Northern Ireland Health and Social Care Quarterly Workforce Statistics

30 June 2026

Published 26 August 2026

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

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Northern Ireland Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann um Staitistiocí agus Taighde
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INFORMATION ANALYSIS DIRECTORATE

Contents

Introduction and Background

This bulletin presents statistics on the size of the Health and Social Care (HSC) workforce in Northern Ireland as at 30 June 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 30 June 2026, the Health and Social Care (HSC) Northern Ireland workforce stood at 68,110 whole-time equivalent (WTE), an increase from 30 June 2025 of 1.7% (1,171 WTE).
- There were 77,598 active posts in HSC in Northern Ireland, filled by 76,722 individuals.
- One third (33.4%) of the HSCNI workforce at 30 June 2026 was in the Nursing & Midwifery occupational family (22,758 WTE). This group comprised 18,568 WTE Registered Nursing & Midwifery staff, an increase of 2.8% (505 WTE) from 30 June 2025, and 4,190 WTE Nursing & Midwifery Support staff, a decrease of 1.2% (51 WTE) from one year ago.
- The Belfast HSC Trust had the largest workforce, with 19,472 WTE at 30 June 2026. This level is 1.8% higher than at 30 June 2025, and 2.6% higher than at 30 June 2021. All regional HSC Trusts reported an increase in WTE staff since 30 June 2021.
- At 30 June 2026, over a third (37.6%) of the HSC workforce were employed at AfC pay bands 6 and above, 32.2% employed at pay bands 1-4, 21.9% employed at pay band 5 and 8.2% employed in non-AfC grades.

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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 30 June 2026, there were 68,110 WTE staff employed[1] across 77,598 active posts in Health and Social Care (HSC) in Northern Ireland. There was an individual headcount of 76,722, with 851 staff holding more than one active post.

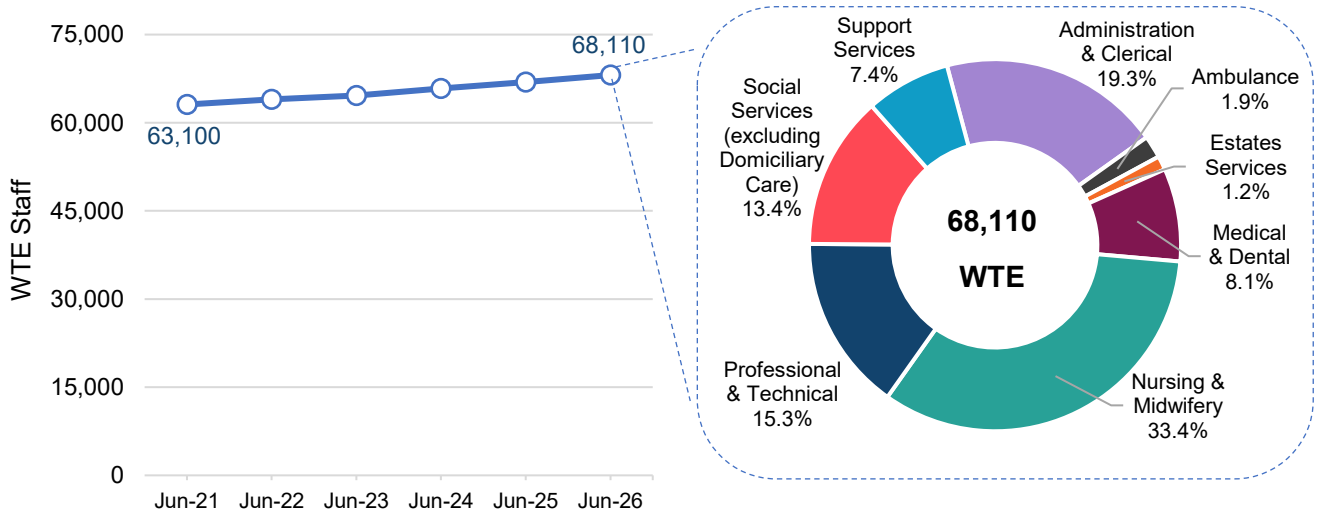
All comparisons and analysis hereafter refer to WTE.

Staff Group

Figure 1 below shows that between 30 June 2021 and 30 June 2026, the HSC workforce increased by 5,009 WTE (7.9%). The annual increase from 30 June 2025 was 1,171 WTE (1.7%).

One third (33.4%) of the HSCNI workforce at 30 June 2026 was in the Nursing & Midwifery occupational family (22,758 WTE). This comprised 18,568 WTE (27.3%) in the Registered Nursing & Midwifery staff group and 4,190 WTE (6.2%) in the Nursing & Midwifery Support staff group. The Administration and Clerical staff group accounted for a further fifth of the workforce (13,162 WTE, 19.3%).

Figure 1: Overall HSCNI Workforce (WTE) by Staff Group, 30 June 2021 – 30 June 2026



[1] Subject to the exclusions described in the Technical Notes (page 15).

Table 1 below presents the whole-time equivalent and proportion of the HSCNI workforce in some sub staff groups and professions at 30 June 2026.

Table 1: HSCNI Workforce (WTE) by Sub Staff Group / Profession, 30 June 2026

Sub Staff Group / Profession	WTE	Percentage of HSCNI Workforce
Allied Health Professionals *	5,416	8.0%
Consultants	2,154	3.2%
Nursing & Midwifery Support	4,190	6.2%
Registered Midwives	1,029	1.5%
Registered Nurses #	17,539	25.8%
SAS Doctors $	753	1.1%
Social Care staff (excluding domiciliary care)	4,423	6.5%
Social Workers	4,672	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 30 June 2026, with 17,539 WTE (25.8%), Allied Health Professionals (AHPs) accounted for 5,416 WTE (8.0%) and Social Workers 4,672 WTE (6.9%).

Annual Change (30 June 2025 to 30 June 2026)

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

The annual rate of change ranged from a 6.4% increase in the Medical & Dental workforce (331 WTE) to a 1.2% decrease in Support Services and Nursing & Midwifery Support (-60 WTE and -51 WTE respectively).

With 505 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 331 WTE.

Five-Year Change (30 June 2021 to 30 June 2026)

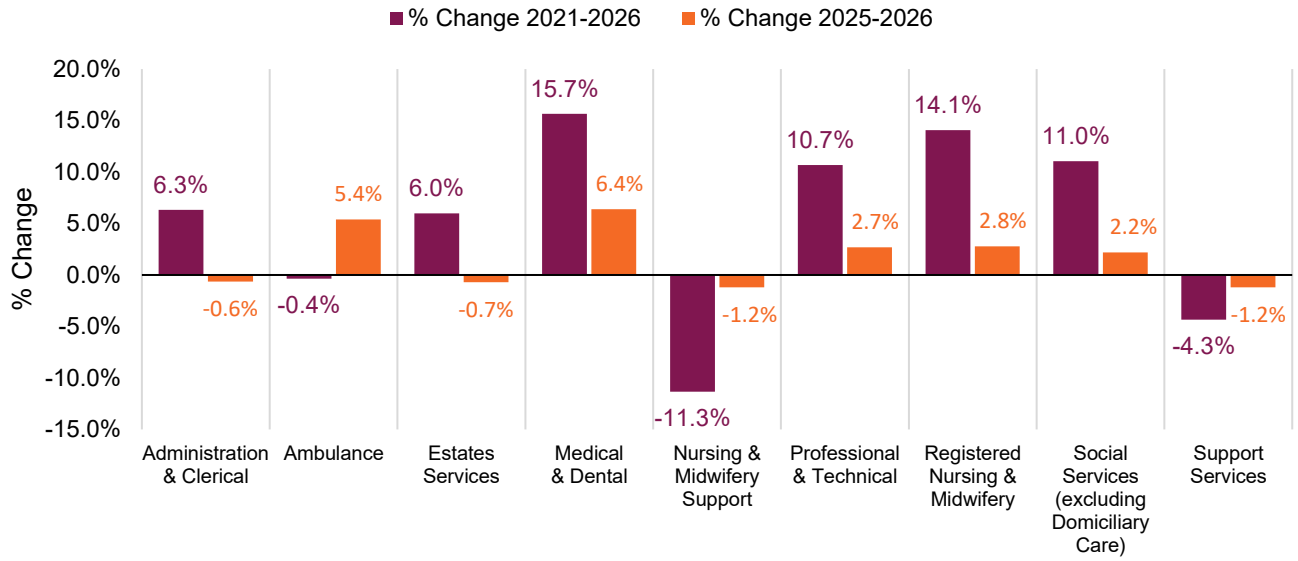
All main staff groups, with the exception of Ambulance, Nursing & Midwifery Support and Support Services, reported an increase in their workforce since 30 June 2021.

The five-year rate of increase was highest in the Medical & Dental staff group, with an increase of 15.7% (747 WTE), followed by Registered Nursing & Midwifery (14.1%, 2,291 WTE).

With 2,291 more WTE staff, the Registered Nursing & Midwifery workforce experienced the largest five-year increase in WTE, followed by Professional & Technical with an increase of 1,005 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[¥], 30 June 2021 – 30 June 2026



[¥] Due to an abnormally high Nursing & Midwifery Support WTE in June 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, 30 June 2021 – 30 June 2026

Sub Staff Group / Profession	% Change 2021-26		% Change 2025-26	
	WTE	Percentage	WTE	Percentage
Allied Health Professionals *	472	9.6%	155	2.9%
Consultants	268	14.2%	85	4.1%
Nursing & Midwifery Support	-536	-11.3%	-51	-1.2%
Registered Midwives	7	0.7%	10	0.9%
Registered Nurses [#]	2,284	15.0%	495	2.9%
SAS Doctors (Specialist or Specialty Doctor)	211	38.9%	105	16.3%
Social Care staff (excluding domiciliary care)	473	12.0%	99	2.3%
Social Workers	431	10.2%	97	2.1%

* 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 30 June 2025 (16.3%, 105 WTE).

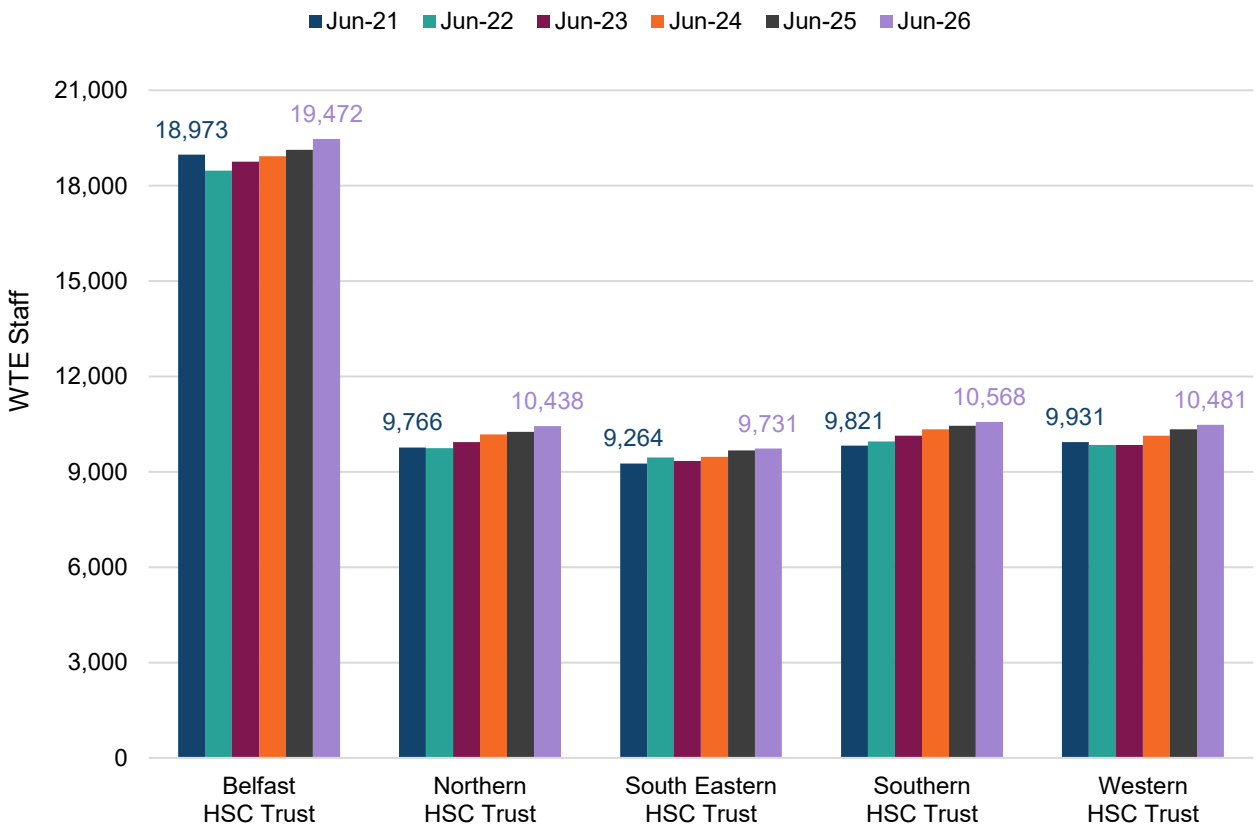
All sub staff groups and professions detailed in Table 2, with the exception of Nursing & Midwifery Support, reported an increase in their workforces since 30 June 2021, with the largest percentage increase reported by SAS Doctors (38.9%, 211 WTE).

Regional HSC Trust

Figure 3 shows the number of WTE staff employed by regional HSC Trust at 30 June 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 19,472 WTE at 30 June 2026, 1.8% (342 WTE) higher than at 30 June 2025, and 2.6% (499 WTE) higher than at 30 June 2021. All regional HSC Trusts reported an increase in WTE staff since 30 June 2021, with the Southern HSC Trust reporting the most notable increase (747 WTE, 7.6%).

Figure 3: HSCNI Workforce (WTE) by Regional HSC Trust, 30 June 2021 – 30 June 2026

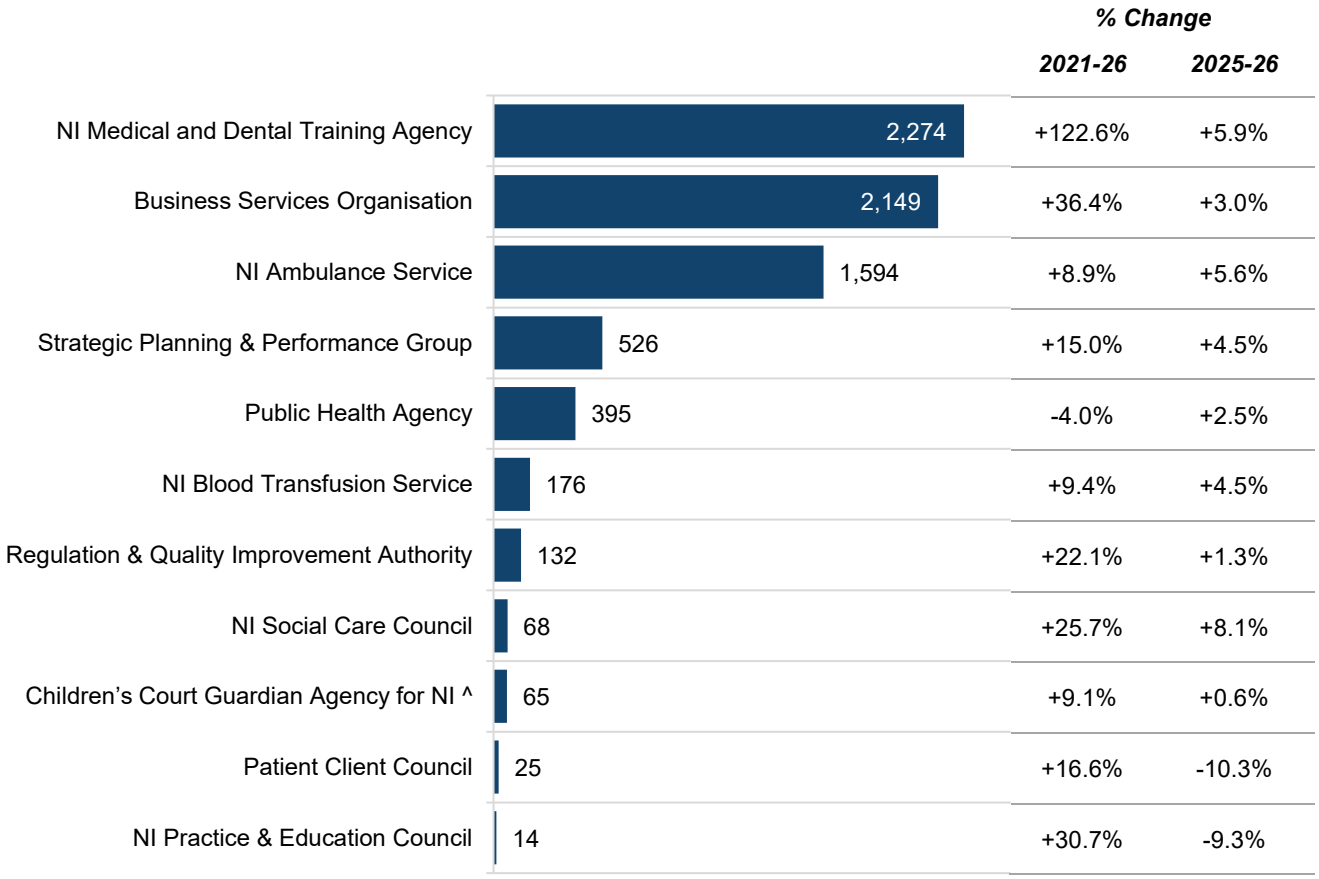


% Change					
2021-26	*+2.6%*	*+6.9%*	*+5.0%*	*+7.6%*	*+5.5%*
2025-26	*+1.8%*	*+1.8%*	*+0.6%*	*+1.2%*	*+1.4%*

Other HSC Organisations

Figure 4 below shows the breakdown of staff in each HSC organisation at 30 June 2026.

Figure 4: HSCNI Workforce (WTE) by Other HSC Organisation, 30 June 2026



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

At 30 June 2026, NIMDTA (2,274 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 2,274 WTE staff employed, 83.7% (1,903 WTE) were working in one of the five regional HSC Trusts as Resident doctors in training programmes. The remaining 16.3% (371 WTE) included Residents working in other HSC organisations, GP trainees, GP educators, and administrative staff.

Figure 5: NI Medical & Dental Training Agency Workforce (WTE), 30 June 2026

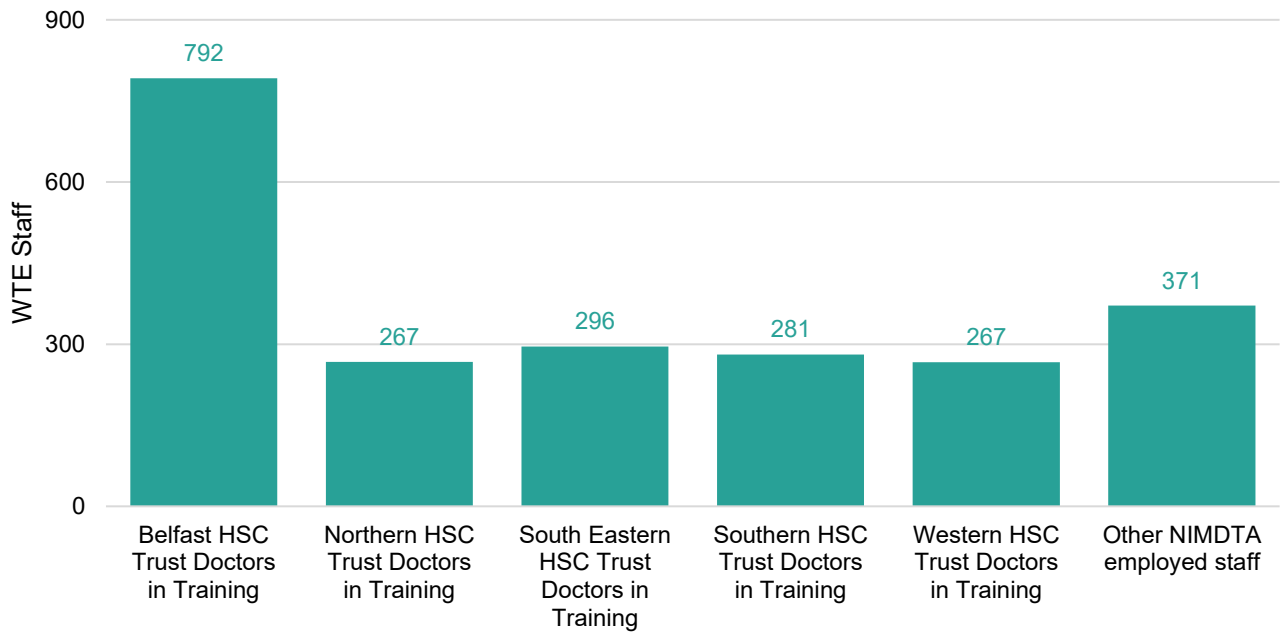


Table 3 below illustrates the impact of adding the NIMDTA-employed Resident doctors in training programmes to the regional HSC Trust that they are assigned to work in. It should be noted that the inclusion of these figures in Trusts workforce would result in greater increases than those reported in Figure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

Table 3: Regional HSC Trust Workforce, Including NIMDTA-Employed Resident doctors in training programmes by Assigned HSC Trust, 30 June 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	19,472	792	20,264
Northern	10,438	267	10,706
South Eastern	9,731	296	10,027
Southern	10,568	281	10,849
Western	10,481	267	10,748

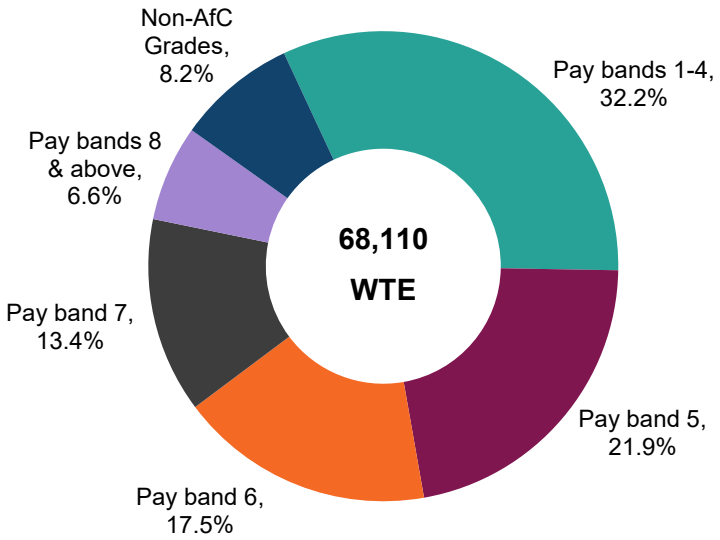
Figures do not include Resident doctors in training programmes assigned to other organisations, or Residents in GP training programmes working in GP practices.

* Rows may not sum due to rounding.

Pay Band

Figure 6 below shows the breakdown of the HSCNI workforce by pay band at 30 June 2026. At 30 June 2026, over a third (37.6%) of the HSCNI workforce were employed at Agenda for Change (AfC) pay bands 6 and above, 32.2% employed at pay bands 1-4, 21.9% employed at pay band 5 and 8.2% 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, 30 June 2026



Staff employed in non-AfC grades (8.2% or 5,606 WTE) are mainly Medical & Dental staff (5,503 WTE).

Table 4 below presents the percentage breakdown of each staff group by pay band groups. The table shows that almost half (49.7%) of Registered Nursing & Midwifery staff were employed at pay band 5 (the starting pay band for registered nurses and midwives). Almost two thirds (58.9%) of Administration & Clerical staff were employed at pay bands 1-4.

Table 4: HSCNI Workforce (WTE) by Staff Group and Pay Band Group, 30 June 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	58.9%	12.0%	8.6%	9.0%	10.8%	0.7%	13,162
Ambulance	23.0%	30.4%	40.8%	5.6%	0.2%	0.0%	1,325
Estates Services	21.5%	34.1%	14.9%	17.6%	11.8%	0.0%	821
Medical & Dental	0.0%	0.0%	0.0%	0.0%	0.1%	99.8%	5,512
Nursing & Midwifery Support	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4,190
Professional & Technical	18.2%	15.1%	26.2%	26.2%	14.3%	0.1%	10,417
Registered Nursing & Midwifery	0.0%	49.7%	27.8%	17.7%	4.8%	0.0%	18,568
Social Services (excl. Dom Care)	29.5%	20.5%	24.7%	19.0%	6.3%	0.0%	9,095
Support Services	98.5%	0.6%	0.6%	0.2%	0.1%	0.0%	5,020
All HSC	**32.2%**	**21.9%**	**17.5%**	**13.4%**	**6.6%**	**8.2%**	**68,110**

* Rows may not sum due to rounding.

Annex 1: Key Data Tables

Table A1: HSC Workforce (WTE, Active Posts, Individuals with Multiple Posts, and Headcount), 30 June 2021 – 30 June 2026

Count	2021	2022	2023	2024	2025	2026
WTE	63,100.4	63,995.4	64,633.7	65,809.1	66,938.8	68,109.7
Active Posts	72,053	72,895	73,471	74,718	76,029	77,598
Individuals with multiple posts	793	807	760	735	814	851
Headcount	71,247	72,070	72,698	73,965	75,194	76,722

Table A2: HSC Workforce (WTE) by Staff Group, 30 June 2021 – 30 June 2026

Staff Group	2021	2022	2023	2024	2025	2026	% Change 2021 to 2026	% Change 2025 to 2026
Administration & Clerical	12,379.6	12,870.6	12,964.5	13,149.8	13,246.3	13,162.4	6.3%	-0.6%
Ambulance	1,330.0	1,344.8	1,288.7	1,211.0	1,257.4	1,325.3	-0.4%	5.4%
Estates Services	775.0	790.3	804.7	810.2	827.1	821.4	6.0%	-0.7%
Medical & Dental	4,765.2	4,761.7	4,789.1	4,946.7	5,180.4	5,511.7	15.7%	6.4%
Nursing & Midwifery Support [note 1]	4,725.6	4,637.2	4,485.1	4,373.4	4,240.9	4,190.0	-11.3%	-1.2%
Professional & Technical	9,411.4	9,629.6	9,631.7	9,876.8	10,144.7	10,416.6	10.7%	2.7%
Registered Nursing & Midwifery	16,276.2	16,628.8	17,263.7	17,694.4	18,063.0	18,567.6	14.1%	2.8%
Social Services (excluding Domiciliary Care)	8,190.4	8,167.9	8,374.2	8,698.2	8,898.7	9,094.7	11.0%	2.2%
Support Services	5,247.0	5,164.5	5,032.0	5,048.5	5,080.4	5,019.9	-4.3%	-1.2%
Total	**63,100.4**	**63,995.4**	**64,633.7**	**65,809.1**	**66,938.8**	**68,109.7**	**7.9%**	**1.7%**

Note 1: Due to an abnormally high Nursing & Midwifery Support WTE in June 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, 30 June 2021 – 30 June 2026

HSC Organisation	2021	2022	2023	2024	2025	2026	% Change 2021 to 2026	% Change 2025 to 2026
Belfast HSC Trust	18,973.3	18,469.3	18,755.0	18,931.1	19,130.2	19,471.8	2.6%	1.8%
Northern HSC Trust	9,766.0	9,743.9	9,937.4	10,178.6	10,255.9	10,438.3	6.9%	1.8%
South Eastern HSC Trust	9,263.5	9,453.5	9,335.4	9,469.4	9,669.7	9,730.8	5.0%	0.6%
Southern HSC Trust	9,820.8	9,952.5	10,138.1	10,337.6	10,447.0	10,568.1	7.6%	1.2%
Western HSC Trust	9,931.0	9,846.4	9,840.6	10,134.3	10,333.0	10,481.0	5.5%	1.4%
NI Ambulance Service HSC Trust	1,463.7	1,500.7	1,491.8	1,433.6	1,509.2	1,594.4	8.9%	5.6%
Business Services Organisation	1,576.3	1,749.6	1,855.5	1,991.4	2,087.0	2,149.4	36.4%	3.0%
Strategic Planning & Performance Group [note 2]	457.7	473.0	507.1	488.2	503.7	526.4	15.0%	4.5%
NI Blood Transfusion Service	160.6	158.8	154.1	162.2	168.1	175.7	9.4%	4.5%
Children's Court Guardian Agency for NI [note 3]	59.5	60.0	58.1	58.5	64.5	64.9	9.1%	0.6%
NI Medical and Dental Training Agency [note 4]	1,021.6	1,914.4	1,975.7	2,027.2	2,148.0	2,273.9	122.6%	5.9%
NI Practice & Education Council	11.0	11.0	12.8	14.4	15.8	14.4	30.7%	-9.3%
NI Social Care Council	54.0	54.2	60.9	61.2	62.8	67.9	25.7%	8.1%
Patient Client Council	21.4	25.1	27.2	28.9	27.8	24.9	16.6%	-10.3%
Public Health Agency	411.8	476.7	354.1	368.0	385.6	395.4	-4.0%	2.5%
Regulation & Quality Improvement Authority	108.4	106.5	130.0	124.6	130.6	132.3	22.1%	1.3%
Total	**63,100.4**	**63,995.4**	**64,633.7**	**65,809.1**	**66,938.8**	**68,109.7**	**7.9%**	**1.7%**

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, 30 June 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	3,305.5	0.0	245.0	1,164.3	1,403.3	3,710.6	5,835.6	2,148.8	1,658.7	19,471.8
Northern HSC Trust	1,695.9	0.0	166.1	447.7	634.9	1,680.4	3,060.6	1,951.7	800.8	10,438.3
South Eastern HSC Trust	1,431.7	0.0	108.4	536.3	625.6	1,464.5	3,031.7	1,635.2	897.5	9,730.8
Southern HSC Trust	1,744.0	0.0	149.9	583.8	749.3	1,763.6	3,247.6	1,736.7	593.2	10,568.1
Western HSC Trust	1,759.7	0.0	145.5	546.4	744.5	1,581.5	3,295.6	1,534.7	873.0	10,481.0
Other HSC Organisations	3,225.5	1,325.3	6.5	2,233.2	32.4	216.0	96.5	87.4	196.8	7,419.7
Total	**13,162.4**	**1,325.3**	**821.4**	**5,511.7**	**4,190.0**	**10,416.6**	**18,567.6**	**9,094.7**	**5,019.9**	**68,109.7**

Note 5: Includes 139.8 WTE classed as Dental staff.

Table A5: HSC Workforce (WTE) by Other HSC Trusts/Organisations and Staff Group, 30 June 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	223.4	1,325.3	2.0	1.2	0.0	2.6	0.0	0.0	39.9	1,594.4
Business Services Organisation	1,886.8	0.0	3.0	0.4	0.0	69.0	38.5	1.0	150.7	2,149.4
Strategic Planning & Performance Group [note 2]	430.1	0.0	0.0	22.0	0.0	41.0	0.0	32.4	0.9	526.4
NI Blood Transfusion Service	49.1	0.0	0.0	5.4	32.4	70.7	12.9	0.0	5.3	175.7
Children's Court Guardian Agency for NI [note 3]	17.5	0.0	0.0	0.0	0.0	0.0	0.0	47.4	0.0	64.9
NI Medical and Dental Training Agency [note 4]	102.5	0.0	0.0	2,171.3	0.0	0.0	0.0	0.0	0.0	2,273.9
NI Practice & Education Council	7.9	0.0	0.0	0.0	0.0	0.0	6.5	0.0	0.0	14.4
NI Social Care Council	62.9	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	67.9
Patient Client Council	24.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.9
Public Health Agency	301.3	0.0	1.5	31.1	0.0	25.9	35.6	0.0	0.0	395.4
Regulation & Quality Improvement Authority	119.0	0.0	0.0	1.8	0.0	6.8	3.0	1.7	0.0	132.3
Total	**3,225.5**	**1,325.3**	**6.5**	**2,233.2**	**32.4**	**216.0**	**96.5**	**87.4**	**196.8**	**7,419.7**

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 33.8 WTE classed as Dental staff.

Table A6: HSC Workforce (% WTE) by Staff Group and Pay Band Group, 30 June 2026

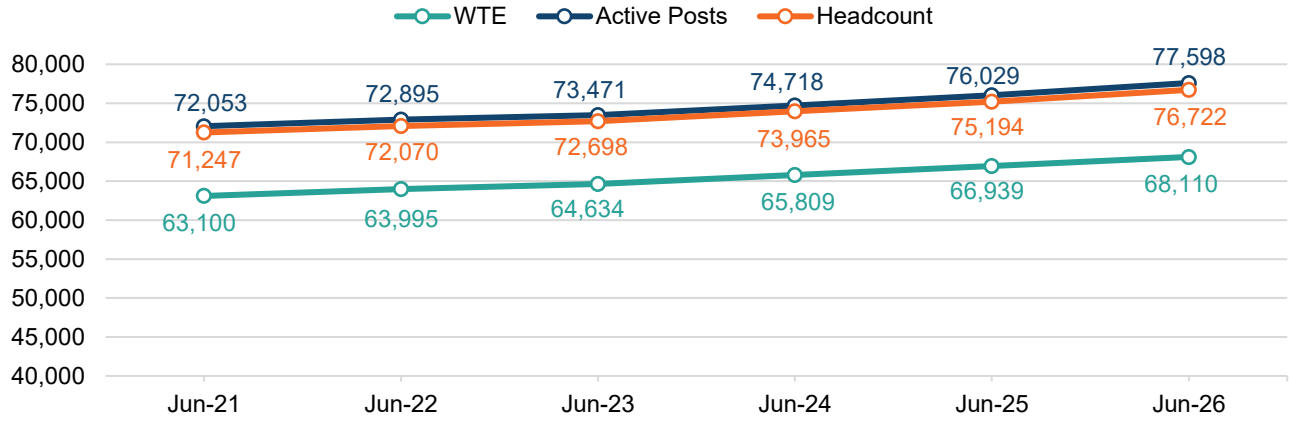
Staff Group	Pay bands 1-4	Pay band 5	Pay band 6	Pay band 7	Pay bands 8 & above	Non-AfC Grades	Total WTE
Administration & Clerical	58.9%	12.0%	8.6%	9.0%	10.8%	0.7%	13,162.4
Ambulance	23.0%	30.4%	40.8%	5.6%	0.2%	0.0%	1,325.3
Estates Services	21.5%	34.1%	14.9%	17.6%	11.8%	0.0%	821.4
Medical & Dental	0.0%	0.0%	0.0%	0.0%	0.1%	99.8%	5,511.7
Nursing & Midwifery Support	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4,190.0
Professional & Technical	18.2%	15.1%	26.2%	26.2%	14.3%	0.1%	10,416.6
Registered Nursing & Midwifery	0.0%	49.7%	27.8%	17.7%	4.8%	0.0%	18,567.6
Social Services (excluding Domiciliary Care)	29.5%	20.5%	24.7%	19.0%	6.3%	0.0%	9,094.7
Support Services	98.5%	0.6%	0.6%	0.2%	0.1%	0.0%	5,019.9
Total	**32.2%**	**21.9%**	**17.5%**	**13.4%**	**6.6%**	**8.2%**	**68,109.7**

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 16) 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 7 below presents WTE, active posts and individual headcount at 30 June each year since 2021, and shows that the increasing trend in active posts is mirrored by headcount.

Figure 7: HSCNI Workforce (WTE, Active Posts, and Individual Headcount), 30 June 2021 – 30 June 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 30 June 2026 recorded on HRPTS and extracted on 27 July 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.

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 30 June 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 were 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.