



Northern Ireland Health and Social Care Quarterly Workforce Statistics 31 December 2024

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Introduction and Background

This bulletin presents statistics on the size of the Health and Social Care (HSC) workforce in Northern Ireland as at 31 December 2024. 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 2024, the Health and Social Care (HSC) Northern Ireland workforce stood at 66,589 whole-time equivalent (WTE), an increase from 31 December 2023 of 1.3% (875 WTE).
- There were 75,552 active posts in HSC in Northern Ireland, filled by 74,742 individuals.
- Over a quarter of the HSC workforce at 31 December 2024 was in the Registered Nursing & Midwifery staff group (18,003 WTE, 27.0%). This staff group reported an increase of 2.0% (352 WTE) from 31 December 2023, and an increase of 15.9% (2,463 WTE) since 31 December 2019.
- The Belfast HSC Trust had the largest workforce, with 19,004 WTE at 31 December 2024. This level is 0.1% lower than at 31 December 2023, but 4.2% higher than at 31 December 2019. All regional HSC Trusts reported an increase in WTE staff since 31 December 2019.
- At 31 December 2024, over a third of the HSC workforce were employed at AfC pay bands 6 and above (37.0%), 33.6% employed at pay bands 1-4, 21.4% employed at pay band 5 and 7.9% employed in non-AfC grades.

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

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

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

Overall Workforce

At 31 December 2024, there were 66,589 WTE staff employed¹ across 75,552 active posts in Health and Social Care (HSC) in Northern Ireland. There was an individual headcount of 74,742. 788 staff held more than one active post.

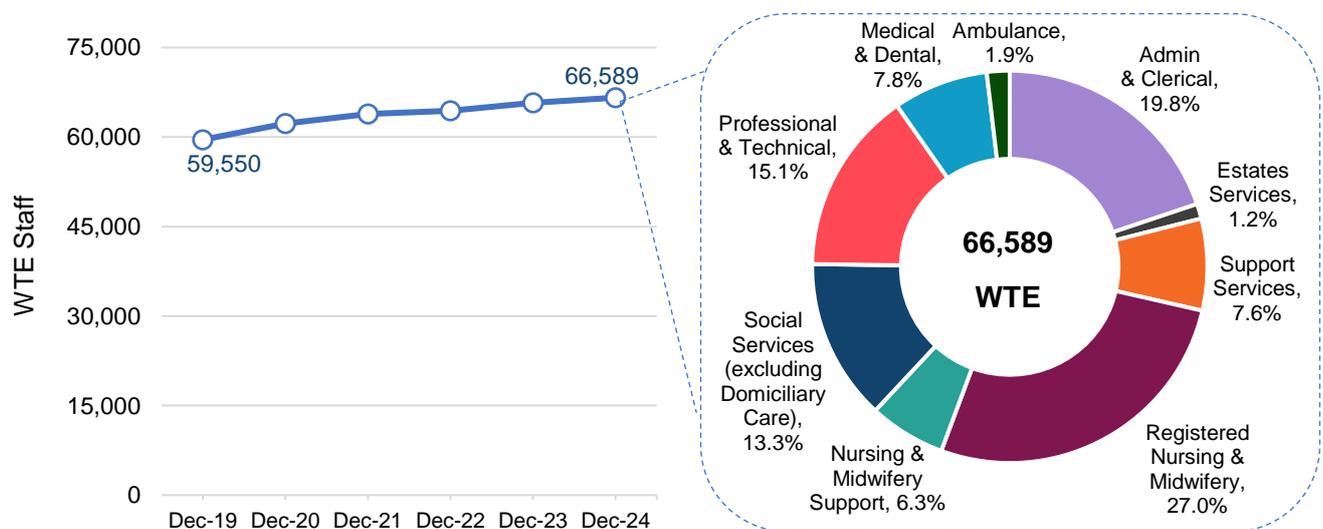
All comparisons and analysis hereafter refer to WTE.

Staff Group

Figure 1 below shows that between 31 December 2019 and 31 December 2024, the HSC workforce increased by 7,039 WTE (11.8%). The annual increase from 31 December 2023 was 875 WTE (1.3%).

Just over a quarter of the HSCNI workforce at 31 December 2024 was in the Registered Nursing & Midwifery staff group (18,003 WTE, 27.0%). The Administration and Clerical staff group accounted for a further fifth of the workforce (13,193 WTE, 19.8%).

Figure 1: Overall HSCNI Workforce (WTE) by Staff Group, 31 December 2019 – 31 December 2024



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

Table 1 below presents the whole-time equivalent and proportion of the HSCNI workforce in some sub staff groups and professions at 31 December 2024.

Table 1: HSCNI Workforce (WTE) by Sub Staff Group / Profession, 31 December 2024

Sub Staff Group / Profession	WTE	Percentage of HSCNI Workforce
Allied Health Professionals *	5,220	7.8%
Social Workers	4,642	7.0%
Social Care staff (excluding domiciliary care)	4,226	6.3%
Registered Nurses	16,993	25.5%
Registered Midwives #	1,010	1.5%
Consultants	2,040	3.1%
SAS Doctors	619	0.9%

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

Excludes student midwives

Of the sub staff groups and professions detailed in Table 1, Registered Nurses comprised the largest proportion of the HSCNI workforce at 31 December 2024, with 16,993 WTE (25.5%), Allied Health Professionals (AHPs) accounted for 5,220 WTE (7.8%) and Social Workers 4,642 WTE (7.8%).

Annual Change (31 December 2023 to 31 December 2024)

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

The annual rate of change ranged from a 4.3% increase in the Medical & Dental workforce (215 WTE) to a 4.6% decrease in the Nursing & Midwifery Support workforce (-201 WTE).

With 352 more WTE staff, the Registered Nursing & Midwifery workforce experienced the largest annual increase in WTE.

Five-Year Change (31 December 2019 to 31 December 2024)

All main staff groups, with the exception of Nursing & Midwifery Support, reported an increase in their workforce since 31 December 2019.

The five-year rate of increase was highest in the Medical & Dental and Registered Nursing & Midwifery staff groups, with increases of 16.0% (716 WTE) and 15.9% (2,463 WTE) respectively.

The Professional & Technical, Social Services and Administration & Clerical staff groups all reported similar rates of growth since 2019, with increases of 14.1% (1,246 WTE), 14.1% (1,098 WTE), and 13.9% (1,607 WTE) respectively.

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

Figure 2: Percentage Change in HSCNI Workforce (WTE) by Staff Group, 31 December 2019 – 31 December 2024

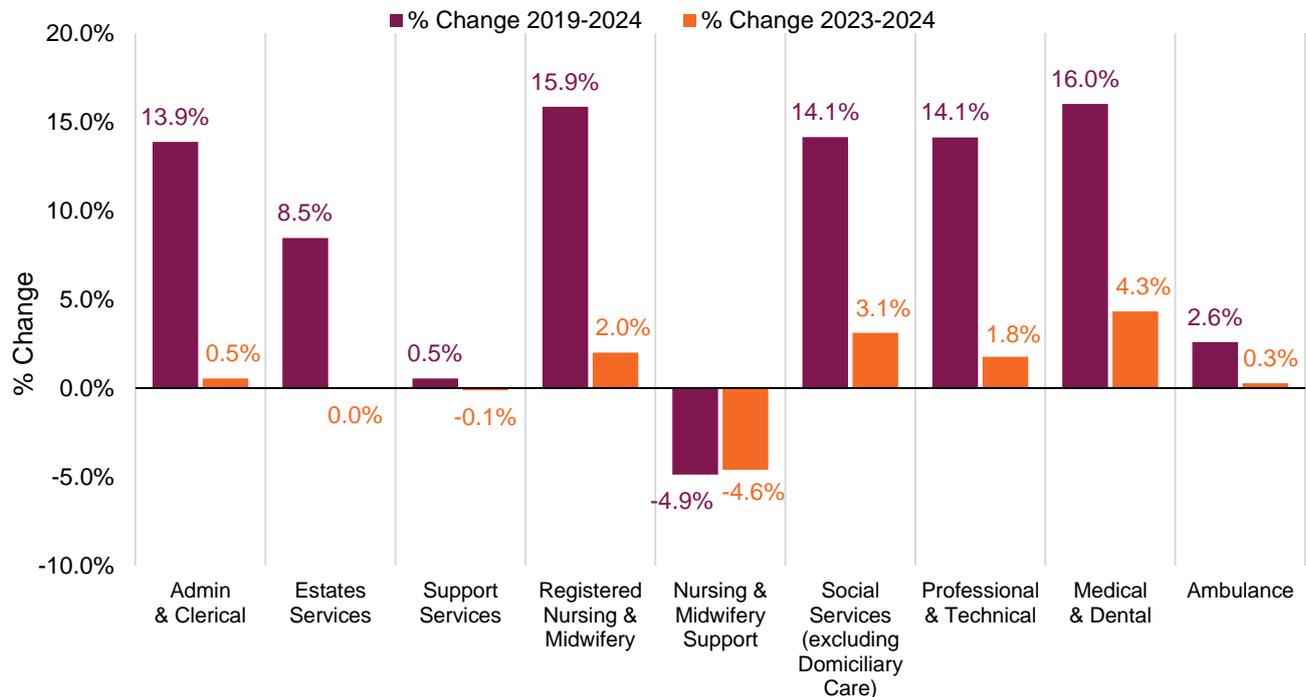


Table 2 below presents the annual and five-year percentage change in WTE in the HSCNI workforce for some sub staff groups and professions in the last year and the last five years.

Table 2: HSCNI Workforce (WTE) by Sub Staff Group / Profession, 31 December 2019 – 31 December 2024

Sub Staff Group / Profession	% Change 2019-24		% Change 2023-24	
	WTE	Percentage	WTE	Percentage
Allied Health Professionals *	609	13.2%	121	2.4%
Social Workers	623	15.5%	69	1.5%
Social Care staff (excluding domiciliary care)	475	12.7%	199	4.9%
Registered Nurses	2,486	17.1%	348	2.1%
Registered Midwives #	-23	-2.2%	4	0.4%
Consultants	258	14.5%	54	2.7%
SAS Doctors	112	22.1%	18	3.1%

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

Excludes student midwives

Of the sub staff groups and professions detailed in Table 2, the Social Care sub staff group reported the largest percentage increase since 31 December 2023 (4.9%, 199 WTE).

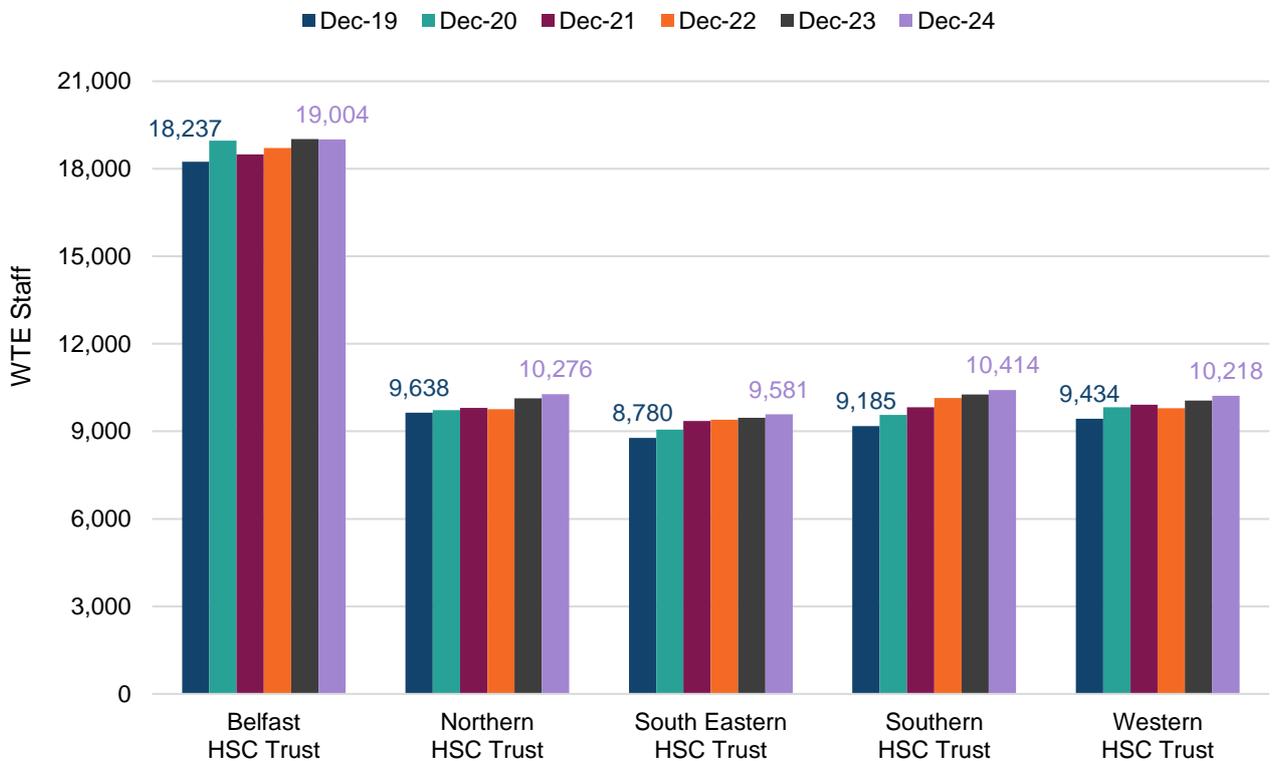
With the exception of Registered Midwives, all sub staff groups and professions detailed in Table 2 reported an increase in their workforces since 31 December 2019, with the largest percentage increase reported by SAS Doctors (22.1%, 112 WTE).

Regional HSC Trust

Figure 3 shows the number of WTE staff employed by regional HSC Trust at 31 December each year since 2019. 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 8 provides information on Doctors in Training by HSC Trust area.

The Belfast HSC Trust had the largest workforce with 19,004 WTE at 31 December 2024, 0.1% (18 WTE) lower than at 31 December 2023, but 4.2% (767 WTE) higher than at 31 December 2019. All regional HSC Trusts reported an increase in WTE staff since 31 December 2019, with the Southern HSC Trust reporting the most notable increase (1,229 WTE, 13.4%).

Figure 3: HSCNI Workforce (WTE) by Regional HSC Trust, 31 December 2019 – 31 December 2024



% Change	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
2019-24	+4.2%	+6.6%	+9.1%	+13.4%	+8.3%
2023-24	-0.1%	+1.4%	+1.2%	+1.5%	+1.6%

Other HSC Organisations

Figure 4 below shows the breakdown of staff in each HSC organisation at 31 December 2024.

Figure 4: HSCNI Workforce (WTE) by Other HSC Organisation, 31 December 2024

		% Change	
		2019-24	2023-24
NI Medical and Dental Training Agency	2,222	+608.2%	+7.1%
Business Services Organisation	2,049	+38.2%	+4.3%
NI Ambulance Service	1,487	+12.9%	+2.6%
Strategic Planning & Performance Group	490	+8.2%	-0.8%
Public Health Agency	377	+26.0%	+5.8%
NI Blood Transfusion Service	168	+7.1%	+6.2%
Regulation & Quality Improvement Authority	134	+25.6%	+6.0%
NI Social Care Council	65	+27.2%	+7.1%
Children's Court Guardian Agency for NI ^	60	+3.7%	+2.6%
Patient Client Council	28	+32.8%	-8.4%
NI Practice & Education Council	16	+5.4%	+23.1%

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

At 31 December 2024, NIMDTA (2,222 WTE) had the largest number of staff of the other HSC organisations, more than seven times the number of staff in post at 31 December 2019 (314 WTE). 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 2,222 WTE staff employed, 83.9% (1,863 WTE) were working in one of the five regional HSC Trusts as Doctors in Training. The remaining 16.1% (359 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), 31 December 2024

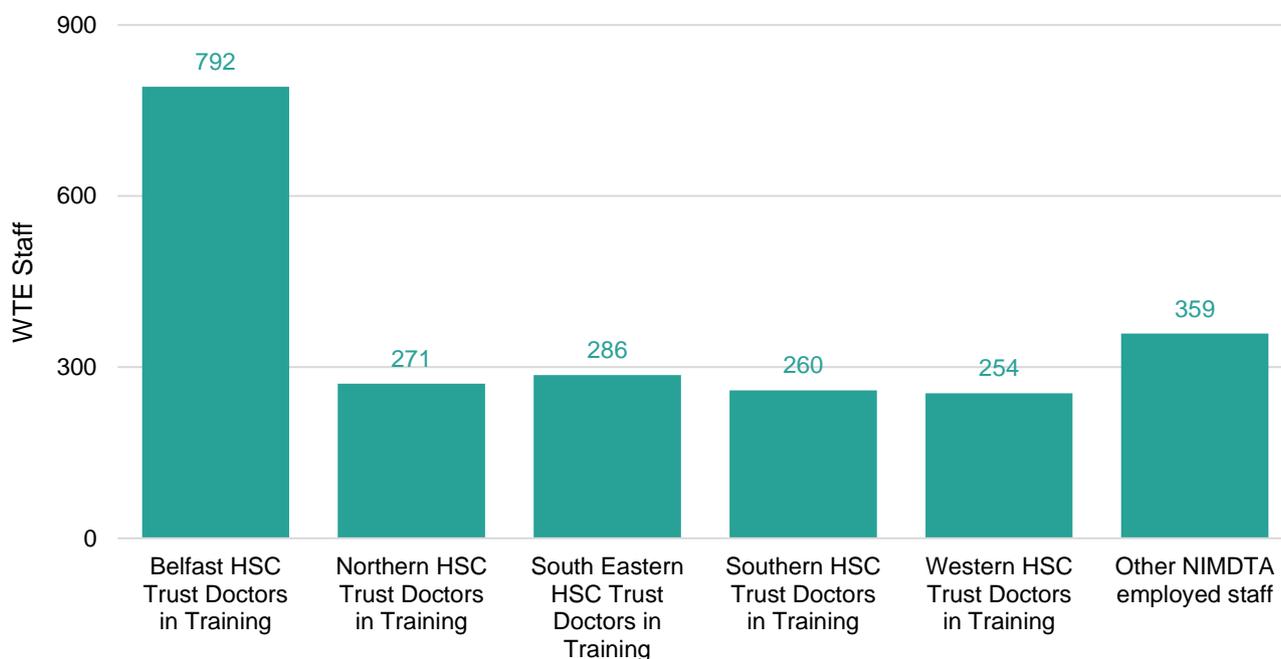


Table 3 below illustrates the impact of adding the NIMDTA-employed Doctors in Training to the regional HSC Trust that they are assigned to work in. It should be noted that the inclusion of these figures in Trusts workforce would result in greater increases than those reported in Figure 3.

Table 3: Regional HSC Trust Workforce, Including NIMDTA-Employed Doctors in Training by Assigned HSC Trust, 31 December 2024

Regional HSC Trust	Staff Employed by a Regional HSC Trust (WTE)	NIMDTA-Employed Doctors in Training by Assigned Regional HSC Trust (WTE) #	Total* WTE Working in a Regional HSC Trust
Belfast	19,004	792	19,795
Northern	10,276	271	10,547
South Eastern	9,581	286	9,867
Southern	10,414	260	10,674
Western	10,218	254	10,472

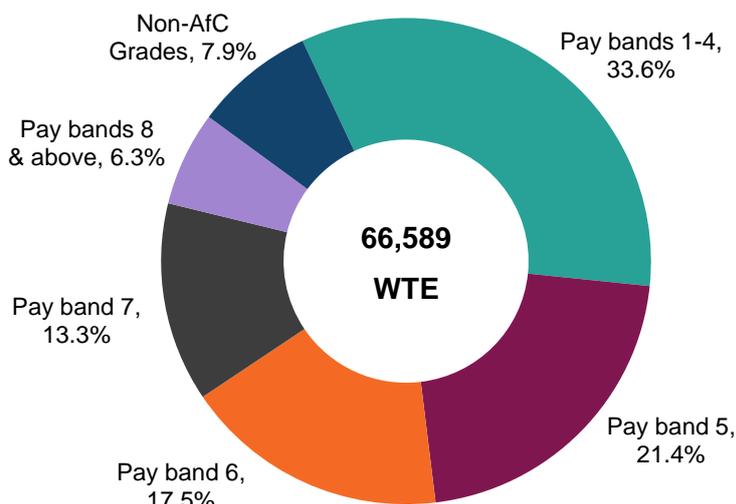
Figures do not include doctors in training assigned to other organisations, or GP trainees.

* 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 2024. At 31 December 2024, over a third (37.0%) of the HSCNI workforce were employed at Agenda for Change (AfC) pay bands 6 and above, 33.6% employed at pay bands 1-4, 21.4% employed at pay band 5 and 7.9% employed in non-AfC grades. The current [AfC pay scales](#) are available on the Department of Health website.

Figure 6: HSCNI Workforce (WTE) by Pay Band, 31 December 2024



Staff employed in non-AfC grades (7.9% or 5,292 WTE) are mainly Medical & Dental staff (5,180 WTE).

Table 4 below presents the percentage breakdown of each staff group by pay band groups. The table shows that almost half (49.8%) of Registered Nursing & Midwifery staff were employed at pay band 5 (the starting pay band for registered nurses and midwives). Almost two thirds (61.3%) of Administration & Clerical staff were employed at pay bands 1-4.

Table 4: HSCNI Workforce (WTE) by Staff Group and Pay Band Group, 31 December 2024*

Staff Group	Pay bands 1-4	Pay band 5	Pay bands 6-7	Pay bands 8 & above	Non-AfC Grades	Total WTE
Administration & Clerical	61.3%	11.5%	16.6%	9.8%	0.8%	13,193
Estates Services	27.8%	29.7%	31.0%	11.6%	0.0%	817
Support Services	98.5%	0.7%	0.7%	0.2%	0.0%	5,031
Registered Nursing & Midwifery	0.0%	49.8%	45.5%	4.7%	0.0%	18,003
Nursing & Midwifery Support	100.0%	0.0%	0.0%	0.0%	0.0%	4,178
Social Services (excl. Dom. Care)	30.5%	18.7%	44.4%	6.3%	0.0%	8,868
Professional & Technical	19.0%	15.0%	52.4%	13.5%	0.1%	10,065
Medical & Dental	0.1%	0.0%	0.0%	0.1%	99.9%	5,188
Ambulance	23.8%	28.2%	47.7%	0.2%	0.0%	1,245
All HSC	33.6%	21.4%	30.8%	6.3%	7.9%	66,589

* 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), 31 December 2019 – 31 December 2024

Count	2019	2020	2021	2022	2023	2024
WTE	59,549.9	62,248.4	63,874.3	64,383.7	65,714.0	66,588.6
Active Posts	68,222	71,152	72,731	73,161	74,520	75,552
Individuals with multiple posts	866	844	845	772	756	788
Headcount	67,344	70,293	71,874	72,376	73,754	74,742

Table A2: HSC Workforce (WTE) by Staff Group, 31 December 2019 – 31 December 2024

Staff Group	2019	2020	2021	2022	2023	2024	% Change 2019-24	% Change 2023-24
Administration & Clerical	11,586.0	12,116.6	12,687.2	12,761.6	13,122.8	13,193.2	13.9%	0.5%
Estates Services	753.3	772.6	799.5	789.9	817.2	817.0	8.5%	0.0%
Support Services	5,004.4	5,222.9	5,191.9	5,077.7	5,037.6	5,031.3	0.5%	-0.1%
Registered Nursing & Midwifery	15,540.0	16,122.2	16,556.0	17,109.2	17,650.7	18,003.2	15.9%	2.0%
Nurse Support Staff	4,392.4	4,538.3	4,588.7	4,510.8	4,379.6	4,178.2	-4.9%	-4.6%
Social Services (excluding Domiciliary Care)	7,769.6	8,074.0	8,243.0	8,283.1	8,600.4	8,867.9	14.1%	3.1%
Professional & Technical	8,818.6	9,342.5	9,566.2	9,658.2	9,890.7	10,064.8	14.1%	1.8%
Medical & Dental	4,471.9	4,761.6	4,890.5	4,882.4	4,973.1	5,187.9	16.0%	4.3%
Ambulance	1,213.6	1,297.9	1,351.2	1,310.8	1,241.8	1,245.2	2.6%	0.3%
Total	59,549.9	62,248.4	63,874.3	64,383.7	65,714.0	66,588.6	11.8%	1.3%

Table A3: HSC Workforce (WTE) by HSC Organisation, 31 December 2019 – 31 December 2024

HSC Organisation	2019	2020	2021	2022	2023	2024	% Change 2019-24	% Change 2023-24
Belfast HSC Trust	18,236.8	18,969.4	18,489.3	18,712.5	19,021.2	19,003.6	4.2%	-0.1%
Northern HSC Trust	9,638.2	9,723.3	9,799.1	9,757.4	10,131.6	10,276.3	6.6%	1.4%
South Eastern HSC Trust	8,779.6	9,054.3	9,359.9	9,399.2	9,462.9	9,580.7	9.1%	1.2%
Southern HSC Trust	9,185.3	9,566.0	9,830.0	10,148.3	10,260.1	10,414.3	13.4%	1.5%
Western HSC Trust	9,434.5	9,830.3	9,913.9	9,788.6	10,052.8	10,218.0	8.3%	1.6%
NI Ambulance Service HSC Trust	1,317.3	1,426.5	1,502.9	1,498.8	1,448.9	1,486.6	12.9%	2.6%
Business Services Organisation	1,483.3	1,485.1	1,660.2	1,779.5	1,964.9	2,049.3	38.2%	4.3%
Strategic Planning & Performance Group [note 1]	452.8	456.7	477.5	491.5	493.7	489.7	8.2%	-0.8%
NI Blood Transfusion Service	156.4	156.5	155.2	157.8	157.7	167.5	7.1%	6.2%
Children's Court Guardian Agency for NI [note 2]	57.8	60.7	61.3	58.4	58.4	60.0	3.7%	2.6%
NI Medical and Dental Training Agency [note 3]	313.7	924.9	1,914.1	2,030.6	2,073.9	2,221.7	608.2%	7.1%
NI Practice & Education Council	15.6	12.6	12.0	12.8	13.4	16.4	5.4%	23.1%
NI Social Care Council	50.8	53.6	52.2	58.8	60.4	64.7	27.2%	7.1%
Patient Client Council	21.3	23.6	24.0	28.1	30.9	28.3	32.8%	-8.4%
Public Health Agency	299.4	399.8	514.5	340.9	356.4	377.2	26.0%	5.8%
Regulation & Quality Improvement Authority	107.0	105.3	108.2	120.4	126.8	134.4	25.6%	6.0%
Total	59,549.9	62,248.4	63,874.3	64,383.7	65,714.0	66,588.6	11.8%	1.3%

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

Note 2: The Children's Court Guardian Agency for Northern Ireland (CCGANI) was formerly known as the Northern Ireland Guardian Ad Litem Agency (NIGALA).

Note 3: The Northern Ireland Medical & Dental Training Agency (NIMDTA) is the single lead employer for Doctors in Training, rather than individual HSC Trusts. The single lead employer initiative, introduced in August 2019, saw all hospital-based training programmes phased over to the new employment relationship with NIMDTA by December 2021.

Table A4: HSC Workforce (WTE) by Regional HSC Trust & Staff Group, 31 December 2024

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 [note 4]	Total
Belfast HSC Trust	3,335.1	243.7	1,655.7	5,639.2	1,342.9	2,073.4	3,613.2	1,100.5	19,003.6
Northern HSC Trust	1,753.2	165.3	807.8	2,970.4	668.5	1,875.3	1,640.6	395.2	10,276.3
South Eastern HSC Trust	1,472.4	108.3	889.3	2,947.4	641.8	1,616.2	1,410.3	495.1	9,580.7
Southern HSC Trust	1,800.4	144.6	614.6	3,167.7	762.4	1,711.7	1,686.6	526.3	10,414.3
Western HSC Trust	1,789.9	148.6	871.4	3,173.4	727.8	1,508.1	1,513.9	484.9	10,218.0
Regional Trusts Total	10,151.0	810.5	4,838.6	17,898.1	4,143.5	8,784.6	9,864.6	3,001.9	59,492.8

Note 4: Includes 113.3 WTE classed as Dental staff.

Table A5: HSC Workforce (WTE) by Other HSC Trusts/Organisations and Staff Group, 31 December 2024

Other HSC Trusts/Organisations	Administration & Clerical	Estates Services	Support Services	Registered Nursing & Midwifery	Nursing & Midwifery Support Staff	Social Services (excl. Domiciliary Care)	Professional & Technical	Medical & Dental [note 5]	Ambulance	Total
NI Ambulance Service	198.0	[s]	36.6	0.0	0.0	0.0	[s]	[s]	1,245.2	1,486.6
Business Services Organisation	1,786.2	[s]	148.8	41.2	0.0	[s]	71.0	0.0	0.0	2,049.3
Strategic Planning & Performance Group [note 1]	392.4	0.0	[s]	[s]	0.0	30.4	39.8	22.2	0.0	489.7
NI Blood Transfusion Service	44.1	0.0	[s]	12.8	34.7	0.0	66.0	[s]	0.0	167.5
Children's Court Guardian Agency for NI [note 2]	13.8	[s]	0.0	0.0	0.0	44.2	0.0	0.0	0.0	60.0
NI Medical and Dental Training Agency [note 3]	94.1	0.0	0.0	0.0	0.0	0.0	0.0	2,127.7	0.0	2,221.7
NI Practice & Education Council	8.8	0.0	0.0	7.6	0.0	0.0	0.0	0.0	0.0	16.4
NI Social Care Council	58.7	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	64.7
Patient Client Council	28.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.3
Public Health Agency	294.6	[s]	0.0	37.6	0.0	0.0	17.0	27.5	0.0	377.2
Regulation & Quality Improvement Authority	123.0	0.0	0.0	[s]	0.0	[s]	[s]	[s]	0.0	134.4
Total	3,042.1	6.5	192.7	105.1	34.7	83.3	200.2	2,186.1	1,245.2	7,095.8

[s] Where appropriate, cells containing very small numbers (values less than 4) have been suppressed to avoid issues involving personal disclosure. Where it may be possible to deduce a small cell value, a small number of neighbouring cells (values less than 6) have also been suppressed.

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

Note 2: The Children's Court Guardian Agency for Northern Ireland (CCGANI) was formerly known as the Northern Ireland Guardian Ad Litem Agency (NIGALA).

Note 3: The Northern Ireland Medical & Dental Training Agency (NIMDTA) is the single lead employer for Doctors in Training, rather than individual HSC Trusts. The single lead employer initiative, introduced in August 2019, saw all hospital-based training programmes phased over to the new employment relationship with NIMDTA by December 2021.

Note 5: Includes 35.9 WTE classed as Dental staff.

Table A6: HSC Workforce (% WTE) by Staff Group and Pay Band Group, 31 December 2024

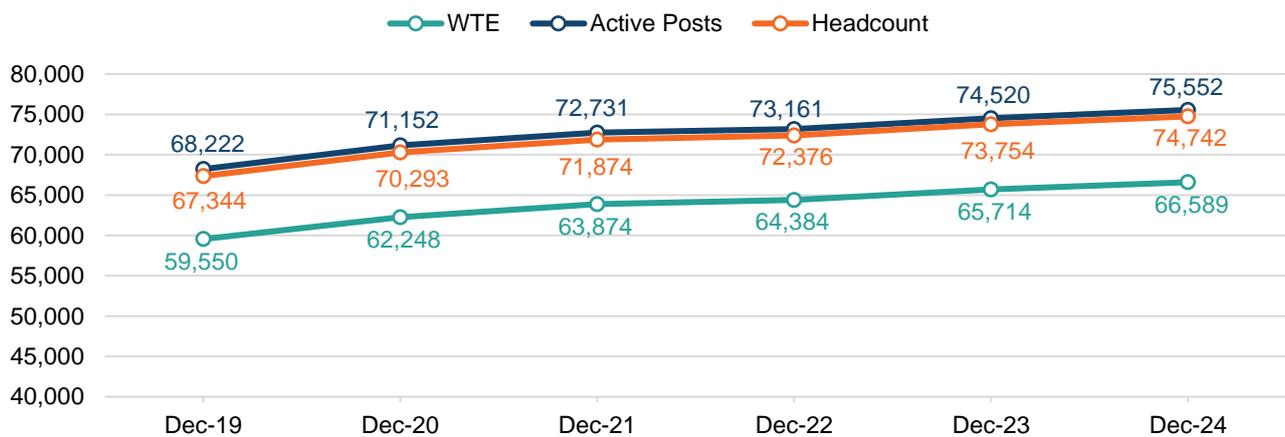
Staff Group	Pay bands 1-4	Pay band 5	Pay bands 6-7	Pay bands 8 & above	Non-AfC Grades	Total WTE
Administration & Clerical	61.3%	11.5%	16.6%	9.8%	0.8%	13,193.2
Estates Services	27.8%	29.7%	31.0%	11.6%	0.0%	817.0
Support Services	98.5%	0.7%	0.7%	0.2%	0.0%	5,031.3
Registered Nursing & Midwifery	0.0%	49.8%	45.5%	4.7%	0.0%	18,003.2
Nurse Support Staff	100.0%	0.0%	0.0%	0.0%	0.0%	4,178.2
Social Services (excluding Domiciliary Care)	30.5%	18.7%	44.4%	6.3%	0.0%	8,867.9
Professional & Technical	19.0%	15.0%	52.4%	13.5%	0.1%	10,064.8
Medical & Dental	0.1%	0.0%	0.0%	0.1%	99.9%	5,187.9
Ambulance	23.8%	28.2%	47.7%	0.2%	0.0%	1,245.2
Total	33.6%	21.4%	30.8%	6.3%	7.9%	66,588.6

Technical Notes

Changes have been made to the way this HSCNI workforce information is analysed and presented on a quarterly basis. Due to some individuals being employed in more than one position in HSC, this quarterly statistical release will now include active posts (referred to as Headcount in publications presenting data prior to 31 December 2022) and individual headcount (see Definitions on page 16) as well as WTE, to provide a better understanding of the HSCNI workforce.

To show how this change impacts our understanding of the HSCNI workforce historically, Figure 7 below presents WTE, active posts and individual headcount at 31 December each year since 2019, and shows that the increasing trend in active posts is mirrored by headcount.

Figure 7: HSCNI Workforce (WTE, Active Posts, and Individual Headcount), 31 December 2019 – 31 December 2024



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 2024 recorded on HRPTS and extracted on 27 January 2025.

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

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

Definitions

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

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

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

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

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

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

Quality Assessment

Relevance

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

Accuracy and Reliability

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

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

Validation

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

Error

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

Revisions

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

Timeliness and Punctuality

Downloads for this publication are based on the 31 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](#).