

DEPARTMENT OF HEALTH

NORTHERN IRELAND

EVIDENCE

THE REVIEW BODY ON NHS PAY

2027/28 PAY ROUND

October 2026

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Section 1 – NHSPRB 39th Report Observations and Recommendations

Following publication of the 39th Report of the National Health Service Pay Review Body (NHSPRB) in February 2026, the then Minister for Health, Mike Nesbitt, welcomed the report and the recommendations relevant to Northern Ireland.

The Department remains committed to constructive engagement with the NHSPRB process and recognises the important role of the Review Body in supporting the recruitment, retention and motivation of NHS staff. The Department has carefully considered the recommendations contained within the 39th Report and continues to progress those recommendations applicable to Northern Ireland.

1.1 Overview of Recommendations

The NHSPRB recommended:

A consolidated 3.3% increase with effect from 1 April 2026 for all AfC pay points.

Despite the absence of an agreed Budget for 2026/27, the Health Minister, accepted the recommendations. Given the affordability challenges facing the Department, a Ministerial Direction was issued on 10 July 2026 to implement the recommended 2026/27 HSC pay award and the payment of the Real Living Wage to AfC staff in HSC and the Independent Social Care sector. Ministerial Directions of this nature require approval by either the Department of Finance or the Executive before they can be implemented. The Ministerial Direction has been referred to the Northern Ireland Executive, by the Department, for consideration and decision and, at the time of writing, the Department is awaiting the outcome of that process.

1.2 Financial position – Funds Available for 2026/27 Pay Award

The 2025-26 Agenda for Change pay awards were implemented only following the receipt of additional in-year funding and access to a Reserve Claim. These measures were provided on a non-recurrent basis and do not resolve the underlying affordability challenges associated with future pay awards.

Minister Butler has committed to implementing the 2026/27 pay awards in line with the independent pay review body recommendations.

However, at the time of writing, Northern Ireland departments do not have the benefit of an Executive agreed budget within which to plan or operate for 2026-27 and beyond. Any pay award for 2027/28 must therefore be considered within the context of future agreed departmental spending limits and the wider affordability position facing both the Department and the Northern Ireland Executive.

1.3 Departmental Approach to Pay Award 2026/27

The Department remains committed to engaging fully with the independent pay review process and recognises the importance of pay in recruiting, retaining and motivating HSC staff.

However, the financial outlook remains extremely challenging. It is anticipated that the future funding position will not significantly improve, with next year's financial position equally as challenging and there is a risk that the position may worsen if the overspends currently forecast in 2026-27 materialise, and future budgets are reduced as a consequence.

In this context, the Department has little capacity to fund a pay uplift in 2027/28. Affordability will be dependent on making significant savings in other areas or the provision of additional funding from the Executive. The latter will be constrained by the financial pressures faced by all Executive departments. There is also a risk that any additional Executive funding is provided from in year easements meaning it is non recurrent thereby perpetuating the funding issue in the future.

The Department continue to pursue efficiency and savings measures wherever possible. However, the need for financial savings must be balanced against the potential for an adverse impact on services. Pay accounts for more than half of Health expenditure in Northern Ireland, and as a result, pay awards continue to have significant implications for overall affordability and the funding available to support frontline service delivery.

1.4 Affordability of pay uplifts

In the absence of an Executive agreed Budget, and associated Budget Act, for 2026 - 27 the Department is currently operating under the legal authority provided by the DoF Permanent Secretary, using the contingency powers granted to him in the Government Resources and Accounts Act (NI) 2001 and the NI Act 1998. However, as the amount

which can be authorised in this way is limited to 95% of the preceding year the amount DoF has indicated will be authorised for DoH is lower than its opening 2025-26 budget. The contingency planning envelope does not constitute a formal Budget settlement, rather it reflects a prudent estimate of the level of funding that could reasonably be expected to inform a future Budget position for Executive consideration.

The Department faces a range of significant unavoidable pressures and current estimates indicate that cash-releasing savings of between 6 per cent and 9 per cent would be required in 2026/27 simply to address these pressures. Taking account of these challenges, the Department is forecasting a funding gap of approximately £800 million. Even with maximum efforts to deliver efficiencies and savings, it is unlikely that financial balance can be achieved without additional financial support.

The Department recognises the importance of competitive pay in supporting the recruitment, retention and motivation of Health and Social Care staff. However, workforce expenditure represents the largest component of Health spending, meaning that pay settlements must be considered alongside other significant pressures and priorities, including workforce expansion, waiting list recovery, service transformation and the maintenance of core services. The affordability of pay awards remains the most significant constraint affecting future workforce investment. In the absence of additional funding, any pay award must be met from within the Department's overall resource allocation. As a result, decisions on pay cannot be considered in isolation but must be balanced against other demands on the Health budget. This creates unavoidable trade-offs between investment in pay and the resources available to support wider service delivery, workforce growth and system improvement. The Department therefore considers it essential that recommendations on pay take account of both workforce considerations and the broader financial sustainability of the Health and Social Care system.

1.5 Conclusion

The Department remains committed to supporting the recruitment, retention and wellbeing of the agenda for change workforce and recognises the important role of the independent pay review process in maintaining morale, supporting workforce sustainability and ensuring that the Health and Social Care system remains an attractive place to work. This submission is, however, presented against a backdrop

of significant financial constraint, increasing demand for services, workforce shortages and continuing affordability pressures. The absence of a sustainable funding settlement, combined with wider financial challenges facing the Health and Social Care system, continues to place considerable pressure on available resources.

The Department recognises the importance of competitive pay as part of the overall employment offer. However, workforce sustainability is influenced by a broader range of factors, including workforce supply, education and training capacity, retention, staff wellbeing, career development opportunities and service transformation. The evidence presented throughout this submission demonstrates both the scale of these challenges and the actions being taken to address them.

While the Department remains committed to implementing NHSPRB recommendations, future pay awards must be considered within the context of the wider financial position facing Health, Social Care services and public service as a whole in Northern Ireland. The Department therefore considers it essential that pay recommendations take account of both workforce considerations and affordability, recognising the need to balance investment in pay with wider service delivery, workforce growth and transformation priorities. The remainder of this submission sets out the economic, workforce and service delivery context that will inform the Department's position for the 2027/28 pay round.

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.

CPI inflation stood at 3.1% in the 12 months to August 2026, up from 2.9% in July¹. The Bank of England reported that CPI inflation was 2.6% in June, above the Monetary Policy Committee's (MPC) 2% target. While there are clear signs that underlying price and wage pressures have continued to ease, that has been offset by higher global energy prices as a result of the conflict in the Middle East, which have led to higher motor fuel prices for UK consumers. The MPC cannot influence global energy prices, so it is setting monetary policy to make sure that the effects of the shock do not become embedded so that inflation falls back to the 2% target and stays there². At the same time median wage growth in NI increased by 4.9 % over the year to June 2026³. The ASDA income tracker⁴ has reported that growth has slowed to 3.4% in August 2026, its weakest since March.

While earnings growth has picked up slightly, it has been outpaced by inflation which accelerated to 3.1% in August and is expected to stay above 3% in the near term. This has also seen discretionary income fall by 0.5% in August 2026. The lowest income quintile was the only group to see its discretionary income deteriorate over the year seeing a decline of 1.9% from August 2025. All other quintiles recorded positive annual growth. The tracker reports that price volatility due to the ongoing conflict in the Middle East has taken expected interest rates cuts off the table for 2026, increasing the possibility of rate hikes before the end of the year, which is likely to impact discretionary incomes for UK households heading into the New Year. Average household spending power for Northern Ireland amounted to £134 per week as of August 2026. This remains the lowest level amongst the UK's regions and nations⁵.

¹ ONS - Consumer price inflation, UK: August 2026

² Bank of England – Monetary Policy Report – July 2026

³ NISRA NI Labour Market Report – July 2026 – HMRC PAYE statistics

⁴ ASDA Income Tracker – September 2026 Report

⁵ ASDA Income Tracker – September 2026 Report

Whilst inflationary pressures have eased compared with the peaks experienced in recent years, household finances remain under pressure. This continues to form part of the wider context in which the Department must consider recruitment, retention and motivation across the agenda for change workforce.

2.2 Labour Market

Online job listings, as reported by the Department for the Economy, increased by 10% compared with the previous month. There were 11,700 new job postings in August 2026, an increase of 39% compared to August 2025⁶. In addition, latest Ulster Bank PMI⁷, signalled a first rise in employment in five months as growth of output and new orders was sustained.

The latest data also pointed to a marked intensification of inflationary pressures amid higher fuel costs due to war in the Middle East. Meanwhile, business confidence has eased. The headline Business Activity Index signalled a rise in business activity for the third month running amid sustained growth of new orders. As was the case in February, only London posted a faster expansion in output than Northern Ireland in March. Activity increased across all four monitored sectors, led by retail. Meanwhile, the rate of growth in the service sector eased markedly and was only marginal.

The number of people on the claimant count in June 2026 was 33,800 – a decrease of 1.8% over the month. This is 47.4% less than the recent peak in May 2020 and 13% more than the pre-pandemic count in March 2020.

Looking at the employment rate, over the last 15 years, the rate in NI has been consistently below the UK rate. The most recent NI employment rate (aged 16 to 64) for the period March-May 2026 was estimated at 72.1%. This was an increase of 0.8pps over the quarter (not statistically significant) and an increase of 0.1pps over the year (not statistically significant).

The rolling 12-month total of confirmed redundancies is 1,670, 23% lower than for the previous year's figure of 2,170. The Department for the Economy were notified of

⁶ *Department for the Economy- Online Job Posting Trends – August 2026*

⁷ *Ulster Bank PMI Report – March 2026*

2,860 proposed redundancies over the last 12 months up to the end of June 2026. This was over 5% less than the figure for the previous year (3,030).

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 26.5% was 5.6pps above the most recent UK rate of 20.9%. This is the highest of the twelve UK regions.

Although labour market conditions have softened in some sectors, Northern Ireland continues to operate within a highly competitive labour market for professional and specialist occupations, including healthcare staff.

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. This was further updated at Autumn 2025 Budget and Spring 2026 Forecast. The revised position is set out in the table 1 below. Please note this is subject to change.

Table 1: Autumn Budget and Spring Forecast

					£million
Control Total	2025-26 Budget*	2026-27	2027-28	2028-29	2029-30
Resource DEL	16,148.5	16,707.8	16,929.8	17,481.6	-
Capital DEL	2,154.2	2,351.7	2,394.8	2,306.7	2,330.9
Financial Transactions Capital	57.4	91.7	92.6	118.6	140.7

Source: Department of Finance

* 2025-26 position is included for comparison

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

services and the rising cost of delivering health and social care services. As a result, affordability remains a significant consideration for future pay awards.

Intensive work is continuing on progressing a multi-year budget including continued engagement with the UK Government on sustainable funding for public services in Northern Ireland. While Spending Review settlements provide a degree of financial certainty, growth in funding does not fully offset inflation, demographic change, rising workforce costs and increasing demand for services. Consequently, cash increases do not necessarily translate into additional service capacity or workforce growth

In the absence of an agreed Budget for 2026-27 the DoF Permanent Secretary has provided Departmental Accounting Officers with Contingency Planning Envelopes to assist them in assessing spending plans. In the absence of a Budget Act, departmental expenditure is currently authorised by the DoF Permanent Secretary under the contingency powers provided to him by the NI Act 1998 and the Government Resources and Accounts Act (NI) 2001. The amounts that can be authorised under these powers is limited to 95% of the sums authorised for 2025-26 in the Budget Act 2026, towards the end of the financial year, authorised in the Budget Act 2026. They are therefore a short-term contingency measure.

2.4 Public Sector Workforce

The public sector in NI employs 235,380 people⁸ or 27.4% of all employee jobs in NI, a significantly higher share compared to 18%⁹ for the UK as a whole – however, 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.

The size of the public sector workforce reflects the structure of the Northern Ireland economy, which continues to be more reliant on public sector employment than many other UK regions. This means that public sector pay decisions can have wider implications for both public expenditure and labour market competitiveness.

⁸ NISRA Northern Ireland Quarterly Employment Survey – June 2026

⁹ ONS Public sector employment, UK, June 2025 (March 2025 Data)

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 2025/26 financial year indicate that pay costs accounted for approximately 60% of departmental non-ring-fenced Resource DEL¹⁰.

Public sector pay therefore represents one of the most significant areas of departmental expenditure. Decisions relating to pay awards must be considered alongside wider affordability pressures and the need to maintain the delivery of public services within available funding allocations.

2.6 Northern Ireland Executive Pay Policy

The Minister of Finance set out the approach to Public Sector Pay Policy for 2026-29 in the draft Budget 2026-29 when it was published for consultation in January 2026. While the Finance Minister's draft Budget was not agreed, the approach to public sector pay policy remained largely unchanged from that in recent years. The overarching principles remain that pay must be affordable within each department's budget settlement (once agreed); and awards should be targeted to address low pay, and where possible, the payment of the real Living Wage.

2.7 Total Health Expenditure

Total Department of Health expenditure in 2025/26 was £8.9 billion. In the absence of an agreed budget for 2026-27 the Department has been provided with a funding limit which is less than the 2025-26 total expenditure. Workforce costs continue to represent the largest area of expenditure, with pay accounting for more than 50% of overall Health spending. Consequently, decisions relating to pay awards, workforce expansion, education commissioning and retention initiatives have a material impact on overall affordability and the Department's ability to invest in other service priorities.

2.8 Health and Social Care Paybill

¹⁰ Open Book Review of Northern Ireland Executive Budget – June 2026

The total HSC paybill for 2025/26 was £4.54 billion, of which approximately £3.7 billion related to agenda for change staff. The estimated paybill for 26/27 for the HSC is £4.85 billion of which approximately £3.97 billion relates to agenda for change staff. Workforce costs therefore continue to represent a substantial proportion of overall Health expenditure and are a key consideration in assessing the affordability of future pay awards. As pay expenditure accounts for more than half of total Health spending, relatively small percentage changes in pay awards create significant recurring cost pressures. Consequently, affordability considerations remain central to decisions regarding workforce growth, training commissions, service expansion and future pay awards

2.9 Conclusion

Northern Ireland continues to face a challenging economic and fiscal environment characterised by inflationary pressures, constrained public expenditure and increasing demand for public services. While labour market conditions have softened in some areas, competition for skilled professionals remains significant. These factors provide important context for considering the recruitment, retention and motivation of doctors and dentists, as well as the affordability of future pay awards. Affordability considerations therefore remain central to workforce planning, workforce growth and consideration of future pay awards. While workforce investment remains essential to support service delivery, the pace at which investment can occur continues to be influenced by the Department's financial position.

Section 3 – Policy Context

3.1 Strategic Direction of Health and Social Care in Northern Ireland

3.1.1 Cancer Strategy for Northern Ireland

The Cancer Strategy for Northern Ireland 2022-2032 was launched in March 2022 and sets out 60 recommendations across four strategic themes to transform cancer services over the next decade. While progress has been made, implementation has been significantly constrained by funding pressures.

Since 2024/25, £10.6 million of recurrent funding has supported delivery of the Strategy. However, this falls considerably short of the investment levels envisaged in the original Funding Plan, which projected £55.7 million recurrent funding by Year 4, increasing to £145 million by Year 10, alongside £73 million in one-off capital investment. As a result, delivery has progressed more slowly than anticipated. Achieving the Strategy's full range of intended outcomes will require substantial additional investment, alongside increased workforce capacity and the appropriate skills mix to support sustainable service delivery.

In line with a Programme for Government commitment to cut waiting times, the Northern Ireland Executive earmarked funding for elective care and waiting list activity in 2025/2026, with £85m for red flag cancer and other time-critical treatments. This investment has supported key areas of cancer diagnostics and treatment, including £13m for endoscopy, £12m for diagnostics, £5m each for breast surgery and dermatology, and £3.5m for gynaecology. A further £1m was allocated to a Cancer Charities Grant Scheme, matched by Macmillan Cancer Support, to provide practical support services for cancer patients and families closer to home.

Although £80m has been ringfenced for elective waiting lists and capacity building in 2026/27, there is currently no additional identified funding to support full implementation of the Cancer Strategy.

As a result, a significant number of planned actions have been delayed or are unable to progress at this time. Funding and workforce pressures have also delayed a number of Cancer Strategy initiatives, impacting service development across cancer care, including palliative care and community-based "closer to home" cancer services. Workforce shortages, particularly among Allied Health Professionals, are currently

restricting delivery of prehabilitation and rehabilitation programmes, while plans to expand seven-day acute oncology services, workforce training and development have also been impacted, creating longer-term risks to service sustainability and quality of care.

These challenges also place additional pressure on existing staff and highlight the importance of maintaining a sustainable workforce able to support increasing demand for cancer services over the coming years. Delivering the ambitions of the Cancer Strategy will require not only continued investment in services, but also sufficient workforce capacity across medical, nursing, allied health professional and diagnostic disciplines.

Despite lower investment levels than initially anticipated, there are a number of areas where implementation of the Cancer Strategy has progressed well. The Cancer Progress Report¹¹, published on 2 July 2026, provides a comprehensive assessment of implementation during the Strategy's first four years, highlighting achievements to date.

3.1.2 Elective Care Framework and Waiting List Recovery

Waiting times for elective care services in Northern Ireland are among the worst in the UK. They have significantly increased in recent years due to the challenging financial situation, the residual impact of COVID-19 and an increasing health service capacity and demand gap.

The Department of Health's Elective Care Framework¹², updated in May 2024, 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 five-year period. It sets out a thematic plan designed to reduce waiting lists and increase capacity across the elective care system.

In-house and IS capacity is used to address some of the longest waiters for assessments and treatments across a number of general specialties and/or procedures. Funding is also being targeted at some of those specialist procedures

¹¹ [Cancer Strategy for Northern Ireland Progress Report March 2022 - March 2026.pdf](#)

¹² [Elective Care Framework - May 2024.pdf](#)

where there are long waits impacting women or children as per the recent Elective Care Framework.

The establishment of the Waiting List Reduction Reimbursement Scheme helped facilitate the transfer and treatment of long waiting patients, without impacting on core or local IS capacity. The Scheme offers patients the choice of treatment in the Republic of Ireland, and other parts of the European Union. To ensure the maximum impact on waiting times, this Scheme is limited to those patients who have been waiting at least 12 months for their procedure.

Mega Clinics are being undertaken in all Trusts and 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.

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). Ensuring accurate and up to date waiting lists will enable more efficient scheduling of activity and help 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. This helps ensure that clinical capacity is directed towards patients who continue to require treatment, supporting more effective use of available resources and improving overall productivity.

Building core HSC capacity will be paramount to sustainably reducing waiting times. The funding identified through the ECF has allowed this work to start and capacity is being expanded across a range of specialties.

In May 2025, the then Minister for Health, Mike Nesbitt, published an Elective Care Framework Implementation and Funding Plan¹³ for 2025/26, detailing how £215m earmarked funding from the Programme for Government would be invested in waiting list activities across expanding capacity to reduce the red flag/time critical capacity

¹³ [ECF Implementation and Funding Plan](#)

gap, increasing core routine capacity, and non-recurrent funding to tackle the backlog of patients waiting.

Significant achievements were realised in 2025/26 using this funding, notably:

- over 313,000 patients received an outpatient/AHP assessment, diagnostic test or treatment;
- over four-year waits for colonoscopy, laparoscopic cholecystectomy and tonsillectomy down by 100%;
- over four-year waits for primary hip and knee replacements and hernia procedures down by between 95% and 99% respectively; and
- over 12,000 elective appointments carried out in a primary care setting.

In July 2026, the Minister published an Elective Care Framework Funding and Implementation Plan¹⁴ for 2026/27 to build on work already achieved in 2025/26 through regional elective care services, increased diagnostic capacity, elective care centres, waiting list initiatives and stronger collaboration across the HSC system. It details how the £165m ringfenced allocation in the 2026/27 Northern Ireland Health Budget for waiting list activities will be invested across expanding capacity to reduce the red flag/time critical capacity gap, increasing core routine capacity and continuing to tackle the backlog of patients waiting.

Achievements in Quarter 1 of 2026/27 include:

- over 36,800 patients receiving outpatient/AHP assessment, diagnostic test or IP/DC;
- a 72% reduction in the endoscopy backlog since its peak in June 2022;
- 4,721 appointments delivered through the Primary Care Elective Service;
- a 25% reduction in long waits for a number of targeted procedures including tonsillectomies, hip and knee replacements and paediatric scopes; and
- outpatient validation of almost 40,000 patients.

Sustainable reductions in waiting times will depend not only on additional funding and service reform, but also on securing sufficient workforce capacity across key

¹⁴ [Elective Care Framework - Funding and Implementation Plan - July 2026](#)

specialties. Workforce shortages and recruitment challenges continue to constrain the pace at which additional activity can be delivered in some areas, reinforcing the importance of long-term workforce planning and investment.

3.1.3 Pandemic Recovery and Elective Care Backlogs

The Department's approach to reducing waiting lists, building sustainable capacity and addressing backlogs arising from pandemic-related disruption is outlined in Section 3.1.2 (Elective Care Framework and Waiting List Recovery).

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.

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.).

3.1.4 Multidisciplinary Teams and Managing Long-Term Demand Growth

The increase in demand for Primary Care services cannot be met solely by increasing the number of GPs. In terms of the wider primary care workforce, the Department has continued to boost its capacity by investing £25million per year in the Primary Care MDT Programme.

Additionally, 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.

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 through a multi-disciplinary early intervention approach, patient outcomes are being improved, reducing the need for referrals and appointments elsewhere, and ultimately easing pressure on GP and hospital services.

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 people, now and into the future.

In July 2025, the then Minister for Health, Mike Nesbitt, published the MDT Implementation Plan. The Plan set out how the MDT model will be rolled out in full across all areas of Northern Ireland over the next 8 years. Implementation will proceed in two phases:

- Phase 1, supported by £61m Transformation Funding, will run from 2025/26 – 2028/29 and will see MDT completed in the seven existing Federation areas where implementation has already commenced, and expansion to a further 5 Federation areas.
- Phase 2 will run for a further four years from 2029/30 and will see MDT complete in the remaining 5 GP Federation areas.

At the end of Q1 (June 2026) the programme is reporting the following progress:

- Over 1.3m citizens now have access to physiotherapy, social work or mental health services in their local GP Practice.

- The percentage of GP practices with an element of MDT has increased by 35 percentage points to 87% of target GP practices. There are currently over 412 wte front line MDT staff supported by the programme, including 297.41 WTE core patient-facing MDT staff working across 194 GP practices in 12 GP Federation areas.

MDT teams are providing vital additional capacity in general practice settings, often without the need for a patient to first see a GP. During 2025/26 an additional 354k consultations were provided by MDTs. These consultations represent additional capacity delivered without requiring a corresponding increase in GP numbers, demonstrating how multidisciplinary workforce models can improve productivity and help manage increasing demand within existing resource constraints.

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

The MDT model demonstrates how workforce transformation can support the delivery of services in a sustainable manner. By ensuring that patients are seen by the most appropriate professional at the earliest opportunity, MDTs help maximise available workforce capacity, reduce pressure on GPs and support the long-term sustainability of primary care services.

It is estimated that once fully rolled out, the programme could provide around a million consultations each year in General Practice. Progress towards this ambition continues, with MDTs providing 99,601 consultations by the end of Quarter 1 2026/27, representing 24.5% of the annual additional consultations target. This additional capacity will become increasingly important as demographic change, population ageing and increasing service demand continue to place pressure on primary and community care services. 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. This suggests that MDTs are not only improving access to services

but may also contribute to the stability and resilience of GP practices facing increasing workload and workforce pressures.

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.

While it has been difficult to fully assess the impact on appointments for GP's the MDT programme staff in post have provided treatment to over 73% of their patients within primary care, and therefore with no need for referral to secondary care.

The percentage of patients managed in an MDT primary care setting, with no need for an onward referral was 84.5%.

The continued rollout of MDTs represents a key component of wider health service reform and provides an important mechanism for addressing increasing demand, improving access to services and supporting the long-term sustainability of primary care in Northern Ireland.

3.1.5 HSC Reset Plan and Service Transformation

The Department's Health and Social Care Reset Plan¹⁵, published on 9 July 2025, made a commitment to develop a neighbourhood model of care by March 2026. The HSC Reset Plan remains the overarching framework for stabilising, reforming and delivering a more sustainable health and social care system in Northern Ireland. The Reset Programme also reflects the reality that additional funding alone is unlikely to be sufficient to address long-term demand pressures. Sustainable improvement will require service transformation, improved productivity and more efficient deployment of workforce resources alongside future workforce growth.

The programme is focused on addressing the long-term challenges facing health and social care, including increasing demand, workforce pressures, financial sustainability and service transformation. The successful delivery of the Reset Programme will depend on maintaining a sustainable, skilled and adaptable workforce capable of

¹⁵ [Health and Social Care Reset plan | Department of Health](#)

supporting new models of care, increasing service demand and ongoing system transformation.

While significant challenges remain, the Reset programme is progressing with key priorities including establishing the neighbourhood care model, optimising workforce planning, virtual and digital enablement, a strong focus on prevention and on reducing unwarranted variation in care delivery, all underpinning our journey towards financial and operational sustainability.

The System Financial Management and Reset Group (SFMRG) provides system oversight for both financial sustainability and delivery of Reset priorities.

Dedicated system-level governance arrangements have been established within the Department of Health for the Reset Programme, including financial management, workforce and digital transformation, offering clear accountability for the delivery of the Programme.

3.1.5.1 Neighbourhood Model

The Reset Plan prioritises a shift towards neighbourhood-centred care, bringing services closer to people's homes, supporting earlier intervention and improving outcomes through stronger integration between health, social care and community services.

Integrated Neighbourhood Teams (INTs) have been identified as the key delivery mechanism to support this ambition. The development and implementation of the Neighbourhood Model is outlined in more detail at 3.1.6.

3.1.5.2 Prevention

Prevention remains a core element of Reset and is increasingly recognised as essential in helping managing demand on our Health Service and supporting long-term sustainability.

Through *This Is Our Health*, work is underway to strengthen the relationship between citizens and services and support people to become active partners in improving and maintaining their own health and wellbeing.

Adult Social Care Reform is also progressing with a particular emphasis on prevention, early intervention, technology-enabled care, self-directed support and community-based alternatives to traditional models of care.

These approaches are intended to support long-term service sustainability by reducing avoidable demand on health and social care services and making better use of available workforce capacity.

3.1.5.3 Sensible Care

Through the Sensible Care programme we are seeking to reduce unwarranted variation, improve consistency and ensure patients receive the right care, at the right time and in the right setting.

Six regional catalyst programmes are now being taken forward: Heart Failure at Home; Pathology Demand Optimisation; Cardiovascular-Kidney-Metabolic; Radiology Diagnostic Imaging; Virtual Wards; and Effective MDT Working to Improve the Patient Journey.

These programmes have been selected because they demonstrate significant potential to support the core goals of our reset contribute to a more sustainable health and social care system.

The programme now has strong clinical engagement across the HSC. These programmes provide an important opportunity to test, refine and scale approaches that could subsequently be adopted across the wider HSC system.

3.1.5.4 Digital, Data and Innovation

Digital, data and innovation are recognised as fundamental enablers of the Reset agenda rather than standalone programmes. A dedicated system-level governance arrangement has now been established to support prioritisation, assurance and delivery of digital, data and innovation activity. Current priorities include supporting neighbourhood health, workforce planning, virtual wards, AI-enabled opportunities, better use of data and wider system transformation.

3.1.5.5 Research, Innovation and Investment

Reset is also focused on maximising opportunities arising from research, innovation and investment.

Through the newly established Academic Health and Economic Partnership, the Department is working with academia, industry and investors to accelerate innovation adoption, improve patient outcomes and support economic growth. There is growing external interest in supporting delivery of Reset priorities, including potential investment through the Macmillan Neighbourhood Transformation Fund, a respiratory pathway partnership with AstraZeneca and an Innovate UK funded obesity pathway innovation project. Collectively, these initiatives aim to support service transformation, improve patient outcomes and create more sustainable models of care that make effective use of the available workforce.

3.1.6 Neighbourhood Model of Care

The Department has been working at pace to deliver on the commitment in the Reset Plan. *A Policy Framework - A Vision For Neighbourhood Health And Wellbeing In Northern Ireland*, including a high-level operating and funding model, was published on 31 March 2026.¹⁶

The Neighbourhood Model of Health and Wellbeing Policy Framework sets out the vision and design principles for the Neighbourhood approach. It is the first step in a long-term reform programme that will reshape how services are planned, how resources are allocated, and how professionals work together with voluntary and community sector partners and the public

The Neighbourhood Model will mean a significant change in the way primary care is delivered in communities and is a key enabler for the Department's objective to shift the focus of health and social care provision from secondary care to primary and community care. It will ensure better access for patients to the services and support they need and will facilitate a more preventative approach to health and social care by identifying individuals and groups with specific needs and providing targeted support and interventions at an earlier stage. This will help to manage demand, which in turn will reduce pressure on services. In doing so, the model is expected to contribute to the longer-term sustainability of health and social care services by ensuring that

¹⁶ [Neighbourhood Model of Health and Wellbeing in Northern Ireland - Policy Framework - March 2026 - FINAL PDF.PDF](#)

increasing demand can be managed more effectively through community-based and preventative approaches.

The successful delivery of this model will require a workforce that is increasingly multidisciplinary, flexible and able to work across organisational boundaries. Workforce planning and workforce development will therefore be fundamental to supporting implementation of the Neighbourhood Model over the coming years.

Implementation of the new model has recently commenced through the phased establishment of 17 Integrated Neighbourhood Teams (INTs), bringing together Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, HSC Trusts, independent providers, other statutory bodies and Local Government.

The role of the Community and Voluntary (C&V) sector remains an important component of the neighbourhood approach. Through the MDT Programme, close collaboration has already been established with C&V partners across rollout areas. During 2025/26, in addition to more than 354,000 consultations delivered by MDT teams within general practice settings, over 26,477 patients benefited from 68,830 contacts delivered through more than 439 targeted community initiatives supported by MDT Social Work Seed Funding and delivered in partnership with the C&V sector. For appropriate patients, these approaches can provide effective alternatives to hospital referral or prescription-based interventions. During 2025/26, approximately 2.35% of patients seen by MDTs were referred onwards to community and voluntary sector services. As the MDT model continues to expand, there will be further opportunities to strengthen referral pathways and develop innovative partnerships with community-based organisations across Northern Ireland.

These INTs will have a clear focus: identifying need earlier, improving access, preventing avoidable deterioration, and supporting people to stay well at home. The initial focus of the new model will be on the needs of older people. This reflects the increasing impact of population ageing and growing complexity of need, both of which are expected to place significant pressure on health and social care services in future years. By identifying need earlier and supporting people at home, the aim is to reduce unnecessary admissions, missed appointments and escalation to crisis care.

The Neighbourhood Model represents a key element of the Department's longer-term reform agenda. By supporting prevention, earlier intervention and better integration of services, it aims to improve outcomes for patients while helping ensure that health and social care services remain sustainable in the face of increasing demand and workforce pressures.

3.1.7 Conclusion

The strategic direction of Health and Social Care in Northern Ireland continues to focus on reform, prevention, service transformation and the delivery of care closer to home. Programmes such as the Cancer Strategy, Elective Care Framework, MDT Programme, HSC Reset and Neighbourhood Model of Care are intended to improve outcomes for patients, manage increasing demand and support the long-term sustainability of health and social care services.

Whilst progress has been made across a range of these strategic priorities, delivery continues to be influenced by financial constraints, increasing demand and workforce pressures. The successful implementation of these reforms will depend upon maintaining a sufficiently skilled, flexible and sustainable workforce, supported by effective workforce planning, workforce transformation and investment in education, training and staff development.

The Department remains committed to delivering these reforms and ensuring that the workforce is equipped to support the changing needs of the population and the future direction of health and social care services in Northern Ireland.

3.2 Workforce Strategy

The Health and Social Care Workforce Strategy 2026,¹⁷ published in May 2018, provides the overarching framework for workforce planning, development and reform across Health and Social Care in Northern Ireland. The Strategy was developed in response to increasing service demand, workforce shortages, demographic change and the need to ensure that the workforce is equipped to support the transformation of health and social care services.

¹⁷ [doh-hscws-third-action-plan-2025-26-to-2027-28.pdf](#)

The Strategy's vision was that by 2026 Northern Ireland will meet both its workforce needs and the needs of its workforce through a sustainable approach to workforce supply, workforce development, staff experience and workforce planning. The Strategy recognises that workforce capacity, capability and wellbeing are critical enablers of service transformation and the long-term sustainability of health and social care services.

While the Strategy was originally due to conclude in 2026, the impact of the COVID-19 pandemic and the scale of progress achieved during implementation led to a decision to extend the Strategy until March 2028. A third action plan has been published setting out priorities for the remaining implementation period.

The Workforce Strategy continues to provide the strategic framework through which the Department and HSC organisations are addressing workforce supply, recruitment, retention, staff wellbeing, workforce planning and workforce transformation to support the future delivery of health and social care services.

3.2.1 Implementation of the Health and Social Care Workforce Strategy

Significant progress has been made in delivering the aims and objectives of the Strategy to 'meet our workforce needs and the needs of our workforce', with a clear focus on translating policy development to tangible delivery. This progress has been driven through coordinated system-wide implementation, supported by DoH led governance structures, dedicated workstreams, and active staff involvement.

Implementation activity has focused on strengthening workforce supply, enhancing recruitment and retention, improving workforce wellbeing and supporting the development of a modern, sustainable workforce. Key achievements include:

- Delivery of a ***comprehensive rolling programme of strategic workforce planning*** to identify workforce need across health and social care professional group over a five-to-ten-year horizon. This considers service configuration, service (population) demand and workforce supply to arrive at recommended levels of training required to deliver workforce supply in each area. Work has also commenced to scope the feasibility of developing and introducing a statistical model to produce comprehensive workforce projections for each

healthcare professional group based on an analysis of service demand and workforce supply.

- The Department of Health has fully utilised available budgets to ***significantly increase the numbers of pre- and post- registration training places commissioned*** since publication of the Strategy. This includes:
- An ***HSC Employer brand ‘Be Proud, Be Part of it’*** and associated toolkit has also been developed to support HSC Employers in their attraction and recruitment of staff.
- A ***Review of the HSC recruitment model and process*** was completed in September 2022 with a series of recommendations identified to achieve a shorter time to recruit and an improved experience for candidates and recruiting managers. A dedicated programme of work is ongoing to implement and embed the recommendations of this review.
- Exploring alternative training pathways into a career in health and social care, the Department has commissioned ***a pilot apprenticeship programme in diagnostic radiography*** which commenced in January 2026. This will inform the Department for the Economy’s policy consideration of a viable funding model for Public Sector Apprenticeships here and also the suitability of apprenticeship programmes to HSC more broadly.
- A Regional Agency Reduction Implementation Group (ARIG) has been established to co-ordinate the improvement of staff utilisation, with the aim of reducing unsustainable agency and locum spend.
- Significant progress has already been made since the implementation of the new nursing & midwifery framework (June 2023) with expenditure of ‘off-framework’ agency for nurses & midwives reducing dramatically, a positive reversal in this area.
- A ***Multi-disciplinary HSC Staff Retention Framework*** is currently under development. Comprehensive engagement with staff across health and social care will be undertaken over the coming months to shape development of this framework which will also feature the wide range of retention initiatives already in place across HSC. The framework, which will be launched in early 2027, will

be a valuable resource to assist health and social care employers in developing initiatives to enhance staff retention.

- **‘Strengthening our Core: A Regional Framework for HSC Staff Health and Wellbeing in the Workplace’** was launched in September 2024. Over 1,000 members of staff from across health and social care were engaged in the development of this framework which has primary focus on prevention and early intervention, creating a culture which promotes health and wellbeing and places a particular emphasis on constructing a healthy working environment. The framework is currently being implemented and provides a valuable resource to HSC employers as they continue to build upon the range of health and wellbeing initiatives being delivered across the service.
- A dedicated regional **HSC Equality, Diversity and Inclusion workstream** has been established and has developed a five-year (2024 -2029) Equality and Disability Action Plan for delivery by all HSC employers. This plan outline actions and initiatives to address section 75 inequalities, improve equality of opportunity, promote positive attitudes for disabled people and improve their participation in public life.
- Recognising the importance of occupational health services in supporting our workforce, a **Review of HSC Occupational Health Services** was completed in October 2023. The recommendations of this review are currently being implemented including an assessment of the funding required to create robust, sustainable and regionally consistent Occupational Health Services across HSC. The review recognised the importance of multi-disciplinary stepped care HSC Occupational Health Services and work is due to conclude shortly on an agreed service model for the region. Recognising the need to deliver a multi-disciplinary Occupational Health workforce, the Department recently re-established the Occupational Health Medicine training programme at NIMDTA with a third trainee due to commence this programme in 2027. The Department is also minded developing a post-registration occupational health training programme for nurses and allied health professionals with scoping on the feasibility of such a programme underway.

- **Joint Negotiating and Consultation Forums** are in place within each HSC organisation to ensure information flows freely across organisations and that employees are kept abreast of developments.
- As part of a four nations approach, HSC organisations completed a **HSC wide review of flexible working practices in Northern Ireland**, in partnership with staff and Trade Unions, resulting in the development of a policy for flexible working applications within HSC organisations.
- A **new Learning Management System ‘Learn HSCNI’** has been developed and is now live across all HSC Organisations enabling learning, development and training to be delivered in a comprehensive, accessible and timely manner.

These initiatives demonstrate a continued focus on strengthening workforce supply, improving recruitment and retention, enhancing workforce wellbeing and supporting the development of a skilled and sustainable workforce capable of meeting future service needs.

3.2.2 Impact of the Workforce Strategy

A full update on implementation is outlined above. This strategic approach to health and social care workforce development has supported a 20.3% (+11,538) increase in whole time equivalent staff in post across the HSC in Northern Ireland reported between March 2018 (56,803) and March 2026 (68,341).

This includes a 19.4% (+10,182.7wte) increase in medical and dental staff. This growth reflects sustained investment in workforce supply and training over recent years and has contributed to increasing workforce capacity across a number of staff groups. Increased workforce numbers have supported service delivery and resilience across a range of specialties, although workforce shortages and vacancy pressures remain in a number of key areas. Workforce growth has been achieved across both Medical and Dental professions and Agenda for Change professional groups. Significant growth has occurred within Nursing and Midwifery, Allied Health Professions, Social Services and Professional and Technical staff groups, increasing workforce capacity across Health and Social Care services. However, workforce growth has not fully eliminated shortages in key professions and workforce pressures continue in a number of priority areas.

Table 2 – HSC Workforce (Whole Time Equivalent) by staff group (excluding Medical & Dental) 31 March 2018 to 31 March 2026

Staff Group	2018	2026	Difference	% Difference
Admin & Clerical	11,067.4	13,229.2	2,161.8	19.5%
Estates Services	685.9	831.9	146.0	21.3%
Support Services	4,801.8	5,072.1	270.3	5.6%
Registered Nursing & Midwifery	15,112.4	18,612.2	3,499.8	23.2%
Nurse & Midwifery Support	4,373.9	4,163.6	-210.3	-4.8%
Social Services (excluding Domiciliary Care)	7,325.8	9,097.7	1,771.9	24.2%
Professional & Technical	8,137.1	10,452.5	2,315.4	28.5%
Ambulance	1,099.7	1,327.5	227.9	20.7%
Total HSC staff excluding Medical & Dental	52,603.9	62,786.6	10,182.7	19.4%

Source: Information & Analysis Directorate, Department of Health

Workforce growth has also occurred across Agenda for Change professions except Nurse & Midwifery Support. This increased workforce capacity has supported service delivery and transformation objectives, although workforce shortages persist in a number of priority areas. While this growth is encouraging, workforce demand continues to increase and significant challenges remain in a number of specialties and professions. Continued investment in workforce supply and retention will therefore remain essential to support service sustainability and transformation.

3.2.3 Conclusion

The Health and Social Care Workforce Strategy continues to provide the overarching framework for workforce reform, workforce supply and workforce sustainability across Northern Ireland. Progress has been made in expanding training capacity, increasing workforce numbers, supporting staff wellbeing and strengthening workforce planning arrangements. While these achievements are significant, workforce demand continues to grow and a range of recruitment and retention challenges remain. Continued investment in workforce supply, retention and development will therefore remain essential to support the transformation and long-term sustainability of health and social care services.

3.3 Workforce Planning

3.3.1 Long-term workforce demand in Northern Ireland

The Department of Health is responsible for strategic medium to longer term HSC workforce planning aimed at securing workforce supply across the entire HSC over a five-to-ten-year horizon. This responsibility is currently fulfilled through a comprehensive rolling programme of strategic workforce reviews with the aim of providing a system wide view of workforce requirements across a reformed health and social care system.

This is not an individual Departmental Workforce Plan document, but rather an organic and responsive tool which brings together the workforce need identified through this rolling programme of regional strategic workforce reviews coordinated by the Department's Workforce Policy Directorate. Workforce planning is becoming increasingly important as health and social care services respond to demographic change, population ageing, increasing service complexity and rising demand. These factors are expected to continue increasing demand for health and social care services over the coming decade and have reinforced the need for robust long-term workforce planning arrangements. All workforce planning follows the principles of the Regional HSC Workforce Planning Framework and takes the needs of the population and current workforce availability into consideration in their formulation.

Strategic workforce planning reviews undertaken since 2015 are outlined in Annex 1. Once accepted, strategic workforce planning review reports are published on the Department's website¹⁸

The outputs of such system wide strategic workforce planning are required to provide a sound evidence base for the commissioning of pre- and post-registration training by the Department to ensure the most appropriate numbers and types of healthcare professionals are trained within available budgets to provide the optimal talent pool from which HSC organisations can recruit going forward. This ensures the most efficient use of the Departments training budget, however, it continues to be the case that due to financial constraints, the number of pre- and post- registration training

¹⁸ [Health and Social Care Workforce Strategy 2026](#)

places commissioned each year falls significantly below what has been identified as required by these strategic workforce planning reviews. This creates an ongoing risk that future workforce supply may not fully align with projected service demand, particularly in professions and specialties already experiencing workforce pressures. This approach helps ensure that decisions relating to education, training and workforce supply are aligned with future service requirements, supporting the long-term sustainability of the health and social care workforce.

The third action plan of the Health and Social Care Workforce Strategy contains a specific commitment to further enhance HSC Workforce Planning (Action 3.9).

The Senior Leadership Team within DoH have provided approval to introduce a new cross HSC structure to oversee all aspects of the continued development of operational and strategic workforce planning across health and social care. The work of this group will also align with policy proposals informing the development of Safer and Effective Staffing Legislation which were approved by the NI Executive on 16 April 2026. The Department is currently progressing development of this bill with a view to Minister Butler seeking approval from Executive colleagues in October 2026 to introduce the bill to the NI Assembly at the earliest opportunity thereafter.

One of the key aspects of this work relates to the development of a ***statistical modelling system to produce comprehensive workforce projections for each healthcare professional group based on an analysis of service demand, including population demographics, and workforce supply***. The development of such a model is considered key to making HSC strategic workforce planning more efficient and agile. The model will support more informed workforce decisions by helping to identify future workforce requirements, potential supply gaps and emerging workforce pressures at an earlier stage.

Work has already commenced on scoping the feasibility of developing and introducing such a model for the HSC. This work will be progressed under the new cross HSC structure outlined above.

The Department continues to strengthen its workforce planning arrangements to ensure that future workforce supply is aligned with long-term service requirements and supports the sustainability of health and social care services.

3.3.2 Workforce Planning Processes and Long-Term Workforce Requirements

The Minister and the Department remain committed to implementing the recommendations of all accepted strategic workforce reviews and the Minister and the Department remain committed to implementing the recommendations of all accepted strategic workforce reviews and continue to make the case for the funding necessary to support this essential long-term investment in the workforce. However, the implementation of these recommendations is dependent on the availability of financial resources and, given the significant pressures on budgets, difficult prioritisation decisions are required to ensure that limited funding is directed towards the highest priority areas.

In the meantime, officials will continue to consider opportunities for recommended expansions in each annual review of education and training commissioning.

While significant progress has been made in strengthening workforce planning arrangements, the ability to fully implement workforce review recommendations remains dependent on the availability of funding. This continues to represent one of the most significant constraints on aligning future workforce supply with projected service demand.

3.3.3 Workforce Planning for a Changing Workforce

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 *Third Action Plan* identifies an ambitious range of strategic actions for progression over the three-year period (2025/26 to 2027/28). Lead organisations have been assigned to each action to facilitate implementation with delivery of identified actions currently ongoing.

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 and the wider HSC has accepted the Skills for Health Six Step Methodology as the tool for all workforce planning. This is reflected in the *Regional HSC Workforce Planning Framework*, which provides the principles that underpin workforce planning at operational and strategic levels.

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.

A rolling programme of strategic workforce reviews is ongoing. 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 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 – the Annex to this document shows the current programme of ongoing and planned strategic workforce reviews.

Monitoring and evaluation of operational workforce planning is a function of operational and human resources business areas, with appropriate input into the overall management and governance processes in each employer organisation. Reporting arrangements align with the time horizon of relevant levels operational workforce planning, i.e. from daily and weekly reporting to up to 5 years as required.

In terms of strategic workforce planning, where the need for a strategic workforce review is identified, this will be taken forward by the Senior Responsible Owner (SRO) in the Department (normally Grade 5 or above) and their business area in a suitable manner, with appropriate input from key stakeholders and relevant support from the Workforce Planning Team.

The output of this process is a strategic workforce review report. Using the Six Step Methodology as a framework, the report describes workforce supply needs for the relevant long-term period and the steps that need to be taken to achieve that supply. This is reflected in a series of recommendations which normally cover initial training, recruitment, retention, training for professional development and other workforce development issues.

When the report has been endorsed by the Department it is submitted to the Minister, asking that he note the report and approve its publication on the Department's internet website. The SRO's business area will then develop an action plan to implement the strategic workforce review's recommendations. The business area is responsible for obtaining any financial resources necessary and for monitoring the implementation of those recommendations across relevant stakeholders. The Workforce Planning Team will seek an annual update on implementation from the business area. This will be included in a report on overall implementation of strategic workforce reviews sent to the Workforce Strategy Programme Board.

The Senior Leadership Team within the Department have provided approval to introduce a new cross HSC structure to oversee all aspects of the continued development of operational and strategic workforce planning across health and social care. The work of this group will also align with policy proposals informing the development of Safer and Effective Staffing (Workforce Planning) Legislation which were approved by the NI Executive on 16 April 2026. This legislation is currently being drafted and, subject to further Executive approval, is scheduled for introduction to the Assembly in September 2026.

3.3.4 Monitoring and Evaluation of Workforce Planning

Operational workforce planning is the responsibility of HSC organisations and other providers of health and social care services. This includes workforce deployment,

vacancy management, recruitment, workforce design, safe staffing and the development of new roles and service models.

Monitoring and evaluation of operational workforce planning is undertaken through local governance arrangements within each organisation, supported by workforce, operational and financial reporting mechanisms appropriate to the planning timescale being considered.

At a strategic level, workforce planning is undertaken through a programme of strategic workforce reviews. Progress in implementing recommendations is monitored through established workforce governance arrangements.

The Workforce Planning Team seeks annual updates on implementation progress and these are incorporated into wider reporting arrangements through the Workforce Strategy Programme Board.

Together, these arrangements provide oversight of workforce planning activity across the health and social care system and help ensure that workforce planning remains aligned to future service requirements, workforce supply challenges and strategic priorities.

3.3.5 Conclusion

Workforce planning remains fundamental to ensuring that Health and Social Care services in Northern Ireland are able to respond to increasing demand, demographic change, evolving workforce expectations and future service transformation. Through strategic workforce reviews, workforce modelling, education and training commissioning, and strengthened governance arrangements, the Department continues to develop a more sustainable approach to workforce supply

While significant progress has been made in strengthening workforce planning arrangements, financial constraints continue to affect the pace at which workforce review recommendations can be fully implemented. Continued investment in workforce supply, education and training will therefore remain critical to ensuring that sufficient workforce capacity is available to support future service delivery and the long-term sustainability of health and social care services in Northern Ireland.

3.4 Digital Transformation and Innovation

3.4.1 Digital Transformation in Health and Social Care

Digital transformation is a key enabler of the Department's strategic ambition to improve access to services, enhance patient outcomes and support the delivery of sustainable health and social care services. As outlined within the Health and Social Care Reset Plan, digital technology has an important role in supporting service redesign, improving productivity and enabling new models of care across hospital, community and primary care settings.

Significant investment continues to be made in digital infrastructure, systems and data capabilities to support the modernisation of healthcare delivery. These investments are intended to improve the availability and quality of information, strengthen decision-making, reduce administrative burdens and support a more integrated approach to patient care across the Health and Social Care system.

Collectively, these investments represent some of the most significant digital transformation programmes undertaken within Health and Social Care in Northern Ireland and are intended to provide the digital foundations necessary to support future service reform, workforce sustainability and productivity improvement.

3.4.2 Encompass

Encompass represents one of the most significant digital and service transformation programmes ever undertaken within Health and Social Care (HSC) in Northern Ireland. The programme has introduced a single, integrated Electronic Patient Record (EPR) across all HSC Trusts, replacing multiple legacy information systems and paper-based records with a unified digital care record. The programme was implemented through a phased regional rollout, commencing with the South Eastern HSC Trust in November 2023 and concluding with the Southern and Western HSC Trusts on 8 May 2025, when Encompass became operational across all five HSC Trusts.

Encompass provides a single digital care record for every citizen who receives health and social care services in Northern Ireland. The system enables healthcare professionals to access patient information through a single platform and supports the sharing of information across organisational and care boundaries. By bringing together

information previously held within separate systems, Encompass supports improved continuity of care, more informed clinical decision-making and enhanced coordination between services. The completion of the regional rollout has established a common digital platform across HSC, supporting greater consistency in clinical and operational processes and reducing variation in the management of patient information.

The transition from paper-based processes to a fully digital patient record is intended to improve the quality, accessibility and security of clinical information. The system provides health and social care professionals with access to the right information at the right time, reducing reliance on paper records and supporting more consistent data capture across the region. In addition, Encompass helps minimise duplication of tests and investigations, supports safer medicines management and provides higher quality data to inform service improvement and future planning.

From a workforce perspective, Encompass is expected to deliver significant productivity benefits through the reduction of administrative burdens associated with paper records and fragmented information systems. The availability of real-time patient information supports more efficient clinical workflows, reduces time spent locating and transferring information, and enables improved multidisciplinary team working across organisational boundaries. By streamlining information management and supporting more effective communication between services, the programme is intended to enable clinical staff to spend more time on direct patient care.

The programme has also required significant investment in workforce development, training and change management to support implementation across the HSC system. This has contributed to the development of digital capabilities across the workforce and established a foundation for future digital transformation initiatives. The availability of more timely and consistent information is expected to strengthen performance management, workforce planning and service redesign by providing improved insight into activity, demand, capacity and workforce utilisation.

As a clinically and operationally led transformation programme, Encompass extends beyond technology implementation and represents a fundamental change in how health and social care services are delivered. The programme establishes a digital foundation for future innovation, including the expansion of citizen-facing services through the My Care patient portal, greater use of data analytics, population health

management and the application of emerging technologies to support service delivery. Through these developments, Encompass is expected to support safer care, improved patient experience, enhanced workforce productivity and the long-term sustainability of health and social care services in Northern Ireland.

3.4.3 My Care Patient Portal

The My Care patient portal forms an important element of the Department's wider digital transformation agenda by providing citizens with secure online access to aspects of their healthcare information and services. Introduced alongside the rollout of Encompass, My Care enables patients and service users to access information contained within their digital health record through a web browser or mobile application.

My Care provides personalised access to a range of healthcare information and services, including appointments, medications, selected test results and other clinical information recorded within the Encompass system. The portal supports improved communication between patients and health and social care services while providing individuals with greater visibility of, and engagement in, their care. Patients may also choose to grant proxy access to carers or family members where appropriate to support the management of their healthcare needs.

The portal supports a more person-centred approach to care by enabling citizens to play a more active role in managing their health and wellbeing. By providing access to information through digital channels, My Care improves convenience for patients and supports increased transparency regarding appointments, treatment and ongoing care. The platform also provides the foundation for the further development of citizen-facing digital services and functionality over time. The benefits associated with My Care will depend on continued patient adoption, digital inclusion and the ongoing expansion of digital services and functionality as the wider Encompass programme matures.

From an operational perspective, My Care has the potential to reduce reliance on traditional paper-based correspondence and administrative processes. The increased use of digital communications and self-service functionality can help improve efficiency, reduce administrative workload and support more effective use of staff resources. As adoption increases, digital access to healthcare information and

services is expected to contribute to improved patient experience while supporting wider productivity and service transformation objectives across Health and Social Care.

The continued development of My Care will support the Department's ambition to expand digitally enabled services, improve accessibility and strengthen patient engagement, ensuring that citizens can increasingly interact with health and social care services through secure and convenient digital channels.

3.4.4 EQUIP Programme

The EQUIP Programme is a major regional transformation initiative which is replacing Health and Social Care's legacy workforce and corporate service systems with a modern, cloud-based Oracle Fusion platform. The programme will support Finance, Human Resources, Payroll, Procurement and Logistics Services (PaLS), and Systems Administration functions across all 16 HSC organisations, benefiting over 86,000 staff across the health and social care system.

The programme represents one of the most significant business transformation initiatives undertaken within HSC and is aligned with the wider Digital Operations Strategy. By replacing the current Human Resources, Payroll and Travel System (HRPTS) and Finance, Procurement and Logistics (FPL) systems, EQUIP will provide a single integrated platform designed to standardise, simplify and modernise workforce and corporate support processes.

Implementation is being delivered through a phased approach. The first release will introduce Finance and Procurement and Logistics Service (PaLS) functionality, followed by a second release covering Human Resources and Payroll functions. This phased implementation is intended to support organisational readiness and facilitate effective change management across the HSC system.

A key objective of EQUIP is to improve the quality, consistency and accessibility of workforce and business information. The introduction of integrated systems will provide enhanced reporting, analytics and management information capabilities, supporting workforce planning, resource allocation, financial management and strategic decision-making. Access to more timely and reliable data will improve

organisational oversight and support evidence-based decision-making at local, regional and departmental levels.

From a workforce perspective, the programme is expected to deliver significant operational benefits through streamlined processes, increased automation and improved self-service functionality. Staff will be able to undertake activities such as accessing payslips, submitting expenses, managing annual leave requests and completing other routine transactions through a modern and intuitive digital platform. These improvements are expected to reduce administrative burdens, improve user experience and create time efficiencies across a wide range of staff groups.

For staff working within Finance, HR, Payroll and PaLS functions, EQUIP will provide a modern integrated system to support day-to-day operational activities and replace a range of legacy processes and systems. The programme will be supported by significant investment in training, user support and organisational change management to ensure staff are equipped with the skills and knowledge required to maximise the benefits of the new platform.

The scale and complexity of the EQUIP Programme presents a number of implementation challenges, including change management, workforce adoption, data migration, business continuity and the transition from long-established legacy systems. As with any major business transformation programme, the successful realisation of benefits will depend not only on the deployment of new technology but also on the effective redesign of business processes and the adoption of new ways of working across HSC organisations.

To support successful implementation, readiness structures have been established across HSC organisations to help ensure staff are supported throughout the transition and that organisations are prepared for each phase of implementation. A comprehensive programme of training, user support and organisational change management is being delivered to facilitate adoption of the new system and help embed new ways of working. The phased approach to implementation is intended to manage risk, maintain service continuity and support the achievement of intended outcomes.

A benefits realisation framework has been established to monitor and evaluate the impact of the programme over time. Key areas of expected benefit include improved

data quality, increased automation, enhanced user experience, greater consistency of business processes, reduced administrative burden and improved access to management information. The programme will also seek to measure the extent to which the new platform contributes to productivity improvements, more effective workforce planning, improved financial management and the efficient deployment of resources across Health and Social Care.

The full benefits of the programme are expected to be realised over a number of years as implementation is completed, processes are standardised and users become familiar with the new system. Continued monitoring and evaluation will be important to ensure that the anticipated workforce, operational and financial benefits are achieved and sustained.

By providing more accurate and timely information, reducing reliance on manual processes and supporting more efficient ways of working, EQUIP will contribute to improved productivity, workforce sustainability and the delivery of modern, efficient and effective corporate services. The programme also establishes a digital platform capable of supporting continuous improvement and future transformation across Health and Social Care for many years to come.

3.4.5 Digital, Data and Innovation

Digital technologies, data and innovation continue to play an increasingly important role in the transformation of health and social care services. The Department recognises the importance of using high-quality data and advanced analytical capabilities to support service planning, performance management and policy development.

The establishment of major digital platforms such as Encompass and EQUIP is expected to significantly enhance the volume, quality and timeliness of data available across Health and Social Care. The availability of more consistent and integrated data provides opportunities to develop more sophisticated approaches to service planning, workforce modelling, demand forecasting and performance management.

Data-driven approaches are supporting improved understanding of population health needs, workforce requirements and service demand. The increasing availability of digital information provides opportunities to enhance workforce planning, support

performance improvement and inform decisions regarding the allocation of resources. Improved access to data and analytical insights will assist organisations in identifying emerging pressures, targeting interventions and evaluating the impact of service transformation initiatives.

Digital technologies are also supporting the expansion of virtual consultations, remote monitoring and other digitally enabled models of care, helping to improve access to services and support more flexible service delivery. These developments have the potential to improve patient experience, increase service accessibility and support the more effective utilisation of workforce capacity.

Emerging technologies, including artificial intelligence and advanced analytical tools, have the potential to support clinical decision-making, improve operational efficiency and enhance patient outcomes. Alongside the continued development of digital services and data capabilities, these innovations are expected to play an increasingly important role in supporting workforce productivity, improving service delivery and helping Health and Social Care respond to growing demand within available resources.

3.4.6 Digital Transformation and Workforce Productivity

Collectively, recent investments in digital transformation are expected to support improvements in workforce productivity through reducing administrative burdens, improving access to information and enabling more efficient management of resources. Programmes such as Encompass, My Care and EQUIP provide the foundations for more streamlined workflows, improved workforce planning and enhanced decision-making across Health and Social Care.

While many of the anticipated benefits will be realised over time, these investments are intended to support workforce sustainability and enable staff to focus a greater proportion of their time on the delivery of patient care.

Further information on workforce productivity is provided in Section 10.3: Productivity.

Section Four – Agenda for Change Overview

4.1 Introduction

The Agenda for Change (AfC) workforce represents the largest staff group within Health and Social Care (HSC) in Northern Ireland and plays a central role in the delivery of health and social care services across hospital, community and social care settings. This workforce includes a broad range of professional groups, including nursing and midwifery staff, allied health professionals, ambulance service staff, healthcare support workers, social care staff, estates and facilities staff, and administrative and clerical employees.

AfC staff are employed across the five Health and Social Care Trusts, regional organisations and a range of HSC services. They provide direct patient care, deliver diagnostic and therapeutic services, support emergency response, facilitate the day-to-day operation of services and contribute to the effective functioning of healthcare facilities and supporting infrastructure across Northern Ireland.

Agenda for Change was introduced in 2004 and provides a single set of national terms and conditions covering pay, annual leave, sickness absence, career progression and other contractual arrangements. The framework applies to the majority of HSC staff and supports consistency in employment terms and conditions across the United Kingdom. Medical and dental staff and very senior managers are covered by separate contractual arrangements.

The AfC workforce is fundamental to the delivery of safe, effective and high-quality health and social care services. These staff groups support the delivery of strategic priorities across the health and social care system, including service transformation, elective care recovery, reducing health inequalities, improving patient outcomes and ensuring services remain sustainable in the face of increasing demand.

As the HSC continues to respond to demographic change, rising service demand, financial pressures and workforce challenges, maintaining a sufficiently resourced, skilled and motivated AfC workforce remains essential to the delivery of services across Northern Ireland. The AfC workforce continues to operate in a challenging environment characterised by increasing demand, workforce shortages, recruitment and retention challenges, and ongoing service reform.

Maintaining a sufficiently resourced Agenda for Change workforce is increasingly challenging within a context of growing demand, labour market competition and financial constraint. Workforce sustainability therefore depends not only on pay, but also on workforce planning, education, career development, flexibility, wellbeing and the wider employment offer available to staff.

4.2 Agenda for Change Workforce

The Agenda for Change workforce stood at 71,150 (62,679.4 WTE) as at 31 March 2026, representing the largest staff group within Health and Social Care in Northern Ireland. Further information on whole-time equivalent to headcount ratios by Agenda for Change band is provided in Annex 8, HSC Agenda for Change Staff, Whole-time Equivalent to Headcount Ratios.

4.3 Reward Strategies

The total reward offer available to Agenda for Change staff extends beyond pay and includes pension provision, occupational sick pay, annual leave, flexible working, health and wellbeing support, career development opportunities, learning and development, staff benefits and wider terms and conditions. Trusts consistently reported that staff attraction and retention are influenced by the overall employment offer rather than pay alone. Consequently, actions to improve staff experience, wellbeing, career development and workforce flexibility form an important component of workforce sustainability strategies.

Section Five – Workforce Context

5.1 Workforce Overview and Demand Pressures

5.1.1 Overview of Demand Pressures

Health and Social Care (HSC) services across Northern Ireland continue to operate in an increasingly challenging environment characterised by rising demand, workforce shortages, increasing patient complexity and significant financial pressures. Trusts across the region report sustained growth in demand for services, with activity levels continuing to exceed available workforce capacity across a range of acute, community, mental health and social care settings.

Increasing demand is being driven by an ageing population, rising clinical complexity, higher levels of co-morbidity and chronic disease, growing social need and continued expectations to improve access to services, reduce waiting times and maintain safe and effective care. Demand for Health and Social Care services remained consistently high throughout 2025/26 and continues to exceed available capacity across many service areas.

Trusts report sustained pressures across urgent and unscheduled care pathways, characterised by high Emergency Department attendances, increasing patient acuity, delayed discharges and constrained community capacity. Elective and outpatient services continue to experience rising referral volumes, with significant waiting list pressures persisting despite targeted recovery and waiting list initiatives.

Across the region, the most significant demand pressures are being experienced within social care, adult services, acute care, mental health services, community services and elective care pathways. Social work services continue to experience demand in excess of available capacity, particularly within Children's Services, while the growing older population is creating additional pressures across adult and older people's services.

Regional variation in demand reflects differences in population characteristics, deprivation levels, geography and service configuration across Northern Ireland. Trusts serving large rural populations reported additional challenges associated with geographical dispersion, longer travel distances and access to services, while areas of greater socioeconomic deprivation continue to experience higher levels of health

need and service utilisation. Trusts highlighted that these factors contribute to increased demand for both acute and community services, higher rates of emergency care utilisation, delayed discharges and ongoing patient flow pressures across the wider health and social care system.

5.1.2 Workforce Pressures Arising from Demand

A common theme across Trust responses was that workforce pressures and service pressures are closely linked. Trusts continue to report vacancies and workforce shortages across a range of professional groups, including Nursing and Midwifery, Allied Health Professions (AHPs), Social Work, Social Care, Ambulance Services, Support Services and Administrative and Clerical functions.

Persistent vacancies, recruitment difficulties, increasing turnover and the loss of experienced staff through retirement are reducing workforce capacity at a time when demand continues to increase. As a result, fewer staff are managing larger caseloads, increasing activity levels and more complex service user needs, often requiring the redistribution of work across already stretched teams.

Staff shortages create additional workload pressures across acute and community settings and affect workforce resilience, staff wellbeing and service delivery. Trusts emphasised that recruiting to permanent posts remains the preferred approach as it provides continuity, stability and resilience within services. However, where substantive recruitment is not possible, organisations continue to rely on temporary staffing arrangements to maintain essential services and meet service demand.

Timely recruitment remains critical to increasing workforce capacity and supporting service delivery. Trusts continue to pursue local and regional initiatives designed to improve recruitment performance and strengthen workforce supply. Nevertheless, workforce challenges remain a significant factor underpinning service pressures across Northern Ireland.

Workforce shortages and recruitment challenges continue to be significant factors underpinning service pressures across Northern Ireland. Trusts continue to report shortages across a range of professional groups, including nursing, medical, social work, Allied Health Professional (AHP), social care and support service roles. Persistent vacancies, recruitment difficulties, increasing turnover and the loss of

experienced staff are reducing workforce capacity at a time when demand continues to increase. As a result, fewer staff are managing larger caseloads and more complex patient needs, often requiring the redistribution of work across already stretched teams. This is contributing to increased workload intensity, reduced resilience, greater reliance on temporary staffing and ongoing challenges in maintaining service continuity and performance standards.

The combined impact of rising demand and workforce shortages is creating sustained operational pressure across all parts of the HSC system. Trusts report increasing difficulties in meeting required service standards, reducing waiting times and delivering timely care. Workforce constraints are also impacting staff wellbeing, with increased levels of stress, burnout, sickness absence and retention concerns reported across a number of services. Without significant investment in workforce growth, retention and skills development, alongside measures to increase service capacity and improve patient flow, these pressures are likely to continue escalating and may further affect the sustainability of service delivery across the region.

5.1.3 Population Change and Complexity of Care

Trusts reported that demand and workload pressures are being driven by a number of interrelated demographic, workforce and service factors, including:

- An ageing population and increasing levels of multi-morbidity;
- Rising prevalence of chronic disease, frailty and social need;
- Growing safeguarding requirements across health and social care services;
- Increasing demand for acute, emergency and unscheduled care;
- Higher patient acuity requiring more complex and resource-intensive interventions;
- Workforce shortages across key professional groups;
- Increased administrative and documentation requirements;
- Sustained growth in diagnostic and laboratory demand;
- Rising demand for social work, mental health and children's services;
- Structural challenges associated with rurality, deprivation and access to services; and
- The emotional impact on staff of managing trauma, serious illness and distressed families.

Trusts consistently reported that increasing patient complexity is affecting both service demand and workforce workload. Patients are increasingly presenting with multiple conditions, complex health and social care needs and greater requirements for multidisciplinary intervention and support. These trends are increasing pressure across hospital, community and social care services and require greater workforce capacity to maintain safe and effective service delivery.

5.1.4 Community and Social Care Pressures

The continued implementation of the strategic shift towards community-based models of care has resulted in more patients being supported outside traditional hospital settings. However, workforce growth within community services has not always kept pace with increasing demand. As a result, discharge planning has become increasingly complex, with greater reliance on community services, social care provision and coordinated multi-agency support, particularly for vulnerable individuals with complex needs.

Trusts reported ongoing pressures associated with delayed discharges, limited community capacity, placement shortages and challenges in domiciliary care provision. One Trust reported that, at the end of the 2025/26 reporting period, 3,905 adults and children were awaiting assessment or allocation to a keyworker, with the largest proportion within Older People's Services. These pressures continue to affect patient flow and wider system performance.

Wider system constraints, including limited bed availability, delayed discharges and community capacity pressures, continue to affect operational efficiency across the region and place additional demands on both frontline services and support functions.

5.1.5 Allied Health Professional and Specialist Service Demand

Trusts also reported increasing demand across a range of Allied Health Professional and specialist services. Rising referral volumes, increasing clinical complexity and growing demand from both paediatric and older adult populations are contributing to additional workforce pressures across a number of services.

The evidence suggests that demand for specialist assessment, treatment and support services continues to increase, while workforce growth has not always kept pace with

service requirements. As a result, organisations continue to face challenges in maintaining capacity, managing waiting lists and ensuring timely access to services.

5.1.6 Impact on Workforce and Service Delivery

Trusts report that increasing service user expectations, the need to maintain 24/7 service provision and the continued impact of waiting lists are creating additional time pressures and prioritisation challenges. Workforce shortages, increasing demand and growing complexity are contributing to increased workload intensity, reduced workforce resilience and ongoing challenges in meeting service standards and performance targets.

The combined impact of rising demand and workforce shortages is creating sustained operational pressure across all parts of the HSC system. Trusts reported increasing difficulties in reducing waiting times, maintaining workforce capacity and delivering timely care. Workforce constraints are also affecting staff wellbeing, with increased levels of stress, burnout, sickness absence and retention concerns reported across a number of services.

Trusts continue to implement productivity initiatives, workforce modernisation programmes, digital transformation projects and service redesign measures to improve efficiency and service resilience. However, overall demand and workload pressures remain significant and continue to grow. Organisations emphasised that future improvements in service performance will depend upon sustained investment in workforce capacity, recruitment, retention, service transformation and patient flow initiatives.

Overall, Trusts indicate sustained growth in demand and workload across Health and Social Care services, with workforce supply unable to fully meet demand in a number of areas. While organisations continue to implement workforce, productivity and service transformation initiatives, workforce shortages, increasing service demand and growing complexity continue to place significant pressure on workforce capacity, staff wellbeing and service resilience across the region. These workforce pressures have important affordability implications. Workforce shortages can increase temporary staffing expenditure, delay service improvements and reduce organisational flexibility. Consequently, addressing workforce supply challenges remains important both from a workforce sustainability perspective and an affordability perspective.

5.2 Workforce Composition, Demographics and Equality, Diversity and Inclusion

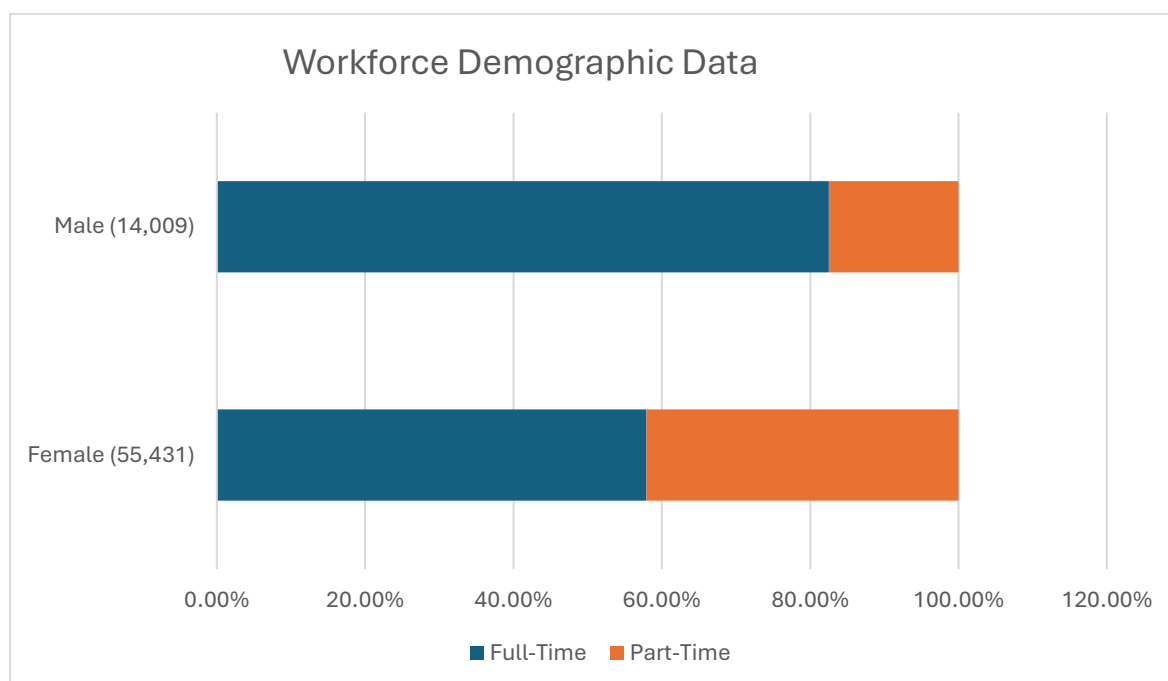
5.2.1 Workforce demographic data

The latest statistics on the demographics of the Agenda for Change workforce can be found below with additional information available at Section 9, Workforce Demographic Data.

The demographic profile of the HSC workforce provides important context for workforce planning, recruitment and retention. Changes in workforce composition, age profile and working patterns influence workforce supply, future service delivery and the sustainability of the workforce.

The latest workforce census demonstrates significant variation in gender profile, working patterns and age profile across staff groups.

Chart 1 – Full-Time and Part-Time Working Patterns by Gender (AfC Workforce, March 2025)

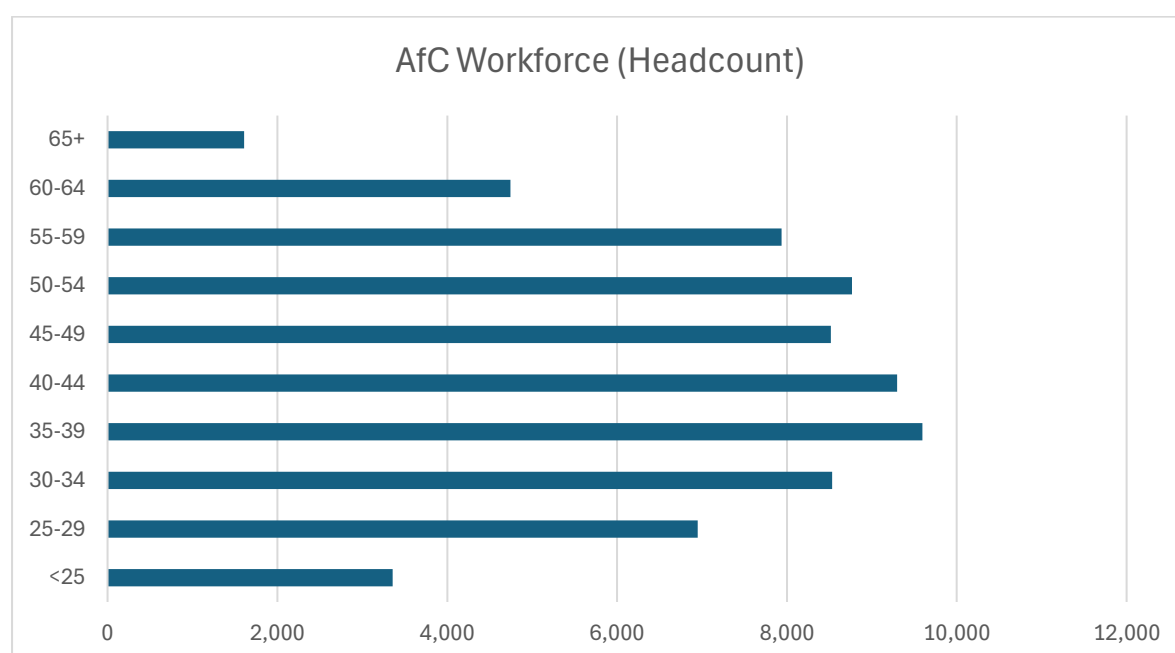


As at March 2025, the AfC workforce comprised of approx. 69,440 staff, of whom approximately 80% were female and 20% male. Working patterns varied by gender, with female staff accounting for the majority of part-time employees across the

workforce. There were 23,337 female part-time staff compared with 2,455 male part-time staff.

Part-time working was significantly more prevalent amongst female employees, with approximately 42% of female staff working part-time compared with 18% of male staff. Conversely, around 58% of female staff worked full-time compared with 82% of male staff. These working patterns are an important consideration for workforce planning and workforce capacity, as changes in headcount do not necessarily translate directly into equivalent changes in workforce capacity.

Chart 2: NI Health and Social Care Agenda for Change Staff by Age Group (Headcount) at 31 March 2025



As at March 2025, the AfC workforce comprised of approx. 69,313 staff. The workforce has a significant proportion of older staff, with approximately 14,292 employees aged 55 years and over, representing around one fifth of the workforce. This age profile highlights the importance of workforce planning, succession planning and understanding the potential impact of future retirement trends on workforce supply.

5.2.2 Nationality of workforce

While comprehensive nationality data is not currently available through centrally held datasets, internationally trained staff continue to make an important contribution to workforce supply across a range of Agenda for Change professions. Further information is provided in Section 5.10, International Recruitment.

5.2.3 Equality, Diversity and Inclusion

The Department recognises that a diverse and inclusive workforce is important in supporting workforce sustainability, staff experience, recruitment and retention. Equality, diversity and inclusion considerations form an important component of workforce planning and organisational development across Health and Social Care organisations. The Department recognises that workforce diversity data currently remains underdeveloped in some areas. While workforce information relating to gender is available, the availability and completeness of ethnicity, disability and nationality data remain more limited. The introduction of EQUIP is expected to improve future workforce equality monitoring and reporting capability.

A workforce that reflects the population it serves can support staff experience, organisational culture, recruitment and retention. HSC organisations continue to promote equality, diversity and inclusion through local and regional initiatives aimed at creating supportive and inclusive workplaces.

5.2.4 Gender Pay Gap

The Department does not currently hold a comprehensive regional dataset that would allow a formal gender pay gap analysis for the agenda for change workforce to be undertaken. However, workforce demographic and working pattern data can provide insight into factors that may influence pay differentials across the workforce.

Agenda for Change roles are remunerated using a nationally agreed pay structure based on job evaluation principles and equal pay for work of equal value. HSC organisations do not have discretion to set local pay rates for Agenda for Change staff. Consequently, any differences in average earnings are more likely to reflect workforce composition, grade distribution and working patterns including the prevalence of part-time working, flexible working arrangements and career breaks, rather than differences in pay rates for equivalent roles. For example, one Trust highlighted wider

HSC evidence suggesting that women may be underrepresented in some senior management roles despite forming the majority of the workforce.

Workforce profile data indicates that females comprise approximately 80% of the AfC workforce and are more likely to work part-time than males. Approximately 42% of female staff work part-time compared with 18% of male staff. These working patterns may influence average earnings across the workforce, notwithstanding the application of nationally agreed pay arrangements and equal pay principles.

These workforce characteristics do not indicate differences in pay rates between males and females in equivalent roles. However, differences in workforce composition and working patterns, including the higher prevalence of part-time working amongst female staff, may contribute to differences in average earnings and are important considerations when examining workforce demographics and workforce supply.

The increasing prevalence of flexible and less-than-full-time working also has implications for workforce planning, as proportionately larger headcount growth may be required to deliver the workforce capacity needed to meet future service demand.

In the absence of formal reporting arrangements, the extent of any gender pay gap cannot currently be quantified.

Detailed Agenda for Change workforce profile data is provided at Section 9, Workforce Data.

Overall, it is not currently possible to quantify a regional gender pay gap across HSC Northern Ireland. However, some Trusts have identified gender pay gap monitoring as a potential future reporting requirement through the development of the new Human Resources, Payroll, Travel and Procurement system (EQUIP), should legislation be introduced. The implementation of EQUIP may also provide opportunities to strengthen workforce equality reporting and support future analysis of workforce demographics and pay-related trends.

5.2.5 Ethnicity Pay Gap

The Department does not currently hold sufficiently robust centrally available ethnicity workforce data to undertake a formal ethnicity pay gap analysis across the Agenda for Change workforce. Unlike other parts of the UK, mandatory reporting of ethnicity pay

gaps is not currently in place for employers in Northern Ireland. As a result, HSC organisations do not currently publish regional ethnicity pay gap reports.

Agenda for Change roles are governed by a nationally agreed, transparent pay structure based on job evaluation principles and equal pay for work of equal value. HSC organisations do not have discretion to set local pay rates for agenda for change staff on these terms and conditions. These frameworks are designed to support equal pay for work of equal value regardless of ethnicity or other protected characteristics.

In the absence of comprehensive ethnicity workforce data and formal reporting arrangements, it is not currently possible to quantify a regional ethnicity pay gap across the Agenda for Change workforce. Trusts have noted that the absence of formal pay gap reporting limits the ability to assess whether workforce representation across grades and roles results in differential earnings outcomes for particular groups. In addition, ethnicity information is provided on a voluntary basis and available workforce equality data may not fully reflect the composition of the workforce. Improving the quality, consistency and availability of workforce equality data remains an important priority in supporting workforce planning, workforce sustainability and understanding the changing composition of the workforce.

5.2.6 Conclusion

Overall, the demographic profile of the Agenda for Change workforce highlights a number of important considerations for workforce planning and sustainability across HSC Northern Ireland. The workforce is characterised by a predominantly female workforce, significant levels of part-time working and an ageing workforce, all of which have implications for workforce capacity, succession planning and future service delivery.

While nationally agreed Agenda for Change pay arrangements support equal pay for work of equal value, current limitations in workforce equality data restrict the ability to undertake comprehensive analysis of pay and workforce outcomes across different demographic groups. The implementation of EQUIP is expected to strengthen workforce data quality and reporting capability, supporting improved workforce

planning and a better understanding of workforce demographics, equality and diversity trends.

As workforce demographics and working patterns continue to evolve, these factors will remain key considerations in ensuring a sustainable workforce capable of meeting future health and social care service demands.

5.3 Vacancies and Shortages

Health and Social Care services across Northern Ireland and indeed the wider UK continue to grapple with persistent and complex challenges in recruiting and retaining staff across a range of Agenda for Change professions. Despite sustained and proactive recruitment efforts, vacancy rates remain high, creating significant operational pressures across the system.

Trusts continue to report vacancy pressures and recruitment difficulties across a range of professions, with particular challenges evident in a number of hard-to-fill occupations and shortage areas. Persistent vacancies reduce workforce capacity, increase workload intensity and place additional pressure on existing staff, contributing to reduced workforce resilience and ongoing service delivery challenges.

5.3.1 Vacancy Methodology

The HSC definition of vacancies is a measure of recruitment - ***‘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’.***

The HSC vacancy measure therefore provides an indication of active recruitment activity and workforce demand rather than a measure of all funded but unfilled posts. The current HSC vacancy methodology measures active recruitment activity but does not capture vacancy duration. Consequently, it is not currently possible to distinguish between vacancies that are short-term and those that have remained difficult to fill over a prolonged period. The Department recognises this limitation and continues to consider opportunities to enhance workforce intelligence through future workforce systems developments.

5.3.2 Vacancy Position

The latest statistics on active vacancies being recruited to across Health and Social Care organisations are provided in Section 9: Workforce Data. These data provide an indication of current recruitment activity and workforce demand across HSC organisations. As at 31 March 2026, there were 6,236 vacancies actively being recruited to across the HSC.

Table 3: HSC Vacancies Actively Being Recruited by Staff Group & Pay Band Group, at 31 March 2026

	Bands 2-4	Band 5	Band 6	Band 7	Bands 8A & above	Non-AFC Grades	Total
Total	3,028	1,216	907	489	232	364	6,236

Source: HSC Active Recruitment Statistics March 2026¹⁹

Further analysis of vacancy levels, including breakdowns by staff group, pay band and HSC organisation, is provided in Section 9, Workforce Data.

Vacancy pressures are concentrated within a relatively small number of workforce groups. Social Services (including Domiciliary Care) accounted for 1,599 active vacancies, Registered Nursing and Midwifery 1,218 vacancies, Administration and Clerical 856 vacancies and Professional and Technical staff 829 vacancies. Together, these staff groups accounted for approximately 72% of all active recruitment vacancies.

5.3.3 Hard-to-Fill Occupations and Shortage Areas

Trusts reported a number of professions and occupational groups where recruitment continues to be particularly challenging. While workforce shortages are influenced by a range of factors, recruitment difficulties are most evident in occupations where workforce supply is constrained, labour market competition is strong, or specialist skills and experience are required. In many cases, these pressures have persisted for a number of years despite local and regional recruitment initiatives.

A consistent theme across the region is the difficulty recruiting to Estates, Engineering, Trades, Digital and Transport-related roles. Trusts reported challenges competing with

¹⁹ [Staff vacancies](#) | [Department of Health](#)

private sector salaries and employment packages for engineers, electricians, mechanical trades staff and specialist ICT professionals. Similar pressures were reported across corporate and professional services, including finance, procurement, project management, legal and human resources functions, where skills are highly transferable and demand remains strong within the wider labour market. Recruitment difficulties were also reported for transport staff and drivers, with alternative employers such as Translink, the Education Authority and private sector organisations often offering more competitive employment opportunities. In some cases, shortages of drivers have had a direct impact on service delivery and resulted in greater reliance on alternative transport arrangements.

Recruitment challenges were also reported across a number of clinical professions, including Nursing and Midwifery, Allied Health Professions (AHPs), Mental Health services and Pharmacy. Particular difficulties were identified in physiotherapy, podiatry, speech and language therapy and a range of diagnostic, specialist and senior-level posts. These professions often experience competition from private practice, agency employment, academia and other healthcare employers, limiting the pool of suitably qualified candidates available to HSC organisations. Trusts reported that workforce shortages within these professions continue to affect service capacity, waiting times and opportunities for service expansion.

Social Work and Social Care services were identified as another significant area of recruitment difficulty. Children's and Family Support Services were highlighted as particularly challenging to recruit to due to the complexity, risk and demands associated with these roles. Trusts reported that limited workforce supply, increasing service demand and the attractiveness of alternative employment options continue to constrain recruitment and contribute to persistent workforce shortages within these services.

Lower-paid support services, administrative and clerical roles, and some social care positions were also identified as vulnerable to competition from employers outside the health and social care sector. Trusts reported that Band 2 and Band 3 roles compete directly with retail, hospitality, logistics and other sectors that may offer similar or higher rates of pay, greater flexibility and less complex recruitment processes. In

addition, Trusts highlighted continuing challenges recruiting and retaining trainee pharmacy technicians, creating workforce pressures within Pharmacy services.

While pay competitiveness remains an important factor in some professions, Trusts consistently reported that recruitment difficulties are rarely attributable to pay alone. Other factors identified include labour market shortages, limited education and training pipelines, the availability of suitably qualified applicants, workload pressures, career progression opportunities, role complexity, geographical factors and wider working conditions. The Northern Ireland Ambulance Service reported that, while recruitment challenges exist within the Emergency Medical Technician workforce, these difficulties are primarily linked to workforce supply and applicant availability rather than competition from higher-paid roles elsewhere.

Overall, Trust evidence indicates that hard-to-fill occupations and shortage areas exist across both clinical and non-clinical professions. While pay competitiveness remains an important factor in some workforce groups, recruitment difficulties are generally driven by a combination of workforce supply constraints, labour market competition, geography, career opportunities, workload pressures and wider employment conditions. These challenges continue to contribute to vacancies, workforce shortages and service delivery pressures across Health and Social Care Northern Ireland.

5.3.4 Impact of Vacancies and Shortages on Services

The Health and Social Care (HSC) system in Northern Ireland continues to face significant workforce challenges across a wide range of professional groups, including Nursing and Midwifery, Allied Health Professions, Social Work, Social Care, Ambulance Services, Administrative and Clerical Services, Mental Health Services and a range of professional and technical disciplines. These pressures arise within a context of increasing service demand, workforce shortages, demographic change and ongoing recruitment and retention challenges.

Staffing shortages place considerable pressure on both acute and community services and directly affect organisations' ability to deliver safe, timely and high-quality care. Trusts consistently reported that permanent recruitment remains the preferred solution as it provides continuity, stability and workforce resilience. However, where substantive recruitment is unsuccessful, organisations are often required to utilise

temporary staffing arrangements to maintain essential services and ensure patient safety.

Social Work and Social Care services continue to experience some of the most significant workforce pressures across the region. Trusts reported ongoing challenges arising from vacancies, difficulties recruiting qualified social workers, turnover and sickness absence, all of which constrain service capacity and increase workload pressures. One Trust reported significant pressures across Children's, Young People's and Women's Services, Adult Community Services and Mental Health and Disability Services. As of 31 March 2026, the Trust's Corporate Parenting Division had 58 unallocated Children in Care cases and 125 unallocated Family Support cases within Children with Disability teams, highlighting the direct impact workforce shortages can have on service delivery.

While recruitment initiatives have delivered some positive results, workforce gaps remain. One Trust reported a 40% increase in newly qualified social workers joining the organisation during 2025/26. Despite this improvement, significant vacancy pressures remained across Learning Disability Services, Community Older People's Services and Children's Community Services, demonstrating the ongoing challenge of achieving a sustainable workforce supply.

Trusts also reported ongoing recruitment difficulties across Nursing and Midwifery, Allied Health Professions and a range of professional and technical disciplines. Workforce shortages were identified across Emergency Departments, Mental Health Services, Learning Disability Services, Children's Nursing, Midwifery, Theatres and specialist clinical services. In some areas, staffing shortages were reported to present significant operational risks, requiring escalation through established risk management arrangements.

One Trust reported vacancy levels of approximately 10% across Allied Health Professional posts. During the year, the Trust recruited 198 Band 5 nurses, including 45 Nurse Bank-only appointments, reflecting the significant effort required to sustain workforce supply through engagement with universities, colleges, recruitment events and education partners. Nevertheless, workforce shortages continue to affect service capacity and the ability to meet increasing demand.

Significant workforce challenges were also reported across Nursing and Midwifery services arising from vacancies, sickness absence, maternity leave and wider workforce attrition. These pressures have increased reliance on temporary staffing arrangements at a time when organisations are seeking to reduce agency expenditure and strengthen workforce sustainability. To support workforce resilience, some organisations have implemented workforce initiatives such as Flexible Pool recruitment models for newly qualified and registered staff.

Workforce challenges are not confined to frontline clinical professions. Trusts reported increasing pressures within laboratory, pharmacy, estates, transport and other support services. Demand for laboratory testing continues to increase, while rising quality standards, regulatory requirements and expectations for rapid turnaround times place additional pressure on scientific and technical staff. Similarly, recruitment and retention challenges affecting transport services have resulted in operational disruption, delayed collections and increased reliance on alternative transport arrangements in some areas.

At the end of March 2026, one Trust reported that it was actively recruiting to 990 vacancies, including 552 posts within Bands 1-4, 406 posts within Bands 5-7 and 32 posts within Bands 8 and above. The largest vacancy groups were Nurse Support Workers (195 vacancies) and Social Care Workers (177 vacancies), illustrating the scale of workforce supply pressures across the wider HSC workforce.

The impact of vacancies and workforce shortages is far-reaching for patients, service users, staff and services. Reduced workforce capacity contributes to increased waiting times, service backlogs and challenges in maintaining performance standards. In response, organisations are often required to prioritise urgent and high-risk activity, reducing capacity for preventative interventions, early support and routine care.

Workforce shortages also place additional pressure on existing staff. Increased workload intensity, reduced workforce resilience and greater operational pressure can affect staff wellbeing, increase the risk of stress and burnout and create additional retention challenges. As a result, workforce shortages can have implications not only for service delivery but also for workforce sustainability.

The evidence provided by Trusts demonstrates that workforce supply remains one of the most significant factors affecting the delivery of safe, effective and sustainable

Health and Social Care services in Northern Ireland. Continued investment in workforce planning, education and training pathways, recruitment initiatives, workforce wellbeing and retention programmes will be essential to ensuring a stable workforce capable of meeting current and future population needs.

Ultimately, demand for services continues to grow in both scale and complexity, while workforce growth has not always kept pace. Without sustained action to address workforce shortages and increase workforce capacity, there is a risk that pressures on staff and services will continue to grow, affecting patient outcomes, staff wellbeing and the long-term sustainability of Health and Social Care services across Northern Ireland.

5.3.5 Conclusion

Vacancies and workforce shortages continue to represent a significant challenge across Health and Social Care Northern Ireland. Trusts reported recruitment difficulties across a wide range of clinical and non-clinical professions, with persistent shortages affecting workforce capacity, service resilience and the ability of organisations to meet increasing demand.

While vacancy pressures vary between professions and organisations, particular challenges continue to be experienced within Nursing and Midwifery, Allied Health Professions, Social Work, Social Care, Mental Health Services and a range of specialist technical, professional and support roles. Trust evidence indicates that recruitment difficulties are driven by a combination of workforce supply constraints, labour market competition, demographic pressures, workload challenges and wider employment factors.

Workforce shortages are having a direct impact on service delivery. Reduced workforce capacity continues to affect waiting times, service performance, patient flow and organisational flexibility, while also increasing workload pressures on existing staff. Trusts consistently reported that vacancies and shortages can have implications for workforce wellbeing, staff retention and workforce sustainability.

Although organisations continue to invest in recruitment initiatives, workforce planning and education and training pathways, vacancy pressures remain a key workforce risk. Sustained progress will require continued focus on workforce supply, recruitment,

retention and workforce development to ensure that Health and Social Care services have the capacity required to meet current and future population needs.

5.4 Workforce Mobility and Labour Market Competition

Recruitment and retention challenges within Health and Social Care (HSC) Northern Ireland occur within an increasingly competitive labour market. HSC organisations compete for staff with employers across the public sector, private sector and neighbouring jurisdictions, including the Republic of Ireland and other parts of the United Kingdom. Labour market competition, workforce mobility and changing workforce expectations all influence the ability of organisations to attract and retain staff across a range of professional groups.

Workforce mobility and labour market competition are important considerations for Health and Social Care Northern Ireland given the increasingly competitive labour market for Agenda for Change staff. While the movement of staff between jurisdictions cannot always be directly measured, understanding the factors influencing recruitment, retention and workforce mobility is important in maintaining a sustainable workforce and ensuring Northern Ireland remains an attractive place to work.

Trusts do not routinely collect destination data when employees leave employment and, as a result, the specific impact of pay differentials on workforce movement cannot be directly quantified. Nevertheless, Trusts continue to report evidence of labour market competition and workforce mobility affecting recruitment and retention across a range of professions.

5.4.1 Labour Market Competition

Recruitment and retention difficulties in Northern Ireland are driven by a combination of structural, geographic and labour market factors. While the specific challenges vary across Trusts and professional groups, a number of recurring themes were identified.

Regional evidence indicates that recruitment and retention difficulties are occurring within a context of increasing service demand, population ageing and workforce supply constraints. Trusts consistently identified a growing imbalance between workforce supply and demand, resulting in sustained staffing pressures across a range of professional groups.

Demographic change was also highlighted as a significant factor. Trusts reported that an ageing population is contributing to increased service demand and complexity, whilst an ageing workforce is contributing to increasing retirements and the loss of experienced staff across a range of professions. Some Trusts also noted changing workforce expectations amongst newer entrants, particularly in relation to flexibility, career development opportunities and work-life balance.

Labour market competition continues to compound existing workforce shortages. Trusts reported recruitment and retention pressures arising from opportunities within the Republic of Ireland, private sector organisations, agency employment and other public sector employers. Competition for skilled workers is particularly challenging where professional skills are highly transferable and demand remains strong across the wider labour market.

Geographical factors present additional challenges for a number of organisations. Issues relating to travel requirements, multi-site working, relocation costs and accessibility can make some locations less attractive to potential applicants, reducing recruitment pools and increasing retention pressures. The Western Trust, in particular, highlighted challenges associated with its large predominantly rural catchment area, whilst other Trusts identified recruitment difficulties in remote, rural and coastal locations.

Some staff groups also face profession-specific labour market challenges. Laboratory Services continue to experience difficulties recruiting and retaining experienced Biomedical Scientists, while Allied Health Professional services reported challenges attracting staff to specialist and senior-level positions. The Northern Ireland Ambulance Service (NIAS) highlighted continued reliance on internal training pathways for Emergency Medical Technicians and Advanced Paramedics due to limited external workforce supply.

5.4.2 Pay Competitiveness and External Labour Markets

Trusts identified pay competitiveness as an important factor influencing recruitment and retention across a number of professional groups. In recent years, delays in the implementation of pay settlements have increased concerns regarding the attractiveness of HSC employment relative to other healthcare employers.

Trusts highlighted the absence of full pay harmonisation across the four UK nations as a particular challenge. Respondents noted that Bands 1-3 in Wales are generally paid at a higher rate due to Welsh Government commitments relating to the Real Living Wage. Similarly, Scotland has implemented higher Agenda for Change pay awards in recent years, including a 4.25% uplift for 2025/26 and a 3.75% uplift already agreed for 2026/27. Trusts reported concerns that an inability to match pay settlements available elsewhere in the UK may reduce the attractiveness of HSC employment in Northern Ireland.

Trusts also expressed concern that students who have undertaken training in other parts of the UK may delay or reconsider returning to Northern Ireland following qualification if significant pay differentials exist.

Particular challenges were reported in relation to Band 2 and Band 3 support roles. Trusts noted that recruitment to these positions is increasingly difficult within a highly competitive labour market. High vacancy levels within support worker roles continue to present challenges for workforce capacity and skill mix, while the increase in salary thresholds for skilled workers may create additional recruitment pressures in some areas.

Pay competitiveness was also identified as a significant issue for Estates, Engineering and Digital Services. Trusts reported difficulty competing with private sector organisations for engineers, electricians, mechanical trades staff and specialist ICT professionals. Employers noted that shortages of engineering graduates, combined with limited access to apprenticeship and sponsorship mechanisms available within the private sector, further constrain workforce supply.

Trusts also highlighted labour market competition relating to entry-level pay, pay compression and differences in remuneration available elsewhere in the labour market. In some professions, particularly Estates, IT, Pharmacy and Laboratory Services, competition from employers offering higher rates of pay was identified as a significant recruitment challenge.

Trusts also highlighted the importance of both the level and timeliness of pay awards. Delays in implementing pay settlements, alongside perceived pay disparities compared to other UK regions, may affect staff perceptions of fairness and reduce the attractiveness of posts in Northern Ireland. While pay is rarely viewed as the sole

reason for workforce movement, it remains an important element of the overall employment offer and a significant consideration within recruitment and retention decisions.

5.4.3 Workforce Mobility Across the UK and Republic of Ireland

There is limited quantitative evidence regarding the movement of staff from Northern Ireland to Great Britain. As staff destination data is not routinely captured, direct measurement of pay-related workforce mobility is not available. Consequently, the regional position is informed primarily by recruitment and retention experience, workforce trends, labour market intelligence and management insight.

Trusts reported anecdotal evidence suggesting that some newly qualified and experienced staff relocate to Great Britain for career development, professional opportunities and, in some cases, pay-related reasons. However, Trust responses consistently indicated that workforce mobility is rarely driven by a single factor.

A recurring theme across Trust responses was that pay appears to influence workforce behaviour primarily through retention rather than geographic movement. Trusts reported that differences in pay settlements across the UK, combined with delays in implementing pay awards in Northern Ireland, can affect perceptions of the attractiveness of HSC employment. These factors may influence where newly qualified staff choose to begin their careers and whether experienced staff remain within HSC employment.

Competition from the Republic of Ireland was identified as a particularly significant challenge. Trusts reported that pay rates and overall employment packages available within the Republic of Ireland can make recruitment and retention more difficult, particularly in border regions. The Western and Southern Trusts highlighted the impact of operating within a shared labour market where staff can readily move between neighbouring jurisdictions. Several organisations reported that competition from the Republic of Ireland presents a greater workforce challenge than movement between regions within the UK.

Trusts also highlighted concerns regarding the retention of internationally recruited staff following increases to salary thresholds. Respondents noted that some Band 3 Healthcare Support Workers may no longer meet salary requirements associated with

immigration rules, potentially creating retention challenges, additional administrative burdens and further workforce pressures.

NIAS reported that workforce mobility within ambulance services is often driven by job availability rather than pay. The organisation noted that some ambulance staff relocate substantial distances to secure employment opportunities and may incur relocation and accommodation costs in doing so.

One Trust highlighted an increase in the recruitment of recent social work graduates from universities in Great Britain, particularly those from non-EEA backgrounds. This demonstrates that workforce movement is not exclusively outward from Northern Ireland and that targeted recruitment activity can also attract staff into the region.

Overall, while the extent of workforce movement directly attributable to pay cannot be quantified, Trusts consistently identified pay competitiveness as an important factor influencing attraction, retention and workforce mobility. Workforce decisions are influenced by a wider combination of factors including labour market conditions, career opportunities, geography, employment conditions and personal circumstances.

5.4.4 Conclusion

Workforce mobility and labour market competition remain important considerations for Health and Social Care Northern Ireland. While the extent of staff movement between jurisdictions cannot be directly quantified, Trust evidence suggests that recruitment and retention are increasingly influenced by labour market competition, workforce supply constraints and wider employment conditions.

Trusts reported that competition from the private sector, other public sector employers, the Republic of Ireland and other parts of the United Kingdom continues to affect the ability of organisations to attract and retain staff across a range of professional groups. Pay competitiveness was identified as an important factor, particularly where delays in pay awards, differences in remuneration or more attractive employment packages exist elsewhere in the labour market.

However, Trusts consistently reported that workforce decisions are rarely driven by pay alone. Recruitment and retention are influenced by a range of interconnected factors including workforce supply, career opportunities, geography, flexibility, employment conditions and wider labour market pressures.

Overall, maintaining Northern Ireland's competitiveness within an increasingly challenging labour market will require a balanced approach encompassing pay, workforce planning, education and training, career development opportunities, workforce flexibility and staff wellbeing. These factors will remain important in supporting workforce sustainability and ensuring Health and Social Care organisations can continue to attract and retain the staff required to meet future service demand.

5.5 Contractual Differences and Reward Structures Across Jurisdictions

Agenda for Change (AfC) provides a broadly consistent contractual framework across Northern Ireland, England and Wales, although pay awards are determined separately within each administration. Consequently, differences can arise in pay rates, the timing of pay settlements and associated workforce policies. Trusts reported that these variations may influence perceptions of competitiveness and the relative attractiveness of healthcare employment opportunities across the United Kingdom.

Although AfC provides a common contractual framework, regional evidence indicates that increasing divergence in pay awards, implementation timescales and elements of the overall reward package may affect the attractiveness of roles in Northern Ireland. Trusts highlighted that differences in remuneration, progression arrangements and wider employment benefits can influence workforce mobility, particularly among staff with transferable skills and the ability to move between employers, sectors or jurisdictions.

Trusts reported that contractual and reward differences are most significant where they affect the overall employment offer. While headline pay remains important, staff also consider wider factors including pay progression, unsocial hours payments, pensionability of allowances, flexible working arrangements, career progression opportunities and the predictability of future pay settlements. Taken together, these factors can influence recruitment, retention and workforce mobility decisions.

Trusts also noted that the impact of differing pay and reward structures may be more pronounced in occupations where skills are readily transferable between employers or sectors. In these roles, staff may be more responsive to alternative employment opportunities offering higher pay or more attractive terms and conditions. This is considered particularly relevant for some lower-paid, non-clinical and support roles,

where staff have a wider range of employment options across both the public and private sectors.

The issue extends beyond headline pay. The timeliness, predictability, flexibility and perceived fairness of pay arrangements are also significant factors influencing workforce decisions. Staff increasingly consider the overall employment offer, including career development opportunities, workload, flexibility, work-life balance, wellbeing support and organisational culture. Trusts reported that pay is only one factor influencing workforce decisions and that recruitment and retention outcomes are shaped by a combination of financial and non-financial considerations.

This is consistent with wider UK evidence. A 2025 study by UCL and the University of Leicester (NIHR-funded UK-REACH (I-CARE) study) found that around two-thirds of NHS staff identified improved pay as important for retention, while also highlighting the importance of wider workplace factors in influencing intentions to remain in post.

Several Trusts also identified specific professions where contractual arrangements can affect recruitment and retention. In specialist services such as laboratory medicine, local agreements and non-standard on-call arrangements have been used to support service delivery and maintain workforce stability where standard contractual arrangements may not fully reflect operational requirements.

In contrast, the Northern Ireland Ambulance Service reported that it has not identified any significant differences in Agenda for Change contractual arrangements that are having a material impact on recruitment or retention within ambulance services.

5.5.1 Pay Structure

Northern Ireland continues to maintain pay parity with England for Agenda for Change staff. However, differences exist elsewhere within the United Kingdom.

In Wales, lower Agenda for Change pay bands receive higher rates of pay as a consequence of Welsh Government commitments relating to the Real Living Wage. This has resulted in some Band 1 and Band 2 staff, together with employees on the lower pay points of Band 3, receiving higher rates of pay than equivalent staff in Northern Ireland. The Minister for Health has committed to extending equivalent arrangements to eligible staff in Northern Ireland, with implementation and backdating to 1 April 2026.

Scotland operates separate Agenda for Change pay arrangements and has implemented a different pay structure following reforms agreed as part of a multi-year pay deal in 2018. Under these arrangements, Bands 2 to 9 comprise multiple pay points designed to support progression within post. Scotland has also implemented a number of pay awards that have exceeded those available in Northern Ireland in recent years.

Trusts reported that these differences can influence perceptions of competitiveness and the relative attractiveness of employment opportunities across UK health systems, particularly for staff groups with transferable skills and greater workforce mobility.

5.5.2 Maintaining Round the Clock Services

There are a number of differences across the four UK nations in relation to unsocial hours arrangements and payments for maintaining round-the-clock services.

In Northern Ireland, current arrangements became effective from 1 April 2020, compared with 1 July 2018 in England and 1 April 2008 in both Wales and Scotland. Additional differences exist in relation to ambulance services. In Northern Ireland, ambulance staff continue to receive unsocial hours payments in accordance with Annex 5 and Annex 6 arrangements of the NHS Staff Handbook. England introduced revised arrangements for new entrants and staff changing roles from September 2018 onwards.

Northern Ireland also differs in relation to protection arrangements when staff move between Bands 1 and 2, and in the treatment of unsocial hours payments for pension and occupational benefits purposes. Unlike England, all unsocial hours payments in Northern Ireland remain pensionable and are included when calculating occupational sick pay and contractual maternity pay. These differences may influence the overall attractiveness of employment packages for staff who regularly work unsocial hours and are therefore relevant when considering recruitment and retention within services operating on a 24/7 basis.

5.5.3 Career and pay Progression

Differences also exist across the UK in relation to career and pay progression arrangements.

Under the development of professional roles, guidance relating to Band 5 healthcare professionals is referenced within England and Wales but is not specifically replicated within Northern Ireland. Scotland has also adopted different arrangements regarding appraisal and incremental progression following reforms associated with its 2018 Agenda for Change agreement.

Northern Ireland contains specific provisions relating to temporary movement into a higher pay band and pay on promotion. Under these arrangements, pay is set either at the minimum of the new pay band or at the first pay point that delivers a pay increase where the minimum would not otherwise result in higher earnings. Equivalent provisions are not replicated in England, Scotland or Wales.

Career progression and pay progression arrangements form an important component of the wider employment offer and may influence staff perceptions of career development opportunities across different UK healthcare systems.

5.5.4 Sick Absence In NI

There are differences in occupational sick pay arrangements across the UK nations.

In Northern Ireland, the definition of full pay includes regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and other regularly recurring contractual payments. Sick pay is therefore calculated on the basis of what the employee would have received had they been at work.

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 in payment immediately prior to the commencement of sickness absence.

In Wales, regularly paid supplements are not paid during the first week of sickness absence.

These differences mean that occupational sick pay provisions form part of the wider employment offer available to staff. While such arrangements are unlikely to influence recruitment decisions in isolation, they may contribute to perceptions of employment security and workforce support, particularly amongst staff managing long-term health

conditions or comparing employment opportunities across different UK health systems.

5.5.5 Redundancy Pay in Scotland, Wales and Northern Ireland

There are also differences in redundancy arrangements across the United Kingdom.

In Scotland, Wales and Northern Ireland, the Agenda for Change handbook sets out redundancy arrangements for employees dismissed by reason of redundancy who have at least 104 weeks of continuous full-time or part-time service. These arrangements took effect from 1 October 2006. In England, comparable arrangements apply following two years of continuous service and took effect from 1 April 2015.

Under qualification for a redundancy payment, employees in Scotland, Wales and Northern Ireland must have completed at least 104 weeks of continuous service. In England, the qualification requirement is expressed as two years of continuous service.

Differences also exist in relation to the calculation of redundancy payments. In Northern Ireland, the redundancy lump sum is calculated on the basis of one month's pay for each complete year of reckonable service, subject to a minimum of two years' continuous service and a maximum of 24 years' reckonable service. England applies different calculation arrangements for staff earning below £23,000 and those earning above £80,000, and redundancy payments are subject to a maximum limit of £160,000.

Additional differences arise in relation to pension benefits. In Northern Ireland, employees who are made redundant and qualify for early retirement arrangements may receive the full value of their pension benefits immediately, without actuarial reduction. In England, pension benefits paid before normal pension age are generally reduced to reflect the additional cost of early payment.

Although redundancy arrangements are unlikely to represent a primary recruitment consideration, they form part of the overall contractual package available to employees. Differences in redundancy compensation and pension treatment may influence perceptions of the relative value of employment benefits across UK health systems and contribute to the wider attractiveness of the overall employment offer.

5.5.6 Balancing work and Personal Life

Northern Ireland, England and Wales operate broadly similar provisions relating to balancing work and personal life. However, Scotland includes additional guidance relating to flexible working arrangements and access to leave provisions that recognise a wider range of personal circumstances and commitments.

Scottish guidance provides additional detail regarding flexible working arrangements for staff with disabilities, staff managing health conditions and employees returning to work following maternity, paternity or other family-related leave. Scottish arrangements also place greater emphasis on ensuring that staff working flexibly have access to standard terms and conditions of employment on an equal or pro-rata basis unless different treatment can be objectively justified on operational grounds.

In Northern Ireland, England and Wales, employers and trade unions are expected to work in partnership to agree fair and consistent arrangements for considering requests for flexible working. Scotland adopts a similar principle but includes more detailed guidance on implementation and access.

Flexible working and work-life balance have become increasingly important workforce considerations. Trusts reported that staff increasingly consider work-life balance, flexibility and the ability to manage caring responsibilities when making career and employment decisions. Consequently, differences in flexible working provisions form part of the wider employment offer and may influence staff attraction, retention and overall workforce experience.

5.5.7 Conclusion

While Agenda for Change continues to provide a largely consistent contractual framework across the UK, differences have emerged in pay structures, pay awards, progression arrangements and wider terms and conditions. Trusts reported that these variations can influence perceptions of the overall attractiveness and competitiveness of employment opportunities within Northern Ireland.

Although contractual differences are only one of many factors influencing workforce decisions, they form part of the wider employment offer considered by both existing staff and prospective recruits. Pay, career progression, flexible working, work-life

balance and wider employment conditions all contribute to staff perceptions of value and attractiveness.

The evidence suggests that workforce decisions are rarely influenced by contractual differences alone. However, in combination with labour market competition, workforce pressures and service demands, diverging reward structures across jurisdictions may affect recruitment, retention and workforce mobility in some staff groups. Maintaining a competitive employment offer will therefore remain an important consideration in supporting workforce sustainability across Health and Social Care Northern Ireland.

5.6 Cross-Border Recruitment and Retention Challenges

Cross-border recruitment and retention continue to represent important workforce considerations for Health and Social Care (HSC) Northern Ireland, particularly for organisations operating close to the border with the Republic of Ireland. While there is limited quantitative evidence measuring workforce flows between the two jurisdictions, Trusts reported that healthcare employers on both sides of the border operate within a shared labour market and compete for many of the same professional groups.

There are recognised differences between Northern Ireland and the Republic of Ireland in relation to pay, taxation, pensions, contractual arrangements and wider employment conditions. Trusts reported that these factors can influence recruitment and retention, particularly within professions experiencing workforce shortages or strong labour market demand. However, workforce decisions are typically influenced by a combination of factors rather than pay alone.

On a regional basis, Trusts reported recruitment and retention pressures across Nursing and Midwifery, Social Work, Allied Health Professions, Pharmacy, Laboratory Services and a range of specialist professional groups. Higher salaries, shorter contractual working hours and more favourable employment packages available within the Republic of Ireland were identified as factors contributing to recruitment and retention difficulties in some services. These pressures are compounded by wider workforce shortages, demographic change and growing competition for skilled professionals.

The impact of cross-border competition varies across Northern Ireland. Trusts operating within border areas reported the most significant challenges, reflecting their

proximity to employers in the Republic of Ireland, ease of cross-border commuting and direct competition for local labour pools. In particular, the Western and Southern Trusts reported difficulties attracting and retaining staff in professions where recruitment opportunities, salaries and employment conditions may be perceived as more attractive across the border. Examples cited by Trusts included recruitment activity by Tusla, the Republic of Ireland's Child and Family Agency, alongside reports of pharmacists and other professional staff leaving Northern Ireland for employment opportunities in the Republic of Ireland.

Comparisons between Northern Ireland and the Republic of Ireland should be considered within the context of two distinct healthcare systems operating under different policy and employment frameworks. Health and Social Care Northern Ireland operates within UK employment structures, including Agenda for Change, while the Republic of Ireland applies separate pay arrangements, workforce policies, employment legislation and contractual frameworks. Differences in pay, working hours, career structures, pensions and taxation therefore reflect the operation of distinct systems rather than variations within a common employment model.

Trust evidence highlighted a number of profession-specific examples. Laboratory Services reported that newly qualified Medical Scientists in the Republic of Ireland may commence on salaries in excess of those available to equivalent Band 5 Biomedical Scientists in Northern Ireland. Trusts also noted that standard contractual working hours are generally lower in the Republic of Ireland, potentially increasing the attractiveness of employment opportunities in some professional groups. Respondents identified these differences as contributing factors to recruitment and retention challenges in specialist workforce areas.

Despite these concerns, there remains limited quantitative evidence measuring the scale of workforce movement between Northern Ireland, the Republic of Ireland and Great Britain. Trusts do not routinely collect destination data when staff leave employment and therefore cannot quantify the extent to which movement is directly attributable to pay or other employment factors. Available evidence suggests that mobility occurs amongst both newly qualified graduates and experienced staff, but is influenced by a combination of pay, career progression opportunities, professional development, working conditions and personal circumstances.

Not all workforce groups experience the same challenges. The Northern Ireland Ambulance Service (NIAS) reported relatively limited recruitment difficulties associated with attracting staff from the Republic of Ireland and identified movement of workers from the Republic of Ireland into Northern Ireland. NIAS also reported strong interest from newly qualified paramedics outside Northern Ireland, indicating that Northern Ireland continues to be viewed as an attractive employment destination in some workforce groups.

Overall, cross-border recruitment and retention pressures continue to affect workforce supply across a number of professional groups, particularly within Trusts operating in border areas. While higher salaries, shorter working hours and more favourable employment packages in the Republic of Ireland are recognised as important influences on workforce behaviour, recruitment and retention decisions are also shaped by career opportunities, professional development, flexibility, working conditions and wider labour market factors. Although there is clear qualitative evidence that cross-border competition affects recruitment and retention in some workforce groups, the absence of robust workforce mobility data means that the scale of movement between Northern Ireland and the Republic of Ireland cannot currently be quantified with confidence.

5.6.1 Conclusion

Cross-border recruitment and retention remain significant workforce considerations within Health and Social Care Northern Ireland, particularly for organisations operating within border regions. Trust evidence indicates that employers in Northern Ireland and the Republic of Ireland compete for many of the same professional groups, creating recruitment and retention challenges across a range of services.

While differences in pay, working hours, contractual arrangements and wider employment conditions contribute to the attractiveness of employment opportunities within the Republic of Ireland, workforce decisions are influenced by a broader combination of factors including career development, professional opportunities, flexibility and working conditions. The evidence suggests that the impact of cross-border competition is greatest within border Trusts, while organisations located further from the border experience broader labour market and workforce supply pressures.

Overall, maintaining a competitive employment offer and ensuring sufficient workforce supply will remain important considerations in addressing cross-border recruitment and retention challenges and supporting long-term workforce sustainability across Health and Social Care Northern Ireland.

5.7 Recruitment and Workforce Attraction

Recruitment remains a critical component of workforce sustainability across Health and Social Care (HSC) Northern Ireland. In response to increasing service demand, workforce shortages and growing labour market competition, Trusts have implemented a range of local, regional and international initiatives designed to attract candidates, strengthen workforce pipelines and improve recruitment outcomes across a broad range of professional groups.

While recruitment activity has delivered positive outcomes in several areas, organisations continue to experience challenges attracting suitably qualified candidates to some professions, locations and hard-to-fill roles. As a result, recruitment strategies have become increasingly focused on workforce planning, pipeline development, targeted attraction initiatives and long-term workforce sustainability.

5.7.1 Changes in Recruitment Behaviour

Recruitment behaviour across HSC Northern Ireland has evolved significantly in recent years in response to workforce shortages, labour market pressures, financial constraints and increased competition for staff. Recruitment approaches have become increasingly proactive and workforce-focused, with organisations adopting a range of measures designed to attract candidates, strengthen workforce supply and improve retention.

A recurring theme across Trust responses was the shift away from traditional vacancy-filling approaches towards longer-term workforce pipeline development. This includes increased engagement with universities, colleges and training providers, greater use of apprenticeships and "Grow Your Own" approaches, targeted recruitment campaigns and workforce planning initiatives designed to secure future workforce supply.

Trusts also reported increasing emphasis on flexible recruitment models and local recruitment solutions. These approaches include regional recruitment pools,

collaborative recruitment campaigns, targeted recruitment events and enhanced local recruitment arrangements designed to reduce time-to-hire and improve responsiveness to local workforce needs.

Government policy changes have also influenced recruitment behaviour. Trusts highlighted the impact of immigration policy changes and salary thresholds for sponsored workers, which may limit the ability to utilise international recruitment for some lower-banded roles. As a result, organisations remain heavily reliant on domestic labour markets to support recruitment to a range of entry-level posts.

Labour market conditions have also influenced applicant behaviour. Trusts reported a growing preference amongst candidates for permanent employment and greater job security, creating increasing challenges in recruiting to temporary and fixed-term positions. In response, organisations are placing greater emphasis on workforce stability and, where operationally and financially possible, the use of longer-term appointments.

In addition, recruitment teams reported emerging challenges relating to fraudulent applications and employment verification processes, including increasingly sophisticated documentation generated using artificial intelligence. These developments have created additional governance and assurance requirements within recruitment processes.

5.7.2 Recruitment and Attraction Initiatives

Trusts continue to implement a wide range of recruitment and attraction initiatives to support workforce supply across Health and Social Care.

Regional and local approaches include:

- Targeted recruitment campaigns;
- Recruitment fairs and engagement events;
- Regional recruitment pools;
- Flexible recruitment models;
- University and college engagement;
- Open days and applicant engagement events;
- International recruitment initiatives where appropriate;
- Employer branding activity; and

- Workforce pipeline and succession planning initiatives.

Trusts reported ongoing work to strengthen the HSC employer brand and promote Health and Social Care Northern Ireland as an attractive place to work. Recruitment materials are increasingly aligned to HSC values and organisational culture, while recruitment campaigns seek to highlight career opportunities, development pathways, flexible working arrangements and the wider employment offer available to staff.

Organisations have also increased their use of digital recruitment approaches, including online advertising, targeted campaigns and enhanced engagement with potential applicants. However, several Trusts noted that limitations within existing recruitment systems can restrict the ability to fully utilise modern recruitment tools, particularly social media platforms and proactive candidate targeting approaches.

Trusts also reported increasing collaboration across organisations to maximise recruitment opportunities and improve workforce supply across several staff groups and professions.

5.7.3 Grow Your Own and Workforce Pipeline Initiatives

A key theme across Trust responses was the growing emphasis on workforce pipeline development and "Grow Your Own" approaches.

These initiatives aim to strengthen future workforce supply by supporting employees to progress within Health and Social Care careers while developing local talent pipelines.

Examples reported by Trusts include:

- Open University pathways;
- Apprenticeship programmes;
- Student placement opportunities;
- Graduate recruitment pathways;
- Newly qualified practitioner programmes;
- Internal progression schemes;
- Social Work ambassador programmes;
- School and university engagement activity; and
- Profession-specific development programmes.

Within Social Work, Trusts reported continued investment in graduate recruitment, support for Newly Qualified Social Workers, engagement with universities and the expansion of Open University pathways. Some organisations have also introduced innovative measures to support recruitment, including non-car driver schemes and targeted recruitment campaigns for difficult-to-fill posts.

Within Nursing, Trusts continue to participate in regional recruitment arrangements for newly qualified nurses while also investing in alternative supply routes through Open University nursing programmes. These initiatives provide opportunities for existing healthcare support workers to progress into registered nursing roles while strengthening the future workforce pipeline.

Allied Health Professional services continue to utilise a combination of regional recruitment arrangements, waiting lists, targeted local campaigns and rotational opportunities to support recruitment and workforce development. Collaborative regional approaches remain particularly important in professions with limited training pipelines and small recruitment pools.

Trusts reported that these approaches support workforce sustainability by increasing the supply of locally trained staff and reducing reliance on external labour markets. Partnerships with schools, colleges and universities were consistently identified as important mechanisms for attracting future employees and promoting careers within Health and Social Care.

5.7.4 Impact of Local and Regional Recruitment Approaches

Trusts reported varying levels of success from local and regional recruitment initiatives.

Examples of positive outcomes included increased recruitment of newly qualified social workers, continued recruitment of newly qualified nurses through regional arrangements and the successful development of workforce pipelines through Open University programmes and apprenticeship pathways.

Some organisations also reported positive outcomes through the introduction of linked-grade posts, which provide clearly defined progression pathways and can

increase the attractiveness of hard-to-fill roles by offering structured career development opportunities.

Trusts also highlighted examples of targeted recruitment activity, including local recruitment drives, online information events and enhanced engagement with prospective applicants. These initiatives have helped increase awareness of employment opportunities and improve candidate engagement, particularly where traditional recruitment methods have proved less effective.

However, recruitment outcomes continue to vary considerably by profession, location and workforce group. While some recruitment campaigns have generated strong interest and application numbers, others have required repeated recruitment exercises due to limited applicant availability. Trusts also highlighted challenges in reaching potential applicants through modern marketing channels, citing constraints in access to specialist digital recruitment expertise and targeted social media capability.

Overall, regional and local recruitment initiatives continue to make a positive contribution to workforce supply and workforce planning. However, their effectiveness remains influenced by wider workforce, labour market and financial pressures.

5.7.5 Recruitment Challenges

Despite significant recruitment activity, challenges remain across a wide range of workforce groups.

Trusts reported ongoing difficulties recruiting to a number of professions, including Nursing and Midwifery, Social Work, Allied Health Professions, Pharmacy, Estates, Engineering, Digital Services, Social Care and support roles.

- Factors affecting recruitment include:
- Workforce shortages;
- Labour market constraints;
- Competition from other employers;
- Geographical challenges;
- Immigration and sponsorship requirements;
- Pay competitiveness;
- Workforce funding constraints;

- Increasing service demand; and
- Limitations within existing recruitment systems.

Trusts also reported concerns that current recruitment infrastructure has not fully kept pace with modern recruitment practices. Improving digital capability, applicant experience and recruitment system functionality was identified as an important area for future development.

While recruitment initiatives continue to support workforce supply, organisations emphasised that recruitment alone cannot fully address workforce shortages. Recruitment outcomes remain closely linked to retention, workforce planning, education and training capacity and the overall attractiveness of the employment offer.

5.7.6 Conclusion

Recruitment and workforce attraction remain central components of workforce sustainability across Health and Social Care Northern Ireland. In response to workforce shortages and increasing labour market competition, Trusts have implemented a range of proactive recruitment strategies, workforce pipeline initiatives and attraction campaigns designed to strengthen workforce supply and reduce vacancies.

A growing emphasis on workforce pipeline development, educational partnerships, Open University programmes, apprenticeships, "Grow Your Own" initiatives and targeted recruitment activity demonstrates an increasing focus on long-term workforce sustainability rather than short-term vacancy filling alone.

However, significant challenges remain. Labour market competition, workforce shortages, funding constraints, immigration policy changes and limitations within existing recruitment systems continue to affect recruitment outcomes across a number of professions and staff groups.

Overall, Trusts continue to adapt recruitment approaches in response to changing workforce and labour market conditions. Sustained improvement will require continued investment in workforce supply, recruitment modernisation, education and training pathways, workforce planning and retention initiatives to ensure a stable and

sustainable workforce capable of meeting future service demand across Northern Ireland.

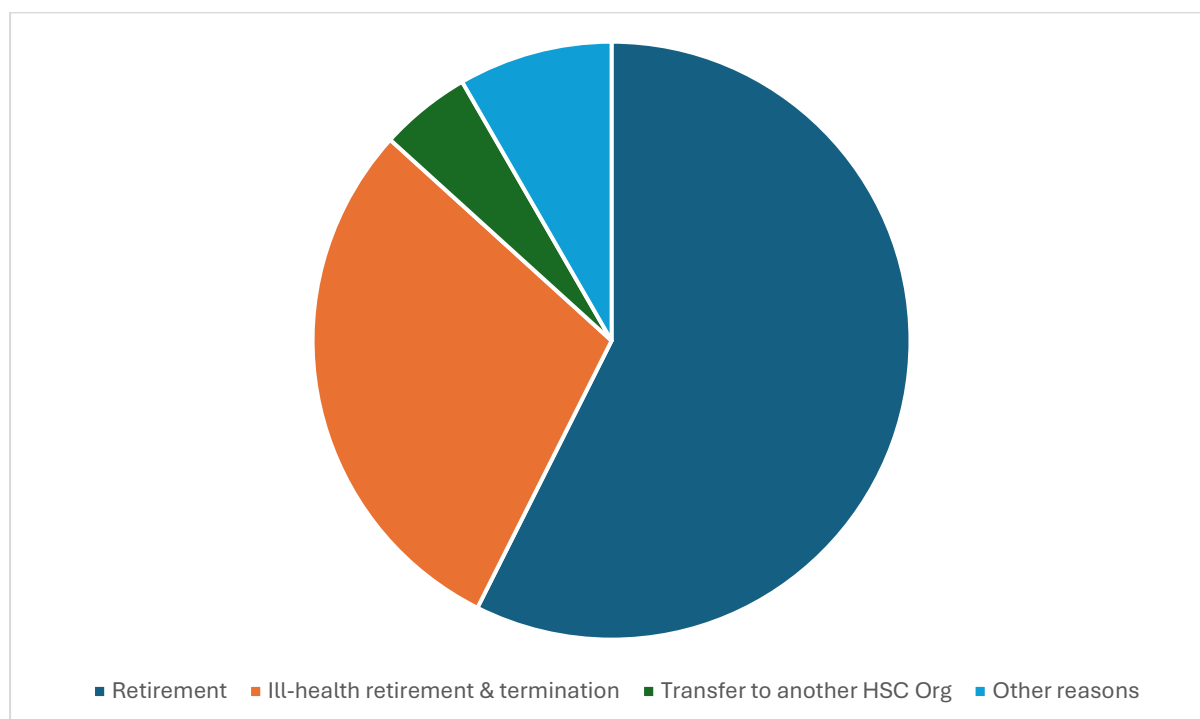
5.8 Retention, Turnover and Workforce Stability

Retention remains a key workforce challenge across Health and Social Care Northern Ireland. While recruitment remains an important component of workforce planning, retaining experienced staff is equally critical in maintaining workforce capacity, service resilience and continuity of care. Trusts reported that workforce stability continues to be affected by resignations, retirements, labour market competition, workforce pressures and wider employment factors.

5.8.1 Reasons for Leaving

The quality of reasons-for-leaving data should be interpreted with caution, as it is reliant on managers selecting the most appropriate leaving category within workforce systems. Trusts reported that, in some instances, managers may select generic leaving reasons such as resignation where more detailed information is unavailable.

Chart 3 – Reasons for Leaving



Source: HSC Trust Returns

The latest regional statistics on HSC leavers, including headcount and leaving rates by staff group for 2024/25, are provided in Section 9: Workforce Data.

Across participating HSC organisations, resignation remains the most significant reason for leaving employment, accounting for 1,770 of the 2,619 recorded leavers (67.6%). This indicates that voluntary turnover continues to be the principal driver of workforce attrition across the region. While comprehensive information on the specific reasons for resignation is not available, the limited exit interview data that does exist suggests that factors such as promotion opportunities, career progression, location, work-life balance and pay may influence workforce decisions.

Retirement represents the second largest category of leavers, accounting for 488 exits (18.6%). Unlike resignations, retirements are generally more predictable and can therefore be anticipated through workforce planning processes. The volume of retirements reflects the age profile of the workforce and reinforces the importance of succession planning, skills transfer and workforce pipeline development.

Ill-health retirement and termination accounted for 249 leavers (9.5%), making this the third largest category of workforce exits. Monitoring ill-health exits alongside wider workforce wellbeing, occupational health and attendance data may help organisations identify opportunities for earlier intervention and support.

All other reasons for leaving, including transfers to another HSC organisation, expiry of fixed-term contracts, dismissal, death in service and other administrative reasons, collectively account for a relatively small proportion of turnover. Transfers between HSC organisations represented only 42 recorded leavers (1.6%), indicating that most departures resulted in staff leaving their employing organisation rather than moving elsewhere within the HSC system.

Effective workforce planning depends upon timely, consistent and reliable workforce information. Current information systems do not fully support detailed regional analysis of leaver motivations and not all departing staff complete exit interviews or questionnaires. Consequently, available information provides only a partial understanding of the factors influencing turnover. However, the evidence available suggests that career opportunities, pay, work-life balance and personal circumstances continue to influence decisions to leave.

5.8.2 Turnover and Workforce Stability

Alongside vacancies, staff turnover remains a significant workforce challenge. While overall turnover has reduced in recent years, it continues to exceed pre-pandemic levels in a number of organisations.

Regional turnover rates indicate that workforce stability pressures remain concentrated within Nursing and Midwifery Support (8.8%), Support Services (8.5%) and Social Services (6.6%). These are also areas where organisations frequently report workforce shortages, demonstrating the close relationship between workforce turnover, recruitment challenges and workforce sustainability. The Northern Ireland Ambulance Service reported a reduction in turnover from 5.89% in 2024/25 to 4.88% in 2025/26. However, one Trust reported a turnover rate of 6.67% across an average permanent headcount of 11,434 employees, equating to 763 permanent leavers during the year. Although this represented a marginal improvement compared with the previous year, turnover remains above levels experienced prior to the pandemic. These figures suggest workforce stability challenges remain concentrated in workforce groups where recruitment is often difficult and service demand remains high.

Turnover can have significant implications for workforce stability. The loss of experienced staff may reduce continuity of care, increase pressure on remaining employees and create additional workload associated with supervision, induction and training requirements. Turnover within specialist, hard-to-fill and early-career roles can be particularly challenging where replacement staff are difficult to recruit.

Trusts reported that workforce stability is increasingly important within a context of rising demand, workforce shortages and growing service complexity. Maintaining an experienced and resilient workforce was identified as a key component of workforce sustainability and service delivery.

5.8.3 Retention Challenges

Trusts highlighted workload intensity and increasing service demand as key contributors to retention difficulties. Persistent vacancies, growing complexity of care and sustained service pressures were reported as placing significant demands on staff across a range of workforce groups.

Several organisations identified workload pressures, staff wellbeing concerns and the impact of vacancies on team stability as factors affecting retention. Trusts reported that increasing demand, workforce shortages and rising service complexity can affect staff experience, increase stress and fatigue and contribute to burnout risks.

In addition to workforce pressures, respondents highlighted the importance of organisational factors in supporting retention. Leadership, staff wellbeing, recognition, career development opportunities, flexible working arrangements and overall staff experience were all identified as influencing an organisation's ability to retain employees. Trust evidence indicates that positive workplace culture and staff engagement can help mitigate some of the pressures associated with workforce shortages and increasing demand.

Trusts also reported that workforce decisions are influenced by a combination of factors including working conditions, workload, flexibility, housing, transport, career opportunities and personal circumstances. Pay remains an important consideration but organisations consistently reported that workforce decisions are rarely influenced by remuneration alone.

Overall, retention challenges arise from a combination of workforce pressures, labour market competition, organisational culture and wider employment factors. These influences are often interconnected and collectively affect workforce stability across HSC organisations.

5.8.4 Actions to Improve Retention and Workforce Stability

Trusts continue to place increasing emphasis on staff retention as a critical component of workforce planning and workforce sustainability. While recruitment remains important, organisations consistently reported that retaining experienced staff is essential to maintaining workforce capacity, service resilience and continuity of care.

A range of initiatives have been implemented across Health and Social Care organisations to improve retention and strengthen workforce stability. These include the expansion of flexible working opportunities, investment in staff wellbeing programmes, enhanced career development pathways, leadership development initiatives and targeted support for newly qualified staff. Trusts reported that these

measures are designed to improve staff experience, support workforce engagement and address some of the factors known to contribute to workforce attrition.

Career development and progression opportunities were identified as particularly important retention tools. Organisations continue to invest in professional development programmes, apprenticeship pathways, Open University routes, leadership programmes and role progression opportunities designed to support long-term career development within HSC. Trusts reported that providing clear progression routes can improve staff engagement, encourage employees to remain within the organisation and support the development of future workforce capability.

Flexible working continues to be viewed as an increasingly important component of the retention offer. Trusts reported growing demand for flexible working arrangements from employees seeking to balance work with caring responsibilities, health conditions, education and other personal commitments. Flexible working arrangements are also recognised as important in supporting workforce wellbeing, extending workforce participation and retaining experienced staff who may otherwise leave employment.

Staff wellbeing remains a significant component of retention activity. Organisations continue to invest in occupational health services, psychological support, wellbeing initiatives, mentoring arrangements and workforce engagement programmes. Trusts highlighted the importance of creating supportive workplace cultures where staff feel valued, listened to and able to access appropriate support when required.

Trusts also reported an increasing focus on workforce stability through the creation of substantive posts, reducing reliance on temporary employment arrangements where possible and strengthening workforce pipelines through succession planning and workforce development initiatives. Retaining experienced staff was recognised as particularly important in services where recruitment remains difficult or where specialist expertise is limited.

While these initiatives are making a positive contribution, Trusts recognised that retention measures cannot fully offset the impact of wider workforce pressures. Sustained service demand, workforce shortages and workload intensity continue to affect staff experience across a range of services. Consequently, organisations emphasised that successful retention strategies require a combination of workforce

wellbeing support, career development opportunities, flexible working arrangements, effective leadership and sufficient workforce capacity.

5.8.5 Conclusion

Retention, turnover and workforce stability remain important workforce considerations across Health and Social Care Northern Ireland. While turnover has improved in some organisations, resignation continues to represent the largest source of workforce attrition and maintaining workforce stability remains a challenge in a number of professions and services.

Trusts identified a range of factors influencing workforce decisions, including workload pressures, service demand, wellbeing, career development opportunities, leadership, organisational culture, flexibility and pay. The evidence suggests that recruitment and retention are closely linked and that long-term workforce sustainability depends not only on attracting new staff but also on retaining experienced employees.

Organisations are responding through a combination of flexible working arrangements, workforce wellbeing initiatives, career development programmes, leadership development and workforce planning measures designed to improve staff experience and strengthen workforce stability. These actions demonstrate an increasing recognition that retention is a strategic workforce priority rather than solely an operational issue.

Overall, maintaining workforce stability will require continued investment in workforce wellbeing, career development, flexible working, workforce planning and organisational culture alongside wider efforts to address workforce shortages and increasing service demand. These factors will remain critical in supporting a sustainable workforce capable of meeting future health and social care needs across Northern Ireland.

5.9 Recruitment and Retention Premia (RRP)

Recruitment and Retention Premia (RRPs) are targeted financial supplements that may be used where sustained labour market pressures, workforce shortages or recruitment and retention difficulties cannot be adequately addressed through normal pay arrangements. RRP are intended to support recruitment to hard-to-fill posts and are generally used on an exceptional basis where there is clear evidence that

alternative workforce strategies have been insufficient to address workforce supply challenges.

The use of RRPs within Health and Social Care Northern Ireland remains extremely limited. Trusts have consistently reported that the mobility of the workforce across organisations means that the introduction of localised pay enhancements can create unintended consequences elsewhere within the system. In particular, enhancing pay for one workforce group or service may increase recruitment and retention challenges for neighbouring Trusts or services competing for the same workforce.

As a result, Trusts generally seek to address recruitment and retention challenges through alternative approaches before considering the use of RRPs. These approaches include targeted recruitment campaigns, development of local recruitment models, workforce pipeline initiatives, expansion of flexible working arrangements, career development opportunities, workforce wellbeing programmes and wider retention initiatives designed to improve workforce stability.

Applications for RRPs require Departmental approval and must demonstrate evidence of sustained recruitment and retention difficulties, previous recruitment activity and the need for additional intervention. Trusts are also required to demonstrate that alternative recruitment and retention approaches have been explored and that the proposed use of an RRP is supported by appropriate workforce and service evidence.

At present, only one Recruitment and Retention Premium is in operation within Health and Social Care Northern Ireland. This applies within the South Eastern Health and Social Care Trust's Healthcare in Prison Service.

The premium was introduced in April 2020 in response to longstanding difficulties in attracting and retaining staff within the service. The payment was subsequently backdated for eligible Agenda for Change staff to 2016. The premium is funded through savings generated from reductions in agency staffing expenditure and provides an annual allowance of £1,300 pro rata to eligible employees.

The value of the allowance reflects comparable arrangements operating elsewhere in the United Kingdom and also aligns with payments previously received by some staff under Transfer of Undertakings (Protection of Employment) arrangements following their transfer from the Department of Justice to Health and Social Care employment.

While the limited use of RRPs reflects a preference for system-wide workforce solutions rather than localised pay interventions, the continued existence of the Healthcare in Prison Service premium demonstrates that RRPs may be used in exceptional circumstances where sustained recruitment and retention challenges cannot be addressed through alternative workforce measures.

In conclusion it can be stated that recruitment and Retention Premia remain a limited and exceptional workforce tool within Health and Social Care Northern Ireland. Trusts generally favour broader workforce planning, recruitment and retention initiatives over localised pay supplements, reflecting the interconnected nature of the HSC labour market and the potential for unintended consequences across organisations.

The evidence indicates that recruitment and retention challenges are most effectively addressed through a combination of workforce planning, career development, flexible working, workforce wellbeing and targeted recruitment activity. However, RRPs continue to provide an important mechanism for addressing particularly acute workforce pressures in exceptional circumstances where alternative approaches have proved insufficient.

Overall, the limited use of RRPs reflects a strategic preference for sustainable system-wide workforce solutions while retaining the flexibility to respond to specific recruitment and retention challenges where required.

5.10 International Recruitment

International recruitment continues to play a supporting role in workforce supply across Health and Social Care (HSC) Northern Ireland, although activity has reduced following the large-scale international nursing recruitment programmes undertaken in recent years. Current workforce trends indicate a shift away from centrally coordinated, high-volume recruitment campaigns towards more targeted, profession-specific approaches focused on addressing identified shortages where domestic workforce supply is insufficient.

This reflects both the increasing emphasis on domestic workforce development and a wider policy direction to reduce long-term reliance on international recruitment. Consequently, international recruitment is increasingly viewed as a supplementary workforce measure rather than a primary staffing solution. Alongside recruitment

activity, there is also an increasing emphasis on ethical recruitment practices and on the retention, integration and support of internationally recruited staff already working within HSC services.

5.10.1 International Recruitment Overview

Internationally recruited staff continue to make an important contribution to workforce supply across a range of Agenda for Change professions. While domestic workforce pipelines remain the primary source of workforce growth, HSC organisations continue to receive applications from internationally qualified candidates through standard recruitment processes.

International recruitment provides an additional source of workforce supply where recruitment difficulties persist, particularly within professions experiencing workforce shortages or where domestic recruitment pipelines are insufficient to meet service demand. However, Trusts consistently reported that international recruitment is most effective when used alongside broader workforce planning, education, training and retention initiatives.

The current approach reflects a move towards targeted and proportionate international recruitment activity rather than broad regional campaigns, ensuring that overseas recruitment is focused on areas of greatest workforce need.

5.10.2 Current International Recruitment Activity

At a regional level, HSC is not currently planning any large-scale international recruitment campaigns for 2026/27. However, it is anticipated that direct applications from internationally qualified candidates will continue to be received in response to advertised vacancies, consistent with recent recruitment experience.

While domestic workforce supply remains the primary recruitment pipeline, international candidates continue to be appointed through open competition across a range of professions, including Nursing and Radiology. HSC organisations also continue to provide visa sponsorship where appropriate for eligible candidates successfully appointed through standard recruitment processes.

The Business Services Organisation (BSO) currently employs nine sponsored workers, all of whom were recruited through standard HSC recruitment and selection arrangements.

BSO also led the regional international nursing recruitment programme, which concluded in March 2026. Following improvements in local workforce supply, supported by increased numbers of locally trained nurses and strengthened domestic recruitment activity, there is currently no identified requirement for a further regional nursing recruitment campaign.

During 2025/26, 20 internationally recruited Mental Health Nurses arrived through the regional nursing recruitment programme.

While large-scale recruitment programmes have reduced, international candidates continue to be appointed through routine recruitment processes and remain an established component of workforce supply across a range of services.

5.10.3 Planned International Recruitment Initiatives

Planning is currently underway for a regional international recruitment initiative for Allied Health Professions (AHPs), with Podiatry and Orthoptics identified as professions for an initial pilot.

Work is progressing to assess workforce requirements, determine resource implications and develop a business case for consideration by the Department of Health. The scale of the initial pilot will be informed by the outcome of the business case and is expected to involve relatively small numbers of recruits. This initiative reflects the increasingly targeted nature of international recruitment activity, focusing on professions where workforce shortages persist and domestic recruitment pipelines have not been sufficient to meet service demand.

At Trust level, organisations continue to assess workforce supply and demand positions and may consider targeted international recruitment where significant workforce gaps remain.

For example, the Western Trust continues to monitor workforce pressures within Band 5 Mental Health Nursing and will assess whether future international or European

Economic Area (EEA) recruitment activity may be required should domestic recruitment prove insufficient to meet service requirements.

Updated workforce information expected during 2026 will inform decisions regarding future international recruitment activity from 2027/28 onwards. At present, international recruitment remains a contingency measure rather than an active large-scale recruitment strategy.

5.10.4 International Recruitment Challenges and Limitations

The contribution of international recruitment must be considered within the wider labour market context in which HSC organisations operate. Northern Ireland's proximity to the Republic of Ireland creates additional workforce challenges, particularly for organisations operating within border areas.

The Western Trust, whose acute hospital sites are located close to neighbouring employers such as Letterkenny University Hospital, continues to experience workforce competition from the Health Service Executive (HSE). Trust evidence suggests that this challenge has become increasingly evident across several professional groups, particularly within the Allied Health Professions.

Differences between Agenda for Change pay rates and HSE salary scales were identified as a significant contributory factor affecting the ability to attract and retain staff in some workforce groups. These pressures create ongoing challenges for workforce stability and demonstrate that recruitment alone cannot fully address workforce supply pressures.

Trusts also reported that international recruitment is subject to a range of external factors including immigration policy, visa requirements, professional registration processes, candidate relocation considerations and increasing international competition for healthcare workers. As a result, international recruitment can support workforce supply but is not viewed as a stand-alone solution to workforce shortages. The average cost for recruiting an international nurse as part of the regional recruitment programme was £14,000. Since 2016, there have been a total of 1,908 nurses from 19 countries recruited into the HSC, of which 1,717 (90%) remain working in post across Northern Ireland's HSC Trusts.

Across the region, organisations consistently highlighted that the retention of existing staff and the continued development of domestic workforce pipelines remain the most sustainable long-term approaches to addressing workforce challenges.

5.10.5 Conclusion

International recruitment continues to make an important contribution to workforce supply across Health and Social Care Northern Ireland. While the scale of international recruitment activity has reduced following previous large-scale nursing recruitment programmes, internationally recruited staff continue to support service delivery across a range of Agenda for Change professions.

Trusts reported a shift towards more targeted and profession-specific recruitment approaches, reflecting both improvements in domestic workforce supply and a wider policy emphasis on reducing long-term reliance on international recruitment. Current activity is increasingly focused on professions experiencing sustained workforce shortages where domestic recruitment alone may be insufficient to meet workforce requirements.

Overall, international recruitment remains an important workforce tool, particularly for hard-to-fill professions and specialist roles. However, the evidence suggests that long-term workforce sustainability will depend upon maintaining strong domestic workforce pipelines, supporting workforce retention and continuing to invest in workforce planning, education, training and workforce development across Health and Social Care Northern Ireland.

5.11 Bank and Agency Staff

Bank and agency workers continue to play an important role in supporting service delivery across Health and Social Care (HSC) Northern Ireland. Temporary staffing arrangements are utilised to maintain safe and effective services, provide cover for vacancies and absences, and support continuity of care during periods of increased service demand.

While agency staffing provides important operational flexibility, Health and Social Care organisations continue to pursue a strategic objective of reducing reliance on agency workers and strengthening substantive workforce capacity. This reflects concerns

regarding cost, workforce sustainability, continuity of care and the long-term resilience of services.

5.11.1 Overview

HSC Trust expenditure on agency staffing has been incurred to ensure that safe and effective services can be maintained and continues to contribute significantly to the delivery of services for patients and service users.

Trusts utilise agency workers for a range of reasons, including:

- Covering vacancies;
- Providing sickness absence and maternity leave cover;
- Supporting services during periods of increased demand;
- Maintaining safe staffing levels;
- Supporting service continuity in hard-to-fill specialties and professions.

While temporary staffing remains an important workforce tool, organisations continue to prioritise permanent recruitment and workforce stabilisation measures in order to reduce reliance on agency workers over time.

5.11.2 Agency Reduction and Governance

Reducing agency expenditure remains a significant regional workforce and financial objective. Northern Ireland continues to pursue a coordinated system-wide approach to reducing agency utilisation through a combination of procurement controls, workforce expansion, bank staffing reform and strengthened governance arrangements.

The introduction of regional agency frameworks has enabled tighter control of agency expenditure through approved supplier arrangements, limits on pricing and the elimination of most off-framework engagements. Alongside this, organisations continue to invest in substantive workforce recruitment, workforce pipeline development and workforce retention initiatives designed to reduce dependence on temporary staffing.

The Agency Reduction Implementation Group (ARIG) continues to lead regional work aimed at improving staff utilisation and reducing agency expenditure. Social Work agency use has been completely eradicated since June 2023 and total agency &

locum costs have fallen from a high of £394m in 2022/23 to £380m in 2025/26. Through the ARIG programme, HSC Trusts have agreed further agency reduction targets for 2026/27, measured in terms of agency hours utilised. These include a target reduction of 24.5% in registered nursing agency hours and an 18.0% reduction in HCA agency hours. The agreement of these targets reflects confidence that further reductions can be achieved and demonstrates a continuing commitment across Health and Social Care to reducing agency dependency, strengthening workforce sustainability and delivering improved value for money.

Recent activity has included:

- Extension of the Nursing and Healthcare Support Worker Agency Framework;
- Award and implementation of the Non-Medical/Non-Nursing Agency Framework;
- Monitoring of agency utilisation and expenditure;
- Commencement of preparatory work for the 2027 Nursing and Healthcare Support Worker Agency Framework.

Future priorities include:

- Further extension of the current Nursing and Healthcare Support Worker Framework;
- Development of the 2027 Nursing and Healthcare Support Worker Framework;
- Implementation of recommendations arising from the Northern Ireland Audit Office report on the use of temporary nursing staff;
- Benchmarking agency arrangements with other jurisdictions; and
- Continued monitoring of non-medical agency utilisation and associated expenditure.

ARIG is also considering the introduction of percentage reduction targets for nursing and healthcare support worker agency utilisation during 2026/27. Regional proposals are expected to be considered through established governance processes.

5.11.3 Agency Frameworks and Utilisation

There are currently two regional agency frameworks for Agenda for Change staff operating within HSC Northern Ireland:

- Nursing and Healthcare Support Workers; and

- Non-Medical/Non-Nursing staff, including Allied Health Professionals, Administrative and Clerical staff, Social Care staff, Estates staff and other workforce groups.

There is currently no social work agency framework. Following a joint decision by the Department of Health and HSC Trusts, all agency social work engagements ceased during 2023. This has been identified as a significant regional success in reducing temporary staffing reliance within social work services.

The current Nursing and Healthcare Support Worker Agency Framework was introduced in May 2023, while the Non-Medical/Non-Nursing Framework was introduced in June 2025. Both frameworks support regional efforts to improve consistency, strengthen governance and reduce high-cost agency expenditure.

Agency Expenditure

Table 4: Nursing and Healthcare Support Worker Agency Spend as a Percentage of Paybill (2025/26)

Measure	£m's
Agency Spend	144
TOTAL paybill	1,505
% agency of paybill	9.56

Source: Department of Health NI

Table 5: Non-Medical/Non-Nursing Agency Spend as a Percentage of Paybill (2025/26)

Measure	£m's
Agency Spend	88
TOTAL paybill	2,319
% agency of paybill	3.8

Source: Department of Health NI

The implementation of regional agency frameworks has significantly reduced reliance on off-framework agency providers. As at 31 March 2026, only a small number of approved exceptions remained in place and these had been authorised through regional governance arrangements.

Over the full financial year for 2025/26, based on comparisons with the base year (22/23), registered Nursing & Midwifery and Healthcare Assistant agency spend has reduced from £186m to £144m, a reduction of £42m.

At the same time there has been a significant shift away from 'off-contract' expenditure with a reduction of some £124m, against the 22/23 base year, across Nursing & Midwifery; the total 'off-contract' spend for Nursing, Midwifery & Healthcare assistant in 2025/26 was £10m.

Agency Utilisation

Table 6: Nursing and Healthcare Support Worker Agency Shifts Filled During 2025/26

Staff Group	Shifts Filled
Registrants	180,044
Healthcare Support Workers	186,350

Source: Business Support Unit - Department of Health NI

Table 7: Nursing and Healthcare Support Worker Agency Hours During 2025/26

Staff Group	Hours
Registrants	2,044,972
Healthcare Support Workers	2,012,091

Source: Business Support Unit - Department of Health NI

These figures demonstrate the continuing contribution that agency staffing makes to service delivery while also highlighting the scale of workforce pressures that remain across parts of the HSC system.

Agency Framework Rates

Agency framework rates are managed by the Business Services Organisation Procurement and Logistics Service (PaLS), which undertakes procurement activity on behalf of HSC Northern Ireland.

The introduction of regional agency frameworks established agreed rates for agency workers and supported wider efforts to reduce expenditure on non-contracted agency staffing. The frameworks also strengthened governance arrangements through the use of approved suppliers and standardised contractual arrangements.

Table 8: 2025/26 Agency Framework Rates

	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6+	
Band	Annual	Hourly	Annual	Hourly	Annual	Hourly	Annual	Hourly	Annual	Hourly	Annual	Hourly
1	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51
2	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51	£24,465.00	£12.51
3	£24,937.00	£12.75	£24,937.00	£12.75	£26,598.00	£13.60	£26,598.00	£13.60	£26,598.00	£13.60	£26,598.00	£13.60
4	£27,485.00	£14.06	£27,485.00	£14.06	£27,485.00	£14.06	£30,162.00	£15.43	£30,162.00	£15.43	£30,162.00	£15.43
5	£31,049.00	£15.88	£31,049.00	£15.88	£33,487.00	£17.13	£33,487.00	£17.13	£37,796.00	£19.33	£37,796.00	£19.33
6	£38,682.00	£19.78	£38,682.00	£19.78	£40,823.00	£20.88	£40,823.00	£20.88	£40,823.00	£20.88	£46,580.00	£23.82
7	£47,810.00	£24.45	£47,810.00	£24.45	£50,273.00	£25.71	£50,273.00	£25.71	£50,273.00	£25.71	£54,710.00	£27.98
8a	£55,690.00	£28.48	£55,690.00	£28.48	£58,487.00	£29.91	£58,487.00	£29.91	£58,487.00	£29.91	£62,682.00	£32.06
8b	£64,455.00	£32.96	£64,455.00	£32.96	£68,631.00	£35.10	£68,631.00	£35.10	£68,631.00	£35.10	£74,896.00	£38.30
8c	£76,965.00	£39.36	£76,965.00	£39.36	£81,652.00	£41.76	£81,652.00	£41.76	£81,652.00	£41.76	£88,682.00	£45.35
8d	£91,342.00	£46.71	£91,342.00	£46.71	£96,941.00	£49.58	£96,941.00	£49.58	£96,941.00	£49.58	£105,337.00	£53.87
9	£109,179.00	£55.84	£109,179.00	£55.84	£115,763.00	£59.20	£115,763.00	£59.20	£115,763.00	£59.20	£125,637.00	£64.25

With the implementation of the regional frameworks, Trusts were expected to discontinue the use of off-framework agency engagements following agreed transition periods. As at 31 March 2026, only a small number of approved exceptions remained in place. In respect of Nursing and Healthcare Support Workers, two off-framework arrangements remained in operation, both of which had been approved by the Department of Health Permanent Secretary.

For Non-Medical and Non-Nursing agency staffing, 55 individual agency worker engagements remained on off-framework rates as at 31 March 2026. These arrangements had also received formal approval through established governance processes. The management of any residual off-framework arrangements remains the responsibility of the individual Trusts concerned.

5.11.4 Nurse Bank Reform and Workforce Stabilisation

Increasing utilisation of bank staff remains a key component of regional workforce stabilisation and agency reduction strategies. A regional Nurse Bank Reform Programme was established to improve workforce flexibility and reduce reliance on agency workers. Four workstreams have been established focusing on:

- Attraction and onboarding;
- Digital optimisation (*now renamed as Digital and Data Optimisation*);
- Governance and compliance;
- Reward and incentivisation (*This group was stepped down and is now incorporated into the above 3 remaining workstreams due to overlap with all 3*).

The programme is working alongside wider rostering reforms led through the Chief Nursing Officer's Office to improve workforce deployment, strengthen workforce planning and maximise the utilisation of available staff. Trusts reported continued investment in bank-only recruitment, enhanced governance arrangements and expanded operational capacity. Nurse bank utilisation is increasingly viewed as a key enabler of agency reduction and workforce stabilisation. Alongside bank reform, organisations continue to strengthen recruitment pipelines, workforce planning arrangements and substantive workforce growth strategies designed to improve long-term workforce resilience.

Workforce Stabilisation and Vacancy Risk

Vacancy levels remain an important factor influencing workforce stabilisation and the pace of agency reduction. One Trust reported vacancy rates of 6.09% at Band 5, 7.67% at Band 3 and 11.44% at Band 2 as at May 2026. Vacancy pressures continue to be most evident within Bands 2 and 3, reflecting wider regional labour market challenges and workforce supply constraints.

Trusts reported that these risks are actively monitored through Nurse Stabilisation Groups and associated governance structures. Persistent vacancies may affect the pace at which agency utilisation can be reduced if substantive recruitment does not keep pace with service demand. Nurse bank capacity continues to be a key enabler of agency reduction. Recruitment to bank-only roles remains ongoing, operational hours have been extended and governance arrangements continue to be strengthened. Trusts reported that regional nurse bank reform programmes are progressing, with organisations providing leadership across a number of priority workstreams.

Digital workforce initiatives are also supporting workforce stabilisation. The rollout of Optima e-Rostering has now been completed across rostered areas and organisations are focusing on embedding best practice, improving data quality, strengthening reporting arrangements and aligning workforce demand templates to funded staffing levels. Trusts reported that agency reduction continues through a phased, regionally agreed approach supported by substantive recruitment, nurse bank expansion, improved rostering arrangements and investment in substantive Band 5 posts. Available utilisation data indicates a continued downward trend in agency usage, providing increased assurance regarding workforce stabilisation and agency reduction objectives.

Overall, Trusts reported that there is continued oversight of workforce stabilisation, agency reduction and financial governance, with ongoing risks actively monitored and mitigated through established workforce governance arrangements.

5.11.5 Impact of Enhanced Overtime and Bank Rates

Overtime, bank staffing arrangements and wider bank reform initiatives continue to play an important role in supporting service delivery, workforce resilience and agency reduction across HSC. Trusts reported varied approaches across organisations, with limited use of enhanced payment arrangements, a growing emphasis on maximising internal bank capacity and a continued focus on developing more sustainable workforce solutions through regional bank reform.

In organisations that have utilised enhanced overtime and bank rates, Trusts reported increased uptake of bank shifts and improved fill rates, particularly during difficult-to-staff periods such as nights and weekends. Increased use of bank staffing has reduced service gaps, improved continuity of care and enhanced workforce flexibility. Trusts also reported that greater utilisation of internal bank staff provides access to a familiar, trained and experienced workforce, supporting service quality and continuity whilst reducing expenditure associated with higher-cost agency arrangements. Bank staffing remains a more cost-effective workforce solution than agency utilisation and contributes to improved financial control.

Reducing agency expenditure remains a regional priority. The Agency Reduction Implementation Group (ARIG) continues to coordinate initiatives designed to improve staff utilisation and reduce unsustainable agency and locum expenditure. The Nursing and Midwifery Agency Framework has been particularly influential in reducing agency usage, with expenditure on off-framework nursing and midwifery agency staffing reducing by approximately £120 million compared with the 2022/23 baseline. As registered nursing agency staff are engaged through price-capped framework arrangements, with rates that sit above substantive Agenda for Change pay rates, this reduction represents a genuine and significant decrease in reliance on agency registered nurses and provides clear evidence of the impact of the regional agency reduction programme. Trusts reported that enhanced payment arrangements may also be utilised in a targeted and time-limited manner to address particular workforce pressures and maintain service continuity. These arrangements have been used within areas such as theatres, maternity services and children's services while substantive recruitment activity is undertaken. Organisations emphasised that such arrangements are typically reviewed regularly and are not intended as permanent solutions.

Some Trusts also noted potential risks associated with enhanced rates. While enhanced payments can improve short-term shift uptake, they may also create workforce expectations that enhanced rates will apply to routine additional working, potentially affecting future workforce management arrangements. Significant progress has also been achieved through the regional Nurse Bank Reform Programme. Trusts reported improvements in governance arrangements, recruitment and onboarding processes, communications, workforce monitoring and collaborative approaches to

staff deployment. Work is also progressing to explore future incentive options and improve candidate experience. Collectively, these initiatives aim to increase utilisation of bank staff and further reduce reliance on agency staffing.

Overtime continues to provide an important mechanism for maintaining service delivery, particularly within frontline clinical services including nursing, midwifery and social work. Trusts reported that overtime can help maintain safe staffing levels and ensure continuity of care during periods of workforce pressure. However, some organisations reported reductions in overtime utilisation within administrative, clerical, support services and estates functions, potentially reflecting more stable workforce positions and service redesign activity.

Overall, a more coordinated and system-wide approach to bank utilisation has strengthened workforce flexibility, increased use of internal staffing solutions and supported improved financial stewardship. It is important, however, to note these are not necessarily savings as costs will have shifted to permanent recruitment of substantive staff, use of overtime and bank. However, Trusts consistently reported that long-term workforce sustainability will depend upon increasing substantive workforce capacity and reducing reliance on temporary staffing arrangements over time.

5.11.6 Conclusion

Bank and agency staff continue to play an important role in maintaining safe and effective service delivery across Health and Social Care Northern Ireland. Temporary staffing arrangements provide essential flexibility and resilience, particularly where workforce shortages, vacancies and service pressures persist. However, HSC organisations continue to pursue a clear strategic objective of reducing reliance on agency staffing and strengthening substantive workforce capacity. Significant progress has been made through regional agency frameworks, agency reduction initiatives, nurse bank reform and wider workforce stabilisation programmes. Trusts reported that increased utilisation of bank staffing, improvements in workforce planning, enhanced recruitment activity and strengthened governance arrangements are contributing to reductions in agency expenditure and improved workforce sustainability. Overall, while temporary staffing remains necessary in some circumstances, long-term workforce resilience will depend upon continued investment in substantive workforce growth, workforce retention, workforce planning and

workforce development initiatives that reduce reliance on agency staffing and support sustainable service delivery across Northern Ireland. Agency reduction delivers benefits both for workforce sustainability and affordability. Reducing reliance on temporary staffing allows resources to be redirected towards substantive workforce growth, workforce development and service delivery priorities.

Section Six - Industrial Relations

6.1 Overview

Industrial relations remain an important workforce consideration across Health and Social Care (HSC) in Northern Ireland. Industrial relations have been influenced by a combination of workforce pressures, increasing service demand, financial constraints and delays in the implementation of pay awards. While constructive engagement continues between the Department, HSC employers and trade unions, these challenges have created an increasingly complex industrial relations environment.

The Department has continued to engage with trade unions through established partnership arrangements to maintain positive industrial relations and support collaborative working in the face of ongoing challenges relating to pay, workforce supply and departmental funding. This engagement has remained particularly important given the continuing financial pressures facing Health and Social Care and the impact these pressures can have on workforce morale, recruitment, retention and service delivery.

Industrial relations issues during the reporting period have centred on both pay and non-pay matters. Alongside concerns regarding the implementation of pay awards, disputes have arisen in relation to workforce pressures and safe staffing issues, including concerns regarding staffing levels within Children's Social Care Services and ambulance handover delays within the Northern Ireland Ambulance Service (NIAS). These issues reflect wider workforce and capacity pressures across the HSC system and demonstrate the close relationship between workforce sustainability, staff experience and industrial relations.

6.2 Current Industrial Relations Position

Industrial relations across Health and Social Care (HSC) Northern Ireland remain challenging. While ongoing engagement through established partnership structures has supported constructive dialogue between the Department, HSC employers and trade unions, significant challenges remain. These challenges are primarily associated with workforce pressures, service demand, recruitment and retention difficulties, staffing levels and the affordability of pay awards.

The inability to implement the recommended 2026/27 pay award has increased tensions with trade unions. While engagement continues through established industrial relations mechanisms, trade unions have expressed growing concern regarding the continued delay in implementation and the impact this is having on workforce morale and confidence.

Further delay in implementing the pay award is likely to be viewed by trade unions as a failure to deliver on commitments previously made to staff. Given the industrial action experienced across a number of staff groups in recent years, officials assess that continued delay presents a significant risk of escalation, including the potential for wider industrial action across the Health and Social Care workforce.

The Minister for Health has accepted the 2026/76 NHS Pay Review Body recommendations and issued a Ministerial Direction seeking authority to implement the award. As the matter has implications for the wider Northern Ireland Executive budget, Executive approval is required before the Direction can be actioned. Following correspondence between the Permanent Secretaries of the Departments of Health and Finance, a paper seeking Executive approval was submitted by the Department of Health on 6 August 2026. At the time of writing, no decision has been taken and the position remains unresolved.

6.3 Royal College of Nursing (RCN) Trade Dispute

The Royal College of Nursing (RCN) has recently lodged a trade dispute with HSC employers and the Department of Health in relation to the continued delay in implementing the 2025/26 NHS Pay Review Body pay award. The dispute reflects concerns regarding the length of time staff have been waiting to receive the award and the impact this is having on workforce morale, staff confidence and perceptions of being valued by the health service.

The RCN opened a ballot of members for industrial action and strike action on 14 October 2026. The ballot will remain open until 20 November 2026. At the time of writing, the Department remains engaged with the RCN and other health service trade unions through established industrial relations mechanisms and continues to provide updates regarding the position of the Ministerial Direction and the requirement for Northern Ireland Executive approval.

Should members vote in favour of industrial action, there is potential for disruption to service delivery across Health and Social Care services. . This may include impacts on elective activity, waiting list recovery, workforce morale and wider service resilience. The scale and nature of any potential impact would depend on the type, duration and level of participation in any industrial action.

The Department remains committed to implementing the NHS Pay Review Body recommendations and continues to engage constructively with trade unions to seek a resolution. As part of this ongoing engagement, the Minister for Health met with the Joint Secretaries of the HSC Agenda for Change Trade Unions on 1 September 2026 and again on 7 October 2026 to discuss the pay position and wider workforce matters. However, continued delays associated with affordability and wider budgetary pressures present a significant risk to industrial relations across the wider Agenda for Change workforce. Officials assess that, should the position remain unresolved, there is potential for further escalation and the possibility that other trade unions may consider similar action.

6.4 Agenda for Change Structural Reform

On 5 March 2026, a joint letter from the Minister of State for Health, the Minister for Health and the Cabinet Secretary for Health and Social Care set out a mandate for discussions on potential Agenda for Change pay structure reform across England, Wales and Northern Ireland. This followed recommendations made by the NHSPRB in its 2025-26 report and reflects a shared commitment by the three administrations to consider issues relating to the Agenda for Change pay structure.

The mandate covers potential pay structure changes for 2026-27 and includes the option to explore reforms over a longer period. The discussions are focused on two priority areas:

- Supporting the lowest-paid members of the NHS workforce.
- Supporting the recruitment and retention of graduate professionals.

Discussions through the NHS Staff Council remain ongoing at the time of submitting this evidence. The Department will continue to engage with the process alongside the other UK administrations and will keep the NHSPRB informed of any significant developments or agreements reached.

6.5 Regional Framework Agreement Commitments

An AFC Framework Agreement for the 2023/24 was developed and agreed between Department, Employers and Trade Unions to settle industrial dispute in relation to pay which had been ongoing from 2022/23. As a result, there were a number of Non-Pay elements for all parties to take forward as part of the reward package and consider as potential incentives.

The Department, employers and trade unions continue to engage through refreshed partnership structures to progress these commitments and support longer-term workforce reform.

6.6 Children's Social Care Workforce Pressures and Industrial Relations Issues

Trusts continue to face significant challenges within children's social care, primarily driven by rising demand, increasing complexity of need and constrained service capacity. These pressures reflect wider workforce and capacity challenges across the HSC system and continue to present operational, workforce and service delivery risks despite mitigation measures being implemented by Trusts and regional partners. Recruitment and retention difficulties, combined with high levels of sickness absence, maternity leave and vacancies, have affected service capacity across a number of areas. As a result, Trusts reported high caseloads, difficulties maintaining established staffing levels and, in some cases, unallocated cases requiring prioritisation based on risk and need. Moreover, strategic risk arises where services become increasingly skewed towards child protection investigation, monitoring and care proceedings, with reduced capacity for early help, family support and community-based preventative work.

Industrial action and action short of strike within children's services are associated with concerns regarding unsafe staffing levels, excessive caseloads, the sustainability of service delivery and the pace of progress in addressing longstanding workforce concerns. Workforce wellbeing is placed at risk where staff carry high-risk responsibility without sufficient capacity and manageable caseloads; this can further compound absence and attrition. Trusts reported that these pressures can affect the timeliness of assessments, interventions and safeguarding activity, while also creating wider challenges for workforce wellbeing and service resilience. In some areas,

concerns were also reported regarding service access delays, continuity of support and consistency of service delivery. Staff retention challenges are also reducing the continuity of care and contributing to a workforce increasingly reliant on Newly Qualified Social Workers in some services. Refer to chapter 5.3.4 to read about Trusts' recent successes in social work recruitment.

The link between social care pressures and wider system performance was also highlighted. Capacity constraints within children's and community services, including difficulties arranging placements, care packages and family support, can contribute to delayed discharges and increased pressure on hospital services. This can result in congestion within Emergency Departments and reduced patient flow throughout the system. Trusts noted that these issues are interdependent with wider community, hospital and social care pressures rather than being attributable to any single service area.

Overall, information provided by Trusts indicates continuing workforce and capacity pressures within children's social care services, which have contributed to industrial relations concerns and challenges in maintaining timely service delivery. Ambulance handover delays remain a significant system pressure, although recent interventions, have delivered measurable improvements. Both issues reflect broader system-wide challenges relating to workforce availability, patient flow and social care capacity, highlighting the continued need for a coordinated regional response.

6.7 Northern Ireland Ambulance Service

NIAS has been in an Action Short of Strike (ASOS) Trade Dispute with three out of four of recognised Trade Unions since 2023. The reasons for the Trade Dispute are based on the following:

- Pay (which was addressed through the pay award at that time so is no longer an outstanding issue with respect to the original ballot);
- Safe Staffing. The key matters that were highlighted to NIAS as safe staffing concerns in the context of the trade dispute were as follows
 - Late finishes;
 - Rest period compliance;

- Need for investment and increased workforce resource;
- ED Handover pressures and impact on workforce;
- Safe staffing Legislation.

NIAS maintain detailed data on our progress in addressing each of the matters of dispute above. The Trust considers that significant improvements have been achieved in these areas.

Investment in workforce has resulted in Double Crewed Ambulance (DCA) staffing increasing from 670 to 695 between Q4, 23/24 and Q4, 26/27. Funded establishment for DCAs has increased from 656 to 802 during the same period and recruitment continues against the new funded establishment levels. There has been an improvement in the quantum of late finishes experienced by our workforce. There is a combination of factors that have contributed to this improvement including the introduction of an improved management of ED Handovers through a regional initiative called 'Release to Recue as well as the ASOS arrangements themselves.

ASOS introduced protections for rest periods such that disturbances would only be due to Cat 1 calls and would be at the clinician's base location. This has resulted in significant reductions in rest break disturbances. Following Release to Rescue mean ED handovers significantly reduced and there was a corresponding reduction in maximum handover times for patients. (The data referenced above is at May 2026).

NIAS has continued to meet with Trade Union colleagues to seek to close the matters of dispute and wrote formally to Trade Unions in November 2025 and June 2026 to highlight the above improvements and to propose further negotiations to find a pathway out of ASOS. This included proposals related to new working practices around rest periods and clear KPIs for targets around rest break disturbances. The proposals also included a framework for negotiations around a potential new end of shift protocol.

Following the formal proposals to Trade Unions, although trade unions did not agree that the matters of dispute were resolved sufficiently to enable a stand down of action, NIAS did receive a positive response regarding the intention to continue with meaningful negotiations. Further meetings have taken place with Trade Unions during September 2026 and are planned for October 2026. The proposals and further

discussions are on the basis of seeking a pathway out of ASOS towards business as usual.

Staff morale has been impacted by the ongoing delay in agreeing a pay settlement for HSC staff due to the budget impasse. This is likely to feed into a broader Trade Dispute over pay and has the potential to destabilise NIAS' ongoing efforts to end ASOS. It is hoped that the introduction of Safe Staffing legislation will be helpful in resolving the ongoing dispute.

6.8 Conclusion

Industrial relations across Health and Social Care (HSC) Northern Ireland remain challenging and continue to be influenced by affordability pressures, delays in the implementation of pay awards, workforce shortages, increasing service demand and wider operational pressures across the health and social care system.

While constructive engagement continues between the Department, HSC employers and trade unions through established partnership arrangements, the unresolved position regarding implementation of the 2025/26 pay award has increased tensions across the Agenda for Change workforce and presents a significant risk to industrial relations stability. Continued delay in implementation is likely to adversely affect workforce morale, staff confidence and perceptions of being valued by the health service, while also increasing the risk of further industrial action.

Industrial relations concerns relating to Children's Social Care Services and the Northern Ireland Ambulance Service demonstrate the extent to which workforce pressures, staffing challenges and service capacity constraints can affect staff experience and industrial relations. These issues highlight the close relationship between workforce sustainability, staff wellbeing, recruitment and retention, and the delivery of safe and effective services.

The Department remains committed to continued partnership working and constructive engagement with trade unions and staff representatives. Ensuring timely implementation of pay awards, addressing workforce pressures and progressing wider workforce reform will remain important factors in supporting workforce stability, maintaining positive industrial relations and sustaining service delivery across Health and Social Care Northern Ireland.

Section Seven - Education, Training and Future workforce Supply

7.1 Overview

The supply of a sustainable Agenda for Change workforce is dependent upon effective workforce planning, sufficient education and training capacity, and the ability to attract, develop and retain students throughout their training programmes. Education and training programmes commissioned by the Department of Health provide the primary domestic workforce supply route for Nursing, Midwifery and Allied Health Profession (AHP) staff in Northern Ireland and therefore play a critical role in supporting future workforce capacity.

Maintaining sufficient training capacity, ensuring strong uptake of commissioned places and supporting students to successfully complete their programmes are essential to addressing workforce shortages and meeting future service demand. Investment in education and training also represents one of the most sustainable long-term approaches to strengthening workforce supply, reducing vacancy pressures and supporting the delivery of safe and effective health and social care services.

The Department continues to work with universities, professional regulators, HSC employers and other stakeholders to monitor workforce supply, assess future workforce requirements and align education commissions with identified workforce needs. However, the ability to expand training capacity remains influenced by the availability of recurrent funding and wider workforce planning considerations.

This section examines applications to commissioned training programmes, student retention and attrition, training capacity, the quality of training provision, financial support arrangements and wider factors influencing future workforce supply and sustainability.

7.2 Applications, Recruitment and Demand for Training Places

Application levels to commissioned education and training programmes provide an important indicator of the attractiveness of health and social care careers and the strength of the future workforce pipeline. The number of applicants seeking entry to Nursing, Midwifery and Allied Health Profession (AHP) programmes can provide an indication of future workforce supply, while competition for available places helps

demonstrate where demand for training opportunities remains strongest. Monitoring application trends also supports workforce planning and helps inform decisions regarding future education commissioning.

Table 9 presents applications and commissioned training places for Nursing and Midwifery programmes in Northern Ireland during 2025/26.

Table 9 – Nursing and Midwifery Applications and uptake of training places

Nursing and 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: DoH, Workforce Policy Directorate

Nursing programmes: Open University

Table 10 presents applications and commissioned training places for Allied Health Profession (AHP) programmes in Northern Ireland during 2025/26.

Table 10: Allied Health Professions Applications and Training Places

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: DoH, Workforce Policy Directorate

The 2025/26 data indicates continued strong demand for places across Nursing, Midwifery and Allied Health Profession (AHP) pre-registration programmes commissioned by the Department through local universities. Application numbers exceeded available training places across all commissioned programmes, demonstrating sustained interest in careers within health and social care despite wider labour market competition and workforce pressures.

Within Nursing and Midwifery, Children's Nursing was the most competitive field of practice with an application-to-place ratio of 12:1, followed by Mental Health Nursing at 6:1 and Midwifery at 5:1. Adult Nursing also attracted strong demand with a ratio of 5:1, while Learning Disability Nursing recorded the lowest ratio at 3:1. While all Nursing and Midwifery programmes remained oversubscribed, the comparatively lower demand for Learning Disability Nursing is consistent with recruitment challenges previously identified within this field of practice.

Among the Allied Health Professions, Speech and Language Therapy (14:1), Occupational Therapy (13:1) and Physiotherapy (10:1) recorded the highest levels of competition for available places. Demand also remained strong across Paramedic Science, Dietetics and Radiotherapy and Oncology programmes. Podiatry recorded the lowest application-to-place ratio at 3:1, although applications continued to exceed available training places.

The overall level of demand for commissioned training programmes provides a positive indication of the attractiveness of health and social care careers within Northern Ireland and demonstrates the continued availability of a strong applicant pipeline for entry into many professional groups. However, demand for training places does not automatically translate into future workforce supply. The contribution of education programmes to workforce sustainability is also influenced by factors such as student retention, programme completion rates, commissioned training capacity and the availability of funding to expand training places where workforce shortages have been identified.

7.3 Student Retention and Attrition

Student retention and attrition are important indicators of the effectiveness of commissioned education and training programmes. While application numbers provide an indication of demand for training places, attrition levels influence the number of students who successfully complete programmes and ultimately join the Health and Social Care workforce.

Table 11: Nursing programmes: Open University

Intake Year	Withdrawals processed in 2025/26					
	Adult	Learning Disability	Mental Health	Children & Young People	Total	Withdrew after start of 25 (Oct 25)
2022	4	1	1	0	6	0
2023	11	1	2	1	15	4
2024	6	0	1	1	8	3
2025	2	0	0	0	2	2
Total	23	2	4	2	31	9

Source: DoH, Workforce Policy Directorate

* Reason selection is completed by students directly so may not be an accurate representation.

Reasons for withdrawal:

- 1 listed as personal/health issues.
- 1 deceased.
- 29 listed as personal reasons.

Table 12: Nursing programmes: Queen's University Belfast Attrition rates for 2025/26 broken down by field of practice: Pre-registration BSc programmes

Field	Attrition	Reasons for leaving*
Adult	18	2 x Fitness to Practice Regulation 1 x Personal Reasons 4 x Presumed Withdrawn 4 x Programme not what expected 3 x Progress Committee Decision 1 x Student Death 1 x Transferred University 2x Exit Award
Children and Young People	3	2 x Programme not what expected 1x Exit Award
Learning Disabilities	4	1 x Progress Committee Decision 1 Presumed Withdrawn 1 Other Family Responsibilities 1x Exit Award
Mental Health	7	2 x Personal Reasons 2 x Presumed Withdrawn 1 x Programme not what expected 2 x Progress Committee Decision
Midwifery	3	1 x Personal Reasons 1 x Presumed Withdrawn 1 x Programme not what expected

Source: DoH, Workforce Policy Directorate

* Reasons reflect the categories recorded in internal reporting systems.

Table 13: Pre-registration MSc programmes

Field	Attrition	Reasons for leaving*
Adult	0	
Children and Young People	0	
Mental Health	0	
Midwifery	2	1 x Presumed Withdrawn 1 x ill Health

Source: DoH, Workforce Policy Directorate

* Reasons reflect the categories recorded in internal reporting systems.

Table 14: Student Attrition Rates by Programme and Intake Cohort (%)

Programme	2025/2026 Intake (Year One)	2024/2025 Intake (Year Two)	2023/2024 Intake (Year Three)
BSc (Hons) Adult Nursing	6.15%	7.58%	14.6%
BSc (Hons) Mental Health Nursing	0%	9%	5%
BSc (Hons) Paramedic Science	0%	2%	2.1%
BSc (Hons) Adult Nursing	6.15%	7.58%	14.6%

Source: DoH, Workforce Policy Directorate

Analysis of student attrition indicates:

- **Financial pressures** remain the most common reason for withdrawal from programmes. The increasing cost of living, combined with the demands of study and practice learning, can create significant challenges for some students.
- **Personal circumstances** including family commitments, caring responsibilities, and childcare arrangements, which may impact students' ability to balance academic, placement, and personal commitments. Health-related withdrawals occur relatively infrequently but may arise where students experience physical or psychological health challenges that affect their capacity to continue their studies.
- **Programme or profession not suitable** students on occasion state that the programme is not aligned with their expectations, career aspirations, or personal circumstances. This equates to a small number of students.

While attrition occurs across all higher education programmes, student withdrawals represent a loss of potential future workforce supply and reduce the number of registrants entering the Health and Social Care workforce from commissioned training places. Understanding and addressing the factors contributing to attrition remains important in maximising the return on investment in education commissions and supporting future workforce sustainability.

Feedback from stakeholders indicates that attrition levels in Northern Ireland are well below those reported in England and are not considered a cause for concern. Stakeholders also advised that universities have appropriate pastoral care arrangements in place to support students who may face financial difficulties during their studies.

The school continues to monitor withdrawal trends closely and provides a range of academic, pastoral, financial, and wellbeing support mechanisms aimed at promoting student retention and success.

Table 15: Remaining AHP programmes: Ulster University

Programme	Leavers in 2024/25					Recorded reason
	Year 1	Year 2	Year 3	Year 4	Total	
Podiatry	0%	0%	0%	N/A	0%	
Physiotherapy	2.10%	0	0	N/A	2.10%	3 x early leavers in Year 1 programme not for them
Occupational Therapy	0%	0%	1.60%	N/A	1.60%	Student taken leave of absence in Year 3 to return
Speech and Language Therapy	0%	5.30%	0%	N/A	5.30%	2 x early leavers in Year 2 programme not for them
Radiotherapy and Oncology	0%	7.70%	0%	N/A	7.70%	1 x non-returner in Year 2 reason unknown
Diagnostic Radiography and Imaging	2.10%	0%	0%	N/A	2.10%	2 x early leavers in Year 1 programme not for them
Dietetics	2.90%	0%	0%	0%	2.90%	1 x early leaver in Year 1 programme not for them

Source: DoH, Workforce Policy Directorate

* Table details attrition rates for 2024/25, 2025/26 not yet available.

7.4 Quality and Assessment of Training Programmes

The quality of education and training programmes is an important component of workforce supply. Alongside ensuring sufficient numbers of students enter training programmes, it is essential that graduates possess the knowledge, skills and professional competencies required to deliver safe and effective care. Higher education institutions and professional regulators therefore maintain a range of quality assurance and assessment mechanisms to ensure that students meet the academic and professional standards required for registration and entry to practice.

7.4.1 The Open University

The Open University (OU) measures the quality and progress of trainee nurses on its NMC approved nursing degree programme through a combination of academic assessment, clinical placement evaluation, and professional conduct monitoring. Students' complete theory-based learning and assessments alongside practice-based learning and assessments. Practice-based learning is recorded in the regional and electronic practice assessment document, which maps achievement against the NMC standards of proficiency. Clinical competence is assessed within placement settings by practice assessors and practice supervisors, who work in collaboration with the OU academic assessors/practice tutors. The OU's approach follows the NMC Standards for Student Supervision and Assessment, ensuring students demonstrate safe, effective, and professional practice.

7.4.2 Queen's University Belfast

Students undertaking Nursing programmes at Queen's University Belfast are assessed both academically and in practice. The curriculum is approved by the Nursing and Midwifery Council and students are continuously assessed throughout practice placements in accordance with NMC Standards for Student Supervision and Assessment. Successful completion of both academic and practice-based elements is required to demonstrate the knowledge, skills and professional behaviours necessary for registration.

7.4.3 Ulster University

For Nursing, Paramedic Science and Allied Health Profession (AHP) programmes, the quality of student performance and programme delivery is monitored through a range

of key performance indicators. These include progression rates between academic years, module and programme pass rates, first-attempt success rates, retention and attrition data, degree classification outcomes and professional registration examination performance, where applicable. Student achievement is reviewed alongside external examiner feedback, student evaluation data, placement outcomes and graduate employment metrics. Regular analysis of these measures supports continuous quality improvement and provides assurance that students are achieving the required academic and professional standards.

Students undertaking Allied Health Profession programmes are required to successfully complete all elements of their programme, including theoretical, practical and practice placement requirements, and demonstrate achievement of all specified learning outcomes before qualification.

Across all commissioned programmes, students are required to demonstrate achievement of academic, professional and practice-based standards before they are eligible for registration. The assessment and quality assurance arrangements in place provide assurance that newly qualified registrants entering the Health and Social Care workforce have achieved the competencies required to practise safely and effectively. These arrangements play an important role in supporting public confidence and ensuring the future workforce is equipped to meet evolving service needs.

7.5 Current and Future Training Capacity

The Department of Health has worked with key stakeholders to complete the strategic workforce reviews listed in Annex 2. In professions where the Department commissions training places, the resulting strategic workforce review reports most often contain recommendations in respect of those training places, generally for increases in training places.

In some cases, recommended increases in training places have been achieved. In others, the Department has not yet been able to expand training places in line with relevant recommendations. This is due the persistently challenging financial situation. The Minister and the Department remain committed to implementing the recommendations of accepted strategic workforce reviews. However, additional places can only be commissioned if relevant recurrent funding is available. Officials consider opportunities on an ongoing basis for recommended expansions in the

annual review of education and training commissioned by the Department. The Minister also continues to make the case for this essential long-term investment on a multi-year basis in education and training programmes, to help deliver the optimum workforce.

Expanding education and training capacity remains one of the most effective long-term measures available to address workforce shortages and support workforce sustainability. However, the benefits of increasing commissioned training places are not realised immediately, given the time required for students to complete professional training programmes and enter the workforce. Decisions regarding training commissions therefore have implications not only for current workforce pressures but also for the future availability of suitably qualified professionals across Health and Social Care.

Strategic workforce reviews continue to provide an evidence base for education commissioning decisions and help identify professions where future workforce supply may not be sufficient to meet projected service demand. Where recommended increases in training places cannot be implemented, workforce shortages may persist for longer and the ability to achieve planned workforce growth may be constrained.

The Department continues to work with education providers, employers and professional groups to monitor workforce supply requirements and identify opportunities to strengthen workforce pipelines. Ensuring that investment in education and training is aligned with future service needs remains an important component of workforce planning and workforce sustainability.

7.6 Financial Support and Bursaries

Financial support arrangements can play an important role in supporting participation in health and social care training programmes by reducing financial barriers to undertaking professional education. The Department therefore provides a range of financial support measures for students undertaking commissioned training programmes.

The Department of Health currently pays the tuition fees and provides a non means-tested bursary of £5, 165 per annum, to nursing and midwifery students on a commissioned pre-registration training place at our local universities. Students may

also be eligible for a range of means-tested allowances, depending on their individual circumstances.

In relation to medical and dental students, NI-domiciled students undertaking their studies at a UK Medical or Dental School are provided with tuition fee support by the Department for their final year of study. They may also be eligible for grants towards their living and travel costs, from Student Finance NI, on entering the fifth year of a first-degree course in medicine. Support may also be available from Student Finance NI to Medical students undertaking a one-year, intercalated degree as part of their undergraduate degree course.

For Allied Health Profession students, the Department currently pays the tuition fees, and provides a means-tested bursary, to students on a commissioned pre-registration training place at Ulster University.

These financial support arrangements form an important component of the Department's approach to supporting access to professional training programmes and maintaining future workforce supply across Nursing, Midwifery and Allied Health Professions.

7.7 Future Workforce Supply and Sustainability

Evidence presented in this section demonstrates continued strong demand for pre-registration Nursing, Midwifery and Allied Health Profession training programmes across Northern Ireland.

While application numbers remain encouraging, future workforce supply will continue to be influenced by training capacity, student retention and attrition, financial constraints and the availability of commissioned training places. Ensuring sufficient education and training capacity remains critical to addressing workforce shortages and supporting the future sustainability of the Health and Social Care workforce.

Education and training commissions remain a key component of the Department's workforce planning approach and represent the primary long-term mechanism for increasing workforce supply across many Agenda for Change professions. Through the commissioning of pre-registration training places, the Department seeks to ensure that future workforce supply is aligned with projected service demand and the recommendations arising from strategic workforce reviews.

The evidence presented within this section suggests that there remains strong interest in health and social care careers across Northern Ireland, with demand for commissioned training places continuing to exceed available capacity across Nursing, Midwifery and Allied Health Profession programmes. This provides a positive foundation for future workforce supply.

However, workforce sustainability will continue to depend on the ability to maintain sufficient training capacity, minimise avoidable student attrition and secure the investment required to implement recommended increases in commissioned training places. As service demand continues to increase and workforce shortages persist across a number of professional groups, continued investment in education and training will remain essential to supporting workforce growth and delivering a sustainable Health and Social Care workforce for the future.

Section 8 - Staff Experience

8.1 Pensions

Pension arrangements remain an important component of the overall employment offer for Agenda for Change staff. Pension-related issues can influence recruitment, retention, retirement decisions and workforce sustainability. The HSC Pension Scheme forms an important part of the overall reward package available to staff and recent pension reforms, greater retirement flexibility and changes to pension taxation may influence the extent to which experienced staff remain in employment beyond traditional retirement points. This section outlines recent pension developments and their potential implications for workforce sustainability across Health and Social Care in Northern Ireland.

8.1.1 Consideration of Additional Pension Flexibilities

The Department of Health has not undertaken any formal consideration of additional pension flexibilities that would allow staff to reduce their pension contributions whilst retaining the value of active scheme membership.

Consequently, no analysis, modelling or policy development work has been undertaken regarding additional pension flexibilities, and no evidence is available to support further comment.

The Department has, however, implemented and supported existing pension flexibilities available through the HSC Pension Scheme, including partial retirement and retire-and-return arrangements. These are discussed in the following sections.

8.1.2 Retirement Trends and Workforce Re-entry

Due to the structure of HSCNI pension arrangements, it is not possible to provide definitive data on early retirement trends. However, Trusts do hold some data on the number of full and partial retirees, as well as those who choose to return to work after retirement. It is important to note that staff may hold benefits across multiple schemes, each with different retirement ages and rules, which makes consistent classification of early retirement unfeasible at Trust level.

Table 16 provides the total number of retirees reported by Trusts during 2025/26.

Table 16: Retirees per Trust in 2025/26 for all HSC Staff

Trust	Total no. of retirees	No. of employees at retirement age (Aged Under 66*)	No. of employees below retirement age (Aged Before 66*)
SHSCT	179	74	105
WHSCT	215	N/A	N/A
BHSCT	351	264	21
SEHSCT	178	61	117
NHSCT	138	N/A	N/A

Source: HSC Trusts

*Age 66 has been used as a reporting threshold based on the UK State Pension Age and should not be interpreted as a definitive classification of normal or early retirement.

Note - Data was not available from all Trusts for the breakdown of retirees by age, therefore totals may not equal the sum of the age categories presented.

While caution should be exercised when interpreting retirement data due to differences in pension scheme arrangements and retirement ages, the evidence indicates that a significant number of staff continue to leave the workforce each year through retirement. Retirement therefore remains an important workforce planning consideration, particularly given the demographic profile of many professional groups the loss of experienced staff and the corresponding need for succession planning, knowledge transfer and workforce renewal.

Trusts reported ongoing use of both partial retirement and retire-and-return arrangements during 2025/26. Partial retirement enables staff to access a proportion of their pension while remaining in employment, whereas retire-and-return arrangements allow staff to return to work following retirement. The level of uptake reported by Trusts varied considerably, as shown in Table 17. As Trusts record these arrangements differently, the figures are not directly comparable.

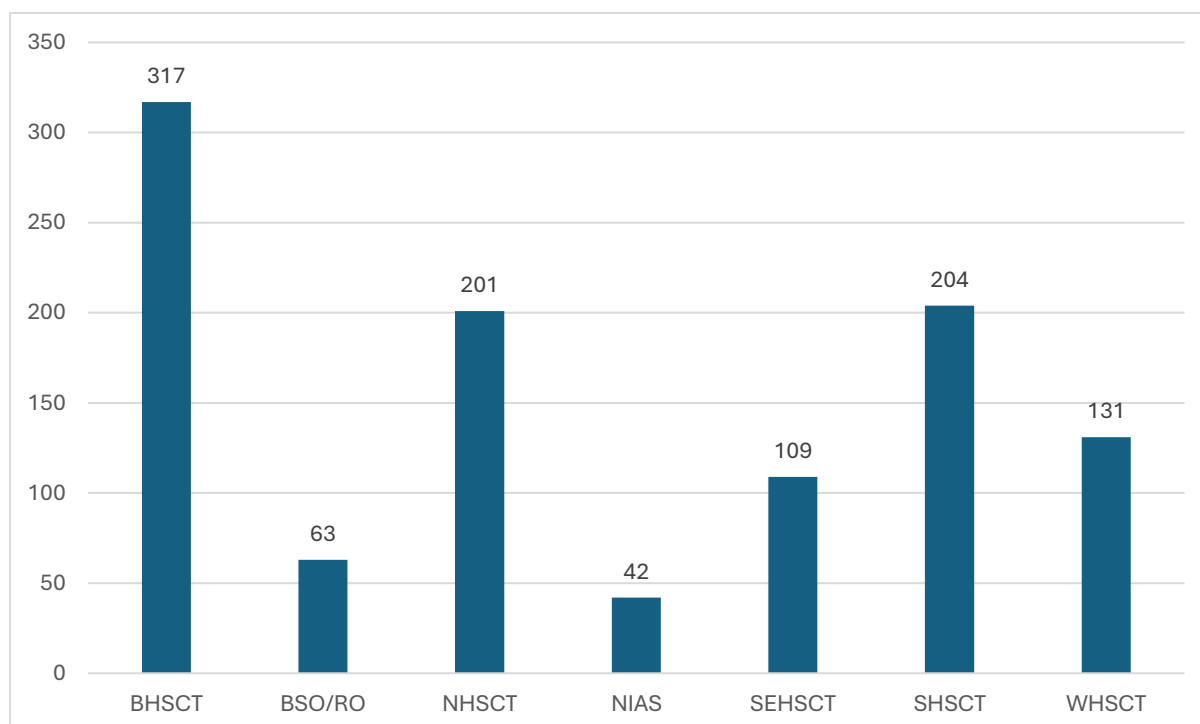
Table 17: Staff continuing in employment following retirement-related arrangements

Trust	Number of staff	Details
SHSCT	167 Partial Retirement	Of the 167 staff; 144 (86%) were aged under 66 and 23 (14%) over 66.
WHSCT	40 Partial Retirement; 2 Retire and Return	Enquiry level remains consistent regarding partial retirement. Partial retirement is underutilised.
BHSCT	291 Partial Retirement; 6 Retire and Return	The majority of retirement-related workforce participation was through partial retirement rather than Retire and Return arrangements.
SEHSCT	70 Retire and Return	70 of 117 staff retiring aged under 66 returned to work, including 61 (52%) on Bank contracts and 9 (8%) on temporary Retire and Return arrangements.
NHSCT	187 Partial Retirement; 49 Retire and Return	Of the 49 staff specified; 46 were in Bank roles and 3 in part-time substantive roles following retirement.

Source: HSC Trusts

The tables below provide a breakdown of applications processed by HSC Pension Service for the Scheme Year 2025/26. The following graphs show the data by each Trust and by Age.

Chart 4: Partial Retirement Applications by Trust/Organisation

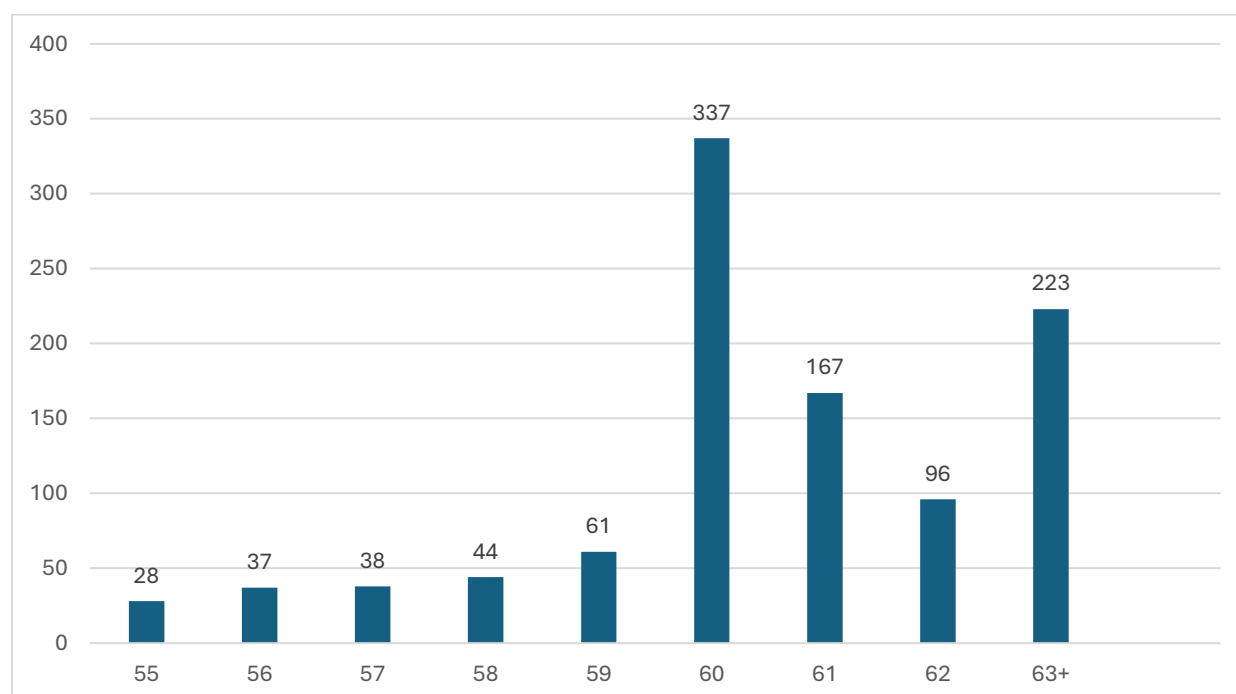


Source: Department of Health, Workforce Policy

The growing use of partial retirement and retire-and-return arrangements suggests that pension flexibility is increasingly supporting workforce retention. These arrangements enable experienced staff to remain economically active while accessing pension benefits and may help retain valuable skills, experience and organisational knowledge within the HSC workforce.

Analysis of partial retirement applications indicates variation in uptake across HSC organisations. Belfast HSC Trust recorded the highest number of partial retirement applications (317), representing approximately 30% of all reported applications. Northern HSC Trust (201) and Southern HSC Trust (204) also reported comparatively high levels of uptake. Together, these three organisations accounted for approximately 68% of all reported applications. Western HSC Trust recorded 131 applications and South Eastern HSC Trust 109 applications, whilst NIAS (42) and BSO/Regional Organisations (63) reported lower levels of activity. The data indicates that partial retirement arrangements are being utilised across all HSC organisations, although levels of uptake vary between employers.

Chart 5: Partial Retirement by Age



Source: Department of Health, Workforce Policy

Analysis of partial retirement applications by age demonstrates that uptake is concentrated amongst older employees. Staff aged 60 years and over accounted for

approximately 80% of all partial retirement applications, with the highest level of uptake recorded amongst staff aged 60 years (337 applications), followed by those aged 63 years and over (223 applications) and those aged 61 years (167 applications). Employees aged under 60 accounted for approximately 20% of applications. The data indicates that partial retirement arrangements are primarily being utilised by staff approaching or beyond traditional retirement ages, although uptake is also evident amongst a smaller proportion of employees aged under 60 years.

Overall, while the structure of HSC pension arrangements means that early retirement cannot be consistently identified across Trusts, available evidence indicates that a number of staff continue in, or return to, the workforce through partial retirement and retire-and-return arrangements. However, approaches to recording these arrangements vary across Trusts and do not currently support a comprehensive regional assessment of retirement behaviour, workforce re-entry trends or the overall impact of these arrangements on workforce sustainability.

8.1.3 Impact of Pension Tax Changes

The HSC Pension Scheme view is that the long-term value of scheme membership remains significant and that, despite the continued application of pension tax charges in some circumstances, the vast majority of members continue to benefit from participation in the scheme.

The changes to the Annual Allowance and the abolition of the Lifetime Allowance announced in the Spring 2023 Budget remain broadly welcomed by HSC Pension Scheme members and their representatives. It is anticipated that these changes may reduce the pension taxation concerns previously experienced by some higher earners and support continued participation in both the HSC workforce and the HSC Pension Scheme.

The introduction of flexible retirement arrangements for 1995 Scheme members in December 2024 was also welcomed. These arrangements provide members with greater flexibility in managing their pension benefits and may enable some individuals to use partial retirement as a means of mitigating future Annual Allowance growth while remaining in employment.

Collectively, these changes may reduce some of the pension-related factors that have previously influenced retirement decisions and workforce participation among experienced staff. Greater flexibility, alongside changes to pension taxation arrangements, may support the retention of experienced employees by enabling them to remain in employment while making informed decisions about retirement and pension planning.

8.1.4 Retention Measures Related to Pensions

No specific actions were taken to address the impact of pension taxation changes on workforce retention. Pension taxation policy is determined by the UK Government and HM Treasury and is therefore outside the direct control of the Department of Health. The Department considers pension-related matters as part of its wider approach to workforce sustainability, recruitment and retention.

While pension taxation policy remains outside the Department's control, recent pension reforms and retirement flexibilities may support workforce retention by providing staff with greater choice regarding retirement planning and workforce participation. Measures such as partial retirement, retire-and-return arrangements and other pension flexibilities enable experienced staff to remain in employment while accessing pension benefits.

Although pension arrangements represent only one component of the overall employment offer, they remain an important consideration for some staff when making decisions regarding retirement, continued workforce participation and long-term career planning. Consequently, pension-related developments continue to be considered within the wider context of workforce sustainability and retention.

8.1.5 Impact of the McCloud Remedy

Immediate Choice has commenced for those members who retired before the implementation of McCloud. Pension taxation and Annual Allowance will be recalculated based on the member's decision.

The department have not processed individual revisions as yet so have no specific data however, it is broadly expected that those that choose to have the remedy period put back into the legacy Scheme as opposed to the CARE scheme will have a lower

tax liability. Refunds and revisions to Scheme pays will be processed by HSC PS and HMRC for later years.

At present, the implications for workforce behaviour and retirement decisions remain uncertain. The Department will continue to monitor implementation of the McCloud remedy and any implications for pension taxation, retirement decisions and workforce participation as additional data becomes available.

8.1.6 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.

Pension recycling was introduced to help mitigate the risk that experienced staff may reduce their hours, decline additional duties or leave employment due to pension taxation considerations. The policy therefore supports wider workforce sustainability objectives by encouraging the retention of experienced staff and helping maintain workforce capacity.

8.1.7 Impact of Changes to the Pension Regime on Retention

The Department introduced legislation in April 2024 providing the legal framework for a package of new retirement flexibilities for members of the 1995 Section of the HSC Pension Scheme. These measures included pensionable re-employment, partial retirement and the removal of the 16-hour rule.

The introduction of these flexibilities has provided staff with greater choice regarding how they transition towards retirement and has enabled individuals to remain in employment while accessing pension benefits. The reforms have generally been welcomed by scheme members and staff representatives and are intended to support workforce retention by providing additional flexibility at the end of an employee's career.

These retirement flexibilities may enable experienced staff to remain economically active for longer, continue contributing to service delivery and support the transfer of skills and knowledge within the workforce. In particular, partial retirement and retire-and-return arrangements provide opportunities for staff to reduce their working commitments while maintaining workforce participation.

While the long-term impact of these changes is still emerging, the reforms support wider workforce sustainability objectives by increasing flexibility and helping experienced staff remain within the Health and Social Care workforce for longer.

8.1.8 Conclusion

Pension arrangements continue to form an important component of the overall employment offer for Agenda for Change staff and remain an important factor in workforce sustainability, retirement decisions and continued workforce participation. While pension policy and taxation arrangements are largely determined at a UK level, recent changes to pension taxation, the introduction of additional retirement flexibilities and wider pension reforms have generally been welcomed by scheme members and their representatives.

Available evidence indicates that a significant number of staff continue to retire each year, highlighting the importance of workforce planning, succession planning and the retention of experienced employees. The increasing use of partial retirement and retire-and-return arrangements suggests that pension flexibility is supporting workforce participation by enabling experienced staff to remain in or return to employment while accessing pension benefits.

Although the full impact of recent pension reforms is still emerging, measures such as pensionable re-employment, partial retirement, pension recycling and changes to pension taxation arrangements may help reduce some of the pension-related factors

that have previously influenced retirement decisions and workforce participation. These measures provide staff with greater flexibility and choice regarding retirement planning and may support the retention of valuable skills, experience and knowledge within the Health and Social Care workforce.

While pensions represent only one element of the overall employment offer, confidence in pension arrangements and access to appropriate retirement flexibilities remain important considerations in supporting workforce retention, maintaining workforce capacity and ensuring the long-term sustainability of Health and Social Care services in Northern Ireland.

8.2 Staff Wellbeing, Engagement and Workforce Experience

8.2.1 Introduction

Staff wellbeing, engagement and workforce experience remain key priorities across Health and Social Care (HSC) in Northern Ireland. Trusts continue to invest in a range of initiatives designed to support physical, psychological and emotional wellbeing, recognising the important relationship between staff experience, workforce sustainability and the delivery of safe, high-quality patient care.

Across the region, there is increasing emphasis on preventative approaches to wellbeing, staff engagement, flexible working and organisational culture. Trusts recognise that supporting staff wellbeing is not only important for individual employees but also contributes positively to recruitment, retention, attendance, workforce resilience and organisational performance.

8.2.2 Staff Engagement and Organisational Culture

Across the region, Trusts continue to employ a range of local and regional staff engagement approaches aimed at improving workforce experience, supporting wellbeing and strengthening organisational culture. Staff engagement is recognised as an important contributor to workforce sustainability, patient safety and the delivery of high-quality care. Staff engagement activity includes staff experience surveys, pulse surveys, organisational culture assessments, leadership engagement events, coaching and mentoring programmes, staff networks and organisational development initiatives. These mechanisms provide opportunities for staff to share feedback, influence decision-making and contribute to service improvement.

Trusts reported increasing use of structured feedback mechanisms to better understand workforce experience, identify areas for improvement and inform local action planning. Engagement data provides valuable insight into staff perceptions of organisational culture, involvement in decision-making, psychological safety and wellbeing, all of which are recognised indicators of quality and safety within healthcare organisations.

Trusts also highlighted ongoing work to create positive, open and inclusive workplace cultures through initiatives such as Open, Just and Learning Culture programmes, psychological safety training, leadership development activities and staff networks promoting equality, diversity and inclusion. A recurring theme across responses was the importance of visible leadership, effective communication and ensuring staff can clearly see how feedback has informed organisational decisions and service improvement activity. Trusts reported that staff engagement is most effective when individuals feel listened to, valued and involved in decision-making processes.

Overall, Trusts reported that staff engagement contributes positively to workforce wellbeing, morale, workforce stability and service improvement. Evidence suggests that staff who feel valued and engaged are more likely to contribute positively to team performance, patient experience and organisational improvement.

8.2.3 Health and Wellbeing Policies and Regional Framework

Trusts implement a range of staff wellbeing initiatives in line with the Department of Health's *Strengthening Our Core Regional Framework*²⁰. Introduced in 2024, the Framework recognises that staff wellbeing is integral to workforce sustainability, staff experience and the delivery of safe, high-quality care. It promotes a shift from reactive interventions towards a preventative, whole-system approach focused on culture, leadership and the working environment. Implementation of the Framework is supported by regional governance arrangements, including the establishment of a Regional Operational Group, a regional self-assessment process and the development of shared wellbeing resources, training programmes, communications materials and approaches to wellbeing measurement and evaluation. Trusts reported

²⁰ [Strengthening Our Core: A Regional Framework for HSC Staff Health and Wellbeing in the Workplace | Department of Health](#)

increasing collaboration in the development and delivery of wellbeing initiatives across the region.

In keeping with the Framework, Trusts reported increasing emphasis on prevention and early intervention. This includes investment in:

- Occupational Health services;
- Psychological wellbeing support;
- Counselling and stress management programmes;
- Critical incident support arrangements;
- Coaching and mentoring programmes;
- Leadership development;
- Wellbeing champions and peer support networks;
- Health promotion initiatives;
- Financial wellbeing support;
- Flexible working arrangements;
- Menopause support initiatives;
- Support for carers and staff with additional needs; and
- Domestic and sexual violence support programmes.

Trusts reported that wellbeing initiatives are increasingly informed by staff feedback, organisational culture assessments, workforce engagement activity, wellbeing forums and listening exercises. These mechanisms help identify emerging workforce needs and support the continuous improvement of wellbeing programmes and support arrangements. Trusts also highlighted the importance of organisational culture and compassionate leadership in supporting workforce wellbeing. Manager wellbeing training, leadership development initiatives, reflective practice opportunities and team-based wellbeing approaches have all been introduced to strengthen workplace support arrangements and promote psychological safety.

Evidence provided by Trusts indicates that wellbeing initiatives contribute positively to workforce resilience, staff engagement, attendance and staff experience. Trusts highlighted that supporting staff wellbeing can help mitigate the impact of stress and burnout, improve workforce resilience and strengthen continuity of care. The evidence

also suggests a positive relationship between workforce wellbeing, service quality and patient experience.

Early evidence suggests that the Strengthening Our Core Framework is helping to provide greater consistency and structure to staff wellbeing approaches across Health and Social Care organisations. Trusts reported positive outcomes in relation to wellbeing awareness, workplace culture, access to support, staff engagement and workforce resilience.

Overall, Trusts reported that wellbeing initiatives are contributing positively to workforce resilience, wellbeing awareness, workplace culture and access to support. However, organisations also noted that the effectiveness of wellbeing initiatives remains closely linked to wider workforce pressures, including staffing shortages, workload intensity and increasing service demand. While wellbeing initiatives are making a positive contribution, sustained improvements in workforce experience and wellbeing will require continued investment in both workforce support arrangements and wider workforce capacity.

8.2.4 Flexible Working and Flexible Retirement

Flexible working continues to be an important component of workforce policy across Health and Social Care organisations. Trusts reported increasing demand for flexible working arrangements as staff seek to balance work with health conditions, caring responsibilities, education, work-life balance and other personal commitments.

Trusts recognise that flexible working can support recruitment, improve staff retention and contribute positively to workforce wellbeing. Flexible working arrangements are also viewed as an important mechanism for supporting workforce diversity and retaining experienced staff.

Flexible retirement has also become an increasingly important workforce consideration. Traditional models of retirement are evolving, with many staff seeking opportunities to reduce their working commitments gradually while continuing to contribute to service delivery.

The Department introduced a range of retirement flexibilities, including partial retirement arrangements, to support staff approaching retirement age. These measures are intended to help retain experienced staff, reduce the sudden loss of

expertise and support workforce continuity. Trusts reported considerable interest in these arrangements. Evidence of the uptake of partial retirement and retire-and-return arrangements across HSC Trusts during 2025/26 is provided in Section 8.1.2 (Retirement Trends and Workforce Re-entry), Table 17 Retaining experienced clinicians for longer can provide important benefits for patient care, workforce development and succession planning.

Overall, Trusts reported that flexible working and retirement arrangements contribute positively to workforce wellbeing, workforce retention and workforce sustainability.

8.2.5 Agenda for Change Staff Wellbeing

While a wide range of wellbeing initiatives and support mechanisms are in place across Health and Social Care organisations, Trusts continue to report challenges associated with increasing service demand, workforce shortages, workload intensity and growing patient complexity. These pressures affect a broad range of Agenda for Change staff groups, including Nursing and Midwifery, Allied Health Professions, Social Work, Social Care, Ambulance Services, Support Services and Administrative and Clerical staff.

Trust evidence indicates that sustained workforce pressures can affect staff experience, morale and wellbeing, while increasing the risk of stress, fatigue and burnout. Workforce shortages and vacancies can increase workload intensity for existing staff, while service pressures and growing demand can reduce opportunities for recovery, professional development and reflective practice. These factors can have implications for workforce engagement, retention and workforce sustainability.

The evidence presented throughout this report demonstrates that staff wellbeing is closely linked to workforce capacity, workload management, organisational culture, leadership, career development opportunities and access to appropriate support. As a result, wellbeing initiatives are increasingly being integrated into wider workforce planning and workforce sustainability arrangements across Health and Social Care.

Trusts reported a range of targeted wellbeing initiatives designed to support Agenda for Change staff throughout their careers. These include access to occupational health services, psychological support, counselling services, peer support networks, mentoring, flexible working arrangements, wellbeing resources and leadership

development opportunities. Additional support is also available for specific staff groups and workforce challenges, including support for carers, menopause support, financial wellbeing initiatives and interventions designed to support workforce resilience.

Trusts also reported a range of workforce-specific initiatives designed to address the unique pressures experienced by different Agenda for Change staff groups. Within Nursing and Midwifery services, wellbeing support has focused on managing workforce pressures associated with staffing shortages, increasing acuity and sustained demand across acute, community and mental health settings. Measures include psychological support services, reflective practice opportunities, wellbeing champions and enhanced Occupational Health support.

Within Social Work and Social Care services, particular emphasis has been placed on supporting staff managing complex caseloads, safeguarding responsibilities and emotionally demanding work. Trusts reported the use of mentoring arrangements, reflective supervision, peer support approaches and targeted wellbeing interventions to support workforce resilience and staff retention.

For Allied Health Professionals, wellbeing initiatives have focused on supporting workforce resilience, professional development and staff engagement across increasingly complex clinical environments. Trusts reported the use of coaching, mentoring, wellbeing resources and flexible working arrangements to support staff experience and workforce sustainability.

Within Ambulance Services, workforce wellbeing remains closely linked to operational pressures, including emergency response demand, shift working patterns and ambulance handover delays. Trusts and the Northern Ireland Ambulance Service have highlighted the importance of psychological support, critical incident support arrangements, peer support networks and initiatives designed to promote workforce resilience and wellbeing.

Support Services, Estates, Facilities, Administrative and Clerical staff also have access to wider wellbeing initiatives, including health promotion programmes, financial wellbeing support, flexible working arrangements and workforce engagement activities, recognising the important contribution these staff groups make to the delivery of Health and Social Care services.

Flexible working arrangements continue to play an important role in supporting staff wellbeing and work-life balance. Trusts reported that flexibility can contribute positively to workforce wellbeing, staff engagement and retention, while also supporting workforce diversity and inclusion. Similarly, opportunities for career development, professional progression and access to learning and development remain important contributors to staff experience and wellbeing.

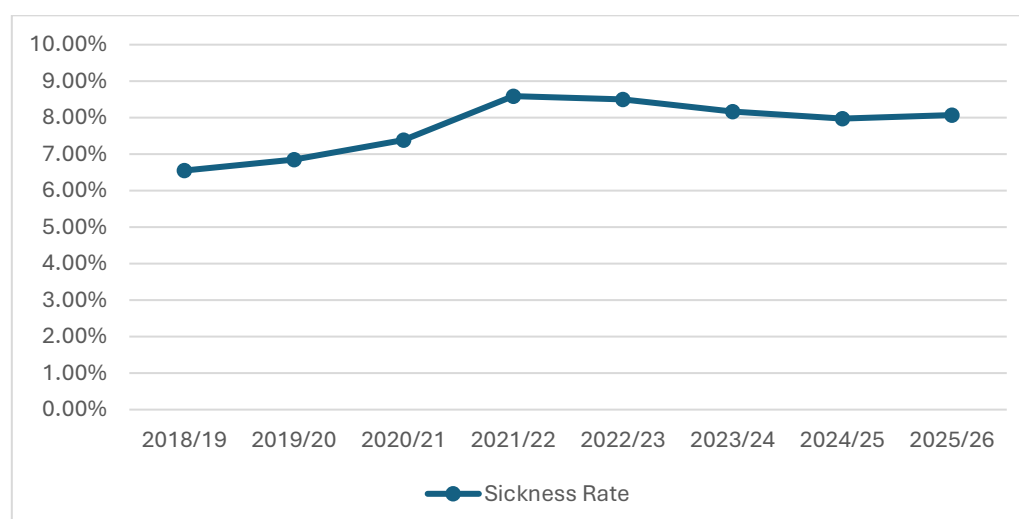
While wellbeing initiatives are making a positive contribution, Trusts consistently reported that wellbeing support alone cannot fully mitigate the impact of wider workforce pressures. Staffing shortages, increasing service demand, workload intensity and service pressures continue to affect workforce wellbeing across a range of professional groups.

Overall, staff wellbeing is increasingly recognised as a key component of workforce sustainability. The evidence provided by Trusts suggests that creating supportive working environments, promoting workforce resilience and improving staff experience can contribute positively to workforce engagement, retention and the delivery of safe, effective and compassionate care. Continued investment in both workforce wellbeing and workforce capacity will therefore remain important to supporting the long-term sustainability of the Agenda for Change workforce.

8.2.6 Mental Health and Stress-Related Absence

Sickness absence data indicates that workforce wellbeing remains an important consideration across Health and Social Care services.

Chart 6 - HSC Sickness Rates (% of hours lost)



During 2025/26, mental health reasons accounted for 39.5% of all HSC absence hours lost due to sickness absence or industrial injury.

Further information on HSC sickness rates, including the percentage of hours lost due to sickness absence or industrial injury, is provided in Annex 7.

While overall sickness absence rates have stabilised in recent years, the proportion attributable to mental health highlights the continuing importance of workforce wellbeing, psychological support and preventative interventions. Trusts reported that high workload intensity, workforce shortages, increasing service demand and organisational change can all contribute to stress-related absence and affect workforce resilience.

The significant contribution of mental health-related absence to overall sickness absence demonstrates the importance of sustaining investment in wellbeing initiatives, psychological support services and workplace cultures that promote resilience, openness and early intervention.

8.2.7 Conclusion

Staff wellbeing, engagement and workforce experience remain important components of workforce sustainability across Health and Social Care in Northern Ireland. Trusts continue to invest in staff wellbeing, engagement, flexible working and workforce support initiatives, recognising the relationship between staff experience, workforce retention and patient care.

The implementation of the Strengthening Our Core framework, increasing emphasis on preventative wellbeing approaches and continued investment in psychological support, occupational health services and workforce engagement initiatives demonstrate a regional commitment to improving staff experience and workforce resilience.

However, Trusts consistently highlighted that wellbeing initiatives alone cannot fully offset wider workforce pressures. Staffing shortages, increasing demand, workload intensity and service pressures continue to affect staff wellbeing, engagement and workforce sustainability.

Overall, the evidence suggests that proactive approaches to wellbeing, engagement, flexible working and workforce support are contributing positively to workforce resilience, organisational culture and staff experience. Continued investment in both workforce wellbeing and workforce capacity will be essential to supporting retention, reducing sickness absence and ensuring the delivery of safe, effective and sustainable health and social care services across Northern Ireland.

8.3 Appraisals

8.3.1 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 contribution/achievement and acknowledge the employee's
- **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

Overall appraisal remains an important component of workforce management within HSC organisations, supporting employee development, performance management, objective setting and the identification of training needs. Effective appraisal arrangements help align individual and organisational objectives and contribute to staff motivation, professional development and the delivery of safe, high-quality services. The approach to appraisal varies across professional groups and reflects relevant professional and regulatory requirements.

8.3.2 Appraisal rates

At the time of writing, the latest regional appraisal completion rates were not available. A consolidated analysis will be submitted as supplementary evidence once all returns have been received and analysed.

8.4 Productivity

8.4.1 Productivity and Service Delivery

Productivity within Health and Social Care (HSC) is complex and cannot be assessed through activity levels alone. Instead, productivity must be considered within the context of increasing patient complexity, rising service demand, patient safety requirements, workforce capacity and workforce wellbeing. As a result, productivity

within HSC is assessed using a range of clinical, operational, workforce and quality indicators rather than through a single standardised measure.

Across the region, Trusts reported evidence of increased activity, throughput and service delivery improvements across a number of service areas, particularly within elective care and outpatient services. Examples included increased outpatient attendances, higher levels of elective activity and improvements in measures such as patient non-attendance rates, theatre utilisation and waiting list validation.

A common theme across Trust responses was that productivity is closely linked to workforce capacity. Workforce shortages, vacancies, staff turnover, retirements, recruitment and retention difficulties, and increasing uptake of flexible working and retirement flexibilities continue to influence service capacity and operational performance.

Productivity improvements have been supported through service redesign, increased utilisation of existing capacity, improved patient flow and scheduling, enhanced triage processes, waiting list validation, targeted waiting list initiatives and expanded use of digital transformation initiatives. Trusts reported a range of initiatives designed to maximise available capacity and improve service delivery, including:

- Outpatient pathway redesign;
- Elective care centres;
- Pathway standardisation
- Enhanced triage models;
- Waiting list validation;
- Improvements in theatre utilisation and scheduling;
- Reduction in delayed discharges; and
- Digital transformation initiatives.

Trusts further emphasised that productivity should be considered alongside quality and patient outcomes, as increases in activity alone do not necessarily indicate improved productivity. Several organisations highlighted that productivity gains are frequently offset by increasing patient complexity, rising emergency care demand and ongoing workforce pressures, therefore they must be balanced against workforce sustainability, staff wellbeing and the delivery of safe and effective care.

Evidence provided by Trusts demonstrates ongoing efforts to maximise service capacity despite significant operational challenges. For example, one Trust reported a 3.9% increase in unscheduled emergency care attendances, a 1.1% increase in inpatient and day case activity, a 10% increase in consultant-led outpatient attendances and a 26.7% increase in nurse-led outpatient attendances during 2025/26. The Trust also reported reductions in inpatient and day case waiting lists (10.5%) and new outpatient waits (3.1%), alongside increased activity across a range of social care services.

Trusts consistently reported that increased activity levels have been supported by significant workforce effort. Additional activity, service flexibility and agenda for change staff working beyond their core contractual commitments were all identified as factors contributing to increased throughput and service delivery. While these measures have supported operational performance and waiting list recovery, Trusts expressed concern regarding the long-term sustainability of relying on additional workforce effort to deliver productivity gains.

Overall, Trusts reported evidence of productivity improvement across a range of services. However, these improvements continue to be delivered within a challenging operating environment characterised by increasing demand, workforce shortages, financial constraints and wider system pressures like substantial waiting list backlogs. The need to deliver productivity gains alongside the Department's Reset and Recovery Plan reinforces the importance of continued service transformation, workforce development, digital innovation and sustainable productivity improvement across Health and Social Care services.

8.4.2 Productivity Growth and Efficiency Targets

Trusts reported continued efforts to improve productivity and operational efficiency through service redesign, workforce initiatives and digital transformation programmes. Measures implemented included reductions in agency utilisation, expansion of bank staffing arrangements, length of stay initiatives, enhanced workforce deployment processes, improved rostering arrangements and the application of quality improvement methodologies.

While evidence of increased activity and improved patient throughput was reported across a range of services, Trusts indicated that progress towards productivity and

efficiency objectives continues to be constrained by wider system pressures. These include sustained growth in demand, increasing patient complexity, workforce shortages, high bed occupancy levels, delayed discharges and ongoing financial constraints.

Trusts also reported challenges associated with establishing consistent productivity baselines following the implementation of new digital systems and changes to performance reporting arrangements. These factors have, in some cases, limited the ability to compare productivity performance over time and assess progress against efficiency objectives.

Several Trusts reported that current efficiency expectations require productivity gains that are increasingly challenging to achieve within existing operational constraints. Productivity improvement programmes comprise a combination of recurrent and non-recurrent measures and, while efficiency savings continue to be delivered, organisations noted that opportunities for further efficiencies are becoming increasingly limited. Trusts expressed concern regarding the diminishing availability of non-recurrent savings and highlighted that future productivity improvement is likely to require more fundamental service transformation and wider system reform.

Overall, Trusts continue to pursue productivity and efficiency improvements across services. However, achieving sustained productivity growth will depend upon continued transformation, workforce sustainability and wider system reform to address the capacity pressures facing Health and Social Care services.

8.4.3 Productivity and Workforce Sustainability

Trusts consistently reported that recent productivity gains and workforce sustainability are closely linked and are dependent in part upon workforce flexibility, additional programmed activity, overtime working and the continued commitment of staff to maintaining service delivery in the face of workforce pressures.

A common theme across Trust responses was that workforce capacity remains a significant determinant of productivity. Vacancies, staff turnover, recruitment and retention difficulties, retirements and workforce shortages continue to affect service delivery and limit organisational flexibility. While retirement flexibilities and retire-and-

return arrangements have supported workforce participation in some areas, workforce supply constraints continue to affect the pace and scale of productivity improvement.

While these approaches have supported increased activity, throughput and service resilience, concerns were raised regarding the long-term sustainability of relying on additional workforce effort to maintain productivity improvements. Organisations emphasised that sustained reliance on workforce goodwill and additional effort may have implications for workforce wellbeing, retention, morale and burnout.

Trusts noted that productivity is routinely affected by the need to prioritise urgent and time-critical services. Delayed discharges, patient flow challenges, increasing patient complexity and ongoing workforce pressures can limit elective throughput and reduce opportunities for further productivity gains.

Trusts highlighted that future productivity gains are most likely to be achieved through service redesign, workforce development, digital transformation, improved patient pathways and investment in workforce capacity rather than through continued increases in workload intensity. Several organisations noted that opportunities to secure further productivity gains solely through additional workforce effort are becoming increasingly limited and that longer-term improvement will require broader system transformation.

Maintaining workforce wellbeing and workforce sustainability was identified as an important consideration when assessing future productivity performance. Trusts reported that sustainable productivity improvement depends on ensuring that workforce capacity keeps pace with service demand and that staff remain supported, engaged and able to work effectively.

Overall, productivity and workforce sustainability are closely linked. Long-term improvements in productivity will require continued investment in workforce supply, workforce development, service transformation and digital innovation alongside wider efforts to improve efficiency and patient flow.

8.4.4 Conclusion

Overall, Trusts reported evidence of productivity improvement across a range of services, including increased activity levels, higher patient throughput and improved utilisation of available capacity. These gains have been supported through service

redesign, workforce flexibility, digital transformation and operational improvement initiatives.

However, significant challenges remain. Increasing demand, workforce shortages, financial pressures and substantial waiting list backlogs continue to limit progress in some services. Trusts also highlighted concerns regarding the long-term sustainability of productivity gains that rely heavily on additional workforce effort and flexibilities.

Continued progress will therefore depend on a combination of workforce investment, service transformation, digital innovation and productivity improvement initiatives that support both service delivery and long-term workforce sustainability. Trusts consistently emphasised that productivity and workforce sustainability are closely linked, and that sustainable productivity improvement depends upon maintaining workforce wellbeing, supporting retention and ensuring workforce capacity keeps pace with service demand.

Achieving future efficiencies alongside the Department's broader transformation and financial recovery objectives will require sustained focus on workforce capacity, service redesign and the efficient use of available resources across Health and Social Care services in Northern Ireland.

8.5 Learning and Development Opportunities

Access to learning and development opportunities remains an important component of the overall employment offer within Health and Social Care. Trusts reported continued investment in leadership development, coaching, mentoring and professional development opportunities designed to support workforce capability, staff experience and career development.

Trusts also highlighted the contribution of workforce development initiatives to recruitment and workforce supply, including apprenticeship programmes, Open University pathways, student placements, newly qualified practitioner programmes and internal progression schemes. These initiatives support workforce pipeline development, strengthen future workforce supply and support employees to progress within Health and Social Care careers.

Digital platforms, including Learn HSCNI, are also being used to support access to learning and development opportunities across the workforce.

Opportunities for professional development, skills acquisition and career development can contribute positively to staff experience, retention and workforce sustainability by supporting workforce capability and helping staff respond to changing service requirements. Career development and progression opportunities were identified as important workforce retention tools. Trusts reported investment in leadership programmes, professional development pathways and role progression opportunities designed to support staff engagement, retention and the development of future workforce capability.

Further information regarding apprenticeship programmes, Open University pathways, recruitment and retention initiatives, and future workforce supply is provided in Sections 5.7, Recruitment and Workforce Attraction, 5.8, Retention, Turnover and Workforce Stability and 7, Education, Training and Future Workforce Supply.

8.6 Staff Experience, Motivation and Morale

8.6.1 Staff Survey Arrangements

HSC employers have developed a specification to commence procurement of a provider to undertake the next Regional HSC Staff Survey. However, Human Resources and Organisational Development teams across the HSC are currently heavily engaged in the final stages of development and implementation of the Equip system, the new regional HR, Finance and Procurement system scheduled for introduction in late 2026. Given the scale and importance of the Equip programme, HSC employers have taken the decision to postpone the next Regional HSC Staff Survey during 2026/27 due to limited staff capacity to support both programmes simultaneously. Planning for the next Regional HSC Staff Survey will recommence following successful implementation of Equip.

In the absence of a current Regional Staff Survey, Trusts continue to utilise a range of alternative mechanisms to understand workforce experience, motivation and morale. These include staff engagement and pulse surveys, organisational culture assessments, Investors in People assessments, staff feedback forums, trade union engagement, workforce indicators and wider employee voice mechanisms.

8.6.2 Staff Engagement, Motivation and Morale

Regionally, there is limited formal data available regarding motivation and morale within the agenda for change workforce. Trusts therefore rely on a combination of workforce indicators, engagement mechanisms, organisational culture assessments and staff feedback to inform understanding of workforce experience.

Trusts reported positive findings relating to staff pride, professional commitment, teamwork and workforce engagement. Staff engagement activity across organisations includes staff surveys, pulse surveys, leadership engagement activities, coaching and mentoring programmes, staff networks, wellbeing initiatives and organisational development interventions. These mechanisms provide opportunities for staff to share feedback, influence decision-making and contribute to service improvement.

Survey responses and engagement data provide insight into staff perceptions of organisational culture, involvement in decision-making, psychological safety and wellbeing, all of which are recognised indicators of quality and safety within healthcare organisations.

8.6.3 Workforce Views on Pay and Reward

In the absence of a formal regional staff survey specifically examining pay satisfaction, Trusts draw on a range of proxy indicators to understand workforce views on pay and reward. These include organisational culture surveys, Investors in People assessments, workforce indicators, employee voice mechanisms, recruitment performance and industrial relations activity.

Available evidence suggests that pay remains an important component of workforce morale, recruitment and retention. However, workforce experience is influenced by a much broader range of factors, including workload, working conditions, leadership, recognition, flexibility, wellbeing and career development opportunities.

Investors in People assessments provided useful insight into staff perceptions of reward and recognition. Two Trusts reported holding Silver Investors in People accreditation. Findings from one Trust's 2025-26 assessment indicated that while pay, terms and conditions form an important part of the overall reward offer, only 41.6% of staff felt that existing reward arrangements aligned with their personal motivations, while 56.8% reported feeling appropriately valued and appreciated in their role.

Although these findings extend beyond pay alone, they provide useful evidence regarding how staff perceive reward, recognition and value within the workplace.

Trusts also reported that wider workforce indicators can provide indirect insight into staff satisfaction with pay. Recruitment difficulties, retention challenges, vacancy levels and reliance on temporary staffing may reflect, in part, perceptions regarding pay competitiveness when compared with alternative employment opportunities that offer different pay, conditions or flexibility.

Employee voice mechanisms, including trade union engagement, focus groups, staff networks, pay-related queries and grievance processes, were identified as valuable sources of workforce intelligence. Feedback received through these mechanisms highlighted ongoing concerns regarding pay competitiveness and reward, particularly among some lower-paid staff groups.

Trade union feedback has also identified a number of specific pay-related issues affecting the Agenda for Change workforce. These include concerns regarding pay compression between Bands 2 and 3, calls for implementation of the Real Living Wage for HSC employees, and issues affecting access to Salary Sacrifice Schemes for some lower-paid staff whose earnings fall close to National Living Wage thresholds.

Recruitment performance and applicant behaviour provide a further indicator of workforce perceptions of pay and reward. Trusts reported reduced applicant numbers and recruitment difficulties in some occupations where pay may be perceived as less competitive than alternative employment opportunities, particularly when considered alongside workload pressures, role complexity and wider employment conditions.

The Department recognises the importance of maintaining a fair and competitive reward package for Agenda for Change staff. During 2025, the then Minister for Health, Mike Nesbitt, reaffirmed the commitment to supporting the lowest-paid staff and agreed a clear pathway with Trade Union Side to deliver the Real Living Wage from 2026/27, with backdating to 1 April 2026. This commitment is intended to improve pay fairness, support recruitment and retention and strengthen the overall employee value proposition for lower-paid staff. Northern Ireland is also participating in the ongoing Agenda for Change structural reform negotiations, which provide an opportunity to consider how pay structures can continue to support recruitment, retention and workforce sustainability across the service.

Overall, workforce indicators, organisational assessments, employee voice mechanisms, industrial relations activity and trade union engagement suggest that pay continues to influence workforce morale, recruitment and retention. Available evidence indicates particular concern regarding pay competitiveness for lower-paid staff groups and the impacts of pay compression within the lower bands. However, these factors operate alongside wider considerations including workload, wellbeing, flexible working opportunities, career development and organisational culture. In the absence of a current regional staff survey, a definitive assessment of pay satisfaction cannot be made, although the available evidence provides important insight into workforce perceptions of the overall employment offer.

8.6.4 Conclusion

Available evidence suggests that Agenda for Change staff remain highly committed to delivering services despite continuing operational pressures across the HSC. In the absence of a current Regional HSC Staff Survey, Trusts have relied on a range of alternative sources, including engagement activity, organisational assessments, workforce indicators, employee voice mechanisms and trade union feedback, to understand staff experience, motivation and morale.

These sources indicate that staff continue to demonstrate strong professional commitment, teamwork and dedication to patient care. However, they also highlight ongoing challenges relating to workload pressures, workforce shortages, wellbeing, recognition and perceptions of pay competitiveness, particularly amongst lower-paid staff groups.

While pay remains an important factor influencing morale, recruitment and retention, workforce experience is shaped by a broader range of factors including leadership, organisational culture, flexibility, career development opportunities and staff wellbeing. The Department and HSC employers will continue to work in partnership with staff and trade unions to strengthen the overall employment offer, support workforce wellbeing and ensure that HSC employment remains attractive, sustainable and rewarding.

Section Nine – Workforce Data

Table 18: HSC Vacancies Actively Being Recruited by Staff Group & Pay Band Group, at 31 March 2026

Staff Group	Bands 2-4	Band 5	Band 6	Band 7	Bands 8A & above	Non-AFC Grades	Total
Administration & Clerical	566	77	73	64	76	[z]	856
Ambulance	29	6	14	3	3	[z]	55
Estates Services	29	17	9	4	2	[z]	61
Generic	1	20	24	26	5	[z]	76
Medical & Dental	[z]	[z]	[z]	[z]	[z]	364	364
Nursing & Midwifery Support	742	[z]	[z]	[z]	[z]	[z]	742
Professional & Technical	191	169	221	150	98	[z]	829
Registered Nursing & Midwifery	[z]	773	290	124	31	[z]	1,218
Social Services (including Domiciliary Care)	1,035	153	276	118	17	[z]	1,599
Support Services/User Experience	435	1	0	0	0	[z]	436
Total	3,028	1,216	907	489	232	364	6,236

Source: HSC Active Recruitment Statistics March 2026²¹

²¹ [Staff vacancies | Department of Health](#)

Table 19: HSC Vacancies Actively Being Recruited by HSC Organisation, 31 March 2026

HSC Organisation	31 Mar 2026
Belfast HSC Trust	1,733
Northern HSC Trust	1,065
South Eastern HSC Trust	1,000
Southern HSC Trust	1,119
Western HSC Trust	1,033
NI Ambulance Service HSC Trust [note 6]	70
Business Services Organisation (BSO)	120
HSC Board / Strategic Planning & Performance Group (SPPG)	31
Children's Court Guardian Agency for Northern Ireland (CCGANI)	6
NI Social Care Council (NISCC)	5
NI Practice & Education Council (NIPEC)	0
Public Health Agency (PHA)	30
Regulation & Quality Improvement Authority (RQIA)	6
NI Blood Transfusion Service (NIBTS)	8
NI Medical & Dental Training Agency (NIMDTA)	7
Patient Client Council (PCC)	3
Total	6,236

Source: HSC Active Recruitment Statistics March 2026²²

Table 20: 2024/25 HSC Leavers (Headcount) & Leaving Rate, by Staff Group

Staff Group	Staff in Post (Headcount) #	Leavers	Leaving Rate (%)
Administration & Clerical	14,656	925	6.3%
Ambulance	1,251	65	5.2%
Estates Services	824	48	5.8%
Medical & Dental (excl. Resident Doctors) ~	3,150	179	5.7%
Nursing & Midwifery Support	5,078	448	8.8%
Professional & Technical	11,143	665	6.0%
Registered Nursing & Midwifery	19,711	1,205	6.1%
Social Services (excl. domiciliary care)	9,481	624	6.6%
Support Services	6,547	556	8.5%
Total (excl. doctors in training)	74,039	5,202	7.0%

Source: HSC Workforce Census March 2025²³

Relates to the staff in post position at the end of the previous financial year e.g. for 2024/25, staff in post headcount relates to the position at 31 March 2024.

²² [Staff vacancies | Department of Health](#)

²³ [Staff numbers | Department of Health](#)

**Table 21: NI Health and Social Care Staff by Gender & Full-Time / Part-Time at
31 March 2025**

	Female	Male	Full-Time	Part-Time
	Headcount*	Headcount*	WTE	WTE
Administration & Clerical	11,312	3,426	10,118.0	3,117.0
Ambulance	463	817	1,175.0	79.0
Estates Services	70	768	812.0	14.7
Medical & Dental	3,017	2,698	4,291.0	926.9
Nursing & Midwifery Support	4,114	742	2,584.0	1,635.1
Professional & Technical	9,173	2,236	7,305.0	2,858.0
Registered Nursing & Midwifery	18,582	1,450	12,786.0	5,264.2
Social Services (excl. domiciliary care)	8,265	1,464	6,571.0	2,277.5
Support Services	3,439	3,096	2,350.0	2,700.6
Total	58,354	16,674	47,992.0	18,873.1

Source: HSC Workforce Census March 2025²⁴

* 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 22 - NI Health and Social Care Staff by Gender & Full-Time / Part-Time at
31 March 2025**

Headcount*	Full-Time		Part-Time	
	Female	Male	Female	Male
Administration & Clerical	6,940	3,170	4,404	259
Ambulance	390	785	73	32
Estates Services	59	753	11	15
Medical & Dental	1,965	2,321	1,058	380
Nursing & Midwifery Support	1,982	602	2,132	141
Professional & Technical	5,345	1,948	3,842	293
Registered Nursing & Midwifery	11,485	1,294	7,108	157
Social Services (excl. domiciliary care)	5,326	1,235	2,949	230
Support Services	578	1,768	2,866	1,338
Total	34,059	13,875	24,395	2,835

* 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.

²⁴ [Staff numbers | Department of Health](#)

Table 23 - NI Health and Social Care Staff by Age Group (Headcount) at 31 March 2025

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
Ambulance	35	91	165	159	159	177	245	168	70	11	1,280
Estates Services	16	30	47	93	113	112	124	145	115	43	838
Medical & Dental	162	779	1,154	1,031	760	642	545	374	182	86	5,715
Nursing & Midwifery Support	259	421	589	632	573	566	613	661	400	142	4,856
Professional & Technical	690	1,527	1,865	1,841	1,737	1,407	1,065	830	346	101	11,409
Registered Nursing & Midwifery	1,118	2,888	3,067	3,187	2,553	2,233	2,227	1,714	846	199	20,032
Social Services (excl. domiciliary care)	290	763	1,192	1,286	1,387	1,327	1,282	1,245	725	232	9,729
Support Services	588	379	419	586	686	614	842	1,010	959	452	6,535
Total	3,521	7,728	9,686	10,627	10,059	9,160	9,313	8,310	4,928	1,696	75,028

Source: HSC Workforce Census March 2025²⁵

* 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.

²⁵ [Staff numbers | Department of Health](#)

Annex

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Annex 1 - Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework

**Table 24 - Strategic Workforce Reviews from the introduction of the Regional
HSC Workforce Planning Framework in March 2015: Position at 24 September
2026**

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 Needs assessment	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 and Diabetes
* 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: [Department of Health Workforce Policy](#)

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

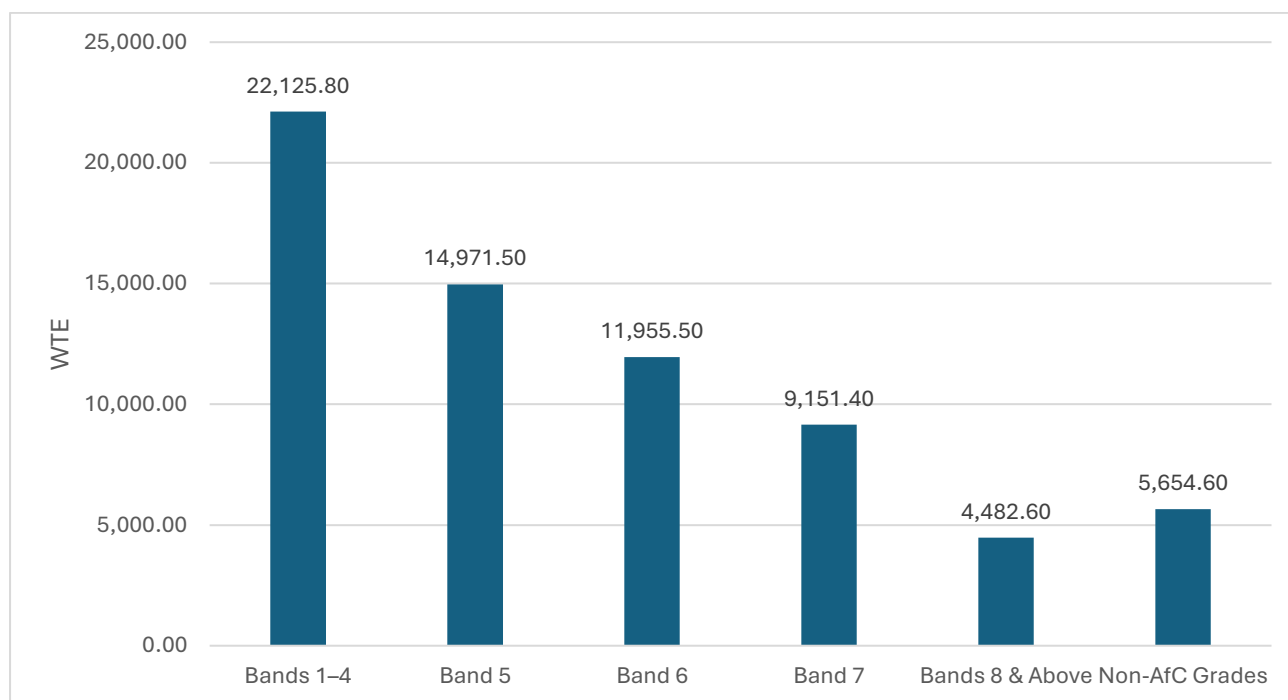
Annex 2 - Strategic Workforce Reviews from HSC Workforce Planning Framework

Table 25: Strategic Workforce Reviews from HSC Workforce Planning Framework

Strategic Workforce Reviews from the introduction of the Regional HSC Workforce Planning Framework in March 2015: Position on 21 May 2026 – AfC Roles	
Profession	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 Needs assessment	February 2020

Annex 3 – Workforce Data

Chart 7 - All Staff Groups WTE by Pay Band at 31 March 2026



Source: HSC Workforce Census March 2025²⁶

Excluding Medical & Dental and staff on other terms & conditions (e.g. Senior Executives and TUPE), the table below presents the HSC AfC workforce by single Agenda for Change band.

²⁶ [Staff numbers | Department of Health](#)

Table 26: HSC Agenda for Change Staff at 31 March 2026

	AfC Workforce Whole-time equivalent
Band 1	81.7
Band 2	5,735.2
Band 3	11,051.3
Band 4	5,255.5
Band 5	14,971.5
Band 6	11,955.5
Band 7	9,151.4
Band 8A	2,818.3
Band 8B	1,048.6
Band 8C	490.6
Band 8D	107.7
Band 9	12.1
Total	62,679.5

Source: Department of Health, Information and Analysis Directorate

Annex 4- Agency Framework rates

Table 27: Nursing/Healthcare Support Workers Agency Framework Rates - Lot 1 - Nurses, Midwives and Health Visitors

			<i>Rate to Agency Workers (Incl. employer Contributions) *</i>	
No	Shift Types	Band	Lowest	Highest
1	Mon - Fri 6.00am to 8.00pm	Band 5	£ 24.20	£ 34.60
2	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 5	£ 31.46	£ 40.30
3	Unsocial Hrs: Sunday & Pub Hol (24hrs)	Band 5	£ 38.72	£ 47.10
4	Mon - Fri 6.00am to 8.00pm	Band 6	£ 27.94	£ 43.75
5	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 6	£ 38.93	£ 48.63
6	Unsocial Hrs: Sunday & Pub Hol (24hrs)	Band 6	£ 45.24	£ 53.99
7	Mon - Fri 6.00am to 8.00pm	Band 7	£ 33.16	£ 52.25
8	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 7	£ 45.71	£ 57.98
9	Unsocial Hrs: Sunday & Pub Hol (24hrs)	Band 7	£ 54.53	£ 64.28

Source: Business Support Unit - Department of Health NI

** Rates do not include agency fee*

Table 28: Lot 2 - Healthcare Support Workers

No.	Shift Types	Band	Rate to Agency Workers (Incl. employer Contributions) *
1	Mon - Fri 6.00am to 8.00pm	Band 2	£ 16.23
2	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 2	£ 23.04
3	Unsocial Hrs: Sunday & Pub Hol (24hrs)	Band 2	£ 30.02
4	Mon - Fri 6.00am to 8.00pm	Band 3	£ 16.55
5	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 3	£ 22.48
6	Unsocial Hrs: Sunday & Pub Hol (24hrs)	Band 3	£ 28.24

Source: Business Support Unit - Department of Health NI

** Rates include AfC pay award FY 25-26; Rates do not include agency fee*

Table 29: Non-Medical/Non-Nursing Agency Framework Rates

Lots Covered:

- Lot 1 Allied Health Professionals
- Lot 2 Social Care Support Workers
- Lot 3 Professional and Technical
- Lot 4 - Specialists
- Lot 5 General Admin and Clerical
- Lot 6 Support Services

No.	Shift Types	Band	Applicable Lot	Rate to Agency Workers (Incl. employer Contributions) *
1	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 2	2,5,6	£ 16.23
2	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 2	2,5,6	£ 23.04
3	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 2	2,5,6	£ 30.02
4	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 3	1,2,3,5,6	£ 16.55
5	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 3	1,2,3,5,6	£ 22.48
6	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 3	1,2,3,5,6	£ 28.24
7	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 4	1,2,3,4,5,6	£ 18.28
8	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 4	1,2,3,4,5,6	£ 23.88
9	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 4	1,2,3,4,5,6	£ 29.48
10	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 5	1,2,3,4,5	£ 20.70
11	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 5	1,2,3,4,5	£ 27.03
12	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 5	1,2,3,4,5	£ 33.36
13	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 6	1,3,4	£ 25.89
14	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 6	1,3,4	£ 33.77
15	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 6	1,3,4	£ 41.65
16	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 7	1,3,4	£ 32.09
17	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 7	1,3,4	£ 41.83

18	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 7	1,3,4	£	51.57
19	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 8a	1,3,4	£	37.44
20	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 8a	1,3,4	£	48.79
21	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 8a	1,3,4	£	60.13
22	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 8b	1,3,4	£	43.39
23	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 8b	1,3,4	£	56.52
24	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 8b	1,3,4	£	69.66
25	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 8c	1,3,4	£	51.89
26	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 8c	1,3,4	£	67.57
27	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 8c	1,3,4	£	83.25
28	Standard Hrs: Mon-Fri 6.00am to 8.00pm	Band 8d	1,3,4	£	61.65
29	Unsocial Hrs: M-F 8.00pm-6.00am & Sat (24hr)	Band 8d	1,3,4	£	80.26
30	Unsocial Hrs: Sunday & Public Hols (24hrs)	Band 8d	1,3,4	£	98.87

Source: Business Support Unit - Department of Health NI

* Rates include AfC pay award FY 25-26; Rates do not include agency fee

Table 30: Number of AfC agency staff employed 25/26 financial year

Standard Monday – Friday Pattern

Category	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8+	Total
General Admin Support		4	10	1				15
General Admin Support			1					1
General Admin Support			1					1
Comms Specialist				2				2
Estates Specialist					3	1	3	7
Finance Specialist		2				5	4	11
Fleet Specialist						1		1
Health & Safety/ Risk Specialist			1		4			5
HR Specialist		4		2	2			8
Information Specialist	1	2	2	4	3		1	13
IT Specialist			5	2	1	1	1	10
Project Specialist							4	4
Stores Support		1						1
EPRR Specialist						1		1
Fleet Specialist			1					1
Support Services Admin Support	2							2
TOTAL	3	13	21	11	13	9	13	83

Source: Business Support Unit - Department of Health NI

Table 31: Rotational Shift Pattern

Category	Band 2	Band 3	Band 4	Total
EOC Operative			1	1
EOC Operative		1		1
NEOC Operative		4		4
EVC Support		1		1
EVC Support		1		1
EVC Support	2			2
EVC Support		1		1
EVC Support	1			1
EVC Support	1			1
TOTAL	4	8	1	13

Source: Business Support Unit - Department of Health NI

Table 32: Number of AfC agency staff new starts during 25/26 financial year

Standard Monday – Friday Pattern

Category/ Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8+	Total
General Admin Support			8	1				9
Estates Specialist					3	1		4
Finance Specialist		1				2	3	6
Health & Safety / Risk Specialist			1		2			3
HR Specialist		3		1	1			5
Information Specialist		1	1				1	3
IT Specialist			4					4
Project Specialist							3	3
Stores Support		1						1
EPRR Specialist						1		1
Support Services Admin Support	1							1
TOTAL	1	6	14	2	6	4	7	40

Source: Business Support Unit - Department of Health NI

Annex 5 - HSC Sickness Rates

Table 33: HSC Sickness Rates (percentage of hours lost due to sickness absence or industrial injury)

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
HSC Sickness Rate	6.55%	6.85%	7.39%	8.59%	8.50%	8.17%	7.97%	8.07%

Source: Department of Health, Information Analysis Directorate

* Note that the peak of the self-isolation absences occurred during the 'shielding' period at the beginning of the pandemic in 2020. This was not recorded as sickness absence, hence the lower rate in 20/21 compared to the other pandemic years.

During 2025/26, mental health reasons accounted for 39.5% of all HSC absence hours lost to sickness absence or industrial injury.

Annex 6 - HSC Agenda for Change staff, Whole-time Equivalent to Headcount ratios

Table 34: HSC Agenda for Change staff, Whole-time Equivalent to Headcount ratios by AfC band at 31st March 2026

AfC Band	Female			Male		
	Headcount	WTE	WTE to Headcount Ratio	Headcount	WTE	WTE to Headcount Ratio
Band 1	52	39.0	0.75	61	42.8	0.70
Band 2	4,619	3,259.3	0.71	2,947	2,475.9	0.84
Band 3	10,011	8,285.5	0.83	2,880	2,765.8	0.96
Band 4	4,771	4,144.7	0.87	1,146	1,110.8	0.97
Band 5	13,834	12,511.3	0.90	2,517	2,460.1	0.98
Band 6	11,341	9,911.7	0.87	2,136	2,043.8	0.96
Band 7	8,481	7,605.9	0.90	1,593	1,545.5	0.97
Band 8A	2,328	2,141.1	0.92	707	677.3	0.96
Band 8B	806	772.0	0.96	280	276.6	0.99
Band 8C	361	341.5	0.95	155	149.1	0.96
Band 8D	74	71.2	0.96	37	36.5	0.99
Band 9	7	6.5	0.93	6	5.6	0.94
Total AfC	56,685	49,089.6	0.87	14,465	13,589.8	0.94

Source: DoH, Information and Analysis Directorate