HEALTH AND SOCIAL CARE (STAFFING) BILL (NORTHERN IRELAND) 2026

EXPLANATORY AND FINANCIAL MEMORANDUM

INTRODUCTION

1. This Explanatory and Financial Memorandum relates to the Health and Social Care (Staffing) Bill (Northern Ireland) 2026.

2. It has been prepared by the Department of Health to assist the reader in understanding the Bill and help inform debate. It does not form part of the Bill and has not been endorsed by the Assembly.

3. The Memorandum should be read alongside the Bill. It is not, and is not intended to be, a comprehensive description of the Bill.

BACKGROUND AND POLICY OBJECTIVES

4. The Health and Social Care workforce is fundamental to the delivery of safe, effective and high-quality services. In recent years, health and social care services in Northern Ireland have faced significant workforce challenges, including increasing demand for services, changing population needs, difficulties in recruitment and retention, and ongoing pressures on existing staff. These challenges have highlighted the importance of ensuring that workforce planning arrangements are robust, evidence-based and capable of supporting the delivery of safe and sustainable services across the Health and Social Care (HSC) system.

5. The Bill builds upon the existing framework established by the Health and Social Care (Reform) Act (Northern Ireland) 2009. The 2009 Act provides the legislative basis for the organisation, management and improvement of health and social care services in Northern Ireland. This Bill complements those existing arrangements by introducing a specific staffing objective and placing new duties on the Department and HSC trusts in relation to workforce planning, monitoring, oversight and reporting.

6. The Bill is not intended to create a system of mandatory staffing ratios or to prescribe specific staffing models within primary legislation. Rather, it establishes a statutory framework within which staffing decisions can be made using evidence-based methodologies, supported by professional judgement and informed by local service needs. The Department considers that this approach provides the flexibility necessary to respond to changes in service delivery, workforce availability, emerging evidence and future healthcare challenges.

7. The principal objective of the Bill is to strengthen workforce planning across the Health and Social Care system through the introduction of a statutory framework that supports the delivery of safe and effective care.

8. Specifically, the Bill seeks to:

- establish a clear statutory staffing objective centred on ensuring that suitably qualified and competent staff are available in numbers appropriate to support the health, wellbeing and safety of those receiving health and social care services;
- place a duty on the Department to develop policies directed towards achieving the staffing objective and to report publicly on progress made towards its achievement;
- require HSC trusts to undertake formal workforce planning through the preparation, implementation and regular review of workforce plans;
- improve accountability by requiring workforce planning arrangements to be monitored, reviewed and subject to Departmental oversight;
- promote consistency in workforce planning by enabling the Department to make regulations concerning workforce planning methodologies, reporting requirements and related processes;
- ensure that workforce planning arrangements are informed by engagement with staff representatives and other relevant stakeholders;
- support transparency through the publication of workforce plans and Departmental reporting to the Northern Ireland Assembly;
- provide a flexible framework capable of adapting to future workforce challenges using regulations and statutory guidance;
- support effective multidisciplinary working by recognising the need for an appropriate range of professional disciplines to contribute to the delivery of health and social care services; and
- strengthen existing governance arrangements by linking workforce planning more explicitly to the delivery of safe, sustainable and high-quality services.

9. The Department considers that these measures will improve the consistency, transparency and effectiveness of workforce planning across the HSC system while allowing sufficient flexibility to respond to changing service demands and workforce requirements. The Bill is therefore intended to support a long-term, sustainable approach to workforce planning that complements existing statutory responsibilities and contributes to the continued improvement of health and social care services in Northern Ireland.

10. The Bill gives effect to the Department's policy objective of establishing a statutory framework for workforce planning and staffing oversight arising from the Safe and Effective Staffing policy programme. The framework has been developed having regard

to consultation responses, existing legislative arrangements and relevant approaches adopted elsewhere within the United Kingdom. The Department's objective is to establish clear statutory responsibilities while retaining flexibility to address detailed workforce planning requirements through regulations and guidance.

CONSULTATION

11. The Department undertook a public consultation on proposals for safe and effective staffing. Responses were received from trade unions, professional bodies, HSC organisations, service users and members of the public. There was broad support for strengthening workforce planning arrangements and improving transparency, accountability and consistency in staffing decision-making. Respondents emphasised the importance of ensuring that staffing decisions are informed by evidence, professional judgement and service need, and that there are clear arrangements for monitoring workforce requirements and responding to workforce pressures.

12. Consultation responses highlighted support for the introduction of statutory workforce planning duties, greater transparency regarding staffing arrangements, the use of evidence-based workforce planning methodologies, and appropriate mechanisms for monitoring and responding to staffing risks. Respondents also emphasised the importance of staff engagement in workforce planning and the need for flexibility to reflect differing service settings and workforce requirements.

OPTIONS CONSIDERED

13. The Department considered whether the policy objectives identified through the consultation required the introduction of extensive prescriptive legislative requirements. Following consideration of consultation responses and existing statutory frameworks, the Department concluded that a proportionate approach would be to establish core duties within primary legislation while allowing detailed operational arrangements to be set out through regulations and statutory guidance. The Department concluded that detailed matters relating to workforce assessment methodologies, reporting arrangements, risk management processes and staffing tools would be more appropriately addressed through regulations and statutory guidance rather than primary legislation.

OVERVIEW

14. The purpose of the Bill is to strengthen workforce planning and oversight across the Health and Social Care (HSC) system in Northern Ireland. The Bill places a duty on the Department of Health to develop policies aimed at securing an appropriate workforce, introduces workforce planning requirements for HSC trusts, and establishes reporting, governance and accountability arrangements to support effective staffing across health and social care services.

15. The Bill builds upon the existing framework established by the Health and Social Care (Reform) Act (Northern Ireland) 2009 by introducing a specific staffing objective and requiring both the Department and HSC trusts to take steps towards achieving that objective.

COMMENTARY ON CLAUSES

Clause 1: The Department's general duty under the 2009 Act

This clause amends section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Paragraph (a) inserts a new duty requiring the Department to develop policies to secure achievement of the staffing objective for health and social care services.

Paragraph (b) inserts a definition of the "staffing objective". The objective is that suitably qualified and competent individuals, from the range of disciplines required to meet service needs, are available and working in numbers appropriate to support the health, wellbeing and safety of those receiving health care and social care.

The amendment expressly acknowledges workforce planning and staffing as key elements in delivering safe and effective health and social care services.

The policies outlined in paragraph (a) will be directed towards both short-term and longer-term aims in terms of achieving the staffing objective outlined in paragraph (b). This includes policies relating to longer term strategic workforce planning (to inform the Department's approach to the commissioning of training places for example).

Clause 2: The Department's reporting duty

This clause requires the Department to publish periodic reports on the actions it has taken to support achievement of the staffing objective.

Subsection (1) requires the Department to prepare and publish a report and lay it before the Assembly as soon as practicable after each reporting period.

Subsection (2) sets out the information that must be included in the report. This includes the policies developed by the Department, the steps taken to implement those policies, and an assessment of their contribution towards achieving the staffing objective.

Subsection (3) establishes a reporting cycle of three years. The three-year reporting cycle is intended to align with the longer-term nature of workforce planning and to allow sufficient time for workforce planning interventions and policy measures to demonstrate a measurable impact.

Subsections (4) and (5) enable the Department to change the reporting period through regulations, subject to the affirmative resolution procedure in the Assembly.

The clause is intended to promote transparency and provide a mechanism through which the Assembly and the public can assess progress in addressing workforce challenges across the HSC system.

Clause 3: Workforce planning by HSC trusts

This clause requires each HSC trust to prepare and implement a workforce plan approved by the Department.

Subsection (1) requires trusts to prepare and submit a workforce plan to the Department within 12 months of commencement.

Subsection (2) defines the staffing objective that trusts are expected to work towards.

Subsection (3) sets out matters which must be addressed within a workforce plan. These include arrangements for monitoring whether the staffing objective is being met, the methodology to be used in assessing staffing requirements and arrangements for identifying and managing risks associated with failures to achieve the staffing objective.

Subsection (3)(c) requires workforce plans to address how staffing risks will be identified, monitored and managed. The Department expects this to include appropriate governance and escalation arrangements where staffing pressures present a risk to the achievement of the staffing objective. The specific form of such arrangements will be a matter for trusts, having regard to any regulations or guidance issued under the Act.

Subsection (5) requires trusts to consult staff representative bodies and other persons considered appropriate when preparing a workforce plan.

Subsections (6) to (8) establish the approval process. The Department may approve a plan, with or without modifications, or reject it. Approved plans must be published and implemented, while rejected plans must be revised and resubmitted for approval.

The clause aims to ensure that workforce planning forms a routine part of organisational governance and that staffing decisions are supported by a structured and transparent planning process.

Clause 4: Workforce planning: revision and review

This clause provides for the ongoing review and revision of workforce plans.

Subsection (1) requires trusts to keep their published workforce plans under review.

Subsection (2) requires consultation with staff representative bodies and other appropriate persons before revisions are proposed.

Subsection (3) allows the Department to direct a trust to revise its workforce plan.

Subsections (4) and (5) require revised plans to be submitted to the Department for approval and apply the same approval arrangements that apply to initial workforce plans.

Subsections (6) to (8) provide the Department with powers to make regulations specifying circumstances in which an HSC trust may revise a workforce plan without complying with consultation requirements, Departmental approval requirements, or both. The regulations may also confer functions on HSC trusts or the Department, including functions involving the exercise of discretion.

This provision is intended to provide flexibility in the operation of the workforce planning framework by allowing streamlined processes to be established for specified categories of workforce plan revisions where full consultation or approval processes may not be necessary. For example, regulations could make provision for minor or technical revisions to be managed through simplified procedures.

Where a revised workforce plan is made in accordance with regulations that disapply the requirement for Departmental approval, subsection (7) provides that the revised plan is to be treated as having been approved by the Department for the purposes of the Act.

Regulations made under subsection (6) are subject to the affirmative resolution procedure, ensuring that any future arrangements are subject to Assembly scrutiny and approval.

The clause recognises that workforce requirements may change over time and provides a mechanism for workforce plans to remain current, proportionate and responsive to changing service needs while avoiding unnecessary administrative burdens.

Clause 5: Regulations about workforce planning

This clause gives the Department powers to make further provision about workforce planning through secondary legislation.

Subsection (1) enables regulations to make additional provision in relation to workforce plans.

Subsection (2) provides examples of matters that may be specified, including the form and content of plans, workforce planning methodologies, and reporting arrangements.

Subsection (3) allows regulations to confer functions on HSC trusts or other persons where necessary.

Subsection (4) provides that regulations made under this clause are subject to the negative resolution procedure.

The clause is intended to provide flexibility so that workforce planning requirements, workforce assessment methodologies, reporting arrangements and other operational matters can evolve in response to emerging evidence, changes in service delivery and future workforce challenges without the need for further primary legislation.

Clause 6: Guidance about workforce planning

This clause requires HSC trusts to have regard to guidance issued by the Department when exercising functions under the Act.

The provision supports a consistent approach to workforce planning across the HSC system while allowing trusts flexibility to take account of local circumstances.

Clause 7: Interpretation of sections 3 to 6

This clause contains interpretive provisions for the workforce planning sections of the Bill.

It clarifies that an HSC trust is responsible for health and social care services where it provides those services directly or secures their provision by another organisation.

It also clarifies that services provided by a trust jointly with another person fall within the scope of the workforce planning requirements.

The clause adopts existing definitions of "health care", "social care" and "HSC trust" from the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Clause 8: Guidance for the other health and social care bodies

This clause extends the Department's ability to issue staffing-related guidance beyond HSC trusts.

It requires all health and social care bodies within the meaning of the 2009 Act, other than HSC trusts, to have regard to guidance issued by the Department for the purpose of promoting effective staffing.

The clause supports a more consistent system-wide approach to workforce planning and staffing across the wider HSC sector.

Clause 9: General interpretation

This clause contains general definitions used throughout the Bill.

It defines references to "the Department" as the Department of Health and references to "the 2009 Act" as the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Clause 10: Commencement and short title

Subsection (1) provides for clauses 9 and 10 to come into operation on the day after Royal Assent.

Subsection (2) enables the Department to bring the remaining provisions into operation by commencement order.

Subsection (3) allows commencement orders to include transitional provisions where necessary.

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

FINANCIAL EFFECTS OF THE BILL

16. The estimated cost of implementing the Bill is approximately £2.6 million recurring. These costs relate to the development of workforce planning capability within HSC

trusts, including regional workforce analytical support arrangements, and the development of governance arrangements within the Department necessary to discharge the functions conferred by the Act. The estimate relates to the workforce planning and oversight framework established by the Bill and does not include any future service, staffing or workforce investment decisions arising from workforce plans prepared under the Act.

17. The regulation-making powers relating to workforce plan revisions may enable streamlined administrative arrangements to be introduced in future, reducing the administrative burden associated with minor or routine amendments to workforce plans.

HUMAN RIGHTS ISSUES

18. The Department has considered the provisions of the Bill considering the rights contained within the European Convention on Human Rights and is satisfied that the Bill is compatible with those rights.

EQUALITY IMPACT ASSESSMENT

19. The policy was screened under Section 75 of the Northern Ireland Act 1998, and it was concluded that a full Equality Impact Assessment was not required.

CHILD RIGHTS IMPACT ASSESSMENT

20. The Department has considered the impact of the Bill on children and young people and undertook a Child Rights Impact Assessment screening exercise. The screening concluded that a full Child Rights Impact Assessment was not required. The Bill does not alter statutory rights, entitlements or access to services for children and young people. By supporting effective workforce planning and staffing arrangements across the Health and Social Care system, the Bill is intended to contribute to the delivery of safe, effective and sustainable services for all service users, including children and young people.

SUMMARY OF THE REGULATORY IMPACT ASSESSMENT

21. The Department has undertaken screening for a Regulatory Impact Assessment and concluded that a full Regulatory Impact Assessment is not required.

DATA PROTECTION IMPACT ASSESSMENT/DATA PROTECTION BY DESIGN

22. A Data Protection Impact Assessment screening exercise was undertaken and concluded that a full Data Protection Impact Assessment is not required.

RURAL NEEDS IMPACT ASSESSMENT

23. A Rural Needs Impact Assessment screening exercise was undertaken and concluded that a full Rural Needs Impact Assessment is not required.

LEGISLATIVE COMPETENCE

At Introduction the Minister for 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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