Health and Social Care (Staffing) Bill

[AS INTRODUCED]

LEGISLATIVE COMPETENCE

At Introduction the Minister of Health had made the following statement under section 9 of the Northern Ireland Act 1998:

> *"In my view the Health and Social Care (Staffing) Bill would be within the legislative competence of the Northern Ireland Assembly."*

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TO

Require the Department of Health to develop policies relating to the staffing of health and social care services; require Health and Social Care trusts to carry out workforce planning; require the other health and social care bodies to have regard to guidance relating to the staffing of those bodies; and for connected purposes.

BE IT ENACTED by being passed by the Northern Ireland Assembly and assented to by His Majesty as follows:

Functions of the Department

The Department's general duty under the 2009 Act

1. In section 2 of the 2009 Act (Department's general duty in respect of health and social care)—

(a) in subsection (3), after paragraph (a) insert—

"(aa) develop policies to secure the achievement of the staffing objective in relation to health and social care provided or secured under subsection (2);";

(b) after subsection (4) insert—

"(4A) For the purposes of subsection (3)(aa), the staffing objective is that suitably qualified and competent individuals, from such range of disciplines as is necessary, are at all times working in such numbers as are appropriate for the health, well-being and safety of those persons to whom health and social care is provided.".

The Department's reporting duty

2.—(1) The Department must, as soon as practicable after the end of each reporting period—

(a) prepare and publish a report containing the information required by subsection (2), and

(b) lay a copy of the report before the Assembly.

(2) A report under subsection (1) must, in relation to the reporting period to which it relates—

(a) identify the policies developed by the Department under section 2(3)(aa) of the 2009 Act (policies for achieving the staffing objective for health and social care),

(b) set out the steps taken by the Department to implement those policies, and

(c) include an assessment of the extent to which those steps have contributed towards achieving the staffing objective (within the meaning of section 2 of the 2009 Act).

(3) In this section, "the reporting period" means—

(a) the period of 3 years beginning with the day on which this section comes into operation, and

(b) each subsequent period of 3 years.

(4) The Department may by regulations amend this section for the purpose of changing the reporting period in subsection (3)(b) (and the regulations may include such transitional provision as the Department considers appropriate).

(5) Regulations may not be made under subsection (4) unless a draft of the regulations has been laid before, and approved by a resolution of, the Assembly.

Workforce planning by HSC trusts

Workforce planning by HSC trusts

3.—(1) Each HSC trust must, within the period of 12 months beginning with the coming into operation of this section—

(a) prepare a plan (referred to in this Act as a "workforce plan") for ensuring that the staffing objective is met in relation to the health and social care for which the trust is responsible, and

(b) submit the workforce plan to the Department for approval.

(2) The staffing objective is that suitably qualified and competent individuals, from such range of disciplines as is necessary, are at all times working in such numbers as are appropriate for the health, well-being and safety of those persons to whom that health and social care is provided.

(3) A workforce plan prepared by an HSC trust must, among other things, set out—

(a) the methodology to be used by the trust in determining whether the staffing objective is being met,

(b) the arrangements the trust will put into place for monitoring whether the staffing objective is being met, and

(c) in relation to any failures to meet the staffing objective, the arrangements the trust will put into place—

(i) to identify and manage the risks mentioned in subsection (4), and

(ii) to deal with and learn from those failures.

(4) The risks referred to in subsection (3)(c)(i) are risks to the health, well-being and safety of—

(a) persons to whom health and social care is provided, and

(b) individuals providing that health and social care.

(5) In preparing a workforce plan, an HSC trust must consult—

(a) such bodies representing the interests of staff working in health and social care, and

(b) such other persons,

as the trust considers appropriate.

(6) The Department may—

(a) approve a workforce plan submitted to it under this section (with or without modifications), or

(b) reject a workforce plan submitted to it under this section.

(7) Where the Department approves an HSC trust's workforce plan under this section, the trust must—

(a) publish the approved plan as soon as practicable after its approval, and

(b) take all reasonable steps to implement the approved plan.

(8) Where the Department rejects an HSC trust's workforce plan, the trust must, as soon as practicable, revise the plan and submit it to the Department for approval.

Workforce planning: revision and review

4.—(1) An HSC trust must keep its most recently published workforce plan under review and may propose revisions to the plan at any time.

(2) Before proposing revisions under subsection (1) an HSC trust must consult—

(a) such bodies representing the interests of persons working in health and social care, and

(b) such other persons,

as the trust considers appropriate.

(3) An HSC trust must propose revisions to its most recently published workforce plan if directed to do so in writing by the Department.

(4) Where an HSC trust proposes revisions to its most recently published workforce plan, it must submit a copy of the plan in its revised form to the Department for approval.

(5) Sections 3(6) and (7) apply in relation to a revised workforce plan submitted to the Department under this section as if it were a workforce plan submitted to the Department under section 3.

(6) The Department may by regulations specify circumstances in which an HSC trust may revise its most recently published workforce plan without having to comply with either or both of subsections (2) and (4) (and those regulations may confer functions on an HSC trust or the Department, including functions involving the exercise of a discretion).

(7) Where subsection (4) does not apply to a workforce plan revised by virtue of regulations under subsection (6), the plan is to be treated for the purposes of section 3(7) as a plan approved by the Department under that section.

(8) Regulations under subsection (6) may not be made unless a draft of the regulations has been laid before, and approved by a resolution of, the Assembly.

Regulations about workforce planning

5.—(1) The Department may by regulations make further provision about or in connection with workforce plans.

(2) Regulations under subsection (1) may, for example, make provision about—

(a) the form and content of workforce plans;

(b) the methodology to be followed in making determinations for the purposes of, or in connection with, workforce plans;

(c) reporting requirements in relation to workforce plans.

(3) Regulations under subsection (1) may confer a function on an HSC trust or any other person, including a function involving the exercise of a discretion.

(4) Regulations under subsection (1) are subject to negative resolution.

Guidance about workforce planning

6. In exercising its functions under this Act, an HSC trust must have regard to any guidance issued by the Department.

Interpretation of sections 3 to 6

7.—(1) This section applies for the purposes of interpreting sections 3 to 6.

(2) An HSC trust is responsible for the provision of health and social care if it provides or secures the provision of those services.

(3) The reference in subsection (2) to the provision of health and social care by an HSC trust includes a reference to the provision of those services jointly with another person.

(4) The expressions "health care", "HSC trust" and "social care" have the meanings given to them by section 31(1) of the 2009 Act.

Guidance for the other health and social care bodies

Guidance for the other health and social care bodies

8.—(1) The health and social care bodies that are not HSC trusts must have regard to any guidance issued by the Department for the purpose of promoting the effective staffing of those bodies.

(2) In this section, "the health and social care bodies" has the same meaning as in the 2009 Act (see section 1(5) of that Act).

General

General interpretation

9.—(1) This section applies for the purposes of interpreting this Act.

(2) References to "the Department" are to the Department of Health.

(3) References to "the 2009 Act" are to the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Commencement and short title

10.—(1) This section and section 9 come into operation on the day after the day on which this Act receives Royal Assent.

(2) The other provisions of this Act come into operation on such day or days as the Department may by order appoint.

(3) An order under subsection (2) may include such transitional provision as the Department considers appropriate.

(4) This Act may be cited as the Health and Social Care (Staffing) Act (Northern Ireland) 2026.

Health and Social Care (Staffing) Bill

[AS INTRODUCED]

A Bill to require the Department of Health to develop policies relating to the staffing of health and social care services; require Health and Social Care trusts to carry out workforce planning; require the other health and social care bodies to have regard to guidance relating to the staffing of those bodies; and for connected purposes.

Introduced by:	Mr Robbie Butler, Minister of Health
On:	16 November 2026
Bill Type:	Executive Bill

ACCOMPANYING DOCUMENTS
An Explanatory and Financial Memorandum is printed separately as NIA Bill 49/22-27 EFM.



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