



Northern Ireland Health and Social Care Quarterly Workforce Statistics 31 March 2026

Published 2 June 2026

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Introduction and Background

This bulletin presents statistics on the size of the Health and Social Care (HSC) workforce in Northern Ireland as at 31 March 2026. Statistics by Staff Group and HSC organisation are presented throughout. More detailed information on the size and nature of the HSC workforce is available in the annual [HSC Workforce Census](#) report on the Department of Health website.

All data used in this bulletin have been extracted from the Human Resources, Payroll, Travel and Subsistence System (HRPTS) which is maintained by the various HSC organisations. To ensure that the Department's information is accurate, high data quality standards need to be achieved and maintained by all HSC organisations.

The data presented excludes domiciliary care staff, bank/sessional staff, Out-of-Hours GPs, staff with a WTE of less than or equal to 0.03, staff on career breaks and Chairs/Members of Boards. Included are students who were employed to assist medical and nursing staff during the Covid-19 pandemic. Staff group is derived from the first digit of Job Code description and denotes the occupational family of the Job.

The data accompanying this bulletin are available of the [Department of Health](#) website.

Key Points

- At 31 March 2026, the Health and Social Care (HSC) Northern Ireland workforce stood at 68,341 whole-time equivalent (WTE), an increase from 31 March 2025 of 2.2% (1,476 WTE).
- There were 77,705 active posts in HSC in Northern Ireland, filled by 76,855 individuals.
- One third (33.3%) of the HSCNI workforce at 31 March 2026 was in the Nursing & Midwifery occupational family (22,776 WTE). This group comprised 18,612 WTE Registered Nursing & Midwifery staff, an increase of 3.1% (562 WTE) from 31 March 2025, and 4,164 WTE Nursing & Midwifery Support staff, a decrease of 1.3% (55 WTE) from one year ago.
- The Belfast HSC Trust had the largest workforce, with 19,499 WTE at 31 March 2026. This level is 2.4% higher than at 31 March 2025, and 2.3% higher than at 31 March 2021. All regional HSC Trusts reported an increase in WTE staff since 31 March 2021.
- At 31 March 2026, over a third (37.4%) of the HSC workforce were employed at AfC pay bands 6 and above, 32.4% employed at pay bands 1-4, 21.9% employed at pay band 5 and 8.3% employed in non-AfC grades.
- During 2025/26, the leaving rate of HSC staff was 6.3%, whilst the joining rate was 8.5%.

Contact

For further information regarding this statistical bulletin, please contact:

Information & Analysis Directorate,
Department of Health,
Room 11, Annex 2, Castle Buildings,
Stormont Estate,
Belfast, BT4 3SQ

Telephone: 028 9052 2493
E-mail: [Workforce Statistics](#)

WTE definition: The Whole Time Equivalent number of staff is calculated by aggregating the total number of hours that staff in a grade are contracted to work, and dividing by the standard hours for that grade. In this way, part-time staff are converted into an equivalent number of 'whole-time' staff.

Active posts definition: The number of posts filled by permanent or temporary staff. Staff may work in one or more post, for example part-time roles in more than one location, staff group or grade. In publications presenting data prior to 31 December 2022, this was referred to as 'Headcount'.

Headcount definition: The number of individuals working in active posts. This counts individuals only once, regardless of how many posts they hold. This definition applies to publications presenting data from 31 December 2022 onwards.

Overall Workforce

At 31 March 2026, there were 68,341 WTE staff employed¹ across 77,705 active posts in Health and Social Care (HSC) in Northern Ireland. There was an individual headcount of 76,855, with 826 staff holding more than one active post.

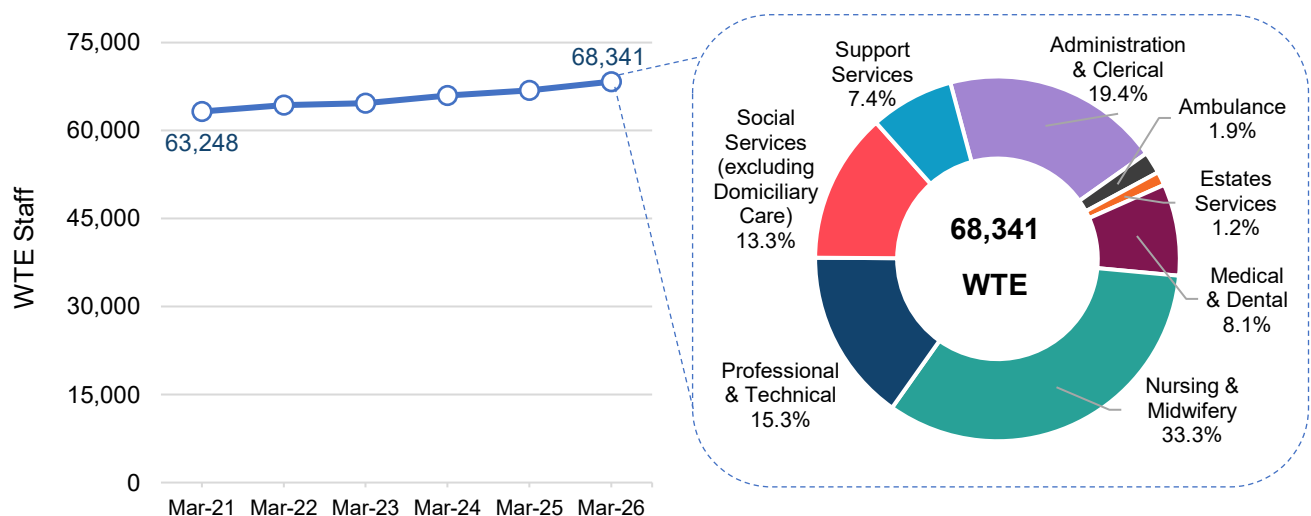
All comparisons and analysis hereafter refer to WTE.

Staff Group

Figure 1 below shows that between 31 March 2021 and 31 March 2026, the HSC workforce increased by 5,093 WTE (8.1%). The annual increase from 31 March 2025 was 1,476 WTE (2.2%).

One third (33.3%) of the HSCNI workforce at 31 March 2026 was in the Nursing & Midwifery occupational family (22,776 WTE). This comprised 18,612 WTE (27.2%) in the Registered Nursing & Midwifery staff group and 4,164 WTE (6.1%) in the Nursing & Midwifery Support staff group. The Administration and Clerical staff group accounted for a further fifth of the workforce (13,229 WTE, 19.4%).

Figure 1: Overall HSCNI Workforce (WTE) by Staff Group, 31 March 2021 – 31 March 2026



¹ Subject to the exclusions described in the Technical Notes (page 19).

Table 1 below presents the whole-time equivalent and proportion of the HSCNI workforce in some sub staff groups and professions at 31 March 2026.

Table 1: HSCNI Workforce (WTE) by Sub Staff Group / Profession, 31 March 2026

Sub Staff Group / Profession	WTE	Percentage of HSCNI Workforce
Allied Health Professionals *	5,447	8.0%
Consultants	2,147	3.1%
Nursing & Midwifery Support	4,164	6.1%
Registered Midwives	1,041	1.5%
Registered Nurses #	17,571	25.7%
SAS Doctors §	738	1.1%
Social Care staff (excluding domiciliary care)	4,387	6.4%
Social Workers	4,711	6.9%

* Includes physiotherapists, occupational therapists, speech & language therapists, podiatrists, dietitians, orthoptists, radiographers (who are all part of the Professional & Technical staff group in Figure 1), and paramedics (who are part of the Ambulance group in Figure 1).

Includes student midwives

§ SAS doctors includes the closed grades of Associate Specialist and Staff Grade, plus Specialty Doctors and Specialists.

Of the sub staff groups and professions detailed in Table 1, Registered Nurses comprised the largest proportion of the HSCNI workforce at 31 March 2026, with 17,571 WTE (25.7%), Allied Health Professionals (AHPs) accounted for 5,447 WTE (8.0%) and Social Workers 4,711 WTE (6.9%).

Annual Change (31 March 2025 to 31 March 2026)

The annual change in workforce varied across the main staff groups.

The annual rate of change ranged from a 6.5% increase in the Medical & Dental workforce (337 WTE) to a 1.3% decrease in the Nursing & Midwifery Support workforce (-55 WTE).

With 562 more WTE staff, the Registered Nursing & Midwifery workforce experienced the largest annual increase in WTE, followed by the Medical & Dental staff group with an increase of 337 WTE.

Five-Year Change (31 March 2021 to 31 March 2026)

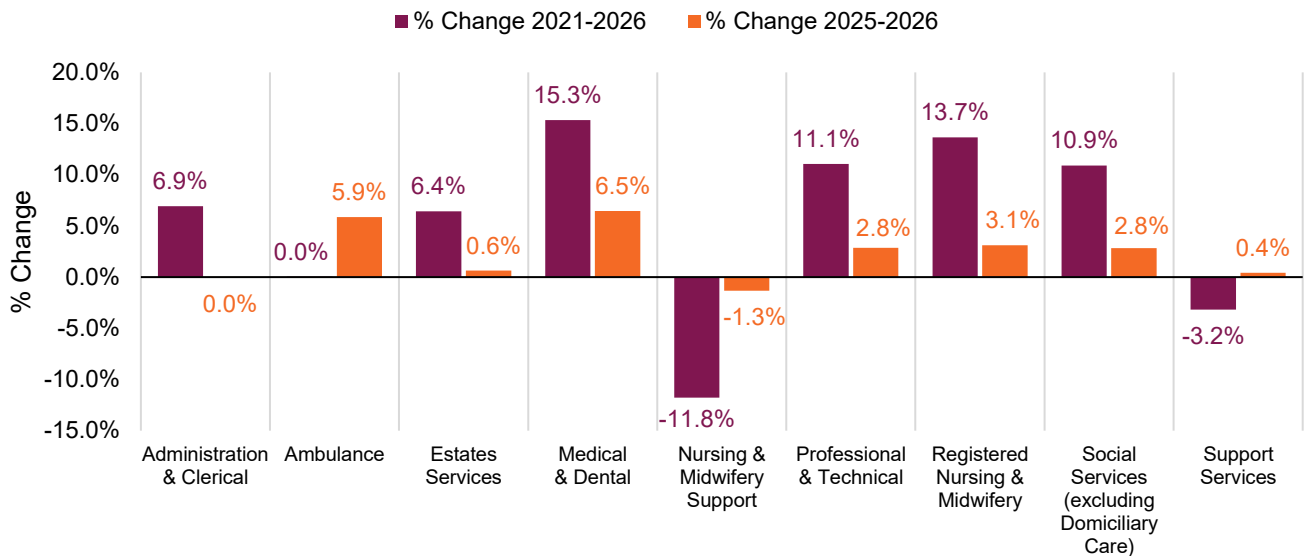
All main staff groups, with the exception of Nursing & Midwifery Support and Support Services, reported an increase in their workforce since 31 March 2021.

The five-year rate of increase was highest in the Medical & Dental staff group, with an increase of 15.3% (739 WTE), followed by Registered Nursing & Midwifery (13.7%, 2,237 WTE).

With 2,237 more WTE staff, the Registered Nursing & Midwifery workforce experienced the largest five-year increase in WTE, followed by Professional & Technical with an increase of 1,040 WTE.

Figure 2 below shows the annual and five-year percentage change in WTE for each staff group.

Figure 2: Percentage Change in HSCNI Workforce (WTE) by Staff Group*, 31 March 2021 – 31 March 2026



* Due to an abnormally high Nursing & Midwifery Support WTE in March 2021 as a result of nursing & midwifery students being placed in support roles during the Covid-19 pandemic, this has resulted in a large five-year decrease when comparing to 2026.

Table 2 below presents the annual and five-year percentage change in WTE in the HSCNI workforce for some sub staff groups and professions in the last year and the last five years.

Table 2: HSCNI Workforce (WTE) by Sub Staff Group / Profession, 31 March 2021 – 31 March 2026

Sub Staff Group / Profession	% Change 2021-26		% Change 2025-26	
	WTE	Percentage	WTE	Percentage
Allied Health Professionals *	472	9.5%	183	3.5%
Consultants	263	13.9%	76	3.7%
Nursing & Midwifery Support	-555	-11.8%	-55	-1.3%
Registered Midwives	10	1.0%	15	1.5%
Registered Nurses #	2,227	14.5%	547	3.2%
SAS Doctors (Specialist or Specialty Doctor)	197	36.4%	106	16.8%
Social Care staff (excluding domiciliary care)	402	10.1%	146	3.4%
Social Workers	492	11.7%	103	2.2%

* Includes physiotherapists, occupational therapists, speech & language therapists, podiatrists, dietitians, orthoptists, radiographers (who are all part of the Professional & Technical staff group in Figure 2), and paramedics (who are part of the Ambulance group in Figure 2).

Includes student midwives

Of the sub staff groups and professions detailed in Table 2, the SAS Doctors sub staff group reported the largest percentage increase since 31 March 2025 (16.8%, 106 WTE).

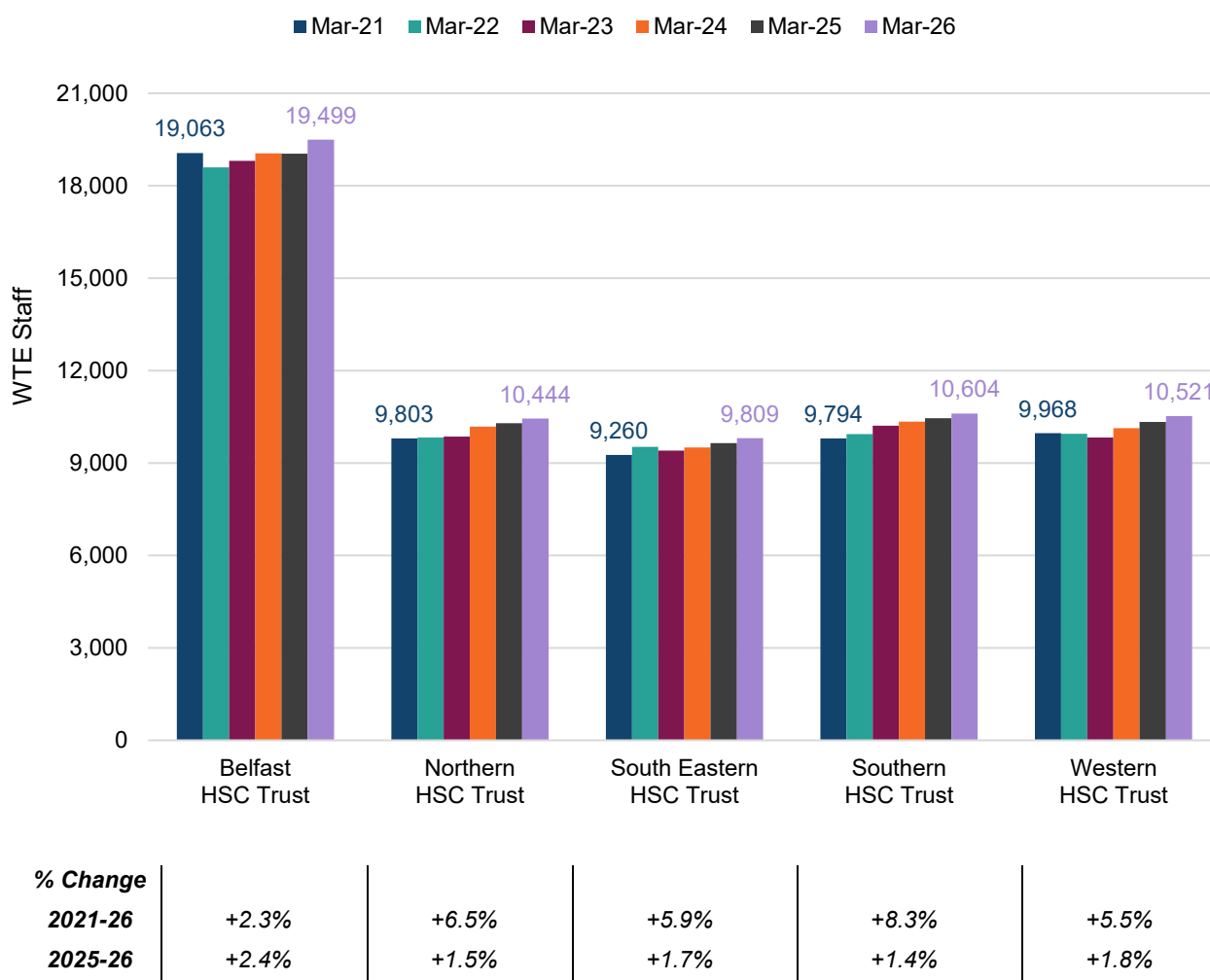
All sub staff groups and professions detailed in Table 2, with the exception of Nursing & Midwifery Support, reported an increase in their workforces since 31 March 2021, with the largest percentage increase reported by SAS Doctors (36.4%, 197 WTE).

Regional HSC Trust

Figure 3 shows the number of WTE staff employed by regional HSC Trust at 31 March each year since 2021. These figures exclude Resident doctors in training programmes employed by the Northern Ireland Medical & Dental Training Agency (NIMDTA) under the single lead employer initiative. This initiative was introduced in August 2019 and all hospital-based training programmes were phased over to the new employment relationship with NIMDTA by December 2021. Page 8 provides information on these Resident doctors by HSC Trust area.

The Belfast HSC Trust had the largest workforce with 19,499 WTE at 31 March 2026, 2.4% (460 WTE) higher than at 31 March 2025, and 2.3% (436 WTE) higher than at 31 March 2021. All regional HSC Trusts reported an increase in WTE staff since 31 March 2021, with the Southern HSC Trust reporting the most notable increase (810 WTE, 8.3%).

Figure 3: HSCNI Workforce (WTE) by Regional HSC Trust, 31 March 2021 – 31 March 2026



Other HSC Organisations

Figure 4 below shows the breakdown of staff in each HSC organisation at 31 March 2026.

Figure 4: HSCNI Workforce (WTE) by Other HSC Organisation, 31 March 2026

		% Change	
		2021-26	2025-26
NI Medical and Dental Training Agency	2,319	+125.3%	+6.0%
Business Services Organisation	2,167	+38.4%	+4.4%
NI Ambulance Service	1,599	+9.5%	+6.8%
Strategic Planning & Performance Group	515	+11.6%	+3.2%
Public Health Agency	392	-7.3%	+3.5%
NI Blood Transfusion Service	170	+7.8%	+0.4%
Regulation & Quality Improvement Authority	133	+20.6%	+0.8%
NI Social Care Council	66	+22.7%	+3.3%
Children's Court Guardian Agency for NI ^	64	+3.3%	+1.8%
Patient Client Council	26	+5.5%	-7.4%
NI Practice & Education Council	14	+14.1%	-12.6%

^ Formerly known as the Northern Ireland Guardian Ad Litem Agency (NIGALA).

At 31 March 2026, NIMDTA (2,319 WTE) had the largest number of staff of the other HSC organisations. This is due to the phased introduction of the single lead employer initiative in August 2019, when NIMDTA became the single employer for Resident doctors in training programmes rather than individual HSC Trusts.

Figure 5 below shows a breakdown of staff employed by NIMDTA. Of the 2,319 WTE staff employed, 83.8% (1,944 WTE) were working in one of the five regional HSC Trusts as Resident doctors in training programmes. The remaining 16.2% (375 WTE) included Residents working in other HSC organisations, GP trainees, GP educators, and administrative staff.

Figure 5: NI Medical & Dental Training Agency Workforce (WTE), 31 March 2026

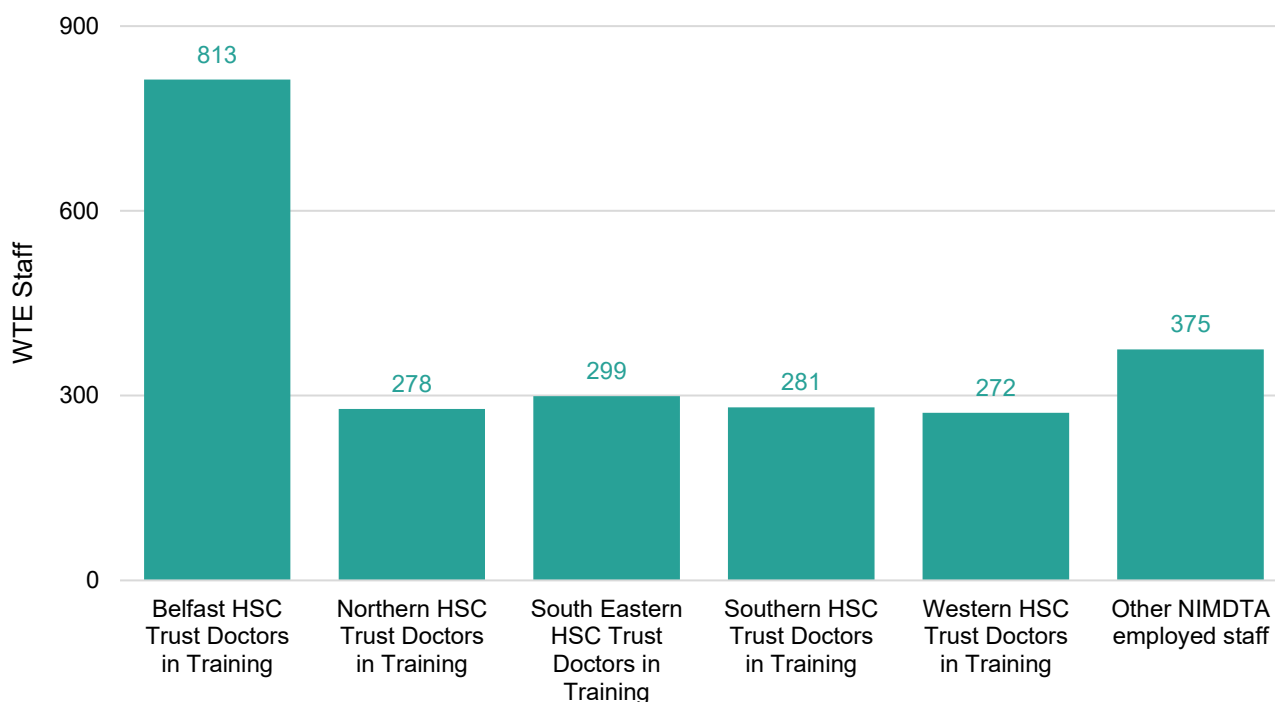


Table 3 below illustrates the impact of adding the NIMDTA-employed Resident doctors in training programmes to the regional HSC Trust that they are assigned to work in. It should be noted that the inclusion of these figures in Trusts workforce would result in greater increases than those reported in Figure 3.

Table 3: Regional HSC Trust Workforce, Including NIMDTA-Employed Resident doctors in training programmes by Assigned HSC Trust, 31 March 2026

	Staff Employed by a Regional HSC Trust (WTE)	NIMDTA-Employed Resident doctors in training programmes by Assigned Regional HSC Trust (WTE) #	Total* WTE Working in a Regional HSC Trust
Belfast	19,499	813	20,312
Northern	10,444	278	10,722
South Eastern	9,809	299	10,108
Southern	10,604	281	10,885
Western	10,521	272	10,793

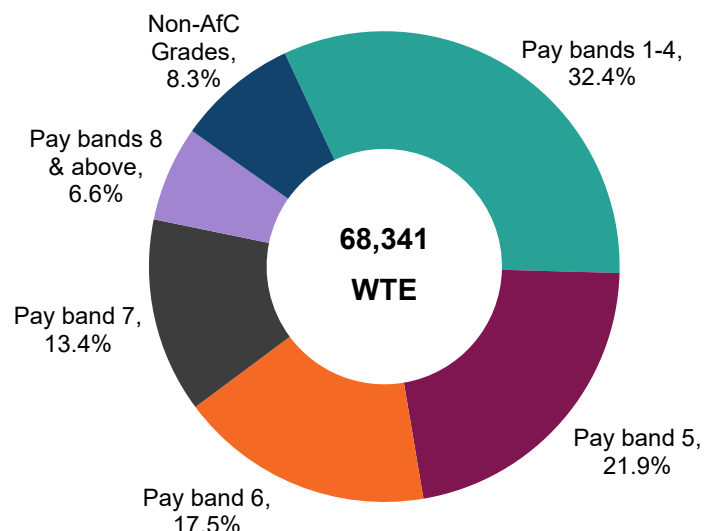
Figures do not include Resident doctors in training programmes assigned to other organisations, or Residents in GP training programmes working in GP practices.

* Rows may not sum due to rounding.

Pay Band

Figure 6 below shows the breakdown of the HSCNI workforce by pay band at 31 March 2026. At 31 March 2026, over a third (37.4%) of the HSCNI workforce were employed at Agenda for Change (AfC) pay bands 6 and above, 32.4% employed at pay bands 1-4, 21.9% employed at pay band 5 and 8.3% employed in non-AfC grades. The current [AfC pay scales](#) are available on the Department of Health website.

Figure 6: HSCNI Workforce (WTE) by Pay Band, 31 March 2026



Staff employed in non-AfC grades (8.3% or 5,655 WTE) are mainly Medical & Dental staff (5,547 WTE).

Table 4 below presents the percentage breakdown of each staff group by pay band groups. The table shows that almost half (49.8%) of Registered Nursing & Midwifery staff were employed at pay band 5 (the starting pay band for registered nurses and midwives). Almost two thirds (59.3%) of Administration & Clerical staff were employed at pay bands 1-4.

Table 4: HSCNI Workforce (WTE) by Staff Group and Pay Band Group, 31 March 2026*

Staff Group	Pay bands 1-4	Pay band 5	Pay band 6	Pay band 7	Pay bands 8 & above	Non-AfC Grades	Total WTE
Administration & Clerical	59.3%	11.8%	8.6%	8.9%	10.7%	0.7%	13,229
Ambulance	23.6%	32.1%	39.3%	4.9%	0.2%	0.0%	1,328
Estates Services	21.3%	34.2%	15.4%	17.0%	12.1%	0.0%	832
Medical & Dental	0.0%	0.0%	0.0%	0.0%	0.1%	99.9%	5,555
Nursing & Midwifery Support	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4,164
Professional & Technical	18.2%	15.2%	26.1%	26.2%	14.2%	0.1%	10,453
Registered Nursing & Midwifery	0.0%	49.8%	27.7%	17.6%	4.8%	0.0%	18,612
Social Services (excl. Dom Care)	30.1%	19.8%	24.7%	19.1%	6.3%	0.0%	9,098
Support Services	98.5%	0.6%	0.6%	0.2%	0.2%	0.0%	5,072
All HSC	32.4%	21.9%	17.5%	13.4%	6.6%	8.3%	68,341

* Rows may not sum due to rounding.

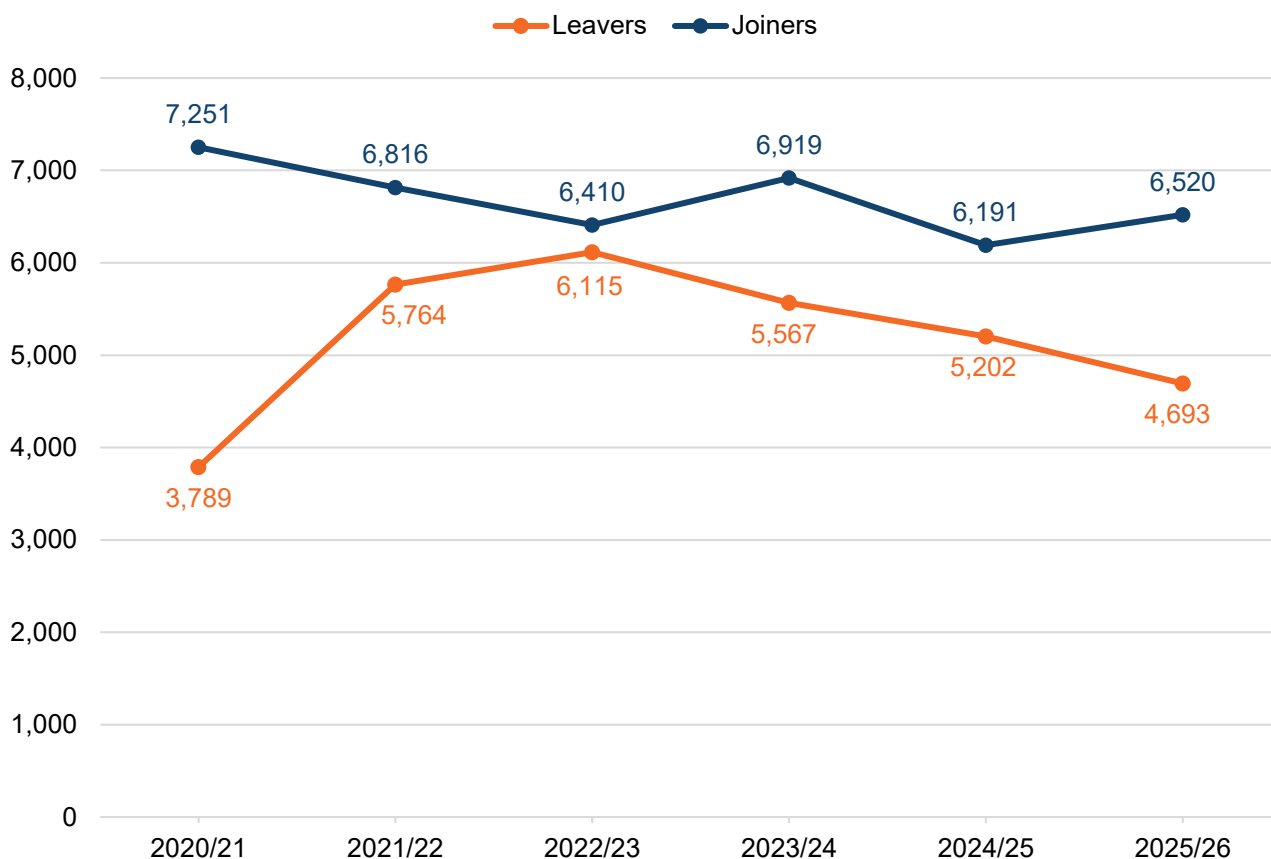
Staff Turnover

Staff leavers and joiners in the HSC were calculated by comparing the snapshots of individuals employed at March 2025 with individuals employed at March 2026. Those who appeared on the March 2026 dataset, but not March 2025 were classed as joiners. Those who appeared on the March 2025 dataset but not March 2026 were classed as leavers. Unique identifiers were used to track individuals' movements. This method of calculating the number of leavers and joiners has the limitation of excluding some short-term staff who were not captured on one or both datasets.

Leavers & Joiners (Headcount)

Between 1st April 2025 and 31st March 2026, 6,520 staff joined HSC, an increase from the 6,191 joiners reported in 2024/25. The number of leavers during 1st April 2025 to 31st March 2026 was 4,693, a decrease from the 5,202 leavers reported in 2024/25. The trend of leavers and joiners in the last five years is detailed in Figure 7.

Figure 7: Leavers & Joiners, 2020/21 to 2025/26 (Headcount)



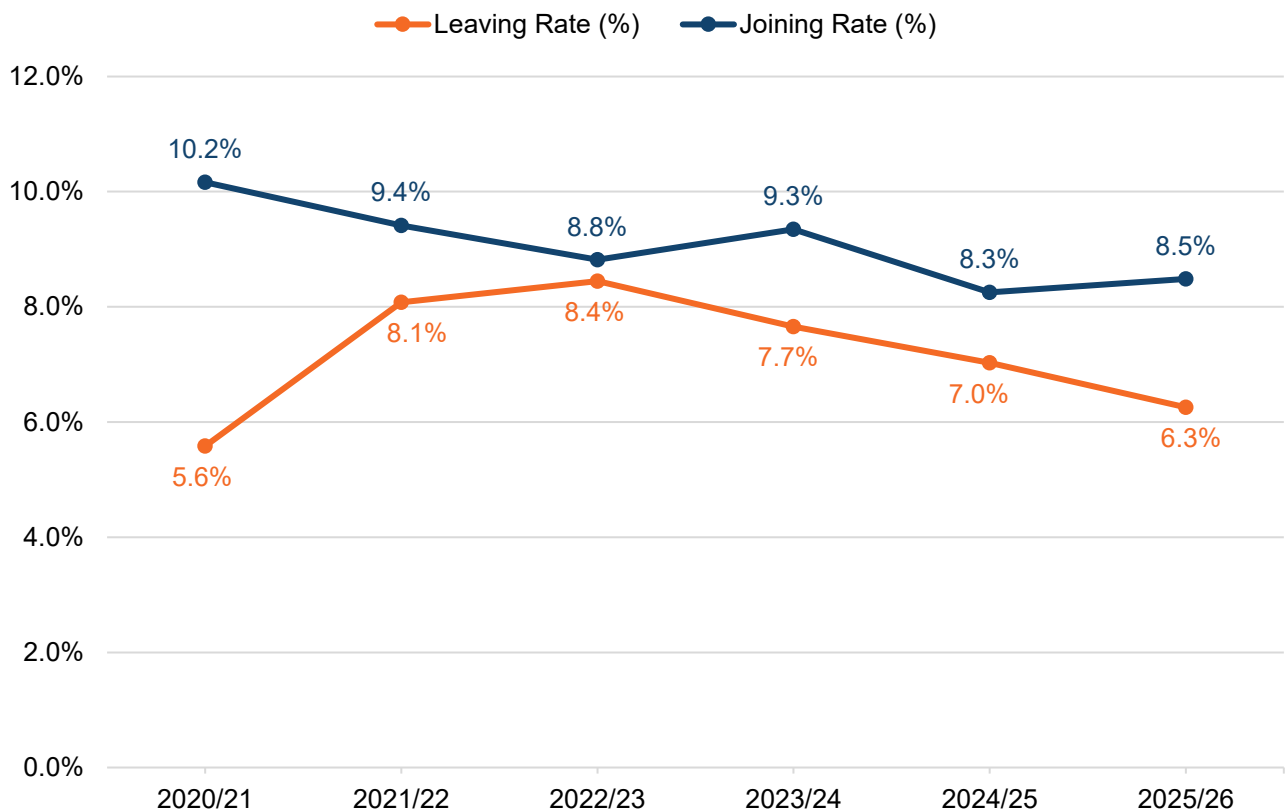
Joining Rates: calculated by dividing the number of joiners (headcount) during the year (e.g. 1st April 2025 – 31st March 2026) by the total number of staff employed (headcount) at the end of the year (e.g. 31 March 2026). In other words, how many of those employed at the end of the year joined during the course of the year.

Leaving Rates: calculated by dividing the number of leavers (headcount) during the year (e.g. 1st April 2025 – 31st March 2026) by the total number of staff employed (headcount) at the start of the year (e.g. 31 March 2025). In other words, how many of those employed at the start of the year left during the course of the year.

Leaving & Joining Rates

At 31st March 2026, the joining rate of HSC staff was 8.5%, an increase from the rate reported in 2025 (8.3%). At 31st March 2026, the leaving rate of HSC staff was 6.3% during the prior year, a decrease from the rate (7.0%) reported in 2025.

Figure 8: Leaving & Joining Rates, 2021 to 2026



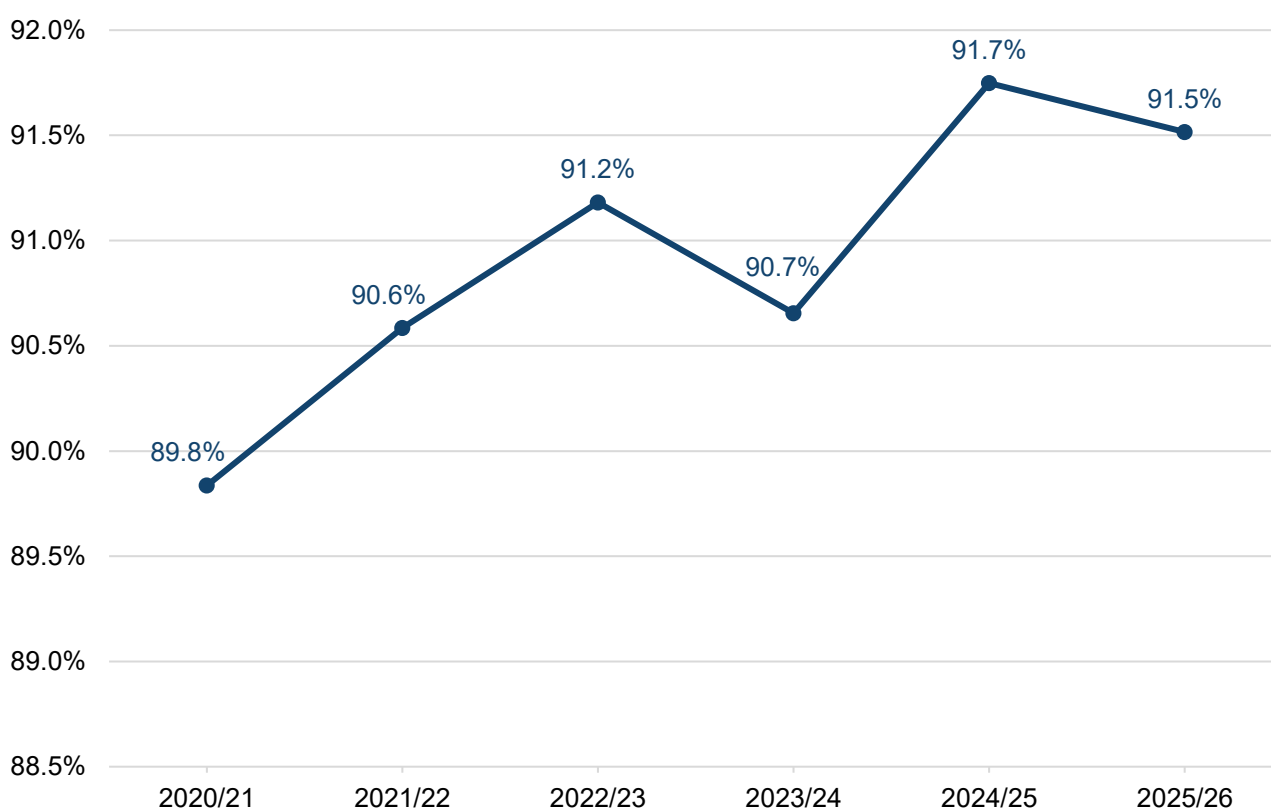
Workforce Stability: The number of HSC staff employed at a point in time e.g. 31st March 2026, who were in HSC employment at a previous point in time e.g. one year before at 31st March 2025. This example would give one year workforce stability.

Annual Workforce Stability Rate (Example): The number of HSC staff employed at 31st March 2026 who were in HSC employment at 31st March 2025, divided by the total number of HSC staff employed at 31st March 2026.

Workforce Stability

At 31st March 2026, 91.5% of HSC staff (70,335 headcount) were in HSC employment for at least one year, 1,498 more staff than reported in 2025 (91.7%, 68,837 headcount).

Figure 9: 1 Year Workforce Stability, 2021 to 2026



Annex 1: Key Data Tables

Table A1: HSC Workforce (WTE, Active Posts, Individuals with Multiple Posts, and Headcount), 31 March 2021 – 31 March 2026

Count	2021	2022	2023	2024	2025	2026
WTE	63,247.8	64,359.3	64,688.4	65,984.2	66,865.1	68,341.3
Active Posts	72,184	73,239	73,457	74,786	75,857	77,705
Individuals with multiple posts	830	833	760	737	806	826
Headcount	71,340	72,392	72,687	74,039	75,028	76,855

Table A2: HSC Workforce (WTE) by Staff Group, 31 March 2021 – 31 March 2026

Staff Group	2021	2022	2023	2024	2025	2026	% Change 2021 to 2026	% Change 2025 to 2026
Administration & Clerical	12,373.8	12,864.8	12,866.6	13,167.2	13,235.0	13,229.2	6.9%	0.0%
Ambulance	1,327.2	1,359.4	1,295.4	1,225.3	1,254.0	1,327.5	0.0%	5.9%
Estates Services	781.6	811.2	800.0	817.5	826.7	831.9	6.4%	0.6%
Medical & Dental	4,815.9	4,820.3	4,832.9	4,985.8	5,217.9	5,554.7	15.3%	6.5%
Nursing & Midwifery Support [note 1]	4,719.0	4,629.7	4,500.5	4,426.4	4,219.1	4,163.6	-11.8%	-1.3%
Professional & Technical	9,412.2	9,703.3	9,661.0	9,929.4	10,163.0	10,452.5	11.1%	2.8%
Registered Nursing & Midwifery	16,375.5	16,772.7	17,362.2	17,745.8	18,050.2	18,612.2	13.7%	3.1%
Social Services (excluding Domiciliary Care)	8,203.6	8,212.0	8,320.4	8,624.9	8,848.5	9,097.7	10.9%	2.8%
Support Services	5,239.1	5,186.0	5,049.3	5,061.9	5,050.6	5,072.1	-3.2%	0.4%
Total	63,247.8	64,359.3	64,688.4	65,984.2	66,865.1	68,341.3	8.1%	2.2%

Note 1: Due to an abnormally high Nursing & Midwifery Support WTE in March 2021 as a result of nursing & midwifery students being placed in support roles during the Covid-19 pandemic, this has resulted in a large five-year decrease when comparing to 2026.

Table A3: HSC Workforce (WTE) by HSC Organisation, 31 March 2021 – 31 March 2026

HSC Organisation	2021	2022	2023	2024	2025	2026	% Change 2021 to 2026	% Change 2025 to 2026
Belfast HSC Trust	19,063.1	18,593.1	18,805.4	19,047.2	19,038.9	19,499.0	2.3%	2.4%
Northern HSC Trust	9,802.8	9,832.4	9,859.7	10,186.3	10,288.4	10,443.7	6.5%	1.5%
South Eastern HSC Trust	9,260.2	9,521.0	9,404.7	9,500.7	9,644.6	9,808.9	5.9%	1.7%
Southern HSC Trust	9,794.0	9,935.8	10,211.5	10,342.6	10,453.3	10,604.3	8.3%	1.4%
Western HSC Trust	9,967.9	9,947.0	9,832.3	10,133.0	10,330.4	10,520.9	5.5%	1.8%
NI Ambulance Service HSC Trust	1,460.8	1,516.7	1,495.0	1,433.1	1,496.9	1,599.4	9.5%	6.8%
Business Services Organisation	1,565.7	1,689.4	1,796.7	1,985.6	2,075.5	2,167.2	38.4%	4.4%
Strategic Planning & Performance Group [note 2]	461.2	479.4	503.9	492.3	498.7	514.6	11.6%	3.2%
NI Blood Transfusion Service	157.2	157.0	151.3	155.6	168.8	169.5	7.8%	0.4%
Children's Court Guardian Agency for NI [note 3]	62.1	60.7	59.0	63.5	63.0	64.1	3.3%	1.8%
NI Medical and Dental Training Agency [note 4]	1,029.4	1,924.6	1,989.1	2,055.2	2,188.2	2,318.9	125.3%	6.0%
NI Practice & Education Council	12.6	10.0	13.8	13.4	16.4	14.4	14.1%	-12.6%
NI Social Care Council	53.6	55.2	58.8	60.4	63.7	65.8	22.7%	3.3%
Patient Client Council	24.6	26.5	27.5	29.9	28.0	25.9	5.5%	-7.4%
Public Health Agency	422.5	504.1	354.7	361.9	378.3	391.7	-7.3%	3.5%
Regulation & Quality Improvement Authority	110.3	106.5	124.8	123.6	132.0	133.0	20.6%	0.8%
Total	63,247.8	64,359.3	64,688.4	65,984.2	66,865.1	68,341.3	8.1%	2.2%

Note 2: Former HSC Board staff have undertaken their functions from 1 April 2022 as part of the Department of Health's newly formed Strategic Planning and Performance Group (SPPG). For consistency purposes, vacancies actively being recruited in SPPG are included in these data tables and noted as SPPG.

Note 3: The Children's Court Guardian Agency for Northern Ireland (CCGANI) was formerly known as the Northern Ireland Guardian Ad Litem Agency (NIGALA).

Note 4: The Northern Ireland Medical & Dental Training Agency (NIMDTA) is the single lead employer for Resident doctors in training programmes, rather than individual HSC Trusts. The single lead employer initiative, introduced in August 2019, saw all hospital-based training programmes phased over to the new employment relationship with NIMDTA by December 2021.

Table A4: HSC Workforce (WTE) by Regional HSC Trust/Organisation & Staff Group, 31 March 2026

Regional HSC Trust / Organisation	Administration & Clerical	Ambulance	Estates Services	Medical & Dental [note 5]	Nursing & Midwifery Support	Professional & Technical	Registered Nursing & Midwifery	Social Services (excluding Domiciliary Care)	Support Services	Total
Belfast HSC Trust	3,340.8	0.0	245.8	1,164.8	1,388.4	3,728.1	5,812.8	2,150.4	1,667.8	19,499.0
Northern HSC Trust	1,702.6	0.0	168.1	446.9	647.4	1,673.2	3,066.0	1,927.4	812.1	10,443.7
South Eastern HSC Trust	1,447.9	0.0	111.4	531.9	635.3	1,468.2	3,053.3	1,650.8	910.1	9,808.9
Southern HSC Trust	1,756.0	0.0	150.8	583.2	742.1	1,761.5	3,268.1	1,741.0	601.6	10,604.3
Western HSC Trust	1,769.7	0.0	147.3	544.0	719.2	1,601.8	3,314.9	1,544.5	879.4	10,520.9
Other HSC Organisations	3,212.2	1,327.5	8.5	2,283.8	31.2	219.7	97.2	83.5	201.1	7,464.5
Total	13,229.2	1,327.5	831.9	5,554.7	4,163.6	10,452.5	18,612.2	9,097.7	5,072.1	68,341.3

Note 5: Includes 138.7 WTE classed as Dental staff.

Table A5: HSC Workforce (WTE) by Other HSC Trusts/Organisations and Staff Group, 31 March 2026

Other HSC Trusts/Organisations	Administration & Clerical	Ambulance	Estates Services	Medical & Dental [note 6]	Nursing & Midwifery Support	Professional & Technical	Registered Nursing & Midwifery	Social Services (excluding Domiciliary Care)	Support Services	Total
NI Ambulance Service	225.3	1,327.5	2.0	1.2	0.0	2.6	0.0	0.0	40.8	1,599.4
Business Services Organisation	1,898.5	0.0	3.0	0.4	0.0	71.0	39.3	1.0	154.0	2,167.2
Strategic Planning & Performance Group [note 2]	418.4	0.0	0.0	21.9	0.0	40.3	0.0	33.2	0.9	514.6
NI Blood Transfusion Service	43.0	0.0	0.0	5.4	31.2	71.7	13.0	0.0	5.3	169.5
Children's Court Guardian Agency for NI [note 3]	19.5	0.0	2.0	0.0	0.0	0.0	0.0	42.6	0.0	64.1
NI Medical and Dental Training Agency [note 4]	97.5	0.0	0.0	2,221.4	0.0	0.0	0.0	0.0	0.0	2,318.9
NI Practice & Education Council	8.9	0.0	0.0	0.0	0.0	0.0	5.5	0.0	0.0	14.4
NI Social Care Council	60.8	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	65.8
Patient Client Council	25.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.9
Public Health Agency	294.6	0.0	1.5	31.9	0.0	27.3	36.4	0.0	0.0	391.7
Regulation & Quality Improvement Authority	119.8	0.0	0.0	1.7	0.0	6.8	3.0	1.7	0.0	133.0
Total	3,212.2	1,327.5	8.5	2,283.8	31.2	219.7	97.2	83.5	201.1	7,464.5

Note 2: Former HSC Board staff have undertaken their functions from 1 April 2022 as part of the Department of Health's newly formed Strategic Planning and Performance Group (SPPG). For consistency purposes, vacancies actively being recruited in SPPG are included in these data tables and noted as SPPG.

Note 3: The Children's Court Guardian Agency for Northern Ireland (CCGANI) was formerly known as the Northern Ireland Guardian Ad Litem Agency (NIGALA).

Note 4: The Northern Ireland Medical & Dental Training Agency (NIMDTA) is the single lead employer for Resident doctors in training programmes, rather than individual HSC Trusts. The single lead employer initiative, introduced in August 2019, saw all hospital-based training programmes phased over to the new employment relationship with NIMDTA by December 2021.

Note 6: Includes 34.1 WTE classed as Dental staff.

Table A6: HSC Workforce (% WTE) by Staff Group and Pay Band Group, 31 March 2026

Staff Group	Pay bands 1-4	Pay band 5	Pay band 6	Pay band 7	Pay bands 8 & above	Non-AfC Grades	Total WTE
Administration & Clerical	59.3%	11.8%	8.6%	8.9%	10.7%	0.7%	13,229.2
Ambulance	23.6%	32.1%	39.3%	4.9%	0.2%	0.0%	1,327.5
Estates Services	21.3%	34.2%	15.4%	17.0%	12.1%	0.0%	831.9
Medical & Dental	0.0%	0.0%	0.0%	0.0%	0.1%	99.9%	5,554.7
Nursing & Midwifery Support	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4,163.6
Professional & Technical	18.2%	15.2%	26.1%	26.2%	14.2%	0.1%	10,452.5
Registered Nursing & Midwifery	0.0%	49.8%	27.7%	17.6%	4.8%	0.0%	18,612.2
Social Services (excluding Domiciliary Care)	30.1%	19.8%	24.7%	19.1%	6.3%	0.0%	9,097.7
Support Services	98.5%	0.6%	0.6%	0.2%	0.2%	0.0%	5,072.1
Total	32.4%	21.9%	17.5%	13.4%	6.6%	8.3%	68,341.3

Staff Turnover

Table A7: HSC Leavers (Headcount) & Leaving Rate, 2020/21 - 2025/26

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Staff in Post (Headcount) [note 5]	67,878	71,340	72,392	72,687	74,039	75,028
Leavers (Headcount)	3,789	5,764	6,115	5,567	5,202	4,693
Leaving Rate (%)	5.6%	8.1%	8.4%	7.7%	7.0%	6.3%

Table A8: Joiners (Headcount) & Joining Rate, 2020/21 - 2025/26

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Staff in Post (Headcount) [note 6]	71,340	72,392	72,687	74,039	75,028	76,855
Joiners (Headcount)	7,251	6,816	6,410	6,919	6,191	6,520
Joining Rate (%)	10.2%	9.4%	8.8%	9.3%	8.3%	8.5%

Table A9: Workforce Stability (Headcount) 2020/21 - 2025/26

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Staff in Post (Headcount) [note 6]	71,340	72,392	72,687	74,039	75,028	76,855
Staff in HSC Employment 1 Year Before (Headcount)	64,089	65,576	66,277	67,120	68,837	70,335
Annual Workforce Stability Rate (%)	89.8%	90.6%	91.2%	90.7%	91.7%	91.5%

Note 5: Relates to the staff in post position at the end of the previous financial year e.g. for 2025/26, staff in post headcount relates to the position at 31 March 2025.

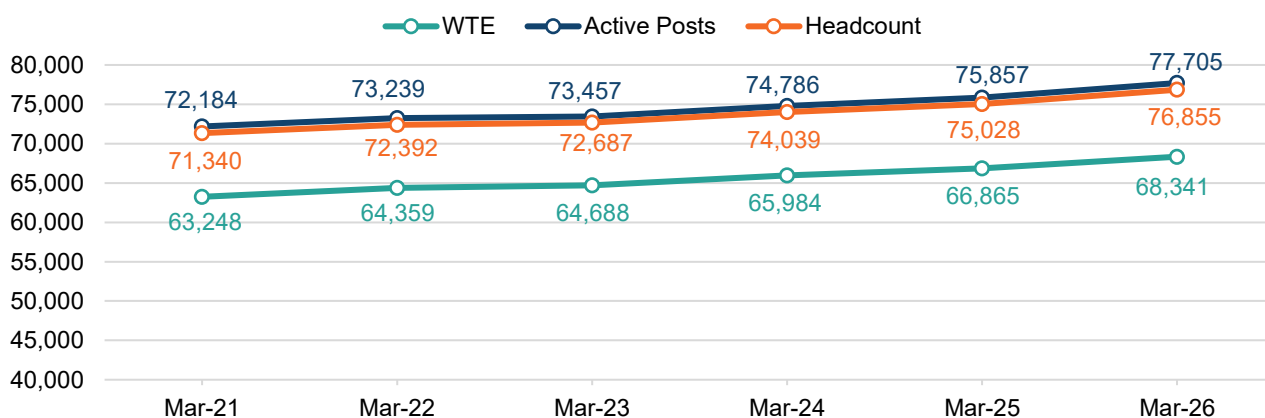
Note 6: Relates to the staff in post position at the end of the financial year e.g. for 2025/26, staff in post headcount relates to the position at 31 March 2026.

Technical Notes

Changes have been made to the way this HSCNI workforce information is analysed and presented on a quarterly basis. Due to some individuals being employed in more than one position in HSC, this quarterly statistical release will now include active posts (referred to as Headcount in publications presenting data prior to 31 December 2022) and individual headcount (see Definitions on page 20) as well as WTE, to provide a better understanding of the HSCNI workforce.

To show how this change impacts our understanding of the HSCNI workforce historically, Figure 10 below presents WTE, active posts and individual headcount at 31 March each year since 2021, and shows that the increasing trend in active posts is mirrored by headcount.

Figure 10: HSCNI Workforce (WTE, Active Posts, and Individual Headcount), 31 March 2021 – 31 March 2026



All data analyses in this report are based on whole time equivalents (WTE) unless otherwise stated.

HRPTS sourced workforce figures exclude staff on career breaks, bank staff (due to the variable nature of their employment), Chairs / Members of Boards, Out-of-Hours GPs, and staff with a whole-time equivalent of less than or equal to 0.03. The recorded whole-time equivalent for Domiciliary Care workers does not adequately reflect the full contribution of these staff, due to the variable hours of contracts. Domiciliary Care workers are therefore excluded from this analysis.

Figures include students employed to assist medical, professional & technical and nursing staff during the Covid-19 pandemic.

Staff group is derived from the first digit of Job Code description and denotes the occupational family of the Job. For analysis purposes, some positions have been recoded to different staff groups to ensure individuals cannot be identified e.g. Paramedic Practice Educators in HSC Trusts recoded from the Ambulance staff group to the Professional & Technical staff group.

Figures are based on administrative data for 31 March 2026 recorded on HRPTS and extracted on 27 April 2026.

Former HSC Board staff have undertaken their functions from 1 April 2022 as part of the Department of Health's newly formed Strategic Planning and Performance Group (SPPG). For consistency purposes, these former HSC Board staff continue to be part of this bulletin and are noted as SPPG.

The Northern Ireland Guardian Ad Litem Agency (NIGALA) has been renamed to the Children's Court Guardian Agency for Northern Ireland. This change is effective from 6th March 2023.

Definitions

WTE: The Whole Time Equivalent number of staff is calculated by aggregating the total number of hours that staff in a grade are contracted to work, and dividing by the standard hours for that grade. In this way, part-time staff are converted into an equivalent number of 'whole-time' staff.

Active posts: The number of posts filled by permanent or temporary staff. Staff may work in one or more post, for example part-time roles in more than one location, staff group or grade. In publications presenting data prior to 31 December 2022, this was referred to as 'Headcount'.

Headcount: The number of individuals working in active posts. This counts individuals only once, regardless of how many posts they hold. This definition applies to publications presenting data from 31 December 2022 onwards.

Bank Staff: Staff utilised on an 'as and when required' basis who fill staffing shortfalls and maintain service delivery.

HSC: Umbrella term for all Health and Social Care NI Organisations

HRPTS: The Human Resources, Payroll, Travel and Subsistence Systems (HRPTS) which is maintained by the various HSC organisations.

Staff Turnover: This refers to HSC joiners and leavers. Staff leavers and joiners in the HSC were calculated by comparing the snapshots of individuals employed at March 2025 with individuals employed at March 2026. Those who appeared on the March 2026 dataset, but not March 2025 were classed as joiners. Those who appeared on the March 2025 dataset but not March 2026 were classed as leavers. Unique identifiers were used to track individuals' movements. This method of calculating the number of leavers and joiners has the limitation of excluding some short-term staff who were not captured on one or both datasets.

Quality Assessment

Relevance

This publication provides a summary of the HSCNI workforce by broad staff groups and HSC organisation. The publication also includes five-year WTE trends of staff in post. The publication meets the needs of users in terms of trends in staff increases or decreases and the size and composition of staff groupings.

Accuracy and Reliability

Figures are an accurate summary of collated and processed HRPTS staff in post data at a point in time, given the exclusions listed in the publication. Whilst late recording of changes can occur, the data is expressed as the position for a given 'as at' date and downloads of the system are taken after the period of the payroll shutdown, which is when data processing for a given month is halted.

Once the figures are prepared for publication, internal quality assurance is carried out by Information and Analysis Directorate (IAD). The report is drafted and the figures in tabular and chart form are inserted into the report; at this point, further internal quality assurance is carried out by IAD to ensure the report matches the excel file.

Validation

IAD has some general quality checks for data mismatches or missing data, changes and trends are monitored, any anomalies are checked and followed up as appropriate with HSC organisations or the regional workforce information group. IAD cannot be responsible for input errors or late recording of data changes.

Error

HSC organisations are responsible for their own data and occasionally variance in recording practices can result in inconsistent data patterns across the region. The system is primarily designed to administer human resource information and to pay staff, therefore reporting capabilities are sometimes limited.

Revisions

IAD is committed to clarity around data revisions. As soon as possible after IAD ascertain that a correction to published data is necessary, all electronic documents containing the affected statistics on the DoH website will be updated and clearly marked with caveats and footnotes to detail any amendments. If the correction to the published data is minor, the necessary changes will be made by IAD without an announcement.

Timeliness and Punctuality

Downloads for this publication are based on the 31 March data extracts. These are taken around the third week of the following month, after the payroll shutdown period, with publication of the data in this bulletin around 7 weeks after the downloads.

Normal procedure is that twelve months advance notice of publications is given in the [IAD Statistical Releases Calendar](#) on the DoH website.

In the majority of cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.

Accessibility and Clarity

The PDF report is accessible on the DoH Internet site via the Statistics section provided by Information and Analysis Directorate, and can be found under [staff numbers](#). The PDF report is published alongside MS Excel and CSV versions of the tables included in the report. The 24 hour pre-release list is published also. The report is not yet fully accessible for those using assistive technology.

Coherence and Comparability

IAD are not aware of other published data sources of HSC staff in post data. HSC organisations are of course able to produce their own analysis of their own organisation only, but this tends to be limited to Annual Reports or Accounts.

The data categories as presented in the report are comparable year-on-year and since the introduction of HRPTS, phased since 2013 but complete by 2014. Where data categorisation changes, this is noted.

Trade-offs between Output Quality Components

None

Assessment of User Needs and Perceptions

The publication will be used for a range of purposes by researchers and other users such as the NI Assembly and the DoH. IAD will ensure that the publication remains relevant to users' needs by taking on comments and feedback regularly. User feedback is invited in this publication. Readers are provided with contact details for the relevant statistician. We gain awareness of users of our data from ad hoc requests for information.

Performance, Cost and Respondent Burden

The publication represents a secondary use of the data and therefore adds no additional burden on health service organisations. The data are obtained from administrative systems within Northern Ireland.

Confidentiality, Transparency and Security

IAD have a data access agreement in place with each HSC organisation for access to a restricted set of data fields and reports. IAD are included in BSO communications about the system and also sit on the regional workforce information, analytics and reporting group with HSC organisations. The remit of this group is to discuss workforce information and regional reporting/analytics to promote consistency of reporting and to suggest improvements to the system. The group have the ability to raise Change Requests for system improvements where appropriate.

Data extracts from HRPTS do contain personal data such as national insurance number, personnel number and data of birth, and are at individual level but measures are in place to protect this data. However the publication tables are aggregate only and cell counts less than 5 are suppressed to lower the risk of personal identification.

Statisticians in IAD have restricted access to HRPTS reporting via secure access to this HSC system, using ID and password access. In addition, access to HRPTS is restricted to the specific IP addresses of the PCs used by the named statisticians. Following this, it is held on a network that is only accessible to the statisticians who need access.

The Code of Practice for Statistics is adhered to from data collection to publishing. DoH's 'Statistical Policy Statement on Confidentiality' can be found in the [Statistics Charter](#).