and emotional working environment. We are experiencing the positive impact of investment in wellbeing through our Health and Wellbeing Strategy and joined up working across HSC trusts. However as waiting times and demands continue, NIAS colleagues striving to provide compassionate care, can be at risk of moral distress when the circumstances impede their ability to provide the care they want to, increasing the burden on staff.

Exposure to potentially traumatic incidents is expected as part of emergency response roles however the repeated exposure and challenges in the workplace increase the risk of developing acute stress reaction and even post-traumatic stress disorder. Available evidence suggests that among all emergency service workers Paramedics have the highest rate of post-traumatic stress disorder (PTSD), higher than police or firefighters. (McFarlane, Williamson, & Barton, 2009). Psychological debriefing (PD) is the most widely deployed occupational health tool to support emergency workers post exposure to an incident. **Critical Incident Stress Management** has been shown to be effective and is one of the approaches NIAS deploys with the aim to delivering Trauma Informed services across all contacts with patients, clients, families, and staff.

NIAS introduced **Critical Incident Stress Management (CISM)** in 2018 as a pilot programme, with two seconded staff. In 2024 it became the first ambulance trust and HSC trust to embed a seven day a week CISM Peer Support Service in response to the demands of the role and the work environment. Health, Wellbeing and Peer Support Officers contact all colleagues involved in critical incidents within 36-72hrs post incident. CISM intervention offered to staff can be one to one phone call, face to face debrief or Critical Incident Group De-brief. Onward referral to support services is

available if required. All staff can also self-refer using a peer support email. The team responds to requests seven days a week 8am-11pm.

The peer support team makes on average one hundred and eighty (180) contacts per quarter to staff offering CISM support and seventy-eight (78%) percent of this contact made is responded to. On average thirty-three (33%) percent of staff contacted request one to one follow up debrief and team completes four group debriefs per quarter. Ninety eight percent (98%) of service users reported that the intervention was valuable and supported them to remain in work or return to work. The service has one hundred percent (100%) compliance with the target that staff be contacted within 36/72 hours post incident.

Synthesis of research on the prevention and treatment of PTSD has indicated that early identification of symptoms and treatment should be the focus of interventions rather than prevention, with indications that trauma focused CBT was one of the most effective treatments. (Bisson, J. et al. 2021). NIAS has developed a **trauma triage pathway** to ensure that workers get fit for purpose treatment such as Trauma based CBT and Eye Movement Desensitization and Reprocessing (EMDR). As with all HSC, NIAS colleagues can access Employee Assistance services free and confidentially by contacting **LENA (**by Inspire). A 2023 review of the service however identified that the standard brief solution focused sessions were not appropriate for most staff contacting the service and wellbeing outcomes were therefore poor. NIAS therefore introduced a **trauma triage system for** all staff contacting Lena services. The triage at the point of entry by a trauma practitioner helps to identify need for high intensity therapeutic pathways. Since the introduction of this pathway the number of staff contacting the service who have been referred to the high intensity pathway has risen from eighteen percent to over eighty five percent. This has been mirrored by a reduction in staff using the brief solution focused pathway. It has also led to much improved clinical outcomes for service users.

There is overwhelming evidence from over four decades years of research that social support is also a major protective factor following life events/trauma (Joseph, S 1999, Brewin, C et al 2000). This has been confirmed through the positive outcomes of the social support-based interventions such as Blossoms-horticulture therapy and the

Ripple project-water based wellbeing. The NIAS Association of Retired Personnel is now extending this social support beyond work.

Working across the sector continues to develop learning and provide a platform to share resources. NIAS was involved in the development of the **SBNI-Trauma Informed toolkit and** organisational checklist. NIAS have developed links with the Queens STARC, undertaking a review of literature on ambulance sector health. The wellbeing team provides the Paramedicine BSc Programme input and continue to learn from connections with CISM leads in the Fire Service and Western Trust. NIAS is collaborating with the trusts psychology leads on developing a regional moral distress resource for HSC staff. Working with Wellbeing leads across HSC has opened up shared access to wellbeing webinars and best practice.

Nationally NIAS continue to implement the 'working together to prevent suicide in the ambulance sector' programme. With one study concluding that male paramedics are at 75% increased risk of suicide compared to national average (Hird *et al.* 2019), the men's health support and twice annual ASIST programme has been mainstreamed. Supported by the Public Health Agency NIAS now have four Living Work's ASIST trainers and deliver SafeTALK to all staff cohorts in training.

11.5.5.2 Sexual Safety

The Association of Ambulance Chief Executives (AACE) and the Office of the Chief Allied Health Professions Officer (CAHPO) have launched three publications aimed at reducing misogyny and improving sexual safety in the ambulance service. The publications were formally launched at the Ambulance Leadership Forum on the 2 October 2023 by Suzanne Rastrick, Chief Allied Health Professions Officer for England and are available below.

NIAS are offering again ONUS Safe Place for staff, Recognising Risk in the Workplace training and developing a workplace policy.

MSK health is also of critical importance and a factor that is evident in sickness absence in the service. The Trust has undertaken a number of initiatives to support physical health in this regard including promoting gym membership, a range of activities such as Couch to 5k and also commissioning a dedicated physiotherapy service through the Occupational Health contract.

Section Twelve - Productivity

12.1 Encompass

Encompass is now live in all five Health & Social Care Trusts with the final two trusts, Southern and Western, successfully going live on 8th May 2025. For the first time in history, all HSC Trusts across Northern Ireland are now integrated into one digital system, signifying a major step forward in streamlining patient care. Encompass is the most comprehensive digital care record in Europe comprising acute care, community care, social care, social work and mental health care.

South Eastern, Belfast and Northern Trust are continuing through optimisation and stabilisation phases and all three have returned to pre-Go Live activity levels. Data being produced in encompass represents their new business as usual Service Delivery Plan baseline. Planning is underway for the optimisation phase of the Programme now that all Trusts are implemented with a number of workshops bringing together senior leaders in the Trusts and the regional team.

Significant developments have also been made within Epic in relation to Generative AI which are ready to use with more AI assisted workflows continuing to be added at pace.

12.1.1 My Care

With encompass now fully operational across Northern Ireland, all patients and service users will be able to securely access a subset of their health and social care record, such as clinic letters, medication details, and some test results. They can also view appointments and track the progress of their treatment.

My Care provides secure online access to personal health information and to date has over 205,000 users. A My Care launch took place on 22 September 2025 at Stormont with invitations extended to all MLAs.

12.1.2 Benefits so far

The first annual benefits yearbook was issued in February 2025 reviewing the first year of encompass operations between November 2023 to November 2024. It focussed on the qualitative benefits for staff and service users from across Northern

Ireland particularly in South Eastern & Belfast Trusts, and highlighted early positive impacts being experienced in Northern Trust.

Measurable benefits being realised across South Eastern and Belfast Trusts include:

- Improved outpatient clinic utilisation;
- Saved clinical time, as charts can be viewed instantly more timely interventions;
- Increased safety in the administration of medications; and
- Better utilisation of resources and appointments with a reduction in 'Did Not Attend' rates.

There is an array of qualitative measures alongside these quantitative ones. Staff have highlighted the benefits of a fully integrated platform for delivering joined up health and social care.

Section Thirteen Training Applications

13.1 Applications for nursing, midwifery and AHP professions

The 2025/26 data indicates a high demand for places across the Nursing, Midwifery, and Allied Health Profession (AHP) pre-registration programmes commissioned by the Department from local universities, with several areas and fields of practice being significantly oversubscribed.

Within Nursing & Midwifery, Children's Nursing is the most competitive with a 12:1 ratio (i.e. 12 applicants per available training place), followed by Mental Health (6:1) and Midwifery (5:1). Adult Nursing has a manageable 5:1 ratio, while Learning Disability Nursing is the least competitive at 3:1 – reflecting known difficulties in recent years in recruiting to this field of practice.

Among AHPs, Speech & Language Therapy (14:1), Occupational Therapy (13:1), and Physiotherapy (10:1) show the greatest demand. Other disciplines including Paramedics, Dietetics, and Radiotherapy & Oncology range between 7:1–8:1, while Podiatry has the lowest ratio at 3:1.

These figures highlight the high competition rate across Nursing, Midwifery, and Allied Health Profession programmes. It is worth noting that all pre-registration training programmes commissioned across Nursing, Midwifery and AHP attract more applicants than training places provided.

Table 32 – Nursing & Midwifery Training Applications, Places, Ratios

	Nursing & Midwifery 2025/26				
	Adult	**Childrens & Young People**	**Mental Health**	**Learning & Disability**	**Midwifery**
Applications	3018	1270	986	214	646
Places	622	108	153	62	120
Ratios	5:1	12:1	6:1	3:1	5:1

Source Workforce Development Unit - Department of Health NI

Table 33 – Allied Health Professional applications, Places & Ratio

	Allied Health Professions 2025/26							
	Paramedics	**Dietetics**	**Occupational Therapy**	**Physiotherapy**	**Speech & Language**	**Podiatry**	**Diagnostic Radiography**	**Radiotherapy & Oncology**
Applications	508	237	1193	1109	805	87	424	187
Places	65	35	93	110	56	27	94	25
Ratios	8:1	7:1	13:1	10:1	14:1	3:1	5:1	7:1

Source Workforce Development Unit - Department of Health NI

Section Fourteen - HSC Staff Survey

The HSC staff survey is commissioned by HSC organisations as staff employers with the last survey carried out in 2019. HSC Human Resource Directors have recently commenced work to commission a regional HSC staff survey with a proposed date of October 2026 for roll out. Discussions are also ongoing with the provider of the NHS survey to gauge feasibility of the HSC survey being an extension of the NHS staff survey.

14.1 Belfast Trust

In 2021 The Belfast Trust, supported by Northumbria Foundation Trust, committed to a new initiative to better understand the workplace experience of staff: a Trust wide Staff Experience Survey that gathers data on how it feels to work in the Trust, running at least annually. Through this process, the Trust seeks to learn from areas of good practice as well as better support areas in need of development. The survey provides reports at Directorate, Divisional, Service and Team level (where 10 or more responses are received). This allows for the development of local action plans and targeted intervention to improve Staff Experience. It is also possible to analyse the demographic data to highlight particular areas of strengths or areas in need of development, within professional groupings, service areas or within individual teams. This work enables development of more targeted support and development efforts.

The Trust's baseline survey that was launched in June 2021 showed that the areas in need of development included: psychological safety, recognition and staff engagement. Since 2021 a further five surveys have been conducted. The survey undertaken in this reporting period was the Trust's first every fully in-house delivered Staff Experience Survey: 5,746 staff members responded, representing 25.8% of the workforce and the Trust's highest response rate to-date. While the survey revealed a slight decrease in the overall staff engagement score, from 3.75 to 3.71 (on a five-point Likert scale), they observed improvements in all other areas of focus, and in particular:

- Reward & Recognition – The Trust are doing a better job at recognising and rewarding staff for their hard work.
- Wellness & Resilience – The Trusts initiatives to enhance staff well-being and aid their resilience are yielding results.

- Choice & Autonomy - Staff are reporting more control and flexibility over their work.

These results highlight the importance of staff feedback and the positive impact it has on the Trusts efforts to enhance the workplace environment. Improving organisational culture is not a ‘nice to do’ but is vital because they know that any improvement in staff experience results in an improvement in patient experience. Of note, Medical and Dental workforce engagement score was 3.36 (on a five-point Likert scale) in the 2024 survey, the lowest score in any professional grouping. The results of the May 2025 survey are not yet available.

In addition to providing feedback, the survey also provides those staff participating with an opportunity to recognise a colleague who has gone above and beyond, and nominate them to receive a recognition certificate. Notably, 3,724 staff members were nominated to receive a recognition certificate in 2024, and a further 2,601 in May 2025 bringing the total distributed to over 12,000 since its inception in 2021. Recipients of the certificates are also invited to attend a virtual recognition event hosted by the Chief Executive and Chairman.

In addition to the Recognition initiative described the organisation employs a variety of formal and informal recognition methods to appreciate staff contributions. Formal methods include annual organisation-wide awards (e.g. Chairman’s Awards and the Social Care Awards), peer recognition programmes, quality improvement showcases, staff development recognition events, long service awards, and appraisals that incorporate recognition and wellbeing. Informal methods encompass local magazines and eZines highlighting achievements, celebration of international and cultural days, retirement recognition, positive feedback sharing through Care Opinion, leadership walks, intranet showcases of staff achievements, regular team meetings, Christmas events, profession-specific celebrations, and staff health and wellbeing initiatives like free fruit and beverages. Everyday recognition practices include "Thank You" campaigns, thank-you emails, manager and peer feedback, local team get-togethers, and team lunches. These diverse approaches ensure that staff feel valued and appreciated in various meaningful ways.

Section Fifteen Workforce Data

15.1 Staffing Numbers

15.1.1 Equality Data

Table 34 - Equality – Breakdown of Equality Areas across HSC Organisations

Section 75 Group		*SHSCT*	*BHSCT*	*WHSCT*	*SEHSCT*	*NHSCT*	*NIAS*	*BSO/ ALB's*	*SLE*	*NIBTS*	*Total*	*% Total for all*
Total Staff		*15930*	*25872*	*14905*	*16125*	*14862*	*1679*	*3979*	*2458*	*212*	*96022*	
Gender	Female	13535	19643	11808	12768	12619	611	2485	1444	136	75049	78.16%
	Male	2395	6229	3097	3357	2243	1068	1494	1014	76	20973	21.84%
Religion	Protestant/Perceived Protestant	5338	7464	3252	6003	7320	667	1019	553	89	31705	33.02%
	Roman Catholic/Perceived Roman C	8762	9853	8364	3757	5860	608	1383	639	78	39304	40.93%
	Neither/Unknown	1830	8555	3289	6365	1682	404	1577	1266	45	25013	26.05%
Political Opinion	Broadly Unionist	1397	1384	954	934	1335	202	120	250	18	6594	6.87%
	Broadly Nationalist	1539	1550	2178	361	690	167	137	389	18	7029	7.32%
	Other	1192	1737	1674	682	994	277	161	411	30	7158	7.45%
	Do Not Wish To Answer/Not Known	11802	21201	10099	14148	11843	1033	3561	1408	146	75241	78.36%
Age	16-24	1217	1383	1046	1254	758	17	110	244	7	6036	6.29%
	25-34	3724	6157	3116	3804	3051	296	637	1632	43	22460	23.39%
	35-44	4365	6597	3755	4096	3753	408	1070	497	50	24591	25.61%
	45-54	3256	5828	3488	3381	3631	561	1124	65	41	21375	22.26%
	55-64	2753	4834	2820	2884	3092	354	893	19	62	17711	18.44%

	65+	615	1073	680	706	577	43	145	1	9	3849	4.01%
Marital Status	Single	5121	5580	5576	3340	4578	565	376	1410	52	26598	27.70%
	Married/Civil Partnership	8840	10446	7874	7236	9055	659	1324	843	108	46385	48.31%
	Divorced/Separated	351		676	556	0	30	84	4	6	1707	1.78%
	Widow/er	58		117	65	0	4	12	2	1	259	0.27%
	Not Known/Other	1560	9846	662	4928	1229	421	2183	199	45	21073	21.95%
Dependant Status	Yes	2381	4150	3080	1883	3191	411	445	382	53	15976	16.64%
	None	4885	5161	4491	1417	2218	516	258	1393	61	20400	21.25%
	Not Known	8664	16561	7334	12825	9453	752	3276	683	98	59646	62.12%
Disability	Yes	395	473	440	229	267	64	79	105	6	2058	2.14%
	No	11557	14146	9491	3499	7950	1264	1298	1666	108	50979	53.09%
	Not Known	3978	11253	4974	12397	6645	351	2602	687	98	42985	44.77%
Ethnicity	Bangladeshi	2		16	1		1		7		27	0.03%
	Black African	58		64	11		0	1	125	1	260	0.27%
	Black Caribbean	2		3	2		0	1	1		9	0.01%
	Black Other	4		1	2		0		1		8	0.01%
	Chinese	15		11	9		1	2	34	1	73	0.08%
	Filipino	85		68	59		3	1	2		218	0.23%
	Indian	180		221	78		1	7	78		565	0.59%
	Irish Traveller	2		4	1		0		3		10	0.01%
	Mixed Ethnic	32		26	17	204	5	2	45		331	0.34%
	Pakistani	23		36	9		1		89	1	159	0.17%
	Other Ethinicity	35	865	82	28	30	2	3	110	1	1156	1.20%
	White	11622	14703	11259	3872	8076	1322	908	1289	127	53178	55.38%
	Not Known	3870	10304	3114	12036	6552	343	3054	674	81	40028	41.69%
Sexual Orientation	Opposite Sex	8952	9552	8814	3439	5560	1113	591	1524	96	39641	41.28%

Source: Business Services Organisation

15.1.2 Staff Headcount

It should be noted for the following tables for headcount where individuals hold more than one active post, they are counted once in each category they hold an active post but counted only once in overall totals. Therefore row and column totals may not sum.

Table 35 – Staff Headcount at March each year

Headcount	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Administration & Clerical	12,530	12,555	12,549	12,495	12,549	12,769	13,148	13,936	14,449	14,376	14,656	14,738
Estates Services	697	706	697	689	689	726	773	788	820	807	824	838
Support Services	6,459	6,154	6,045	6,046	6,219	6,474	6,577	6,886	6,782	6,579	6,547	6,535
Registered Nursing & Midwifery	16,544	16,646	16,902	17,055	17,019	17,181	17,578	18,276	18,675	19,298	19,711	20,032
Nurse Support Staff	4,632	4,663	4,708	4,902	5,006	5,075	5,089	5,388	5,298	5,158	5,078	4,856
Social Services (ex. domiciliary care)	7,566	7,649	7,762	7,937	8,159	8,345	8,673	9,087	9,050	9,159	9,481	9,729
Professional & Technical	8,164	8,232	8,515	8,862	9,164	9,548	10,036	10,548	10,846	10,825	11,143	11,409
Ambulance	1,079	1,048	1,115	1,117	1,128	1,219	1,243	1,353	1,384	1,321	1,251	1,280
Total	**57,562**	**57,541**	**58,196**	**59,011**	**59,837**	**61,243**	**63,028**	**66,162**	**67,201**	**67,441**	**68,606**	**69,317**

Source Information & Analysis Directorate, Department of Health NI

Table 36 – Staff Headcount at March each year - Whole-time equivalent

Whole-time Equivalent (WTE)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Administration & Clerical	11,054.1	11,061.5	11,057.0	11,019.5	11,067.4	11,295.0	11,670.6	12,373.8	12,864.8	12,866.6	13,167.2	13,235.0
Estates Services	694.9	704.0	695.1	685.8	685.9	722.3	767.5	781.6	811.2	800.0	817.5	826.7
Support Services	4,840.7	4,652.6	4,595.2	4,619.8	4,801.8	4,993.7	5,018.2	5,239.1	5,186.0	5,049.3	5,061.9	5,050.6
Registered Nursing & Midwifery	14,428.5	14,614.0	14,932.9	15,134.1	15,112.4	15,303.3	15,692.1	16,375.5	16,772.7	17,362.2	17,745.8	18,050.2
Nurse Support Staff	3,985.6	4,019.1	4,080.3	4,267.3	4,373.9	4,433.0	4,446.8	4,719.0	4,629.7	4,500.5	4,426.4	4,219.1
Social Services (ex. domiciliary care)	6,736.1	6,814.7	6,957.4	7,129.5	7,325.8	7,498.3	7,819.1	8,203.6	8,212.0	8,320.4	8,624.9	8,848.5
Professional & Technical	7,195.6	7,249.9	7,509.0	7,829.5	8,137.1	8,505.9	8,956.2	9,412.2	9,703.3	9,661.0	9,929.4	10,163.0
Ambulance	1,062.2	1,031.6	1,091.5	1,093.3	1,099.7	1,187.8	1,216.4	1,327.2	1,359.4	1,295.4	1,225.3	1,254.0
Total	**49,997.7**	**50,147.4**	**50,918.4**	**51,778.8**	**52,603.9**	**53,939.4**	**55,586.9**	**58,431.9**	**59,539.0**	**59,855.4**	**60,998.4**	**61,647.1**

Source: Human Resource, Payroll, Travel & Subsistence System (HRPTS).

Figures exclude bank staff, non-Trust individuals, staff with whole-time equivalent (WTE) less than or equal to 0.03, Board members and staff on career breaks. Trend excludes Domiciliary care as WTE data is not available. Headcount methodology has been revised *.

Table 37 - Staff Headcount at September each year

Headcount	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Administration & Clerical	12,565	12,531	12,441	12,523	12,614	12,917	13,405	14,122	14,265	14,507	14,677
Estates Services	710	697	690	684	710	744	776	799	796	815	828
Support Services	6,229	6,139	5,951	6,155	6,391	6,583	6,823	6,858	6,641	6,497	6,503
Registered Nursing & Midwifery	16,538	16,732	16,859	16,810	16,925	17,190	17,734	18,351	18,598	19,249	19,612
Nurse Support Staff	4,629	4,677	4,835	4,944	5,057	5,055	5,350	5,319	5,254	5,060	4,928
Social Services (excl. domiciliary care)	7,567	7,685	7,843	8,032	8,206	8,568	8,900	9,133	9,116	9,461	9,759
Professional & Technical	8,181	8,356	8,629	8,994	9,232	9,741	10,309	10,609	10,822	10,926	11,179
Ambulance	1,060	1,092	1,106	1,130	1,173	1,219	1,287	1,347	1,360	1,291	1,227
Total	**57,365**	**57,803**	**58,257**	**59,174**	**60,216**	**61,940**	**64,500**	**66,439**	**66,769**	**67,723**	**68,626**

Table 38 - Staff Headcount at September each year – Whole-time Equivalent

Whole-time Equivalent (WTE)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Administration & Clerical	11,073.7	11,018.0	10,948.3	11,031.6	11,127.2	11,445.6	11,887.5	12,548.8	12,736.7	13,002.5	13,160.0
Estates Services	707.0	695.4	688.0	681.9	707.1	740.1	768.0	792.7	788.9	809.4	817.4
Support Services	4,698.9	4,639.0	4,549.0	4,749.1	4,972.5	5,049.3	5,196.6	5,223.7	5,086.5	5,007.8	5,030.8
Registered Nursing & Midwifery	14,472.4	14,724.9	14,920.1	14,898.9	15,023.5	15,286.4	15,834.3	16,450.2	16,678.0	17,282.6	17,622.4
Nurse Support Staff	3,990.0	4,044.3	4,202.1	4,303.4	4,406.0	4,407.6	4,691.6	4,650.8	4,590.9	4,397.3	4,272.9
Social Services (excl. domiciliary care)	6,744.8	6,855.4	7,032.5	7,210.1	7,349.8	7,696.6	8,045.0	8,274.3	8,262.0	8,602.7	8,874.9
Professional & Technical	7,202.0	7,345.4	7,589.7	7,961.6	8,194.9	8,676.8	9,169.7	9,473.2	9,654.0	9,725.2	9,934.7
Ambulance	1,044.6	1,070.0	1,080.9	1,103.5	1,142.2	1,189.4	1,261.9	1,320.6	1,334.3	1,264.4	1,199.9
Total	**49,933.4**	**50,392.4**	**51,010.6**	**51,940.0**	**52,923.1**	**54,491.9**	**56,854.6**	**58,734.2**	**59,131.3**	**60,091.8**	**60,913.0**

Source: Human Resource, Payroll, Travel & Subsistence System (HRPTS).

Figures exclude bank staff, non-Trust individuals, staff with whole-time equivalent (WTE) less than or equal to 0.03, Board members and staff on career breaks. Trend excludes Domiciliary care as WTE data is not available.

15.1.3 Staff numbers by Gender and Working Pattern

Table 39 - NI Health and Social Care Staff by Gender & Full-Time / Part-Time (31 March 2025)

	Female	Male	Full-Time	Part-Time
	Headcount	Headcount	WTE	WTE
Administration & Clerical	11,312	3,426	10,036.0	3,124.0
Estates Services	70	768	804.0	13.4
Support Services	3,439	3,096	2,348.0	2,682.8
Registered Nursing & Midwifery	18,582	1,450	12,468.0	5,154.4
Nurse Support Staff	4,114	742	2,593.0	1,679.9
Social Services (excl. domiciliary care)	8,265	1,464	6,626.0	2,248.9
Professional & Technical	9,173	2,236	7,159.0	2,775.7
Ambulance	463	817	1,119.0	80.9
Total	**55,339**	**13,978**	**43,153.0**	**17,760.0**

Source: Information & Analysis Directorate, Department of Health NI

Table 40 – Working pattern by Gender

Headcount	Full-Time		Part-Time	
	Female	Male	Female	Male
Administration & Clerical	6,940	3,170	4,404	259
Estates Services	59	753	11	15
Support Services	578	1,768	2,866	1,338
Registered Nursing & Midwifery	11,485	1,294	7,108	157
Nurse Support Staff	1,982	602	2,132	141
Social Services (excl. domiciliary care)	5,326	1,235	2,949	230
Professional & Technical	5,345	1,948	3,842	293
Ambulance	390	785	73	32
Total	**32,094**	**11,554**	**23,337**	**2,455**

Source: Information & Analysis Directorate, Department of Health NI

15.1.4 Staff numbers by Age

Table 41 - NI Health and Social Care Staff by Age Group (31 March 2025)

	5 yr age group										
Headcount	**< 25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65+**	**Total**
Administration & Clerical	374	856	1,197	1,826	2,102	2,094	2,383	2,171	1,298	437	14,738
Estates Services	16	30	47	93	113	112	124	145	115	43	838
Support Services	588	379	419	586	686	614	842	1,010	959	452	6,535
Registered Nursing & Midwifery	1,118	2,888	3,067	3,187	2,553	2,233	2,227	1,714	846	199	20,032
Nursing & Midwifery Support	259	421	589	632	573	566	613	661	400	142	4,856
Social Services (excl. domiciliary care)	290	763	1,192	1,286	1,387	1,327	1,282	1,245	725	232	9,729
Professional & Technical	690	1,527	1,865	1,841	1,737	1,407	1,065	830	346	101	11,409
Ambulance	35	91	165	159	159	177	245	168	70	11	1,280
Total	**3,359**	**6,950**	**8,534**	**9,596**	**9,299**	**8,518**	**8,769**	**7,936**	**4,746**	**1,610**	**69,317**

Source: Information & Analysis Directorate, Department of Health NI

15.1.5 Staff Numbers by Occupational Family & Pay Band

Table 42 - NI Health and Social Care Staff by Occupational Family & Pay Band (31 March 2025)

Headcount	**Pay Bands 1-4**	**Pay Bands 5-6**	**Pay Bands 7-9**	**Non-AfC Grades**	**Total**
Administration & Clerical	9,437	2,755	2,483	100	14,738
Estates Services	209	391	238		838
Support Services	6,457	59	19		6,535
Registered Nursing & Midwifery		15,725	4,361	3	20,032
Nurse Support Staff	4,856				4,856
Social Services (excl. domiciliary care)	3,157	4,255	2,340		9,729
Professional & Technical	2,225	4,619	4,647	7	11,409
Ambulance	323	890	67		1,280
Total	**26,605**	**28,689**	**14,151**	**110**	**69,317**

Source: Information & Analysis Directorate, Department of Health NI

Table 43 - NI Health and Social Care Staff by Occupational Family & Pay Band (31 March 2025) – Full Time Equivalent

WTE	Pay Bands 1-4	Pay Bands 5-6	Pay Bands 7-9	Non-AfC Grades	Total
Administration & Clerical	8,062.5	2,652.8	2,421.6	98.2	13,235.0
Estates Services	206.5	386.7	233.5		826.7
Support Services	4,973.6	58.4	18.6		5,050.6
Registered Nursing & Midwifery		13,955.8	4,091.7	2.7	18,050.2
Nurse Support Staff	4,219.1				4,219.1
Social Services (excl. domiciliary care)	2,692.0	3,892.3	2,264.2		8,848.5
Professional & Technical	1,935.9	4,141.3	4,078.8	7.0	10,163.0
Ambulance	309.6	877.4	67.0		1,254.0
Total	**22,399.2**	**25,964.7**	**13,175.4**	**107.9**	**61,647.1**

Source: Information & Analysis Directorate, Department of Health NI Small cell counts have been suppressed.

Table 44 - Distribution of Agenda for Change staff (post count and whole-time equivalent) across pay bands and pay points as at 31st March 2025

Band	Pay point	Post count	WTE
Pay band 1	spot	117	85
Pay band 2	spot	7,878	5,960
Pay band 3	entry	2,630	2,350
	top	10,508	8,909
Pay band 4	entry	1,956	1,812
	top	3,792	3,283
Pay band 5	entry	4,716	4,545
	middle	3,391	3,277
	top	7,527	6,473
Pay band 6	entry	3,056	2,884
	middle	3,372	3,115
	top	6,749	5,670
Pay band 7	entry	2,264	2,131
	middle	2,821	2,642
	top	4,686	4,147
Pay band 8A	entry	875	822
	middle	909	870
	top	1,086	982
Pay band 8B	entry	290	284
	middle	363	356
	top	374	356
Pay band 8C	entry	102	98
	middle	193	190
	top	204	186
Pay band 8D	entry	30	29
	middle	38	38
	top	34	33
Pay band 9	entry	3	3
	middle	4	4
	top	7	6
Total		69,975	61,539.3

Source: Human Resource, Payroll, Travel & Subsistence System (HRPTS).
Figures exclude bank staff and staff on career breaks.

Note: Some pay points now have the same pay value under AfC refresh.

In the 2024/25 pay award, new intermediate pay points were added to Bands 8A-9

Excludes bank workers.

15.1.6 Vacancies in Recruitment

Table 45 - HSC Permanent and Temporary Vacancies in Recruitment (excluding Medical & Dental)

Staff Group	Number of vacancies actively being recruited to at							
	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18	30-Jun-18	30-Sep-18	31-Dec-18
Generic	0	1	0	0	0	0	0	0
Admin & Clerical	569	564	605	526	764	792	750	911
Estates Services Staff	38	34	40	30	61	21	55	65
Support Services/User Experience	273	518	403	369	621	761	431	343
Health Visitors	1,262	1,513	1,403	1,409	1,784	1,907	1,922	2,103
District Nurses								
Paediatric Nurses								
Mental Health Nurses								
Learning Disability Nurses								
All Other Registered Nurses								
Registered Midwives	71	88	57	67	75	94	50	66
Nurse Support	271	302	269	292	333	342	403	421
Midwifery Support	15	13	3	1	11	9	5	5
Social Workers	151	166	207	247	247	251	259	535
Social Care Workers	210	151	489	544	563	600	662	1,226
Domiciliary Care Workers								
Other Social Services staff	168	401	16	0	94	146	129	96
Physiotherapists	301	397	328	358	392	470	541	711
Occupational Therapists								
Speech & Language Therapists								
Podiatrists								
Dietitians								
Orthoptists								

Radiographers								
Pharmacists	74	77	80	105	110	111	115	122
Clinical Psychology	44	42	50	44	44	43	47	74
Pharmacy Technician / Pharmacy Support	128	125	88	104	145	141	132	124
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer								
Allied Health Profession Support								
Other Professional & Technical staff	86	198	129	114	173	118	161	143
HCPC Registered Paramedic [#]	6	13	0	0	1	46	103[#]	25[#]
Emergency Medical Technician [#]	0	0	0	0	24	0	48[#]	0[#]
Ambulance Officer [#]	2	0	0	0	0	0	3[#]	5[#]
Patient Care Services [#]	21	0	0	0	0	41	41[#]	16[#]
Control Officer [#]	0	0	0	0	0	0	3[#]	1[#]
Control Assistant [#]	0	3	0	0	0	0	0[#]	3[#]
Total	**3,690**	**4,606**	**4,167**	**4,210**	**5,442**	**5,893**	**5,860**	**6,995**

Staff Group	**Number of vacancies actively being recruited to at**							
	31-Mar-19	**30-Jun-19**	**30-Sep-19**	**31-Dec-19**	**31-Mar-20**	**30-Jun-20**	**30-Sep-20**	**31-Dec-20**
Generic	0	0	4	17	25	15	17	10
Admin & Clerical	943	917	990	923	950	788	750	763
Estates Services Staff	61	74	84	68	50	41	30	33
Support Services/User Experience	623	538	454	332	631	310	216	227
Health Visitors	20	85	51	43	31	86	25	19
District Nurses	39	55	113	68	73	26	49	35
Paediatric Nurses	31	76	67	44	61	108	47	56

Mental Health Nurses	212	193	168	217	185	155	137	151
Learning Disability Nurses					53	42	33	37
All Other Registered Nurses	1,859	2,073	1,870	1,742	1,641	1,299	1,088	1,513
Registered Midwives	111	118	122	93	96	70	58	71
Nurse Support	439	454	521	545	345	253	292	437
Midwifery Support	6	3	3	2	3	0	0	3
Social Workers	508	413	370	366	413	365	335	356
Social Care Workers	429	392	434	394	354	256	217	298
Domiciliary Care Workers	299	262	379	242	210	126	97	175
Other Social Services staff	110	182	200	149	163	164	144	150
Physiotherapists	219	247	208	230	204	184	181	182
Occupational Therapists	175	216	142	123	112	98	120	120
Speech & Language Therapists	62	71	69	55	37	38	48	52
Podiatrists	18	20	17	23	14	12	15	11
Dietitians	63	57	45	38	30	30	26	38
Orthoptists	2	2	1	3	4	4	3	2
Radiographers	71	91	83	57	72	77	66	97
Pharmacists	125	120	113	93	92	93	97	117
Clinical Psychology	64	67	43	59	52	43	52	56
Pharmacy Technician / Pharmacy Support	99	90	124	113	116	95	100	110
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer								
Allied Health Profession Support								
Other Professional & Technical staff	201	219	183	134	160	178	164	219
HCPC Registered Paramedic #	22#	52#	40#	55#	18#	2#	21#	4#
Emergency Medical Technician #	27#	15#	51#	13#	55#	15#	0#	2#
Ambulance Officer #	1#	1#	24#	2#	31#	6#	10#	7#

Patient Care Services [#]	9[#]	34[#]	7[#]	8[#]	24[#]	5[#]	7[#]	7[#]
Control Officer [#]	2[#]	2[#]	4[#]	0[#]	9[#]	3[#]	15[#]	5[#]
Control Assistant [#]	1[#]	0	0	0[#]	0[#]	0[#]	0[#]	0[#]
Total	**6,851**	**7,139**	**6,984**	**6,251**	**6,314**	**4,987**	**4,460**	**5,363**

Staff Group	**Number of vacancies actively being recruited to at**							
	31-Mar-21	**30-Jun-21**	**30-Sep-21**	**31-Dec-21**	**31-Mar-22**	**30-Jun-22**	**30-Sep-22**	**31-Dec-22**
Generic	0	0	0	0	20	59	48	66
Admin & Clerical	810	1,176	1,061	1,030	943	1,001	1,411	1,373
Estates Services Staff	24	56	38	67	73	66	92	89
Support Services/User Experience	311	333	272	287	369	261	413	464
Health Visitors	30	62	30	51	90	68	53	39
District Nurses	79	64	33	58	56	30	39	27
Paediatric Nurses	67	107	57	82	115	120	113	117
Mental Health Nurses	168	229	174	204	211	195	250	280
Learning Disability Nurses	38	41	55	59	74	67	69	79
All Other Registered Nurses	1,471	1,724	1,398	1,580	1,410	1,549	1,750	1,544
Registered Midwives	131	138	100	120	111	95	104	129
Nurse Support	366	494	523	512	486	464	575	628
Midwifery Support	6	5	1	0	4	3	6	7
Social Workers	351	417	399	417	485	388	537	579
Social Care Workers	321	382	208	236	405	409	390	419
Domiciliary Care Workers	182	319	403	414	388	376	454	455
Other Social Services staff	161	264	398	557	204	220	415	496
Physiotherapists	196	225	191	228	186	185	163	179
Occupational Therapists	118	134	123	133	116	81	114	139
Speech & Language Therapists	36	61	89	76	50	55	60	62
Podiatrists	12	17	10	17	16	15	14	24

Dietitians	29	39	30	38	29	20	30	47
Orthoptists	4	4	3	3	2	3	1	3
Radiographers	94	118	93	104	68	65	93	94
Pharmacists	109	110	95	98	85	55	76	98
Clinical Psychology	56	70	62	71	90	71	92	93
Pharmacy Technician / Pharmacy Support Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	58	78	96	129	137	116	107	126
Allied Health Profession Support								
Other Professional & Technical staff	288	387	292	300	223	185	254	302
HCPC Registered Paramedic [#]	1[#]	8[#]	18[#]	3[#]	6[#]	13[#]	0[#]	6[#]
Emergency Medical Technician [#]	2[#]	1[#]	4[#]	1[#]	1[#]	0[#]	0[#]	0[#]
Ambulance Officer [#]	4[#]	15[#]	8[#]	2[#]	1[#]	5[#]	11[#]	14[#]
Patient Care Services [#]	5[#]	3[#]	13[#]	10[#]	1[#]	0[#]	2[#]	1[#]
Control Officer [#]	10[#]	4[#]	0[#]	2[#]	0[#]	0[#]	5[#]	5[#]
Control Assistant [#]	1[#]	0[#]	6[#]	6[#]	0[#]	0[#]	0[#]	7[#]
Total	**5,539**	**7,085**	**6,283**	**6,895**	**6,455**	**6,240**	**7,741**	**7,991**

Staff Group	**Number of vacancies actively being recruited to at**								
	31-Mar-23	**30-Jun-23**	**30-Sep-23**	**31-Dec-23**	**31-Mar-24**	**30-Jun-24**	**30-Sep-24**	**31-Dec-24**	**31-Mar-25**
Generic	94	114	103	97	100	68	46	56	75
Admin & Clerical	1,205	985	1,013	930	851	850	824	990	922
Estates Services Staff	107	88	79	61	46	57	65	58	68
Support Services/User Experience	499	582	527	415	309	394	340	396	541
Health Visitors	72	61	41	28	16	79	23	14	48

District Nurses	24	44	21	11	17	84	90	58	50
Paediatric Nurses	102	123	79	72	80	55	52	64	55
Mental Health Nurses	238	258	205	241	184	197	177	197	159
Learning Disability Nurses	58	63	51	39	48	37	37	39	35
All Other Registered Nurses	1,233	1,149	1,209	857	725	698	702	813	831
Registered Midwives	106	109	84	66	59	61	62	56	61
Nurse Support	597	561	603	477	464	464	551	647	561
Midwifery Support	10	9	8	5	1	0	2	6	1
Social Workers	523	447	455	481	497	278	171	316	348
Social Care Workers	587	637	619	526	296	394	555	448	386
Domiciliary Care Workers	415	296	371	349	375	378	525	409	274
Other Social Services staff	37	59	48	102	213	118	70	103	299
Physiotherapists	145	158	149	126	103	88	68	88	99
Occupational Therapists	132	136	138	87	89	114	71	97	111
Speech & Language Therapists	71	80	70	56	33	32	30	36	30
Podiatrists	21	28	30	16	17	29	8	14	19
Dietitians	46	41	41	38	30	32	16	14	17
Orthoptists	2	3	3	2	2	6	2	1	2
Radiographers	99	107	90	65	77	54	34	75	47
Pharmacists	118	120	105	91	95	80	80	87	90
Clinical Psychology	57	83	75	65	48	59	53	38	49
Pharmacy Technician / Pharmacy Support	85	108	107	75	73	106	123	70	108
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	99	113	111	102	89	77	55	68	52
Allied Health Profession Support							[f]	[f]	85
Other Professional & Technical staff	207	186	141	129	98	121	172	96	53

HCPC Registered Paramedic #	8#	2#	1	6	4	2	57	2	19
Emergency Medical Technician #	0#	0#	7	0	16	0	2	3	25
Ambulance Officer #	0#	0#	0	0	0	2	10	3	2
Patient Care Services #	0#	3#	0	2	1	0	18	24	3
Control Officer #	10#	5#	2	1	1	0	0	0	2
Control Assistant #	0#	0#	0	0	0	0	0	0	5
Total	**7,007**	**6,758**	**6,586**	**5,618**	**5,057**	**5,014**	**5091**	**5386**	**5532**

Source: Information & Analysis Directorate, Department of Health NI

Definition of vacancies - includes those posts that are actively being recruited to, including those posts going through pre-employment checks, up to the point a start date being agreed.

Includes student/ training places in anticipation of projected vacancies arising from service developments, promotional opportunities and associated backfill over a period of 12 months, taking into account relevant training periods.

Table 46 Detailed breakdown of 31st March 2025 vacancies across bands

Staff Group	Profession	Bands 2-4	Band 5	Band 6	Band 7	Bands 8 & above	Non-AFC Grades	Total
Generic	Generic	2	20	16	28	9	[z]	75
Administration & Clerical	Administration & Clerical	592	98	65	82	85	[z]	922
Estates Services Staff	Estates Services Staff	24	21	12	11	0	[z]	68
Support Services/User Experience	Support Services/User Experience	528	6	2	3	2	[z]	541
Registered Nursing & Midwifery	Health Visitors	[z]	36	10	2	0	[z]	48
Registered Nursing & Midwifery	District Nurses	[z]	44	5	1	0	[z]	50
Registered Nursing & Midwifery	Paediatric Nurses	[z]	47	6	1	1	[z]	55

Registered Nursing & Midwifery	Mental Health Nurses	[z]	110	37	10	2	[z]	159
Registered Nursing & Midwifery	Learning Disability Nurses	[z]	22	11	1	1	[z]	35
Registered Nursing & Midwifery	All Other Registered Nurses	[z]	531	186	79	35	[z]	831
Registered Nursing & Midwifery	Registered Midwives	[z]	3	51	4	3	[z]	61
Registered Nursing & Midwifery	**Total Registered Nursing & Midwifery**	**[z]**	**793**	**306**	**98**	**42**	**[z]**	**1,239**
Nursing & Midwifery Support	Nurse Support	561	[z]	[z]	[z]	[z]	[z]	561
Nursing & Midwifery Support	Midwifery Support	1	[z]	[z]	[z]	[z]	[z]	1
Nursing & Midwifery Support	**Total Nursing & Midwifery Support**	**562**	**[z]**	**[z]**	**[z]**	**[z]**	**[z]**	**562**
Social Services (including Domiciliary Care)	Social Workers	[z]	3	264	63	18	[z]	348
Social Services (including Domiciliary Care)	Social Care Workers	336	43	5	2	0	[z]	386
Social Services (including Domiciliary Care)	Domiciliary Care Workers	274	0	0	0	0	[z]	274
Social Services (including Domiciliary Care)	Other Social Services staff	208	74	5	5	7	[z]	299
Social Services (including Domiciliary Care)	**Total Social Services (including Domiciliary Care)**	**818**	**120**	**274**	**70**	**25**	**[z]**	**1,307**
Professional & Technical	Physiotherapists	[z]	14	51	24	10	[z]	99
Professional & Technical	Occupational Therapists	[z]	19	57	34	1	[z]	111
Professional & Technical	Speech & Language Therapists	[z]	4	12	10	4	[z]	30
Professional & Technical	Podiatrists	[z]	11	3	4	1	[z]	19
Professional & Technical	Dietitians	[z]	4	5	8	0	[z]	17

Professional & Technical	Orthoptists	[z]	0	1	1	0	[z]	2
Professional & Technical	Radiographers	[z]	18	21	5	3	[z]	47
Professional & Technical	Pharmacists	[z]	1	35	33	21	[z]	90
Professional & Technical	Clinical Psychology	2	9	5	12	21	[z]	49
Professional & Technical	Pharmacy Technician / Pharmacy Support	84	22	1	1	0	[z]	108
Professional & Technical	Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	10	9	12	13	8	[z]	52
Professional & Technical	Allied Health Profession Support	76	6	0	0	3	[z]	85
Professional & Technical	Other Professional & Technical staff	17	12	11	9	4	[z]	53
Professional & Technical	**Total Professional & Technical**	**189**	**129**	**214**	**154**	**76**	**[z]**	**762**
Ambulance	HCPC Registered Paramedic	[z]	2	17	0	0	[z]	19
Ambulance	Emergency Medical Technician	0	25	0	0	0	[z]	25
Ambulance	Ambulance Officer	0	0	2	0	0	[z]	2
Ambulance	Patient Care Services	3	0	0	0	0	[z]	3
Ambulance	Control Officer	0	0	2	0	0	[z]	2
Ambulance	Control Assistant	5	0	0	0	0	[z]	5
Ambulance	**Total Ambulance**	**8**	**27**	**21**	**0**	**0**	**[z]**	**56**
Total	**Total**	**2723**	**1214**	**910**	**446**	**239**	**0**	**5532**

Source: Information & Analysis Directorate, Department of Health NI

Table 47 Vacancy rates across broad staff groups

Broad Staff Group	Number of vacancies actively being recruited to at							
	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18	30-Jun-18	30-Sep-18	31-Dec-18
Administration & Clerical	4.3%	4.3%	4.6%	4.0%	5.7%	5.8%	5.5%	6.6%
Estates Services Staff	5.2%	4.7%	5.5%	4.2%	8.1%	2.9%	7.2%	8.4%
Support Services/User Experience	4.3%	7.7%	6.1%	5.6%	9.0%	10.7%	6.2%	5.0%
Registered Nursing & Midwifery	7.2%	8.6%	7.9%	7.9%	9.7%	10.5%	10.3%	11.1%
Nursing & Midwifery Support	5.5%	6.0%	5.2%	5.6%	6.4%	6.5%	7.4%	7.8%
Social Services (including domiciliary care)	4.4%	5.9%	5.8%	6.4%	7.2%	7.8%	8.2%	13.6%
Professional & Technical Staff	6.5%	8.5%	6.9%	7.3%	8.5%	8.6%	9.6%	11.0%
Ambulance staff	2.5%	1.4%	0.0%	0.0%	2.2%	7.2%	14.4%	4.0%
Total	**5.4%**	**6.6%**	**6.0%**	**6.1%**	**7.6%**	**8.1%**	**8.0%**	**9.4%**

Broad Staff Group	Number of vacancies actively being recruited to at							
	31-Mar-19	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20	31-Dec-20
Administration & Clerical	6.8%	6.6%	7.0%	6.5%	6.6%	5.5%	5.2%	5.2%
Estates Services Staff	7.7%	9.2%	10.1%	8.2%	6.1%	5.0%	3.7%	4.1%
Support Services/User Experience	8.7%	7.4%	6.4%	4.8%	8.7%	4.3%	3.0%	3.2%
Registered Nursing & Midwifery	11.5%	13.1%	12.1%	11.1%	10.7%	9.1%	7.4%	9.4%
Nursing & Midwifery Support	8.0%	8.3%	9.4%	9.8%	6.4%	4.0%	5.2%	7.8%
Social Services (including domiciliary care)	10.1%	9.3%	10.1%	8.7%	8.4%	6.7%	5.9%	7.2%
Professional & Technical	10.2%	10.9%	9.4%	8.4%	8.0%	7.4%	7.7%	8.6%
Ambulance staff	4.8%	8.0%	9.4%	5.9%	9.9%	2.4%	4.0%	1.9%
Total	**9.1%**	**9.5%**	**9.1%**	**8.2%**	**8.2%**	**6.5%**	**5.9%**	**6.9%**

Broad Staff Group	Number of vacancies actively being recruited to at							
	31-Mar-21	30-Jun-21	30-Sep-21	31-Dec-21	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22
Administration & Clerical	5.4%	7.7%	6.9%	6.7%	6.1%	6.4%	8.9%	8.7%
Estates Services Staff	2.9%	6.7%	4.5%	7.6%	8.2%	7.6%	10.3%	10.0%
Support Services/User Experience	4.3%	4.5%	3.8%	4.0%	5.1%	3.7%	5.8%	6.5%
Registered Nursing & Midwifery	9.7%	11.4%	9.1%	10.4%	9.9%	10.2%	11.3%	10.4%
Nursing & Midwifery Support	6.4%	8.4%	8.9%	8.9%	8.4%	8.1%	9.9%	10.9%
Social Services (including domiciliary care)	7.3%	9.7%	9.8%	11.2%	10.3%	9.8%	12.2%	13.2%
Professional & Technical	8.5%	10.4%	9.1%	9.9%	8.3%	7.2%	8.3%	9.6%
Ambulance staff	1.7%	2.2%	3.5%	1.7%	0.6%	1.3%	1.3%	2.4%
Total	**7.0%**	**8.8%**	**7.8%**	**8.5%**	**8.1%**	**7.9%**	**9.5%**	**9.8%**

Broad Staff Group	Number of vacancies actively being recruited to at								
	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	31-Mar-24	30-Jun-24	30-Sep-24	31-Dec-24	31-Mar-25
Administration & Clerical	7.7%	6.3%	6.5%	5.9%	5.4%	5.4%	5.3%	6.2%	5.8%
Estates Services Staff	11.7%	9.8%	8.8%	6.9%	5.3%	6.5%	7.3%	6.5%	7.5%
Support Services/User Experience	7.0%	8.1%	7.4%	5.9%	4.5%	5.6%	4.9%	5.7%	7.6%
Registered Nursing & Midwifery	8.6%	8.5%	8.0%	6.2%	5.4%	5.8%	5.5%	5.8%	5.8%
Nursing & Midwifery Support	10.5%	9.9%	10.7%	8.7%	8.4%	8.4%	10.1%	11.9%	10.4%
Social Services (including domiciliary care)	10.8%	10.0%	10.2%	10.0%	9.6%	8.2%	9.1%	8.8%	9.0%
Professional & Technical	8.9%	9.5%	8.7%	7.0%	6.2%	6.6%	5.9%	5.6%	6.1%
Ambulance staff	1.3%	0.8%	0.8%	0.7%	1.7%	0.3%	6.6%	2.5%	4.2%
Total	**8.7%**	**8.5%**	**8.2%**	**7.0%**	**6.4%**	**6.4%**	**6.4%**	**6.8%**	**6.9%**

Source: Information & Analysis Directorate, Department of Health NI

Table 48 Vacancy rates across sub staff groups

Sub Staff Group / Profession	Number of vacancies actively being recruited to at							
	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18	30-Jun-18	30-Sep-18	31-Dec-18
Allied Health Professionals [note 1]	6.4%	8.3%	6.9%	7.4%	8.0%	9.4%	11.5%	12.8%
Social Workers	3.7%	4.0%	4.9%	5.8%	5.8%	5.9%	6.0%	11.6%
Social Care staff (including domiciliary care)	4.5%	6.5%	5.9%	6.4%	7.5%	8.4%	8.9%	14.1%
Registered Nurses	7.3%	8.8%	8.2%	8.2%	10.1%	10.8%	10.8%	11.6%
Registered Midwives [note 5]	5.1%	6.2%	4.1%	4.7%	5.3%	6.6%	3.7%	4.6%

Sub Staff Group / Profession	Number of vacancies actively being recruited to at							
	31-Mar-19	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20	31-Dec-20
Allied Health Professionals [note 1]	11.0%	12.8%	10.4%	9.9%	8.4%	7.5%	8.0%	8.4%
Social Workers	11.0%	9.1%	8.1%	7.9%	8.8%	7.7%	7.0%	7.5%
Social Care staff (including domiciliary care)	9.3%	9.1%	10.8%	8.5%	7.8%	5.9%	5.1%	6.7%
Registered Nurses	11.9%	13.5%	12.4%	11.5%	11.1%	9.5%	7.7%	9.7%
Registered Midwives [note 5]	7.6%	8.2%	8.5%	6.4%	6.6%	5.0%	4.2%	5.0%

Sub Staff Group / Profession	Number of vacancies actively being recruited to at							
	31-Mar-21	30-Jun-21	30-Sep-21	31-Dec-21	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22
Allied Health Professionals [note 1]	8.0%	9.7%	8.9%	9.5%	7.6%	7.1%	7.6%	8.8%
Social Workers	7.3%	8.5%	8.0%	8.4%	9.6%	7.9%	10.5%	11.2%
Social Care staff (including domiciliary care)	7.0%	9.9%	10.4%	12.2%	10.3%	10.4%	12.6%	14.2%
Registered Nurses	9.8%	11.6%	9.2%	10.5%	10.1%	10.5%	11.5%	10.5%
Registered Midwives [note 5]	9.0%	9.3%	7.0%	8.1%	7.6%	6.7%	7.4%	8.9%

Sub Staff Group / Profession	Number of vacancies actively being recruited to at								
	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	31-Mar-24	30-Jun-24	30-Sep-24	31-Dec-24	31-Mar-25
Allied Health Professionals [note 1]	8.4%	8.9%	8.3%	6.3%	5.7%	5.8%	4.6%	5.2%	5.4%
Social Workers	10.2%	8.8%	8.6%	9.0%	9.3%	5.4%	3.3%	6.0%	6.6%
Social Care staff (including domiciliary care)	11.2%	10.7%	11.2%	10.6%	9.7%	9.7%	12.2%	10.4%	10.4%
Registered Nurses	8.7%	8.6%	8.2%	6.3%	5.5%	5.9%	5.5%	5.9%	5.9%
Registered Midwives [note 5]	7.4%	7.6%	6.1%	4.8%	4.3%	4.5%	4.6%	4.1%	4.4%

Source: Information & Analysis Directorate, Department of Health NI

note 1 Allied Health Professionals (AHPs) include physiotherapists, occupational therapists, speech & language therapists, podiatrists, dietitians, orthoptists, radiographers (who are all part of the Professional & Technical staff group), and paramedics (who are part of the Ambulance staff group). Paramedics became recognised as an AHP in the summer of 2018. AHP vacancy rate figures prior to September 2018 do not include paramedics.

note 5 Vacancy rate calculated based on staff in post figures which contain a small number of HSC staff who were graded as student midwives.

DEFINITION: A vacancy is any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included.

15.2 HSC Sickness Absence and Covid-19 related absence

Table 49 - HSC Sickness Absence and Covid-19 related absence

	% working hours lost due to sickness absence/industrial injury (including covid-19)
2018/19	6.55%
2019/20	6.85%
2020/21	7.39%
2021/22	8.59%
2022/23	8.50%
2023/24	8.17%
2024/25	8.00%

Source: Information & Analysis Directorate, Department of Health NI

* note that the peak of the self-isolation absences occurred during the 'shielding' period at the beginning of the pandemic in 2020.

Table 50 – Mental Health absence category as a proportion of all sickness absence hours

	Mental Health absence category as a proportion of all sickness absence hours
2018/19	32.9%
2019/20	34.2%
2020/21	37.3%
2021/22	32.6%
2022/23	31.2%
2023/24	34.1%
2024/25	37.2%

Source: Human Resource, Payroll, Travel & Subsistence System (HRPTS).

Annex Contents

Appendix 1 – Regional Agency Reduction Implementation and Planning Project

Appendix 2 - New Registrant Paramedic Statistics -

Appendix 3 - NIAS Career Pathway

Appendix 4 - Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015

Appendix 1

Regional Agency Reduction Implementation and Planning Project

Green – Means Completed

Agency Reduction Implementation Steering Group

WORK STREAM 1 (WS1) Development of Nurse Agency Framework

- Subgroup (i) Procurement Tender/Contract Monitoring LEAD: PALS DUE: Mar/May 23
- Subgroup (ii) Trust Risk Assessment and Transition Plans LEAD: Tracie Fleming (NHSCT) DUE: Sept 23
- Subgroup (iii) Recruitment Campaign LEAD: K Hargan / V Toal DUE: ongoing
- Subgroup (iv) Enhanced Payments LEAD: K Hargan / O Harkin DUE: Sept 23
- Subgroup (v) Contract Management LEAD: Tracie Fleming (NHSCT) / Shannon Sinclair DUE: Ongoing

WORK STREAM 2 (WS2) Reform of Nurse & Midwifery Bank

- PA Consulting Review & Report LEAD: K Hargan DUE: Feb 23
- LEADS: Noeleen McCreanor Paula Forrest Siobhan Hynds
- Bank Reform: Workstream 1 Attraction/Onboarding LEAD: Lesley Allen
- Bank Reform: Workstream 2 Digital Optimisation LEAD: Brendan McGrath
- Bank Reform: Workstream 3 Governance and Compliance LEAD: Tracie Fleming
- Bank Reform: Workstream 4 Reward and Incentivisation LEAD: Alison Andrews

WORK STREAM 3 (WS3) Development of Guidance for Agency Utilisation and Monitoring for NI (Nursing)

- Subgroup (i) Production of NI Guidance on Agency Utilisation Document (Nursing) LEAD: Brendan McGrath (WHSCT) DUE: Feb 23
- Subgroup (ii) Regional Monitoring Arrangements (Nursing) LEAD: Eilis Calvert (SPPG) DUE: Oct 23
- Subgroup (iii) Internal Monitoring Arrangements (Nursing) LEAD: Brendan McGrath (WHSCT) DUE: Sept 23

WORK STREAM 4 (WS4) Development of Medical/Dental Agency Framework, Development of Guidance for Agency Utilisation and Monitoring or NI (Medical/Dental), Reform of the Locum/Medical Bank and Other Staff Groups (Non Medical)

- Subgroup (i) Scoping of Pricing Strategy LEAD: Vivienne Toal (SHSCT) DUE: Sept 23
- Subgroup (ii) Procurement Tender/Contract Monitoring LEAD: PALS DUE: June 25
- Subgroup (iii) Trust Risk Assessment of Agency usage LEAD: DUE: Ongoing
- Subgroup (iv) Production of NI Guidance on Agency Utilisation Document (M/D) LEAD: Suzanne Maclachlan/Simon Galloway DUE: Ongoing
- Subgroup (v) Regional Monitoring Template (M/D) LEAD: Anna Wilson (SPPG) DUE: Apr 25
- Subgroup (vi) Internal Monitoring Template (M/D) LEAD: DUE: Ongoing
- Subgroup (vii) E-locum Rates LEAD: Geraldine McAleer DUE: Ongoing

WORK STREAM 5 (WS5) Social Worker Agency Cessation

- Subgroup (i) Ceasing agency social workers LEAD: Eileen McKay (BHSCT) DUE: 1 Apr 23 (Off contract cessation) 1 July 23 (Contract cessation)
- Subgroup (ii) Regional Recruitment (linked to agency cessation) LEAD: Lee Wilson (NHSCT) DUE: By 30 June 23

WORK STREAM 6 (WS6) Other Staff Groups (Non-Medical)

- Subgroup (i) Procurement Tender/Contract Monitoring LEAD: PaLS DUE: Feb 2025
- Subgroup (ii) Trust Risk Assessment LEAD: TBC DUE: Ongoing
- Subgroup (iii) Production of NI Guidance on agency Utilisation (Non-Medical) LEAD: Joanne Adair (WHSCT) DUE: Nov 24
- Subgroup (iv) Regional Monitoring Template LEAD: Anna Wilson DUE: Ongoing

Communications Group

LEAD: Bronagh Dalzell
DUE: Various dates Feb 2023 – March 2026

Appendix 2 – New Registrant Paramedic Statistics

NQP (New Registrant Paramedic) Webinar August 1 2025 – Briefing Note.

Background Information

Based on the latest intelligence (and this updates regularly at the moment), we estimate that anywhere between 25 and 40% of 2025 graduates will be unable to secure a paramedic role upon graduation (this equates to approximately 675 – 1000 individuals). In addition to 2025 graduates facing challenges to secure their first role, there are still a number of 2024 graduates still either seeking employment or awaiting onboarding due to currently being in an employer's 'holding pool'. We don't have an accurate figure pertaining to this second group but our sense is that it affects a number upwards of 100 individuals across the UK.

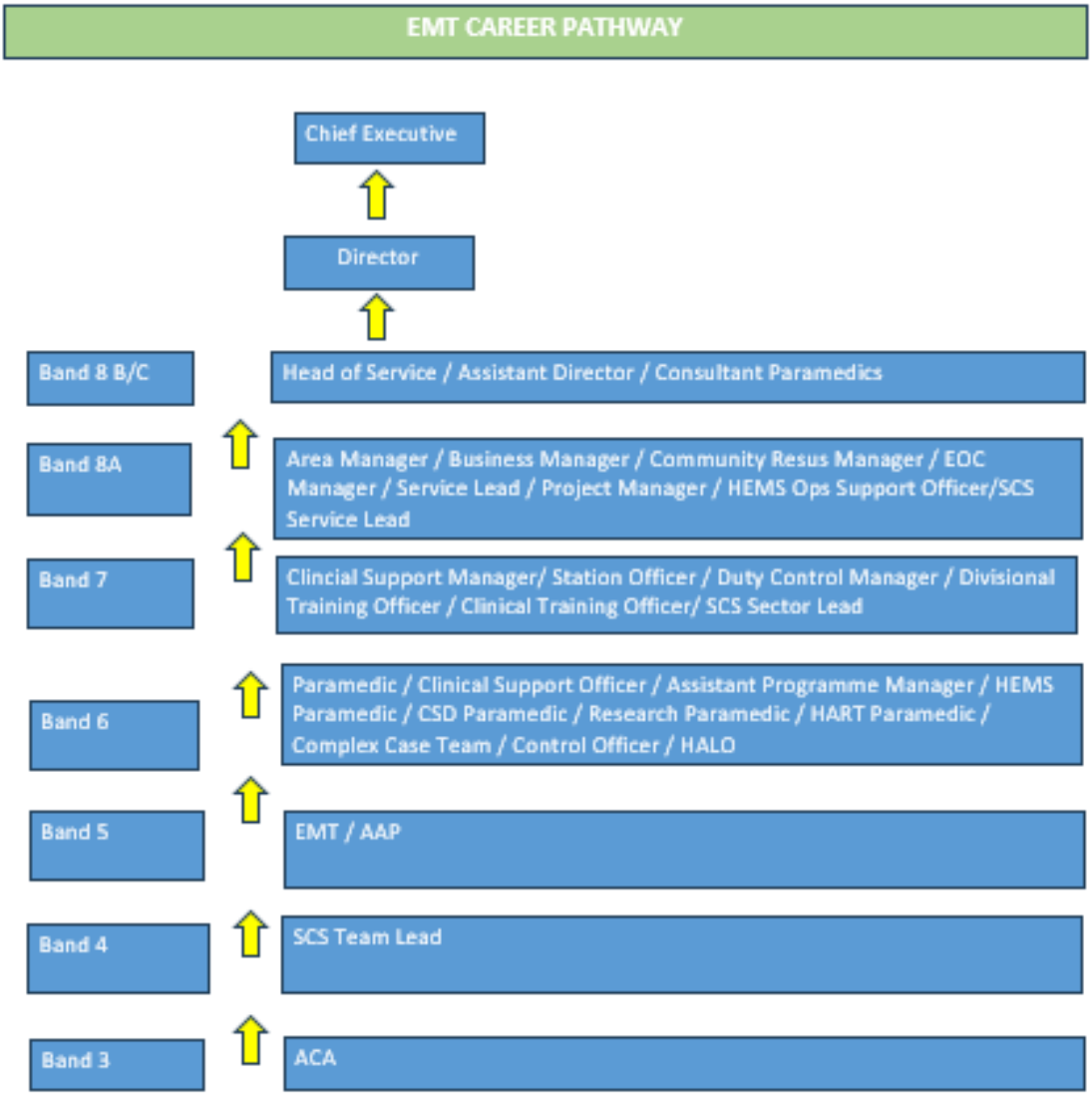
(There are currently 81 different pre-registration paramedic education programmes being delivered across 51 different universities across the UK, (there are more programmes in process for approval by the HCPC). Currently the annual student entry figures across all programmes sits at around 2,500-3000. So, our graduating numbers sit at around 2500-2800 per year. We expect to see an additional 2-5 programmes come online before the end of the year.

Work continues with Arms Lengths Bodies across the UK to better understand the employment landscape and plan a programme of support for these new registrants. We have temporarily paused the second phase of the PFP (Paramedic Foundation Preceptorship) programme ahead of a workshop in August where we intend to concentrate on enabling that work to underpin support for new registrants not yet in work or not yet in paramedic roles.

In addition, we are set to work with the department of immigration for Newfoundland and Labrador to explore graduate opportunities in Canada, the vision is to the expand the offer across the country; there are also on-going conversations with colleagues from Thailand around some opportunities there, though these will be slightly more limited due to language requirements.

Appendix 3 – NIAS Career Pathway

The pathway below designed by NIAS shows the options for non-clinical staff to qualify into clinical roles as well as the options for qualified paramedics to move into managerial roles.



Source: Northern Ireland Ambulance Service

Appendix 4

Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015: Position at 25 September 2025

Profession/Medical Specialty/Programme of Care	Date completed
Pathology Services	February 2025
* Psychiatric Specialties	July 2024
Mental Health Services	July 2023
Dental Services	July 2023
Therapeutic Radiography	May 2022
Orthoptics	May 2022
Occupational Therapy	May 2022
Music, Art and Drama Therapies	May 2022
Dietetics	May 2022
Diagnostic Radiography	May 2022
Social Work	March 2022
Pharmacy	September 2020
Speech and Language Therapy	August 2020
Prosthetics	August 2020
Podiatry	August 2020
Physiotherapy	August 2020
Clinical Psychology	February 2020
* Acute Medical Specialties:Acute Internal Medicine; Endocrinology; Gastroenterology; Geriatric Medicine; Respiratory Medicine; Rheumatology	April 2018
* Dermatology	January 2018
* Urology	May 2017
* Neurology	May 2017
* Occupational Medicine	May 2017
* Intensive Care Medicine	November 2016
* Anaesthetics	November 2016
* General Medicine Superseded by the Northern Ireland Medical School Places Review	June 2016
* Paediatrics	January 2016

Domiciliary Care	December 2015
Imaging (Radiology)	December 2015
* Emergency Medicine	September 2015
* Trauma and Orthopaedics	September 2015
* General Practice	June 2015
Nursing and Midwifery	May 2015
Profession/Medical Specialty/Programme of Care - Strategic Workforce Review ongoing	
* Acute Internal Medicine	
Cancer Services – Programme of Care (Paused)	
* Cardiology	
* Cardiothoracic surgery	
Diabetes Services (Specialist) – Programme of Care	
* Emergency Medicine	
* Endocrinology	
* ENT surgery	
* Gastroenterology	
* General surgery (including transplant, breast and gastrointestinal surgery)	
* Geriatric Medicine	
* Haematology	
Learning Disability	
* Microbiology, Virology and Infectious Disease	
* Neonatology	
* Neurosurgery	
* Obstetrics and Gynaecology	
* Ophthalmology	
Orthotics	
* Paediatric Intensive Care	
* Paediatric surgery	
Palliative Care (Specialist) – Programme of Care	
Paramedics	
* Plastic surgery	
* Public Health	

* Respiratory Medicine
* Rheumatology
Stroke Services – Programme of Care
* Vascular surgery
Strategic Workforce Review planned to take place
* Genitourinary Medicine

Source: Workforce Development Unit – Department of Health

* Indicates a Strategic Workforce Review of a medical specialty carried out for the Department of Health by the Public Health Agency