



Northern Ireland Health and Social Care Quarterly Workforce Statistics 31 December 2022



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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INFORMATION
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Contents

	Page
Introduction and Background	2
Key Points	2
Overall Workforce (WTE)	3
by Staff Group	3
by Regional HSC Trust	5
by Other HSC Organisations	5
by Pay Band	7
Annex 1: Key Data Tables	8
Technical Notes and Definitions	12
Quality Assessment	14

Introduction and Background

This bulletin presents statistics on the size of the Health and Social Care (HSC) workforce in Northern Ireland as at 31 December 2022. Statistics by Staff Group and HSC organisation are presented throughout. More detailed information on the size and nature of the HSC workforce is available in the annual [HSC Workforce Census](#) report on the Department of Health website.

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

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

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

Key Points

- At 31 December 2022, the Health and Social Care (HSC) Northern Ireland Workforce stood at 64,384 whole-time equivalent (WTE), an increase from December 2021 of 0.8% (509 WTE).
- There were 73,161 active posts in HSC in Northern Ireland, filled by 72,376 individuals.
- Just over a quarter of the HSC workforce at 31 December 2022 was in the Registered Nursing & Midwifery staff group (17,109 WTE, 26.6%). This staff group has seen an increase of 3.3% (553 WTE) from December 2021, and an increase of 13.4% (2,026 WTE) since December 2017.
- The Belfast HSC Trust had the largest workforce, with 18,712 WTE at 31 December 2022. This level is 1.2% higher than December 2021, and 5.5% higher than December 2017. All regional HSC Trusts have seen an increase in WTE staff since December 2017.
- At 31 December 2022, just over a third of the HSC workforce were employed at AfC pay bands 1-4 (36%), with the same proportion employed at pay bands 6 and above (36%). A fifth were employed at pay band 5 (21%). The remaining 8% of staff were non-AfC grades.

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This bulletin presents the Quarterly Workforce Statistics in a new format and we would appreciate any comments or feedback, which can be sent to the responsible statistician, Joanne Hughes, at the e-mail address above.

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

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

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

Overall Workforce

At 31 December 2022, there were 64,384 WTE staff employed¹ across 73,161 active posts in Health and Social Care (HSC) in Northern Ireland. 772 staff held more than one active post, resulting in an individual headcount of 72,376.

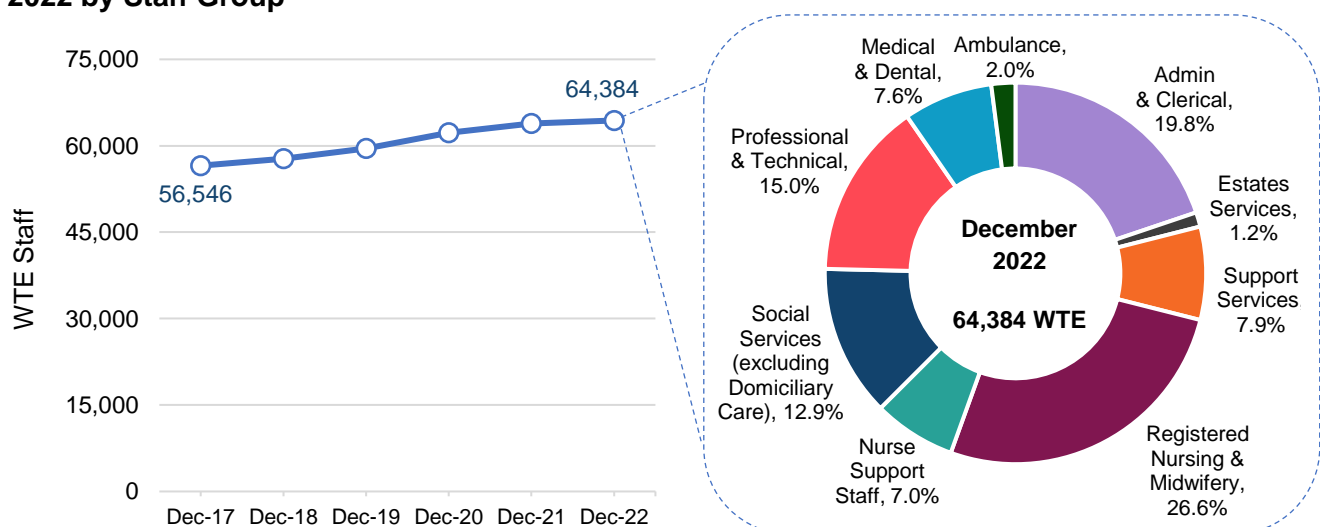
All comparisons and analysis hereafter refer to WTE.

Staff Group

Figure 1 below shows that between December 2017 and December 2022, the HSC workforce increased by 7,838 WTE (13.9%). The annual increase from December 2021 was 509 WTE (0.8%).

Just over a quarter of the HSCNI workforce at 31 December 2022 was in the Registered Nursing & Midwifery staff group (17,109 WTE, 26.6%). The Administration and Clerical staff group accounted for a further fifth of the workforce (12,762 WTE, 19.8%).

Figure 1: Overall HSCNI Workforce (WTE), December 2017 - December 2022, and December 2022 by Staff Group



¹ Subject to the exclusions described in the Technical Notes (page 12).

Figure 2 below shows the annual and 5-year percentage change in WTE for each staff group.

Annual Change (31 December 2021 to 31 December 2022)

The annual change in workforce varied across the staff groups.

The annual rate of change ranged from a high of 3.3% in the Registered Nursing & Midwifery workforce (553 WTE) to -3.0% in the Ambulance workforce (-40 WTE).

With 114 fewer WTE staff, the Support Services workforce experienced the largest annual decrease in staff numbers.

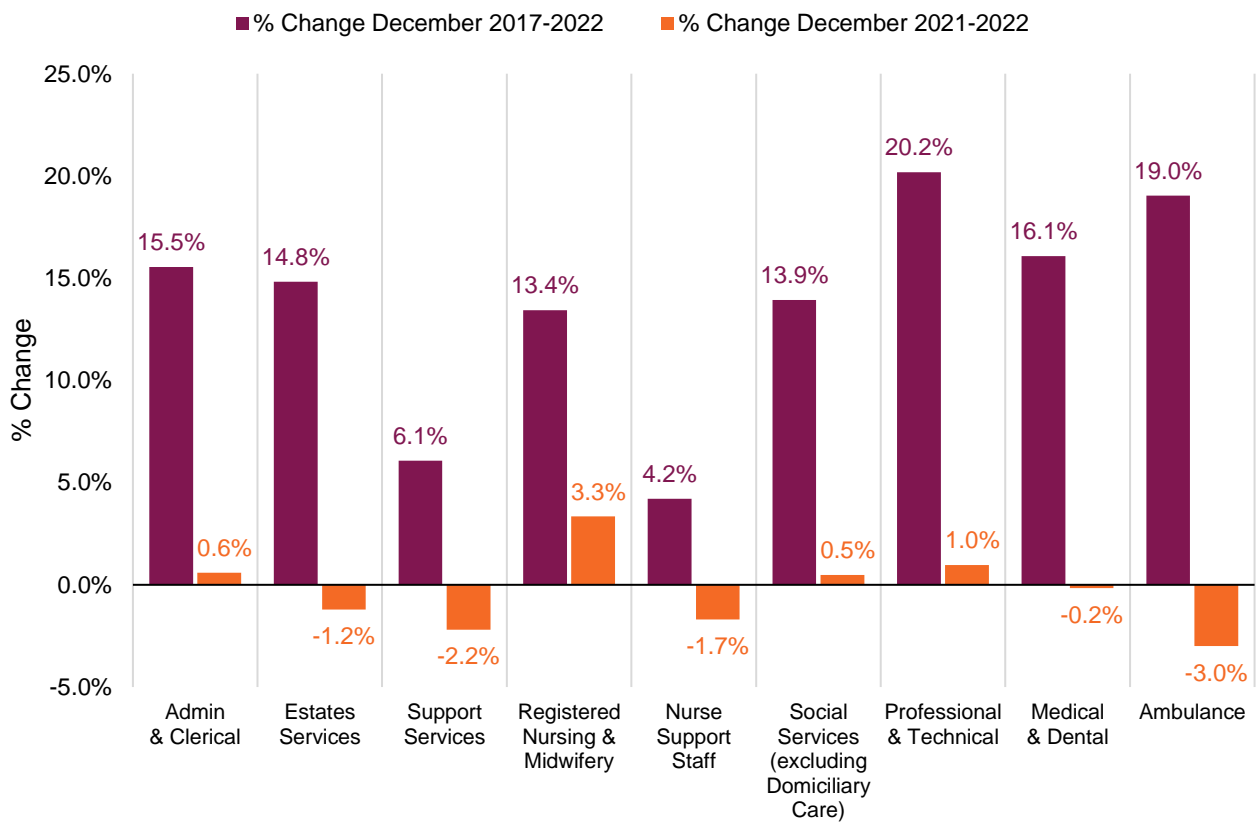
5-year Change (31 December 2017 to 31 December 2022)

All staff groups have seen an increase in their workforce since December 2017.

The 5-year rate of increase was greatest in the Professional & Technical staff group, where the increase of 1,621 WTE staff equated to an increase of 20.2%.

With an increase of 2,026 WTE, the largest increase in the number of WTE staff over the five year period was in the Registered Nursing & Midwifery staff (13.4%).

Figure 2: Percentage Change in HSCNI Workforce (WTE) by Staff Group, December 2017-2022, and December 2021-2022

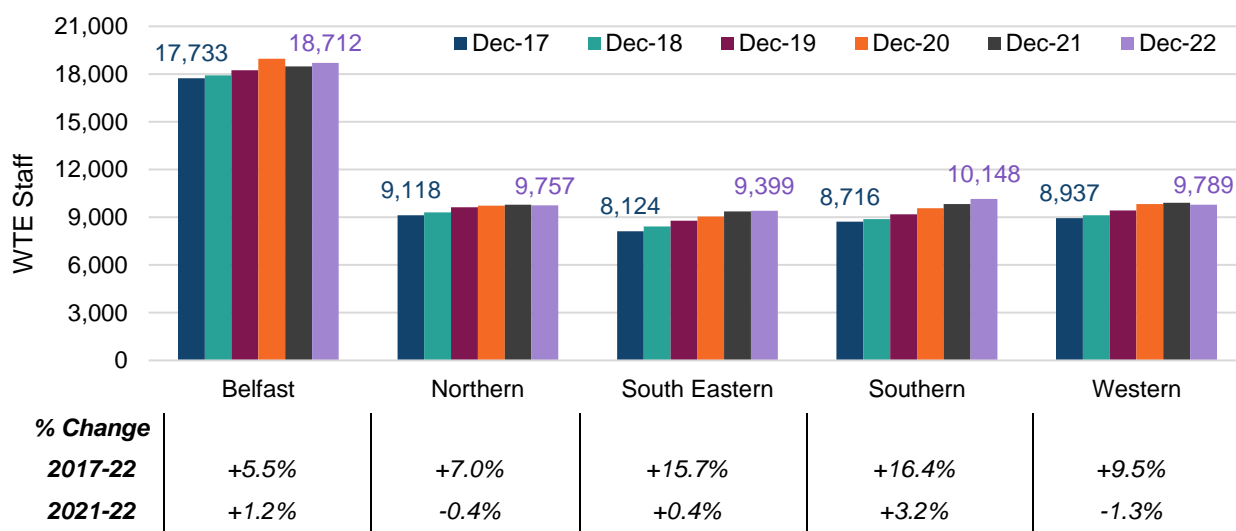


Regional HSC Trust

Figure 3 shows the number of WTE staff employed in each regional HSC Trust at the end of each calendar year since 2017. These figures exclude Doctors in Training employed by the Northern Ireland Medical & Dental Training Agency (NIMDTA) under the single lead employer initiative. This initiative was introduced in August 2019 and all hospital-based training programmes were phased over to the new employment relationship with NIMDTA by December 2021. Page 6 provides information on Doctors in Training by HSC Trust area.

The Belfast HSC Trust had the largest workforce, with 18,712 WTE at 31 December 2022. This level is 1.2% higher than December 2021, and 5.5% higher than December 2017. All regional HSC Trusts have seen an increase in WTE staff since December 2017, the most notable being the Southern and South Eastern HSC Trusts with a 16.4% and 15.7% WTE increase respectively.

Figure 3: HSCNI Workforce (WTE) by Regional HSC Trust, December 2017 - December 2022



Other HSC Organisations

Figure 4 below shows the breakdown of staff in each HSC organisation at 31 December 2022.

Figure 4: HSCNI Workforce (WTE) by Other HSC Organisation, December 2022

Organisation	WTE Staff	% Change	
		2017-22	2021-22
NI Medical and Dental Training Agency	2,031	+948.0%	+6.1%
Business Services Organisation	1,779	+28.7%	+7.2%
NI Ambulance Service	1,499	+26.2%	-0.3%
Strategic Planning & Performance Group	491	+9.5%	+2.9%
Public Health Agency	341	+20.4%	-33.7%
NI Blood Transfusion Service	158	-0.4%	+1.7%
Regulation & Quality Improvement Authority	120	+8.1%	+11.3%
NI Social Care Council	59	+11.0%	+12.8%
NI Guardian Ad Litem Agency	58	-1.4%	-4.8%
Patient Client Council	28	+13.3%	+17.1%
NI Practice & Education Council	13	-12.3%	+6.7%

At 2,031 WTE staff, NIMDTA had the largest number of staff across the other HSC organisations. NIMDTA has also seen the largest increase in their workforce in the past five years. This is due to the phased introduction of the single lead employer initiative in August 2019, when NIMDTA became the single employer for Doctors in Training rather than individual HSC Trusts.

Figure 5 below shows a breakdown of staff employed by NIMDTA. Of the 2,031 WTE staff employed, 84.4% (1,713 WTE) were working in one of the five regional HSC Trusts as Doctors in Training. The remaining 15.6% (318 WTE) included Doctors in Training working in other HSC organisations, GP trainees, GP educators, and administrative staff.

Figure 5: NI Medical & Dental Training Agency Workforce (WTE), December 2022

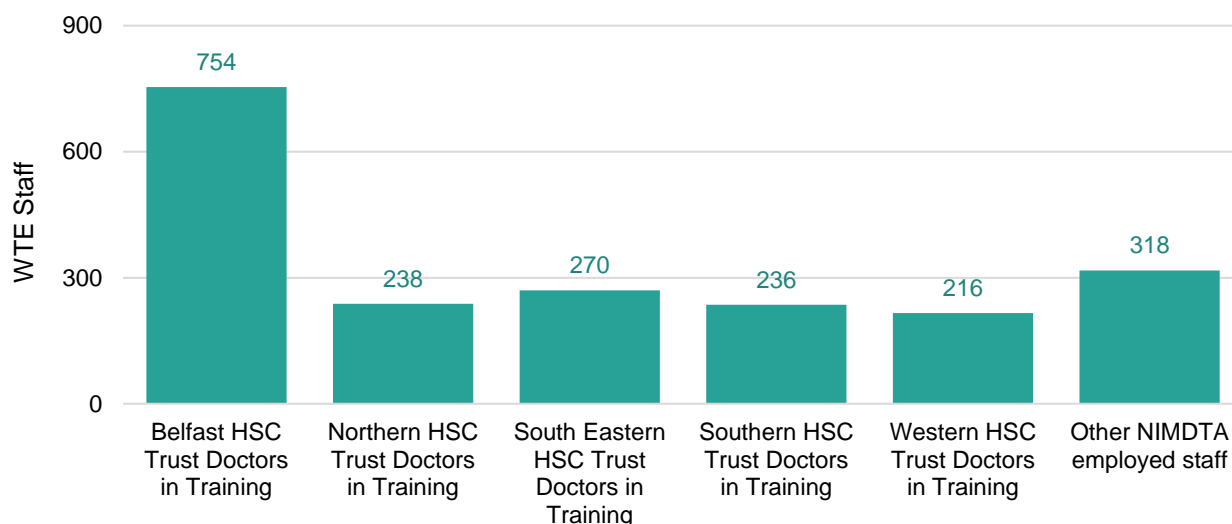


Table 1 below illustrates the impact of including these Doctors in Training in the workforce figures for each regional HSC Trust. It should be noted that the inclusion of these figures in Trusts workforce would result in greater increases than those reported in Figure 3.

Table 1: NIMDTA Employed Doctors in Training Working in Regional HSC Trusts, December 2022

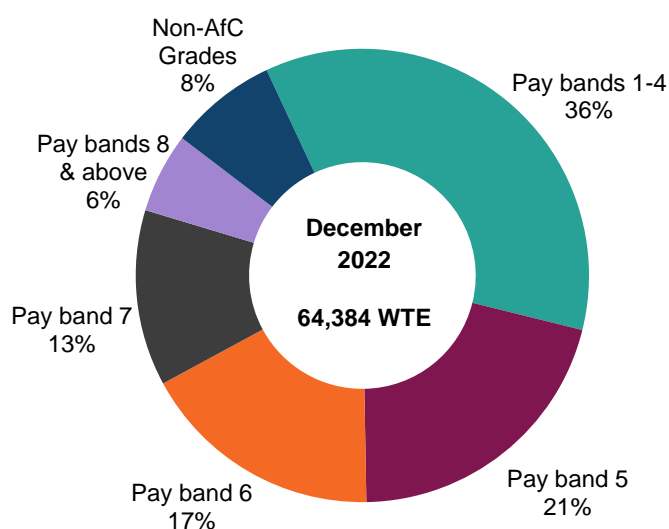
Regional HSC Trust	Staff Employed by a Regional HSC Trust (WTE)	NIMDTA Employed Doctors in Training working in a Regional HSC Trust (WTE)	Total* WTE Working in a Regional HSC Trust
Belfast	18,712	754	19,466
Northern	9,757	238	9,995
South Eastern	9,399	270	9,669
Southern	10,148	236	10,384
Western	9,789	216	10,005

* Rows may not sum due to rounding.

Pay Band

Figure 6 below shows the breakdown of the HSCNI workforce by pay band at 31 December 2022. At 31 December 2022, just over a third of the HSCNI workforce were employed at Agenda for Change (AfC) pay bands 1-4 (36%), with the same proportion employed at pay bands 6 and above (36%). A fifth of the HSCNI workforce were employed at pay band 5 (21%). The current [AfC pay scales](#) are available on the Department of Health website. The remaining 8% of staff were employed in non-AfC grades.

Figure 6: HSCNI Workforce (WTE) by Pay Band, December 2022



Staff employed in non-AfC grades are mainly Medical & Dental staff (98%), with the remaining 2% employed across Administration & Clerical and Nursing & Midwifery staff groups.

Table 2 below presents the percentage breakdown of each staff group by pay band groups. The table shows that around half (51%) of Registered Nursing & Midwifery staff were employed at pay band 5 (the starting pay band for registered nurses and midwives). Almost two thirds (65%) of Administration & Clerical staff were employed at pay bands 1-4.

Table 2: HSCNI Workforce (WTE) by Staff Group and Pay Band Group, December 2022

Staff Group	Pay bands 1-4	Pay band 5	Pay bands 6 & above	Non-AfC Grades	Total WTE	Total* %
Administration & Clerical	65%	10%	24%	1%	12,762	100%
Estates Services	41%	20%	39%	0%	790	100%
Support Services	99%	1%	1%	0%	5,078	100%
Registered Nursing & Midwifery	0%	51%	49%	0%	17,109	100%
Nursing & Midwifery Support	100%	0%	0%	0%	4,511	100%
Social Services (excl. Domiciliary Care)	31%	18%	51%	0%	8,283	100%
Professional & Technical	21%	14%	65%	0%	9,658	100%
Medical & Dental	1%	0%	0%	99%	4,882	100%
Ambulance	26%	25%	49%	0%	1,311	100%
All HSC	36%	21%	36%	8%	64,384	100%

* Rows may not sum due to rounding.

Annex 1: Key Data Tables

Table A1: HSC Workforce (WTE, Active Posts, Individuals with Multiple Posts, and Headcount), December 2017 - December 2022

	2017	2018	2019	2020	2021	2022
WTE	56,546.1	57,730.8	59,549.9	62,248.4	63,874.3	64,383.7
Active Posts	64,981	66,281	68,222	71,152	72,731	73,161
Individuals with multiple posts	865	903	866	844	845	772
Headcount *	64,099	65,359	67,344	70,293	71,874	72,376

* The Headcount figures presented in Table A1 have been revised slightly since they were first published, e.g. December 2022 was revised from 72,389 to 72,376. The figures were revised on 9th March 2023 due to a processing error.

Table A2: HSC Workforce (WTE) by Staff Group, December 2017 - December 2022

Staff Group	2017	2018	2019	2020	2021	2022	% Change 2017-22	% Change 2021-22
Admin & Clerical	11,044.6	11,177.1	11,586.0	12,116.6	12,687.2	12,761.6	15.5%	0.6%
Estates Services	687.9	707.9	753.3	772.6	799.5	789.9	14.8%	-1.2%
Support Services	4,787.2	4,982.1	5,004.4	5,222.9	5,191.9	5,077.7	6.1%	-2.2%
Registered Nursing & Midwifery	15,083.1	15,247.5	15,540.0	16,122.2	16,556.0	17,109.2	13.4%	3.3%
Nurse Support Staff	4,328.6	4,391.6	4,392.4	4,538.3	4,588.7	4,510.8	4.2%	-1.7%
Social Services (excluding Domiciliary Care)	7,270.1	7,416.4	7,769.6	8,074.0	8,243.0	8,283.1	13.9%	0.5%
Professional & Technical	8,036.9	8,320.2	8,818.6	9,342.5	9,566.2	9,658.2	20.2%	1.0%
Medical & Dental	4,206.4	4,327.1	4,471.9	4,761.6	4,890.5	4,882.4	16.1%	-0.2%
Ambulance	1,101.2	1,160.9	1,213.6	1,297.9	1,351.2	1,310.8	19.0%	-3.0%
Total	56,546.1	57,730.8	59,549.9	62,248.4	63,874.3	64,383.7	13.9%	0.8%

Table A3: HSC Workforce (WTE) by HSC Organisation, December 2017 - December 2022

Staff Group	2017	2018	2019	2020	2021	2022	% Change 2017-22	% Change 2021-22
Belfast HSC Trust	17,733.1	17,925.4	18,236.8	18,969.4	18,489.3	18,712.5	5.5%	1.2%
Northern HSC Trust	9,118.0	9,310.1	9,638.2	9,723.3	9,799.1	9,757.4	7.0%	-0.4%
South Eastern HSC Trust	8,124.3	8,420.4	8,779.6	9,054.3	9,359.9	9,399.2	15.7%	0.4%
Southern HSC Trust	8,715.8	8,887.1	9,185.3	9,566.0	9,830.0	10,148.3	16.4%	3.2%
Western HSC Trust	8,936.7	9,133.8	9,434.5	9,830.3	9,913.9	9,788.6	9.5%	-1.3%
NI Ambulance Service HSC Trust	1,188.0	1,247.5	1,317.3	1,426.5	1,502.9	1,498.8	26.2%	-0.3%
Business Services Organisation	1,382.9	1,444.6	1,483.3	1,485.1	1,660.2	1,779.5	28.7%	7.2%
Strategic Planning & Performance Group #	448.9	430.5	452.8	456.7	477.5	491.5	9.5%	2.9%
NI Blood Transfusion Service	158.5	157.5	156.4	156.5	155.2	157.8	-0.4%	1.7%
NI Guardian Ad Litem Agency	59.2	57.2	57.8	60.7	61.3	58.4	-1.4%	-4.8%
NI Medical and Dental Training Agency	193.8	217.3	313.7	924.9	1,914.1	2,030.6	948.0%	6.1%
NI Practice & Education Council	14.6	14.6	15.6	12.6	12.0	12.8	-12.3%	6.7%
NI Social Care Council	53.0	47.6	50.8	53.6	52.2	58.8	11.0%	12.8%
Patient Client Council	24.8	22.8	21.3	23.6	24.0	28.1	13.3%	17.1%
Public Health Agency	283.1	303.6	299.4	399.8	514.5	340.9	20.4%	-33.7%
Regulation & Quality Improvement Authority	111.5	110.9	107.0	105.3	108.2	120.4	8.1%	11.3%
Total	56,546.1	57,730.8	59,549.9	62,248.4	63,874.3	64,383.7	13.9%	0.8%

Figures prior to 1st April 2022 represent former HSC Board staff. See Technical Notes on page 12 for further details.

Table A4: HSC Workforce (WTE) by Regional HSC Trust & Staff Group, December 2022

Regional HSC Trust	Administration & Clerical	Estates Services	Support Services	Registered Nursing & Midwifery	Nursing & Midwifery Support Staff	Social Services (excl. Domiciliary Care)	Professional & Technical	Medical & Dental*	Total
Belfast HSC Trust	3,243.5	252.9	1,721.2	5,494.1	1,528.6	1,908.2	3,454.5	1,109.4	18,712.5
Northern HSC Trust	1,692.3	148.3	776.3	2,750.1	682.8	1,731.1	1,593.2	383.2	9,757.4
South Eastern HSC Trust	1,590.8	95.4	868.5	2,854.7	647.5	1,525.7	1,358.0	458.7	9,399.2
Southern HSC Trust	1,862.9	135.7	666.7	2,961.5	801.0	1,636.3	1,598.6	485.5	10,148.3
Western HSC Trust	1,696.0	148.7	859.8	2,952.8	821.4	1,429.0	1,452.1	428.8	9,788.6
Regional Trusts Total	10,085.6	781.1	4,892.5	17,013.1	4,481.3	8,230.4	9,456.5	2,865.7	57,806.1

* Includes 112.6 WTE classed as Dental staff.

Table A5: HSC Workforce (WTE) by Other HSC Trusts/Organisations and Staff Group, December 2022

<i>Other HSC Trusts/Organisations</i>	<i>Administration & Clerical</i>	<i>Support Services</i>	<i>Nursing & Midwifery Support Staff</i>	<i>Ambulance</i>	<i>Other *</i>	<i>Total</i>
NI Ambulance Service HSC Trust	159.0	24.0		1,310.8	5.0	1,498.8
Business Services Organisation	1,512.4	155.9			111.2 [^]	1,779.5
Strategic Planning & Performance Group	404.9				86.6 [~]	491.5
NI Blood Transfusion Service	42.0	5.3	29.5		80.9 ^{>}	157.8
NI Guardian Ad Litem Agency	20.8				37.6 ^{\$}	58.4
NI Medical and Dental Training Agency	74.7				1,955.9 [#]	2,030.6
NI Practice & Education Council	6.8				6.0	12.8
NI Social Care Council	58.8				0.0	58.8
Patient Client Council	28.1				0.0	28.1
Public Health Agency	260.4				80.6 ^{<}	340.9
Regulation & Quality Improvement Authority	108.1				12.3	120.4
Other HSC Trusts/Organisations Total	2,676.0	185.1	29.5	1,310.8	2,376.1	6,577.6

* Other staff groups includes Estates Services, Registered Nursing & Midwifery, Social Services (excluding Domiciliary Care), Professional & Technical, and Medical & Dental. Due to small numbers in these staff groups within some HSC organisations, they have been combined to avoid personal disclosure, where it may be possible to identify an individual from the data provided.

[^] Includes 68.0 WTE Professional & Technical staff and 37.2 WTE Registered Nursing & Midwifery staff.

[~] Includes 48.2 WTE Professional & Technical staff.

[>] Includes 63.0 WTE Professional & Technical staff.

^{\$} Comprises 37.6 WTE Social Services staff.

[#] Comprises 1,932.8 WTE Medical and 23.1 WTE Dental staff.

[<] Includes 34.6 WTE Registered Nursing & Midwifery staff and 30.0 WTE Medical staff.

Table A6: HSC Workforce (% WTE) by Staff Group and Pay Band Group, December 2022

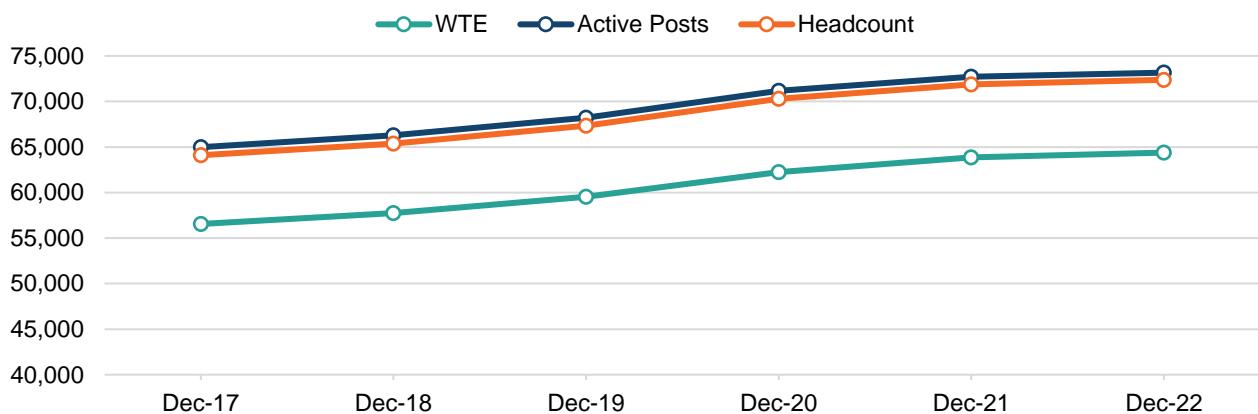
Staff Group	Pay bands 1-4	Pay band 5	Pay bands 6 & above	Non-AfC Grades	Total WTE
Admin & Clerical	65%	10%	24%	1%	12,761.6
Estates Services	41%	20%	39%	0%	789.9
Support Services	99%	1%	1%	0%	5,077.7
Registered Nursing & Midwifery	0%	51%	49%	0%	17,109.2
Nurse Support Staff	100%	0%	0%	0%	4,510.8
Social Services (excluding Domiciliary Care)	31%	18%	51%	0%	8,283.1
Professional & Technical	21%	14%	65%	0%	9,658.2
Medical & Dental	1%	0%	0%	99%	4,882.4
Ambulance	26%	25%	49%	0%	1,310.8
Total	36%	21%	36%	8%	64,383.7

Technical Notes

Changes have been made to the way this HSCNI workforce information is analysed and presented on a quarterly basis. Due to some individuals being employed in more than one position in HSC, to provide a better understanding of the HSCNI workforce, this quarterly statistical release will from now on detail not only WTE, but also active posts (referred to as Headcount in previous publications), and individual headcount (see Definitions on page 13).

To show how this change impacts our understanding of the HSCNI workforce historically, Figure 7 below presents WTE, active posts and individual headcount at 31 December each year since 2017, and shows that the increasing trend in active posts is mirrored by headcount.

Figure 7: HSCNI Workforce (WTE, Active Posts, and Individual Headcount), December 2017 - December 2022



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

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

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

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

Figures are based on administrative data for 31 December 2022 recorded on HRPTS, and extracted on 27 January 2023.

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

Due to a processing error, headcount figures in Key Points (page 2), Overall Workforce (page 3), and Table A1 (page 8) were revised slightly on 9th March 2023. The headcount figure previously published for December 2022 was 72,389.

Definitions

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

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

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

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

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

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

Quality Assessment

Relevance

This publication provides a summary of the HSCNI workforce by broad staff groups and HSC organisation. The publication also includes 5 year WTE trends of staff in post. The publication meets the needs of users in terms of trends in staff increases or decreases and the size and composition of staff groupings.

Accuracy and Reliability

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

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

Validation

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

Error

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

Timeliness and Punctuality

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

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

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

Accessibility and Clarity

The PDF report is accessible on the DoH Internet site via the Statistics section provided by Information and Analysis Directorate, and can be found under [staff numbers](#).

The PDF report is published alongside MS Excel and CSV versions of the tables included in the report. The 24 hour pre-release list is published also. The report is not yet fully accessible for those using assistive technology.

Coherence and Comparability

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

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

Trade-offs between Output Quality Components

None

Assessment of User Needs and Perceptions

The publication will be used for a range of purposes by researchers and other users such as the NI Assembly and the DoH. IAD will ensure that the publication remains relevant to users' needs by taking on comments and feedback regularly.

User feedback is invited in this publication. Readers are provided with contact details for the relevant statistician. We gain awareness of users of our data from ad hoc requests for information.

Performance, Cost and Respondent Burden

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

Confidentiality, Transparency and Security

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

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

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

The Code of Practice for Statistics is adhered to from data collection to publishing.

DoH's 'Statistical Policy Statement on Confidentiality' can be found in the [Statistics Charter](#).