2026

Workforce Monitoring Report

NHS
Highland
na Gàidhealtachd

1 Contents

1 Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th of May 2012. This requires public bodies such as NHS Highland to produce an Annual Workforce Monitoring Report covering all nine of the "protected characteristics", as defined in the Equality Act 2010.
The nine "protected characteristics" are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics.
- Information on the recruitment, development, and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

2 Gathering Workforce Information

2.1 Specific Duties Required in Relation to Personal Information

Public authorities in England, Scotland and Wales are legally required to publish equality information under the specific equality duties. Data about people and their protected characteristics (also called "equality monitoring") is shared and reported to build an evidence-based compliance with the public sector equality duties (PSED) and to meet the specific duties. Collecting and analysing equality information is an important way to develop an understanding how policies and practices affect those with protected characteristics. Public authorities should always use a proportionate approach to collecting personal information.
The national database is used to support workforce planning within NHS Scotland and ensures that NHS Highland meet or exceed our legal requirements in respect of equality and diversity monitoring. This information is held confidentially and used only for purposes of equality monitoring to ensure no group of staff are discriminated against or disadvantaged.

2.2 Using The Workforce Report

This report:

- Demonstrates NHS Highlands compliance with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended.
- Will be formally submitted for approval to the NHS Highland Staff Governance Committee. Following approval, it will also be widely circulated within the organisation and posted on the NHS Highland website.
- Will help the NHS Highland Board and others, to gauge whether NHS Highland employees and prospective employees are being treated fairly and equitably. Any evidence to the contrary highlighted by the report will be reviewed and appropriate follow up action taken.
- Provides evidence which will support the work undertaken by NHS Highland to create a workplace free from prejudice or discrimination.
- Gives the population of Highland, Argyll and Bute and prospective employees, information regarding how NHS Highland strives to treat its staff fairly and equitably.
- Enables external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

2.3 Data Collection

The workforce monitoring report for 2026 is based on NHS Highland employee data provided for the period of January 2025 to December 2025. The primary sources of data were from the national workforce systems, eESS (the Electronic Employee Support System, which is the HR information system), ePayroll, JobTrain (the recruitment system) and Turas Learn (the learning management system for health and social care staff). Some significant difficulties remain with having to work with different employee systems to extract data relating to the protected characteristics profile of the NHS Highland workforce.

Staff have the legal right not to disclose information about their protected characteristics, therefore any information supplied by staff is on a voluntary basis. As a result, the completeness of our information therefore varies by protected characteristic.

In this report, where numbers in a category/table are small, some figures have been rounded to one decimal place or expressed as ‘less than five’, to reduce the risk of inadvertently identifying individuals.

Unless stipulated, the figures provided in this report do not include Bank Staff or Doctors in Training.

The percentage of responses collated for each protected characteristic is shown below, this includes those who selected “prefer not to say”.

Anything less than 100% is caused by no information being provided by the colleague.

Protected Characteristic	% of Data Recorded on eESS 2023	% of Data Recorded on eESS 2024	% of Data Recorded on eESS 2025
Race	80.8%	82.2%	83.1%
Disability	84.2%	85.4%	85.9%
Sex (male or female)	100.0%	100.0%	100.0%
Religion / Faith	78.4%	79.8%	80.6%
Sexual Orientation	81.1%	82.5%	83.2%
Gender Reassignment	84.3%	84.4%	81.1%
Age	100.0%	100.0%	100.0%
Pregnancy and Maternity	100.0%	100.0%	100.0%
Marital Status	100.0%	100.0%	100.0%

Most protected characteristics show small, consistent year-on-year increases (between +0.5 and +1.5 percentage points) in data completeness. This pattern suggests that NHS Highland's data quality is gradually improving, likely due to improved onboarding processes, better system integration, and increasing staff confidence in sharing equality information.

Only one characteristic declined—Gender Reassignment— this could be due to the following factors –

Change in the wording of the question (April 2024)

NHS Scotland updated this field from
"Have you, are you or do you plan to undergo gender reassignment?"
to
"Do you consider yourself to be trans or have a trans history?"

This more accurate and inclusive wording may have:

- Prompted some staff to clear their previous response**,**
- Increased uncertainty about what the information will be used for,
- Led to more blank entries

This kind of decline is commonly seen after a wording or definition change**,** especially in sensitive areas.

Wider Social Context

The past two years have seen high-profile national debates on trans inclusion. Staff may feel more cautious about disclosing this characteristic, even in a secure HR system.

2.4 Summary

NHS Highland continues to strengthen staff confidence in sharing equality information by providing communication about how this data is used, stored and protected. Building trust remains essential, particularly for sensitive characteristics.

During the five-week Equalities Data Campaign, delivered across December and January, we reinforced these messages through targeted communications, simple guidance and easily accessible support materials. The campaign focused on explaining *why* equality data matters and *how* it informs workforce planning, improves fairness and inclusion, and supports NHS Highland's statutory equality duties. Staff were reminded that their information is held securely, used only for

organisational improvement and reporting, and does not influence individual employment decisions.

A new intranet site, tutorial videos, and step-by-step instructions for updating eESS, were developed and hosted on the home page of the intranet. This campaign will be run again over 2026 and be sited in a new permanent intranet page so that colleagues can access the information at any time.

To sustain the positive trajectory in completion rates, and to address the decline observed in the Gender Reassignment field, the following actions will be set for the year ahead:

- **We will undertake detailed analysis at team and directorate level.**
  We will break down completion rates by area, job family, pay band and length of service to identify specific groups or services where equality data remains incomplete, enabling tailored support and communication to be directed to those areas.

- **We will strengthen staff communication and reassurance.**
  We will run repeat "Equalities Data Campaign" messaging throughout 2026

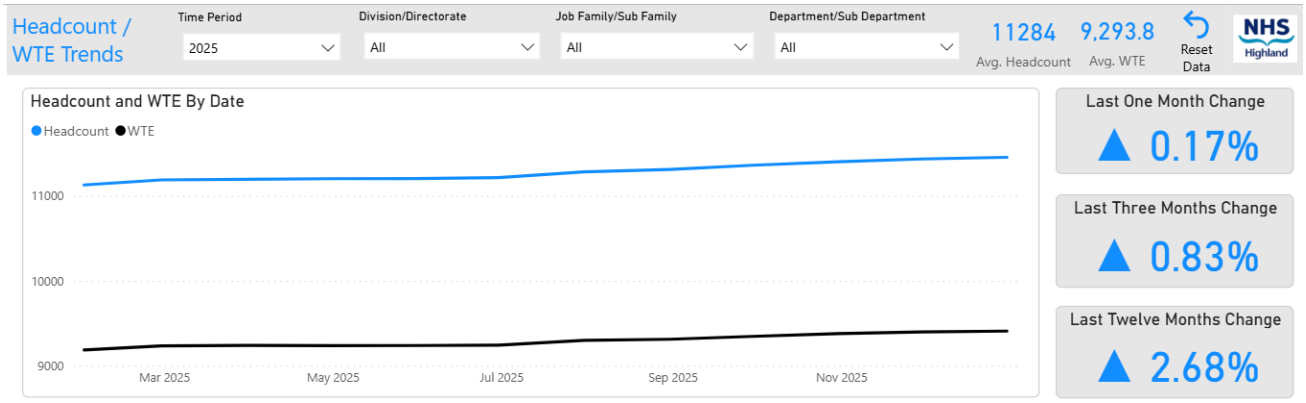
- **We will engage directly with staff to understand barriers.**
  We will use feedback loops and conversations with staff networks to understand why staff may choose not to disclose certain information or leave fields blank.

- **We will integrate equality data checks into routine processes.**
  We will encourage staff to review and update their personal information annually—for example, during mandatory training refreshes or appraisals.

These steps will support NHS Highland in improving the completeness, reliability and usefulness of its equality monitoring data. Findings and progress against these actions will be reported as part of the next annual workforce equality monitoring cycle.

3 Current Workforce

As of 31st December 2025, the substantive headcount for NHS Highland was 11457 persons, 9409 whole time equivalent (WTE) with whole time being 37 hours per week.



Headcount trend for 1st January 2025 – 31st December 2025

The workforce increased from 11,158 to 11,457 between December 2024 and December 2025, representing an overall increase of +2.7% (299 staff). Growth is seen across most job families, with only two small areas showing a reduction. The data indicates steady expansion within key clinical and support functions, alongside stability in overall workforce composition.

- Majority of job families grew – 9 out of 11 groups increased in headcount.
- Largest proportional growth occurred in Support Services (+6.7%), the most notable rise in both percentage and absolute terms (+78 staff).
- Largest absolute increase was in Nursing and Midwifery (+143 staff, +3.4%), continuing its position as the largest workforce group at around 38% of all staff.
- Clinical growth areas include Medical and Dental (+4.4%) and Medical Support (+4.0%),
- Small contractions were observed in:
  Healthcare Sciences (-0.6%, –2 staff)
  Senior Managers (-2.6%, –1 staff)

These declines are minimal in absolute numbers and likely reflect natural turnover rather than structural change.
Despite movement across job families, there is little shift in the overall proportional makeup of the workforce. The share of Nursing & Midwifery increased slightly, while Administrative Services and Personal & Social Care decreased marginally. These changes are very small (under ±0.4 percentage points), indicating continuity in workforce structure year-on-year.

Job Family	Headcount 31st December 2024	Headcount 31st December 2025	Change in % of Workforce from 2024 - 2025
Administrative Services	2076	2098	+1.1%
Allied Health Profession	798	816	+2.3%
Dental Support	185	187	+1.1%
Healthcare Sciences	361	359	-0.6%
Medical and Dental	666	695	+4.4%
Medical Support	50	52	+4.0%
Nursing/Midwifery	4211	4354	+3.4%
Other Therapeutic	398	403	+1.3%
Personal and Social Care	1262	1266	+0.3%
Senior Managers	38	37	-2.6%
Support Services	1160	1238	+6.7%
Total	**11158**	**11457**	**+2.7%**

Number of persons in post by Job Family

As well as substantive and fixed term members of staff, NHS Highland also employs “Bank” workers, which provide flexibility to increase staff over and above its core staff cohort at busier times, and to cover unexpected absences, such as sick leave. As at 31st December 2025 there were 2238 sole bank workers, this is a decrease of 377 bank workers on the same date in 2024. There are also 2253 colleagues who hold both a substantive and a bank contract meaning they can work extra hours either within their own area or a different discipline within NHS Highland.

NHS Highland	31st December 2023	31st December 2024	31st December 2025
Contract Type	**Persons in Post**	**Persons in Post**	**Persons in Post**
Bank Only	2524	2615	2238
Bank & Substantive	2517	2646	2253
Substantive Only	8553	8519	9197
Total	13594	13780	13688

Number of persons in post by contract type

3.1 Ethnic Origin

Both the workforce and population data show that the NHS Highland Board area remains one of the least ethnically diverse areas in Scotland, with the White Scottish/British group accounting for the overwhelming majority in both the local population and the workforce. As a rural board, NHS Highland relies on international recruitment—particularly in nursing, medical and allied health professional roles—which means representation from some minority ethnic groups can be higher within the workforce than in the surrounding local community, despite overall low population diversity.

The patterns observed closely mirror wider Scottish demographic and workforce trends. Census 2022 data shows that while Scotland is becoming more ethnically diverse, this change is uneven, with significant growth concentrated in urban areas and only modest increases in rural regions such as the Highlands and Argyll & Bute. As a result, workforce diversification in NHS Highland is expected to occur more slowly than in boards serving central and urban Scotland.

Diversity is not evenly distributed across job families and remains limited in non-clinical areas, including Administrative Services, Support Services and Senior Management, with representation decreasing at higher pay bands.

Comparison of ethnicity by job family between 2024 and 2025 indicates that changes in workforce diversity are incremental rather than structural. These findings are consistent with national NHS Scotland trends and reflect the wider societal and labour-market context of rural Scotland, highlighting both the progress made through recruitment and the ongoing challenges in broadening representation, particularly in non-clinical and senior roles, alongside the continued importance of improving equality data completeness.

NHS Highland	2023		2024		2025	
Ethnicity	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
African - African, African Scottish or African British	34	0.3%	61	0.6%	101	0.9%
African - Other	12	0.1%	45	0.4%	66	0.6%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Asian - Chinese, Chinese Scottish or Chinese British	11	0.1%	13	0.1%	15	0.1%
Asian - Indian, Indian Scottish or Indian British	45	0.4%	61	0.6%	81	0.7%
Asian - Other	79	0.7%	89	0.8%	91	0.8%
Asian - Pakistani, Pakistani Scottish or Pakistani British	18	0.2%	20	0.2%	17	0.2%
Caribbean or Black	N/A	N/A	< 5	< 0.05%	< 5	< 0.05%
Caribbean or Black - Black, Black Scottish or Black British	< 5	< 0.05%	6	0.1%	< 5	< 0.05%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Caribbean or Black - Other	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Mixed or Multiple Ethnic Group	42	0.4%	48	0.4%	46	0.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	17	0.2%	20	0.2%	22	0.2%
Other Ethnic Group - Other	19	0.2%	18	0.2%	21	0.2%
White - Gypsy Traveller	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
White - Irish	81	0.8%	83	0.8%	86	0.8%
White - Other	412	3.8%	448	4.0%	464	4.1%
White - Other British	1323	12.2%	1365	12.3%	1410	12.5%
White - Polish	57	0.5%	82	0.7%	97	0.9%
White - Scottish	5498	50.6%	5719	51.5%	5842	51.8%
Not Declared	2083	19.2%	1972	17.8%	1924	17.1%
Prefer not to say	1129	10.4%	1052	9.5%	990	8.8%

Number of persons in post by Ethnicity

Scotland Census 2022	Highland		Argyll and Bute		NHS Highland
Ethnicity	**Headcount**	**% Total**	**Headcount**	**% Total**	**% Total**
African - African, African Scottish or African British	51	0.02%	9	0.001%	0.9%
African - Other	364	0.15%	145	0.17%	0.6%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	256	0.11%	46	0.05%	< 0.05%
Asian - Chinese, Chinese Scottish or Chinese British	513	0.22%	193	0.22%	0.1%
Asian - Indian, Indian Scottish or Indian British	704	0.30%	151	0.17%	0.7%
Asian - Other	872	0.37%	249	0.29%	0.8%
Asian - Pakistani, Pakistani Scottish or Pakistani British	391	0.17%	124	0.14%	0.2%
Caribbean or Black - Black, Black Scottish or Black British	13	0.001%	14	0.02%	< 0.05%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	91	0.04%	37	0.04%	< 0.05%
Caribbean or Black - Other	107	0.04%	31	0.04%	< 0.05%
Mixed or Multiple Ethnic Group	1943	0.82%	663	0.77%	0.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	259	0.11%	100	0.12%	0.2%
Other Ethnic Group - Other	543	0.23%	199	0.23%	0.2%
White - Gypsy Traveller	263	0.11%	84	0.10%	<0.05%
White - Irish	1549	0.66%	853	0.99%	0.8%
White - Other	6185	2.63%	2102	2.45%	4.1%
White - Other British	38140	16.20%	16648	19.36%	12.5%
White - Polish	4506	1.91%	666	0.77%	0.9%
White - Scottish	178605	75.89%	63657	74.04%	51.8%

Population Data from 2022 Census vs NHSH workforce 2025

Ethnicity	2024 Admin Services	2024 AHPs	2024 Dental Support	2024 Healthcare Sciences	2024 Medical & Dental	2024 Medical Support	2024 Nursing & Midwifery	2024 Other Therap - eutic	2024 Personal & Social Care	2024 Senior Manager	2024 Support Services
African - African, Scottish African or British African	< 5	6	0	< 5	12	0	24	0	12	0	< 5
African - Other	0	< 5	0	< 5	0	0	31	< 5	7	0	< 5
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 5	0	0	0	< 5	0	0	0	< 5	0	< 5
Asian - Chinese, Chinese Scottish or Chinese British	< 5	0	0	0	8	0	0	< 5	0	0	0
Asian - Indian, Indian Scottish or Indian British	7	< 5	0	< 5	28	< 5	9	< 5	5	0	< 5
Asian - Other	11	< 5	< 5	5	12	0	36	< 5	< 5	0	15
Asian - Pakistani, Pakistani Scottish or Pakistani British	< 5	< 5	0	< 5	12	0	0	< 5	< 5	0	0
Caribbean or Black	0	0	0	0	0	0	< 5	0	0	0	0
Caribbean or Black - Black, Black Scottish or Black British	0	0	< 5	< 5	0	0	< 5	0	0	0	0
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	0	0	0	0	< 5	0	0	0	0
Caribbean or Black - Other	0	0	0	0	0	0	0	0	0	0	< 5
Mixed or Multiple Ethnic Groups	12	< 5	0	< 5	6	0	15	< 5	< 5	0	< 5
Other Ethnic Group - Arab, Arab Scottish or Arab British	< 5	< 5	0	< 5	13	0	< 5	< 5	0	0	0
Other Ethnic Group - Other	< 5	< 5	0	< 5	7	0	5	< 5	0	0	< 5
White - Gypsy Traveller/Roma	0	0	0	0	0	0	< 5	0	0	0	0
White - Irish	8	13	< 5	< 5	12	0	29	8	6	0	< 5
White - Other	67	22	5	22	61	< 5	163	20	28	< 5	60
White - Other British	264	128	12	57	141	7	492	56	96	8	109
White - Polish	20	< 5	0	< 5	0	< 5	18	< 5	7	0	28
White - Scottish	1174	434	141	187	211	25	2362	214	372	17	610
Prefer not to say	215	63	15	37	48	< 5	304	23	223	3	124
Not declared	308	101	10	26	82	9	660	47	498	9	228

Number of persons in post split down by Ethnicity and Job Family 2024

Ethnicity	2025 Admin Services	2025 AHPs	2025 Dental Support	2025 Healthcare Sciences	2025 Medical & Dental	2025 Medical Support	2025 Nursing & Midwifery	2025 Other Therap - eutic	2025 Personal & Social Care	2025 Senior Manager	2025 Support Services
African - African, Scottish African or British African	5	7	0	< 5	12	0	52	< 5	22	0	< 5
African - Other	0	< 5	0	< 5	< 5	0	50	< 5	8	0	< 5
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 5	0	0	0	< 5	0	0	< 5	< 5	0	< 5
Asian - Chinese, Chinese Scottish or Chinese British	< 5	0	0	0	9	0	0	< 5	0	0	0
Asian - Indian, Indian Scottish or Indian British	7	7	0	< 5	32	< 5	19	< 5	8	0	< 5
Asian - Other	11	< 5	< 5	5	13	0	38	< 5	< 5	0	15
Asian - Pakistani, Pakistani Scottish or Pakistani British	< 5	< 5	< 5	0	11	0	< 5	< 5	< 5	0	0
Caribbean or Black	< 5	0	0	0	0	0	< 5	0	< 5	0	0
Caribbean or Black - Black, Black Scottish or Black British	0	0	0	0	0	0	< 5	0	< 5	0	< 5
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0	0	0	0	0	< 5	0	0	0	0
Caribbean or Black - Other	0	0	0	0	0	0	0	0	0	0	< 5
Mixed or Multiple Ethnic Groups	11	< 5	0	< 5	6	0	14	< 5	< 5	0	< 5
Other Ethnic Group - Arab, Arab Scottish or Arab British	< 5	< 5	0	< 5	15	0	< 5	< 5	0	0	0
Other Ethnic Group - Other	< 5	< 5	< 5	< 5	6	0	7	< 5	< 5	0	< 5
White - Gypsy Traveller/Roma	0	0	0	0	0	0	< 5	0	0	0	0
White - Irish	7	14	< 5	< 5	11	0	30	8	8	0	< 5
White - Other	69	22	5	23	62	< 5	169	22	31	< 5	59
White - Other British	263	130	11	59	151	9	500	65	103	9	113
White - Polish	25	< 5	0	< 5	0	< 5	23	< 5	10	0	28
White - Scottish	1192	450	142	190	214	25	2432	219	375	17	616
Prefer not to say	207	59	14	32	48	< 5	294	20	201	2	115
Not declared	288	104	10	27	83	9	646	48	469	6	243

Number of persons in post split down by Ethnicity and Job Family 2025

3.2 Disability

The Equality Act 2010 defines disability as a person having:

- A physical or mental impairment
- An impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

A person is recognised as disabled whether their condition is either visible or hidden, and/or has a substantial and long-term (12 months or longer) impact on their ability to do normal daily activities. It should be noted that disability is also self-defined by the individual.

The disability analysis highlights a continued gap between the proportion of disabled people in Scotland (21.4%) and the proportion represented within the NHS Highland workforce (2.0%) This difference reflects a combination of factors seen across Scotland: lower employment rates among disabled adults, barriers in recruitment and progression, inconsistent access to reasonable adjustments, and lack of confidence in disclosing disability status.

Under the Equality Act 2010, employers have a legal responsibility to make reasonable adjustments for disabled staff. NHS Highland actively supports staff who require adjustments in their workplace. Staff are encouraged to have a discussion with their manager if they need reasonable adjustments to ensure positive impact on wellbeing and performance of the workforce.

A new Once For Scotland Reasonable Adjustments Guide was rolled out to all Scottish Health Boards in Autumn 2025. This provides managers with guidance on how to support colleagues who request adjustments in the workplace.

NHS Scotland also partners with the Business Disability Forum, an organisation who aims to improve the life experiences of disabled employees by removing barriers to inclusion. Being a partner brings benefits to NHS Highland such as access to their knowledge hub which contains lots of useful training resources and toolkits, as well as a dedicated business partner who can advise on how to improve inclusion and accessibility within the workplace.

NHS Highland	2023		2024		2025	
Disability	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Yes	110	1.0%	156	1.4%	224	2.0%
No	7337	67.5%	7738	69.7%	7985	70.8%
Not Declared	1713	15.8%	1626	14.6%	1596	14.1%
Prefer not to say	1708	15.7%	1588	14.3%	1479	13.1%

Number of persons in post by Disability status

3.3 Sex (Male or Female)

The sex profile of NHS Highland remains broadly stable and consistent with national NHS Scotland patterns. As shown in the table below, women make up the substantial majority of the NHS Highland workforce (82.3%), with men representing 17.7%. This aligns closely with the national NHS Scotland picture, where women constituted 78.8% of the workforce as of March 2025.

Although the general population of Highland and Argyll & Bute is almost evenly split between men and women (49% male, 51% female), the NHS workforce continues to be shaped by the gendered composition of key professions.

Women remain significantly over-represented in traditionally female-dominated professions such as Nursing, Midwifery, and Allied Health Professions, and are also the majority in administrative, therapeutic and personal care roles. Men, while under-represented overall, form higher proportions in job families such as Healthcare Sciences, Medical and Dental, Medical Support, and Support Services, reflecting national patterns in professional pathways and labour-market segmentation.

The distribution by job family indicates that sex representation is strongly influenced by professional norms and qualification pipelines rather than by local demographic differences. These patterns are stable year-on-year, with only very marginal shifts in the proportions of male and female staff.

NHS Highland	2023		2024		2025	
Sex (Male of Female)	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Female	8963	82.5%	9151	82.4%	9286	82.3%
Male	1906	17.5%	1956	17.6%	1998	17.7%

Number of persons in post by Sex

NHS Highland	Male 2024		Female 2024		Male 2025		Female 2025	
Job Family	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Administrative Services	316	15.0%	1782	85.0%	316	15.1%	1774	84.9%
Allied Health Profession	94	11.9%	692	88.1%	101	12.4%	708	87.6%
Dental Support	< 5	0.5%	186	99.5%	2	1.0%	183	99.0%
Healthcare Sciences	149	41.8%	207	58.2%	148	41.3%	210	58.7%
Medical and Dental	314	48.0%	340	52.0%	323	48.1%	349	51.9%
Medical Support	21	45.0%	26	55.0%	25	48.5%	26	51.5%
Nursing / Midwifery	371	8.9%	3787	91.1%	389	9.1%	3894	90.9%
Other Therapeutic	66	17.1%	320	82.9%	67	16.8%	333	83.2%
Personal and Social Care	135	10.7%	1124	89.3%	137	11.0%	1107	89.0%
Senior Managers	16	40.9%	23	59.1%	17	46.2%	20	53.8%
Support Services	477	40.2%	709	59.8%	475	39.6%	726	60.4%

Number of persons in post split down by Sex and Job Family 2024 & 2025

3.3.1 NHS Highland Board Representation

As of 31st December 2025, the NHS Highland Board comprised 21 members made up of 5 Executive Members and 16 Non-Executive/Stakeholder Members.

NHS Highland	2023		2024		2025	
Role	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Executive Director	2	3	2	3	1	4
Non-Executive Director and Employee Director	8	10	8	8	10	6

Number of Board Members in post by Sex

3.4 Religion or Belief

The ethnicity data shows that NHS Highland's workforce remains overwhelmingly White Scottish/White British**,** with minority ethnic groups present in small but significant numbers—often slightly above the proportions found in the Highland population due to international recruitment into clinical roles.

This strongly mirrors the religion profile**,** where the largest recorded group is No Religion**,** followed by Christian denominations (especially Church of Scotland). Minority faith groups such as Muslims, Hindus, Sikhs, Buddhists and Jews appear in very small proportions. These patterns reflect the low ethnic and religious diversity of the region more broadly, where Census 2022 also records modest minority-faith and minority-ethnic populations.

Together, ethnicity and religion demonstrate that NHS Highland is representative of its local context: a largely White, predominantly non-religious or Christian population with relatively limited cultural and ethnic diversity.

Across ethnicity, religion and nationality profiles, diversity consistently appears in Nursing & Midwifery, Medical & Dental, Allied Health Professions. Conversely, non-clinical areas such as Administrative Services, Senior Management, and Support Services show significantly lower minority representation across all three characteristics. This suggests that the primary source of diversity is internationally recruited clinicians**,** rather than local recruitment into non-clinical roles—again connecting ethnicity, religion and nationality trends.

NHS Highland	2023		2024		2025	
Religion	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Another Religion or Body*	N/A	N/A	< 5	< 0.05%	6	0.1%
Buddhist	27	0.3%	32	0.3%	39	0.3%
Christian - Other	943	8.7%	1018	9.2%	1078	9.6%
Church of Scotland	1850	17.0%	1810	16.3%	1794	15.9%
Hindu	35	0.3%	39	0.4%	48	0.4%
Jewish	5	0.1%	5	< 0.05%	5	0.1%
Muslim	62	0.6%	71	0.6%	73	0.6%
No Religion	3353	30.9%	3673	33.1%	3885	34.4%
Pagan*	N/A	N/A	< 5	< 0.05%	< 5	< 0.05%
Roman Catholic	688	6.3%	719	6.5%	740	6.6%
Sikh	5	0.1%	7	0.1%	7	0.1%
Other	143	1.3%	152	1.4%	143	1.3%
Prefer not to say	1410	13.0%	1337	12.0%	1279	11.3%
Not declared	2348	21.6%	2241	20.2%	2186	19.4%

Number of persons in post by Religion or Belief

***Note these are new options for selection introduced in 2024**

3.5 Sexual Orientation

The sexual orientation profile of NHS Highland shows steady improvement in disclosure rates and continued alignment with national NHS Scotland trends. In 2025, the majority of staff identified as heterosexual (67.0%), with small but important proportions identifying as gay/lesbian (0.7%), bisexual (0.9%), other (0.2%), or selecting newer options such as “other sexual orientation” (<0.05%). There has been a year-on-year decrease in both “prefer not to say” (13.9%) and “not declared” (16.8%), reflecting growing trust in how equality data is used and communicated.

Minority sexual orientation groups remain small, but representation is stable or gradually increasing, consistent with wider NHS Scotland patterns and reflective of improving visibility and inclusion. National demographic data indicates that 3–4% of adults in Scotland identify as lesbian, gay or bisexual (Scottish Household Survey), while NHS Scotland staff-reported rates typically range between 2–3%. NHS Highland’s comparatively lower proportions therefore mirror known rural demographic patterns and the modest size of LGBTQ+ communities in the Highlands.

NHS Highland	2023		2024		2025	
Sexual Orientation	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Bisexual	76	0.7%	99	0.9%	101	0.9%
Gay	27	0.3%	25	0.2%	24	0.2%
Gay/Lesbian	46	0.4%	66	0.6%	79	0.7%
Heterosexual	6890	63.4%	7276	65.5%	7563	67.0%
Lesbian	22	0.2%	20	0.2%	18	0.2%
Other	24	0.2%	24	0.2%	22	0.2%
Other sexual orientation*	N/A	N/A	< 5	< 0.05%	5	< 0.05%
Prefer not to say	1724	15.9%	1648	14.8%	1573	13.9%
Not declared	2059	19.0%	1949	17.5%	1900	16.8%

Number of persons in post by Sexual Orientation

***Note this is a new option for selection introduced in 2024**

NHS Scotland introduced the NHS Scotland Pride Badge and Pride Pledge in June 2021 for staff to show their commitment to support equality for LGBTQ+ and other marginalised people. LGBTQ+ and minority ethnic people still face challenges in relation to employment and negative attitudes towards them.

3.6 Gender Reassignment

In April 2024, NHS Scotland replaced the following question on Jobtrain -

"Have you, are you or do you plan to undergo gender reassignment (changing gender)?"

With:

"Do you consider yourself to be trans or have a trans history?"

The answer options for this question are: "Yes", "No", "Prefer not to say" with an additional question – "If yes, please describe your trans status, for example, non-binary, trans man, trans woman".

NHS Highland	2023		2024		2025	
Transgender	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Yes	11	0.1%	14	0.1%	12	0.1%
No	7056	64.9%	7468	67.2%	7362	65.2%
Prefer not to say	2022	18.6%	1893	17.1%	1772	15.7%
Not Declared	1780	16.4%	1731	15.6%	2137	18.9%

Percentage of persons in post by Transgender status

Even with a more inclusive question, *0.1%* disclosure is significantly lower than the 1% of the population estimated nationally to be trans or non-binary and also rates seen in larger urban boards (which typically report 0.2–0.4%)

In rural areas, anonymity concerns, stigma, social visibility and local politics make staff more cautious. The high "Not declared" rate (18.9%) underscores this.

3.7 Age

The age profile of NHS Highland continues to show a mature workforce, with the highest proportions of staff concentrate in the 45–59 age bands. This mirrors both national NHS Scotland workforce trends and the wider Highland population, which is among the oldest demographic regions in the country. The data shows:

Low representation of younger staff (16–24)
Young people make up only around 0.4% (16–19**)** and 3.0% (20–24) of the workforce, despite representing 3.5–4.5% of the local population. This indicates ongoing challenges in attracting school-leavers and early-career applicants into NHS Highland roles—a known pattern across rural boards. Younger adults are more likely to leave rural areas for education, training and employment

opportunities, while older age groups are more likely to remain or move into rural areas, reducing the available pool of early-career workers. Challenges such as housing availability, transport, digital connectivity, and competition with urban employers can make rural recruitment less attractive to younger workers, particularly for entry-level and early-career roles.

Peak representation in the 45–59 age groups
These age bands consistently account for the largest share of the workforce (over 40% combined), reflecting long career tenure, reliance on experienced staff, and strong retention of mid-career professionals. Many NHS roles require extended training periods, meaning entry into substantive posts often occurs later in life, particularly for clinical professions.

Growing proportions in older age groups (60–65+)
Representation in age 60–64 and 65+ continues to rise year-on-year. This aligns with:

- national increases in NHS Scotland colleagues working later into life,
- cost-of-living pressures delaying retirement, and
- expansion of flexible retirement options.

Early-career decline in some job families
The age/job-family breakdown shows that younger staff are particularly under-represented in AHPs, administrative roles, and personal & social care, highlighting pipeline issues.

High dependency on future retirements
With over a third of the workforce aged 50+, NHS Highland faces significant retirement-related turnover in the next 5–10 years. This poses planning challenges for hard-to-recruit professions and remote services.

Age Range	% of Highland Population	% of Argyll & Bute Population	% of NHS Highland Workforce 2024	% of NHS Highland Workforce 2025
16-19	3.8%	3.5%	0.4%	0.4%
20-24	4.5%	4.0%	3.2%	3.0%
25-29	5.0%	4.3%	7.4%	7.0%
30-34	5.6%	5.0%	9.9%	10.1%
35-39	5.8%	5.1%	10.5%	10.8%
40-44	6.0%	5.2%	11.6%	12.0%
45-49	6.1%	5.9%	11.8%	11.6%
50-54	7.6%	7.8%	15.0%	14.0%
55-59	8.3%	8.9%	15.4%	15.5%
60-64	7.6%	8.5%	11.0%	11.7%
65+	7.6% (65-69 group)	7.5% (65-69 group)	3.8%	4.1%

Population Data from 2022 Census vs NHSH workforce split down by Age

Age Group / Job Family	< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
Administrative Services	0.2%	1.8%	6.1%	8.5%	9.5%	12.2%	11.5%	15.9%	16.7%	12.8%	4.9%
Allied Health Profession	0.2%	3.9%	10.1%	12.4%	11.4%	15.8%	12.1%	13.6%	12.2%	6.8%	1.5%
Dental Support	0.5%	3.0%	2.9%	13.7%	16.4%	14.4%	12.6%	15.9%	14.4%	5.9%	0.9%
Healthcare Sciences	0.3%	2.6%	9.3%	12.2%	13.7%	12.0%	11.7%	15.0%	13.1%	8.0%	2.4%
Medical and Dental	0.0%	0.2%	4.6%	5.0%	12.4%	13.6%	17.6%	18.5%	16.1%	7.7%	4.5%
Medical Support	0.0%	0.0%	13.1%	12.6%	17.0%	8.0%	16.3%	18.1%	11.5%	2.1%	2.1%
Nursing / Midwifery	0.4%	4.6%	9.2%	12.4%	10.9%	11.1%	11.4%	15.4%	13.8%	8.8%	2.2%
Other Therapeutic	0.5%	2.9%	8.4%	14.3%	14.1%	14.3%	12.2%	14.4%	10.2%	7.2%	1.6%
Personal and Social Care	0.5%	2.7%	5.4%	7.0%	8.6%	9.9%	11.8%	13.4%	18.4%	16.7%	5.6%
Senior Managers	0.0%	0.0%	0.0%	0.0%	6.2%	8.2%	15.1%	17.9%	30.8%	9.0%	12.9%
Support Services	1.4%	3.0%	4.6%	5.3%	8.3%	9.2%	10.1%	12.2%	19.9%	17.8%	8.3%

Percentage of persons in post split down by Age and Job Family 2024

Age Group / Job Family	< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
Administrative Services	0.1%	2.0%	5.2%	8.4%	9.5%	12.7%	11.6%	15.1%	16.4%	13.6%	5.4%
Allied Health Profession	0.2%	4.1%	9.6%	12.2%	12.6%	15.6%	12.2%	13.0%	11.9%	7.4%	1.3%
Dental Support	0.5%	2.6%	3.4%	11.6%	17.8%	14.3%	11.5%	14.2%	15.7%	7.9%	0.5%
Healthcare Sciences	0.3%	2.8%	8.2%	11.7%	14.8%	12.1%	13.1%	13.3%	14.3%	7.4%	2.2%
Medical and Dental	0.0%	0.0%	4.1%	5.8%	12.3%	14.3%	15.5%	17.8%	16.7%	8.7%	4.8%
Medical Support	0.0%	0.0%	8.8%	15.2%	12.2%	10.1%	13.5%	19.4%	16.3%	4.4%	0.0%
Nursing / Midwifery	0.2%	3.9%	9.0%	12.7%	11.3%	11.6%	11.1%	14.1%	14.0%	9.7%	2.5%
Other Therapeutic	1.0%	3.7%	7.2%	16.0%	14.1%	13.1%	13.1%	11.8%	11.2%	7.3%	1.6%
Personal and Social Care	0.7%	3.0%	5.7%	7.8%	8.4%	10.2%	11.6%	12.1%	18.2%	16.4%	6.0%
Senior Managers	0.0%	0.0%	0.0%	0.0%	5.1%	11.3%	8.7%	15.8%	35.1%	12.9%	11.1%
Support Services	1.1%	2.7%	4.6%	4.4%	8.2%	9.5%	10.0%	12.5%	19.5%	18.7%	8.9%

Percentage of persons in post split down by Age and Job Family 2025

3.8 Pregnancy and Maternity

Maternity leave in NHS Highland can be taken for up to 52 weeks, made up of paid and unpaid elements. All colleagues must complete a maternity leave form to notify the organisation of their intention to take maternity leave. Included in the form are options that the colleague can choose regarding their return to work, namely –

- I intend to return to work
- I am undecided whether I will be returning to work
- I do not intend to return to work.

At present NHS Highland does not have an automated system for recording the above options and therefore the analysis of number of returners after maternity leave is not available for this report.

3.9 Marriage and Civil Partnership

The below table shows the marital status of NHS Highlands workforce as of 31st December 2025, 100% of staff provided their data in respect of this question. The workforce has a high percentage of married and single staff at 52.1% and 41.6%, respectively. It may be reasonable to deduce that "Single" should not be taken as the opposite of "Married" as more people choose not to marry due to social, economic, or health reasons, but are nevertheless in an enduring relationship.

NHS Highland	2023		2024		2025	
Marital Status	**Headcount**	**% Total**	**Headcount**	**% Total**	**Headcount**	**% Total**
Civil Partnership	105	1.0%	137	1.2%	154	1.4%
Dissolved Civil Partnership*	N/A	N/A	N/A	N/A	< 5	< 0.05%
Divorced	492	4.5%	501	4.5%	504	4.5%
Married	5769	53.1%	5789	52.1%	5797	51.4%
Single	4449	40.9%	4625	41.6%	4779	42.4%
Widowed	54	0.5%	55	0.5%	51	0.5%

Percentage of persons split down by Marital Status

***Note this is a new option for selection introduced in 2025**

3.10 Summary

Analysis of the current workforce across all protected characteristics shows that patterns of representation are strongly shaped by rural demography, occupational segregation, age profile, career pathways, and confidence in disclosure, rather than by differential treatment. While progress is evident in some areas, representation remains uneven across job families, pay bands and senior roles, and disclosure levels vary by characteristic.

To address workforce imbalances the Employability Strategy 2025-2028 and the EDI strategy 2025-2028 contain related actions for NHS Highland to progress. These have been mapped against the recommended actions based on analysis of the workforce data.

Strengthen Workforce Pipelines into Under-Represented Job Families

The employability strategy commits to develop apprenticeships and “grow your own” opportunities. It also explicitly focuses on early career routes, school engagement and widening access to groups who experience barriers to employment including young people, people with disabilities and ethnic minority groups.

The data shows that under-representation is most pronounced in non-clinical roles and senior positions.

In 2025, as part of the Employability Workplan, the team, working in partnership with local colleagues, delivered five career inspiration weeks for S4–S6 pupils across North Highland, engaging a total of 65 pupils. Sessions were delivered in Wick, Fort William, Inverness and Invergordon. In addition, a Careers in NHS pilot event was delivered in Inverness in November for S2–S3 pupils from 19 secondary schools across the Inverness area. A range of interactive workshops were delivered, covering a variety of different job roles, with 80 pupils attending. Further delivery is planned for the Argyll & Bute area in 2026, alongside continued engagement with secondary schools.

During 2025, plans were developed for a pilot programme in partnership with Barnardo’s to support their clients to explore employment opportunities within NHS Highland. This programme is scheduled to be delivered between January and March 2026.

Address Occupational Segregation Through Inclusive Career Development

Representation varies significantly by job family, with diversity decreasing at higher pay bands. NHS Highland will:

- review access to development opportunities, acting-up roles and leadership programmes across job families;
- ensure mentoring and talent development schemes are inclusive and targeted where representation is lowest

Embed Flexible and Inclusive Working Across All Career Stages

Workforce composition shows high concentrations of older staff and women, alongside caring and health-related needs.

Both the Employability and EDI Strategies recognise the importance of flexible working options to enhance retention and support diverse needs. New Flexible Work Location and Flexible Work Pattern Once For Scotland Policies launched in August 2025 and flexible working is a day one right for colleagues to request. To build on this NHS Highland will:

- promote flexible working as a standard workforce offer, not a specialist arrangement;
- launch a Flexible Working training module for Managers in Summer 2026

Improve Confidence, Trust and Consistency in Equality Data Disclosure

Disclosure rates vary significantly by characteristic, particularly for more sensitive areas. The EDI Strategy has a dedicated priority for improving workforce data accuracy. Work is already underway on the actions outlined in the strategy, including -

- clear, consistent communication on how equality data is used, stored and protected;

- reinforcing that equality data does not influence individual employment decisions;
- involving staff networks in shaping messaging and guidance.

Build Inclusive Leadership Capability at All Levels

Workforce patterns reflect the importance of local leadership in shaping inclusion, progression and disclosure. The EDI Strategy commits to inclusive leadership education and embedding EDI in leadership practice. All managers can access a workforce dashboard to understand representation in their teams. NHS Highland will also:

- support managers to have confident, sensitive conversations about support, development and barriers;
- reinforce accountability for inclusive practice through appraisal and supervision.

Recognise and Address Rural Workforce Constraints

Current workforce patterns closely mirror local population demographics, particularly age and diversity. Depopulation in North Highland and Argyll & Bute is higher than other areas in Scotland. Therefore, NHS Highland will:

- Work with partners on housing, transport and connectivity issues that affect attraction and retention;
- Work with employability partnerships to support local people into employment
- Develop 'grow our own' approaches to support those who want to stay in the local area to develop e.g. earn as you learn pathways

Take an Intersectional, Whole-Workforce Approach to Inclusion

Section 3 shows that staff may experience multiple, overlapping barriers rather than single-characteristic issues. NHS Highland will continue to:

- continue analysing workforce data by job family, pay band, age and contract type alongside protected characteristics;
- avoid siloed approaches that focus on one characteristic in isolation;
- use qualitative insight from staff networks and engagement activity to complement quantitative data.

4 Recruitment and Retention

All jobs are advertised on the NHS Scotland careers website and applications made on Jobtrain, which is the National NHS Scotland recruitment portal. All applications are made online which can

be a barrier for those whose first language is not English, people with learning disabilities or people with lower levels of digital skills.

A total of 78,161 applications were made to join NHS Highland, 2.74% of these applications were successfully appointed into a role (2142 persons).

NHS Highland receives several applications from overseas workers who do not meet the visa eligibility or professional registration criteria, this results in a proportion of applications having to be refused at shortlisting stage. Applications are also generated by automated "bots" which provide false information such as NMC registration pins which are not genuine.

This issue affects jobs advertised from every job family within the organisation although it is most prevalent for Nursing/Midwifery posts. Some of these job adverts can attract over 100 applicants which all need to be reviewed and shortlisted individually.

At present, due to system constraints, it is not possible to determine the true numbers of applications declined due to false information and those not shortlisted for genuinely not meeting the minimum criteria.

Most of the applications for Nursing/Midwifery roles which are declined due to registration or visa ineligibility come from African countries which may account for the low conversion rate in the following table.

4.1 Ethnic Origin

Ethnicity	2024 No. Applicants	2024 Successful Applicants	2024 Conversion Rate	2025 No. Applicants	2025 Successful Applicants	2025 Conversion Rate
African - African, Scottish African or British African	26126	62	0.24%	25943	109	0.42%
African - Other	8664	10	0.12%	22757	61	0.27%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	316	4	1.27%	490	3	0.61%
Asian - Chinese, Chinese Scottish or Chinese British	142	5	3.52%	203	5	2.46%
Asian - Indian, Indian Scottish or Indian British	5511	35	0.64%	8123	37	0.46%
Asian - Other	544	5	0.92%	2414	25	1.04%
Asian - Pakistani, Pakistani Scottish or Pakistani British	3389	8	0.24%	4138	15	0.36%
Caribbean or Black	472	6	1.27%	414	4	0.97%
Caribbean or Black - Black, Black Scottish or Black British	65	1	1.54%	266	4	1.50%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	10	0	0.00%	37	1	2.70%
Mixed or Multiple Ethnic Groups	370	28	7.56%	351	12	3.42%
Other Ethnic Group - Arab, Arab Scottish or Arab British	433	8	1.85%	519	3	0.58%
Other Ethnic Group - Other	1703	13	0.76%	665	10	1.50%
White - Gypsy Traveller	5	0	0.00%	5	0	0.00%

White – Roma*	-	-	-	8	0	0.00%
White - Showman/Showwoman*	-	-	-	1	0	0.00%
White - Irish	176	29	16.4%	140	31	22.14%
White - Other	1410	127	9.01%	1598	124	7.76%
White - Other British	1904	330	17.33%	2039	341	16.72%
White - Polish	474	64	13.50%	423	46	10.87%
White - Scottish	7001	1244	17.77%	7131	1289	18.08%
Prefer not to say	446	20	4.48%	496	22	4.44%

Number of applications received by Ethnicity

***New options for 2025**

Ethnicity	2025 Admin Services	2025 AHPs	2025 Dental Support	2025 Healthcare Sciences	2025 Medical & Dental	2025 Medical Support	2025 Nursing & Midwifery	2025 Personal & Social Care	2025 Other Therap -eutic	2025 Senior Manager	2025 Support Services
African - African, Scottish African or British African	988	957	50	548	932	0	17536	4283	97	5	547
African - Other	707	639	49	308	396	0	16788	3330	69	6	465
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	16	19	1	11	326	0	51	50	1	0	15
Asian - Chinese, Chinese Scottish or Chinese British	23	14	0	8	92	0	37	12	0	5	12
Asian - Indian, Indian Scottish or Indian British	970	578	17	323	1657	0	3166	966	95	12	339
Asian - Other	112	78	4	41	778	0	1129	176	10	0	86
Asian - Pakistani, Pakistani Scottish or Pakistani British	163	354	9	82	2900	0	360	189	21	1	59
Caribbean or Black	21	9	0	6	20	0	269	71	2	0	16
Caribbean or Black - Black, Black Scottish or Black British	9	6	0	9	11	0	190	31	0	0	10
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	1	1	0	0	6	0	14	7	0	0	8
Mixed or Multiple Ethnic Groups	54	20	3	18	117	0	23	43	32	2	24
Other Ethnic Group - Arab, Arab Scottish or Arab British	34	23	1	9	400	0	22	12	10	0	8
Other Ethnic Group - Other	21	16	1	22	337	0	219	25	1	1	22
White - Gypsy Traveller/Roma	0	0	0	0	0	0	2	1	2	0	1
White - Irish	24	16		10	11	0	37	19	14	1	8
White - Other	251	104	1	54	288	1	543	144	54	4	154
White - Other British	495	118	11	75	132	1	652	219	74	28	234
White - Polish	100	11	2	16	1	0	128	32	2		131
White - Scottish	1789	357	65	166	170	3	2611	699	232	51	988
Prefer not to say	102	21	1	17	79	0	147	11	81	0	37

Number of applications received split down by Ethnicity and Job Family

4.2 Disability

All the Boards in NHS Scotland support the Disability Confident scheme. This scheme guarantees an interview to anyone with a recognised disability if their application meets the minimum job criteria. The applicant can also request reasonable adjustments to the recruitment process such as allowing extra time to a standard interview or viewing the interview questions in advance

Disabled applicants continue to achieve significantly higher conversion rates than non-disabled applicants, indicating fair and inclusive selection processes; however, low application volumes compared with Scottish population and NHS Scotland workforce benchmarks suggest that under-representation is driven by attraction and disclosure barriers rather than recruitment bias.

Disability	2024 No. Applicants	2024 Successful Applicants	2024 Conversion Rate	2025 No. Applicants	2025 Successful Applicants	2025 Conversion Rate
No	56993	1767	3.10%	75068	1841	2.45%
Not known	86	11	12.79%	489	38	7.77%
Prefer not to say	0	0	0.00%	0	0	0.00%
Yes	2094	221	10.55%	2604	263	10.10%

Number of applications received by Disability status

4.3 Sex (Male or Female)

Recruitment data shows that women apply in significantly higher numbers and achieve higher overall conversion rates than men, meaning current recruitment flows continue to reinforce the female-dominated workforce profile, particularly in high-volume job families such as Nursing & Midwifery and Personal & Social Care.

The data does not indicate evidence of discriminatory selection by sex, but rather highlights a pipeline and attraction issue, particularly for men in traditionally female-dominated professions. Recruitment outcomes largely reflect who applies, and where, rather than differential treatment during shortlisting or interview.

The implication for NHS Highland is that addressing sex imbalance requires action earlier in the recruitment pathway, focusing on attraction, role perception and career awareness rather than changes to selection processes alone. Without targeted intervention to broaden applicant pools—especially encouraging men to apply into high-volume caring and support roles—the current recruitment pattern is likely to continue reproducing the existing workforce profile over time.

Job Family	Female Applicants	Successful Female Applicants	Female Conversion Rate	Male Applicants	Successful Male Applicants	Male Conversion Rate
Administrative Services	4093	264	6.45%	2325	38	1.63%
Allied Health Professions	1917	125	6.52%	2000	19	0.95%
Dental Support	211	16	7.58%	89	2	2.25%
Healthcare Sciences	1151	42	3.65%	926	30	3.24%
Medical and Dental	2327	59	2.54%	3332	58	1.74%

Medical Support	38	3	7.89%	19	2	10.53%
Nursing and Midwifery	19705	679	3.45%	7723	94	1.22%
Other Therapeutic	453	53	11.70%	218	9	4.13%
Personal and Social Care	4946	232	4.69%	3124	22	0.70%
Senior Managers	8	2	25.00%	15	0	0.00%
Support Services	1815	136	7.49%	2526	97	3.84%
Grand Total	**36664**	**1611**	**4.39%**	**22297**	**371**	**1.66%**

Number of applications received split down by Sex and Job Family 2024

Job Family	Female Applicants	Successful Female Applicants	Female Conversion Rate	Male Applicants	Successful Male Applicants	Male Conversion Rate
Administrative Services	3818	243	6.36%	2028	52	2.56%
Allied Health Professions	1825	135	7.40%	1507	25	1.66%
Dental Support	155	20	12.90%	59	0	0.00%
Healthcare Sciences	919	20	2.18%	790	23	2.91%
Medical and Dental	3739	99	2.65%	4886	60	1.23%
Medical Support	4	0	0.00%	1	1	100.00%
Nursing and Midwifery	32952	758	2.30%	10931	111	1.02%
Other Therapeutic	501	51	10.18%	211	14	6.64%
Personal and Social Care	6206	244	3.93%	4123	41	0.99%
Senior Managers	50	5	10.00%	66	3	4.55%
Support Services	1434	129	9.00%	1714	97	5.66%
Grand Total	**51603**	**1704**	**3.30%**	**26316**	**427**	**1.62%**

Number of applications received split down by Sex and Job Family 2025

4.4 Religion or Belief

Variation in conversion rates by religion or belief reflects application volumes, international recruitment dynamics and eligibility requirements, rather than evidence of discriminatory selection, providing assurance that recruitment processes operate equitably across faith groups.

Religion or Belief	Number of Applicants 2024	Successful Applicants 2024	Conversion Rate 2024	Number of Applicants 2025	Successful Applicants 2025	Conversion Rate 2025
Another Religion or Body	337	21	6.2%	351	6	1.71%
Buddhist	562	11	2.0%	1163	18	1.55%
Church of Scotland	2324	260	11.2%	3448	265	7.69%
Hindu	2908	16	0.6%	4598	15	0.33%
Jewish	24	0	0.0%	25	4	16.00%
Muslim	8186	28	0.3%	10295	34	0.33%
None	7291	1171	16.1%	8015	1197	14.93%
Other - Christian	28450	242	0.9%	36831	303	0.82%
Roman Catholic	7545	151	2.0%	11284	182	1.61%
Sikh	77	2	2.6%	169	1	0.59%
Pagan	67	5	7.5%	85	3	3.53%

Prefer not to say	1402	92	6.7%	1897	114	6.01%

Number of applications by Religion or Belief

4.5 Sexual Orientation

Recruitment data shows no evidence of disadvantage for LGBTQ+ applicants, with gay/lesbian and bisexual candidates achieving equal or higher conversion rates than heterosexual applicants, indicating fair and inclusive selection processes. The predominance of heterosexual appointments reflects much higher application volumes rather than differential treatment. Any under-representation of LGBTQ+ staff within the workforce is therefore more likely driven by attraction and confidence in disclosure, not recruitment bias.

Orientation	2024 No. Applicants	2024 Successful Applicants	2024 Conversion Rate	2025 No. Applicants	2025 Successful Applicants	2025 Conversion Rate
Bi-Sexual	1494	52	3.48%	1197	45	3.76%
Gay/Lesbian	452	44	9.73%	575	68	11.83%
Heterosexual/Straight	54504	1796	3.30%	74228	1919	2.59%
Not Known	15	4	26.67%	8	2	25.00%
Other	458	7	1.53%	205	8	3.90%
Prefer not to say	2250	96	4.27%	1948	100	5.13%

Number of applications received by Sexual Orientation

4.6 Gender Reassignment

Recruitment data by gender reassignment shows no evidence of disadvantage at selection stage, with applicants who identify as trans achieving conversion rates broadly comparable to other applicants. Applicant volumes remain very low, reflecting wider Scottish population and NHS Scotland workforce patterns, particularly in rural boards, where confidence in disclosure and visibility are known factors. Overall, any under-representation is driven by low application numbers rather than recruitment or selection bias.

Transgender	No. Applicants 2024	Successful Applicants 2024	Conversion Rate 2024	No. Applicants 2025	Successful Applicants 2025	Conversion Rate 2025
Yes	233	8	3.4%	170	5	3.43%
No	42256	2694	6.4%	77200	2119	6.38%
Prefer not to say	331	18	5.4%	560	16	5.44%
Not Declared	1608	91	5.7%	231	2	5.66%

Number of applications received by Transgender status

4.7 Age

Recruitment data by age shows a clear imbalance between application volume and success rates, with younger age groups (under 30) submitting the highest number of applications but achieving the lowest conversion rates, while older applicants (45–65+) apply in much smaller numbers but have significantly higher success rates. This pattern is consistent across job families and reflects both competition effects in high-volume roles (notably Nursing & Midwifery and entry-level posts) and wider NHS Scotland trends, where mid- to later-career applicants are more likely to meet essential criteria and be appointed.

Overall, the data suggests that age-related differences in recruitment outcomes are strongly influenced by application patterns and role type, particularly high-volume entry-level posts where competition is greatest. While this reduces the likelihood that outcomes are driven by direct age bias, the data does not on its own exclude the possibility of indirect effects linked to experience requirements or role design. Further analysis of shortlisting and appointment outcomes within comparable roles would be required to fully assess this

Age Band	2024 No. Applicants	2024 Successful Applicants	2024 Conversion Rate	2025 No. Applicants	2025 Successful Applicants	2025 Conversion Rate
<20	624	65	10.42%	600	79	13.17%
20-24	4010	173	4.31%	5075	232	4.57%
25-29	15888	290	1.83%	22180	318	1.43%
30-34	14176	265	1.87%	19572	290	1.48%
35-39	10523	270	2.57%	14149	287	2.03%
40-44	6965	243	3.49%	8531	251	2.94%
45-49	3153	209	6.63%	3977	212	5.33%
50-54	1876	215	11.46%	1973	190	9.63%
55-59	1103	153	13.87%	1185	156	13.16%
60-64	510	92	18.04%	492	89	18.09%
65+	101	13	12.87%	91	23	25.27%
DOB not given	244	11	4.51%	336	15	4.46%
Grand Total	**59173**	**1999**	**3.38%**	**78161**	**2142**	**2.74%**

Number of applications received by Age

Age Band	Admin Services	AHPs	Dental Support	Healthcare Science	Medical & Dental	Medical Support	Nursing & Midwifery	Other Thera-peutic	Personal Social Care	Senior Manager	Support Services
<20	121 (-1)	12 (-)	1 (-1)	12 (-7)	0 (-)	0 (-)	177 (-31)	31 (+2)	89 (+35)	0 (-)	157 (-23)
20-24	572 (+42)	284 (-15)	15 (-3)	205 (-134)	98 (+10)	0 (-4)	3098 (+1153)	86 (-9)	469 (+71)	1 (+1)	247 (-47)
25-29	1290 (+25)	1073 (-285)	56 (-4)	484 (-92)	4822 (+1475)	1 (-25)	11624 (+4946)	168 (-2)	2105 (+396)	4 (+2)	553 (-144)
30-34	1242 (-147)	917 (-176)	48 (-28)	372 (-83)	2465 (+1090)	0 (-11)	11337 (+4500)	150 (+15)	2503 (+599)	20 (+16)	518 (-379)
35-39	895 (-226)	508 (+33)	42 (-29)	304 (-20)	761 (+289)	3 (-2)	8669 (+3240)	118 (+42)	2290 (+507)	22 (+18)	537 (-226)
40-44	589 (-150)	263 (-116)	23 (-25)	159 (-30)	244 (+60)	1 (-2)	5254 (+1667)	67 (+67)	1571 (+337)	14 (+11)	346 (-183)
45-49	405 (-52)	128 (-21)	15 (+3)	98 (-)	127 (+29)	0 (-3)	2152 (+763)	34 (-6)	743 (+195)	17 (+15)	258 (-99)

50-54	298 (-67)	65 (+1)	15 (+5)	40 (-1)	48 (+6)	0 (-2)	925 (+127)	33 (-1)	310 (+52)	20 (+17)	226 (-33)
55-59	252 (-10)	58 (-13)	4 (+2)	31 (+3)	35 (+9)	0 (-1)	443 (+86)	18 (-1)	160 (+49)	12 (+7)	172 (-69)
60-64	110 (-19)	18 (-5)	2 (+1)	12 (-)	15 (-4)	0 (-2)	151 (+9)	12 (+7)	72 (+17)	3 (+3)	97 (-25)
65+	18 (-14)	3 (+1)	0 (-)	0 (-1)	7 (-1)	0 (-)	23 (+20)	0 (-)	10 (+2)	0 (-)	30 (+10)
DOB N/A	88 (+15)	14 (+8)	1 (+1)	6 (-1)	39 (+16)	0 (-)	99 (+38)	2 (-3)	60 (+34)	3 (+3)	24 (-4)
Grand Total	**5880 (-584)**	**3943 (-50)**	**215 (-85)**	**1723 (-368)**	**8661 (+2979)**	**5 (-52)**	**43952 (+16481)**	**719 (+41)**	**10382 (+2295)**	**116 (+93)**	**3165 (-1222)**

Number of applications received split down by Age and Job Family

***(comparison to 2024 figures)**

4.8 Pregnancy and Maternity

This information is not currently accessible from the National Jobtrain system.

4.9 Marriage and Civil Partnership

This information is not currently accessible from the National Jobtrain system.

4.10 Summary

There are common actions that apply across all protected characteristics which can help to address shared barriers in attraction, access and pipeline design. NHS Highland uses Jobtrain which is the national jobs platform for NHS Scotland. Some actions are achievable at a local level whereas others are determined by the functionality of the national system. Any gaps in functionality are raised by NHS Highland through an escalation route to National Services Scotland.

- **Improve Clarity and Transparency at the Point of Attraction**

  NHS Highland can control what content is published in job adverts and job descriptions. This content can vary from team to team, however all adverts are screened by the Resourcing team for suitability prior to publishing. Signposting to the NHS Scotland Careers site would be appropriate for further guidance on role suitability and supported routes. This is not currently mentioned in all job adverts, therefore this will be taken as an action for NHS Highland to investigate the possibility of standard text being incorporated into job adverts to give signposting advice.
  NHS Highland is an active member of the Scottish Government–led Educational & Professional Entry Requirements Working Group, which is reviewing whether current educational, qualification and experience requirements in NHS Scotland are proportionate and accessible, particularly for entry-level roles. This work supports a shift towards skills-based, 'learn while you earn' pathways that align with NHS Highland's Employability and Widening Access Strategy and the findings of this report.

- **Design Recruitment Processes to Be Accessible by Default**

  NHS Highland is able to invite requests for reasonable adjustments in adverts and provide contact details for applicants who may need support. Alternative interview formats and adjustments can be

provided on request such as holding the interview via video call or providing the interview questions in advance.

Jobtrain application form design is nationally configured and not modifiable by individual Boards. Accessibility features (screen reader compatibility, mobile responsiveness, form logic) are system-level and alternative formats (e.g. offline application forms) are not able to be generated locally.

- **Strengthen Confidence in Disclosure Without Making It a Condition of Fairness**

  NHS Highland can reinforce messaging that disclosure does not affect selection and interview panels cannot see equality data. Under the Guaranteed Interview Scheme, if an applicant discloses they are disabled they are guaranteed an interview if they meet the essential criteria for the role. Hiring managers are able to distinguish these candidates by way of an icon that appears next to their application.

  The wording of the Equality monitoring questions, response options and which fields are mandatory or optional are all nationally set within Jobtrain. NHS Highland will continue to escalate any issues and provide suggestions for continuous improvement via national governance routes.

- **Focus on Attraction and Pipelines, Not Just Selection**

  NHS Highland already targets attraction and pipelines through its Employability Strategy. The careers section on the public NHS Highland website was updated in 2025 to promote the routes into employment and provide information on the different careers available.

  The national careers website content is out with local control however NHS Highland signposts to the national site where possible to ensure there is no conflicting information being shared.

- **Ensure Recruitment Panels Are Consistently Inclusive and Well-Equipped**

  In NHS Highland, there are 4 e-learning modules and 1 face to face module that hiring managers complete. Modules 2 and 3 contain information about discrimination and adjustments. A module on bias in recruitment is currently being developed and will be offered to everyone who is a hiring manager or interview panel member. Structured scoring and candidate performance is captured during interview and feedback should be given to unsuccessful candidates verbally with an offer to follow up with more detailed feedback if requested. Interview notes are collated from each panel member and transferred onto Jobtrain for archiving.

- **Align Recruitment Messaging With Rural Reality**

  All NHS Highland job adverts contain a map detailing the vast area of Scotland that the Board covers. Flexible and remote working is usually offered for appropriate roles and the ability to drive is commonly requested due to the vast geography and limited public transport options. Relocation support can be offered for certain roles and pastoral support is available to international recruits.

- **Use Data to Improve Recruitment Design, Not to Infer Bias**

  NHS Highland will continue to monitor recruitment data by protected characteristic, using the findings to refine attraction, eligibility clarity and pipeline design.

5 Completion Of Training

Of 13688 employees in eESS as of 31st December 2025, 2238 (16.4%) are Bank only. As of 31st December 2025, the completion rates for the whole organisation for the nine mandatory training courses included in this analysis are:

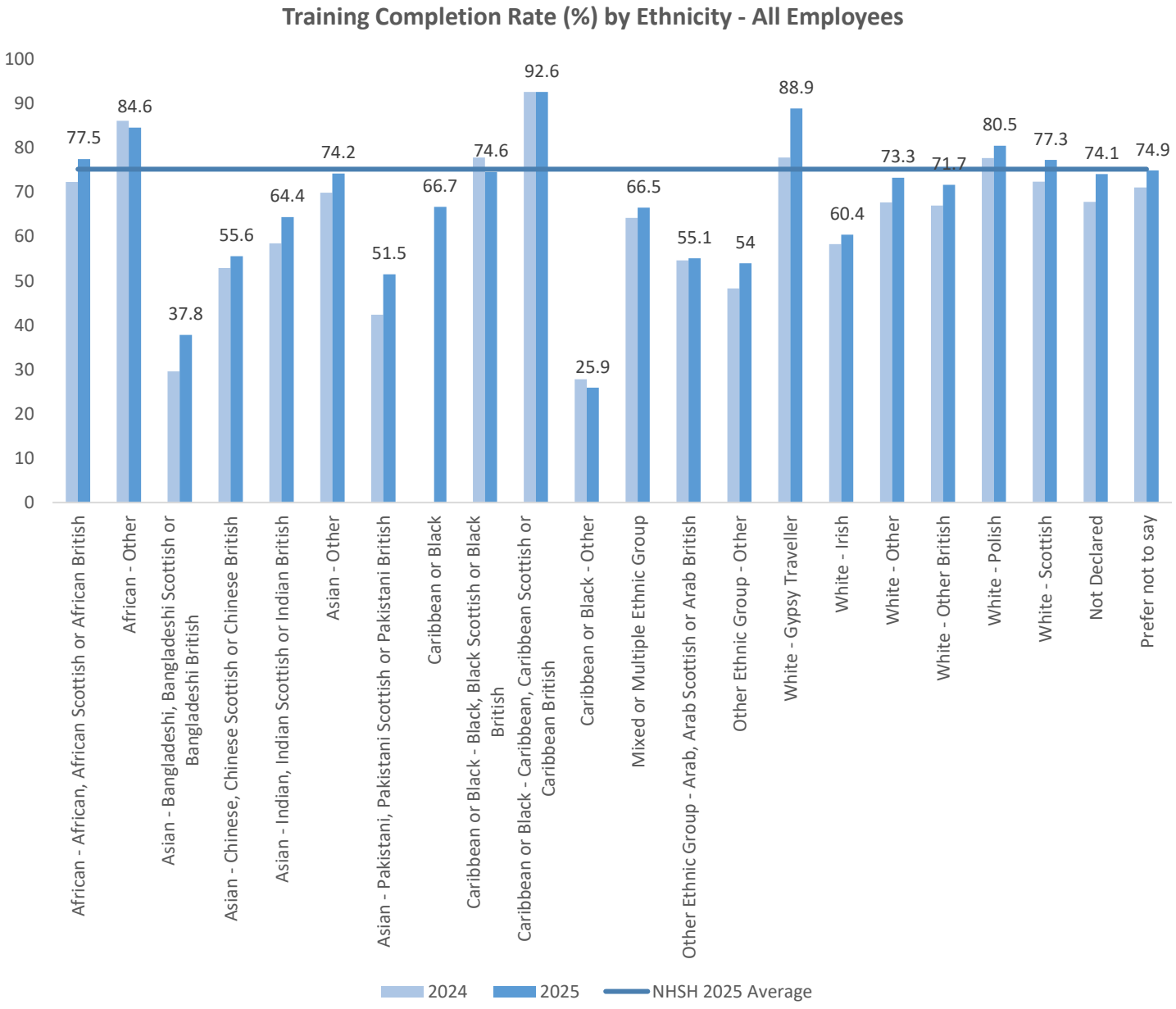
Course Name	Completion Rate 2024	Completion Rate 2025
Introduction to Equality, Diversity and Human Rights	68.2%	71.3%
Fire Safety	66.4%	69.5%
Hand Hygiene	88.5%	89.6%
Safe Information Handling	70.4%	73.4%
Moving and Handling Module A	71.7%	73.0%
Public Protection	67.5%	71.2%
Staying Safe Online	63.2%	70.7%
Violence and Aggression	49.2%	69.9%
Why Infection Prevention Matters	87.3%	88.8%

The average overall completion rate for the organisation is 75.2%, up 4.9% since 2024.

NHS Grampian holds the training information for the Doctors in Training population.

5.1 Ethnic Origin

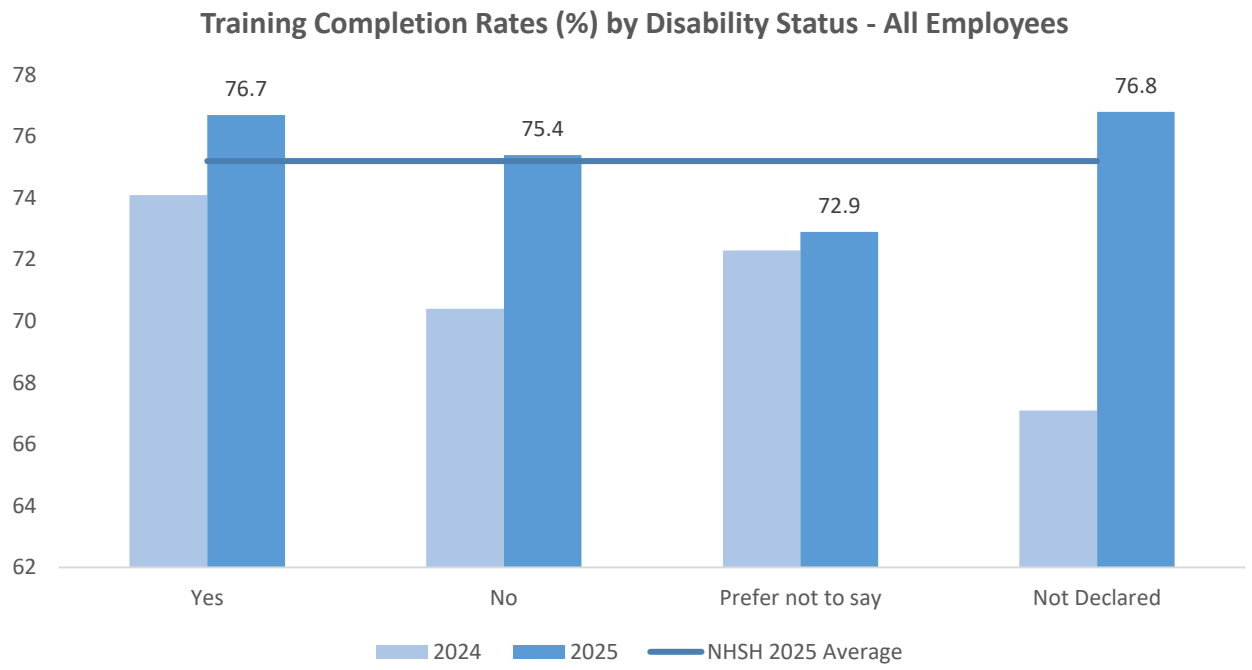
Whilst completion rate is lower for some ethnic groups, it is not always clear if this is due to ethnicity or other factors, such as poor completion rate generally for the team/area in which people work.



5.2 Disability

The data in the following graph indicates that disabled colleagues are not disadvantaged in accessing or completing mandatory training. In fact, their completion rates are slightly higher than organisational average. (75.2%)

"Prefer not to say" was the lowest-performing group, staff who don't declare disability status may have hidden conditions or uncertainty about disclosure. Lower completion rates may reflect underlying unmet support needs, digital accessibility issues, or lack of trust in data confidentiality.



5.3 Sex (Male or Female)

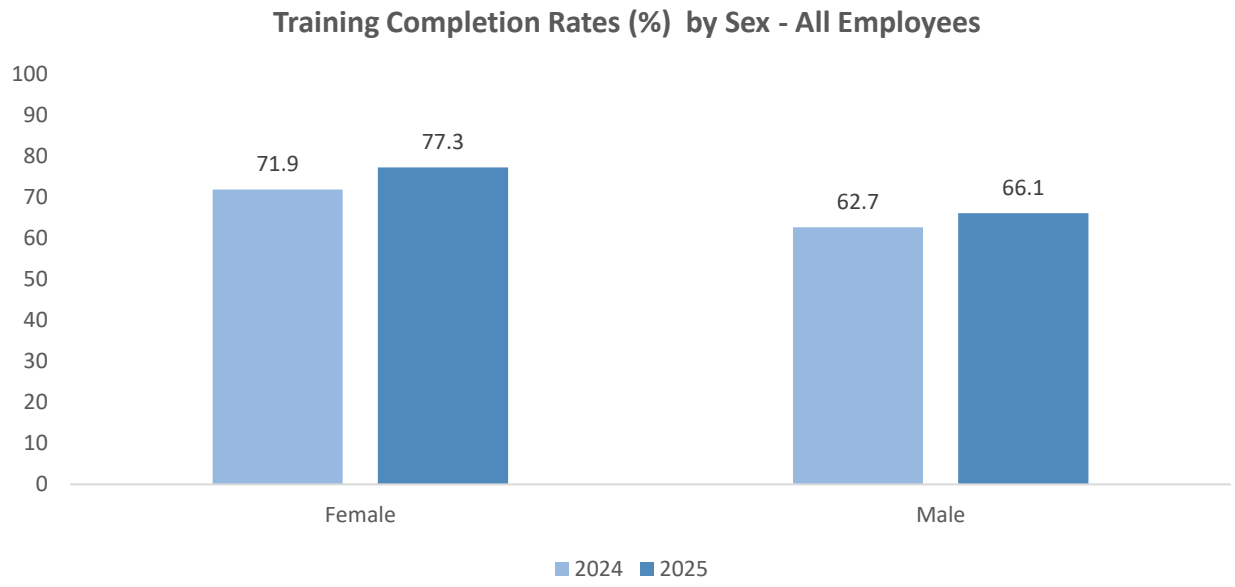
The 2025 training data shows a consistent gap between male and female colleagues. Women have higher completion rates than both men and the NHS Highland average (75.2%). This difference could be due to several structural and cultural factors.

Occupational Segregation
Women make up most of the workforce (82.3%) and are concentrated in Nursing, Midwifery, AHP and Personal & Social Care roles—areas where mandatory training is closely monitored and embedded in everyday practice.
Men are more likely to work in Medical, Medical Support, Healthcare Sciences and Support Services, where operational pressures, shift work and limited digital access can make training harder to complete.

Cultural and Behavioural Factors
Male-dominated teams may have less structured oversight of training, lower peer expectations, and a perception among some men that e-learning is less relevant or a lower priority, reducing engagement.

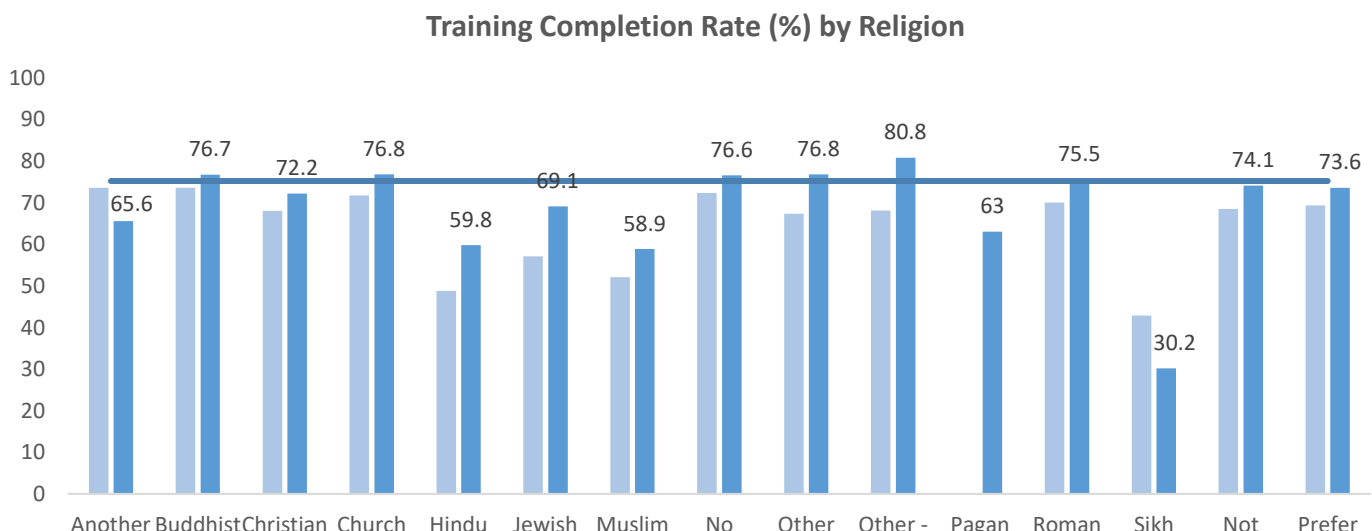
Practical Barriers in Male-Dominated Roles
Roles such as estates, portering, catering and laboratory services often have limited downtime, restricted computer access and irregular shift patterns, all of which make it more difficult for male staff to complete online modules.

Digital Literacy and Engagement
Some male colleagues—particularly those in older age groups or non-clinical roles—may have lower digital confidence, creating additional barriers to completing e-learning.



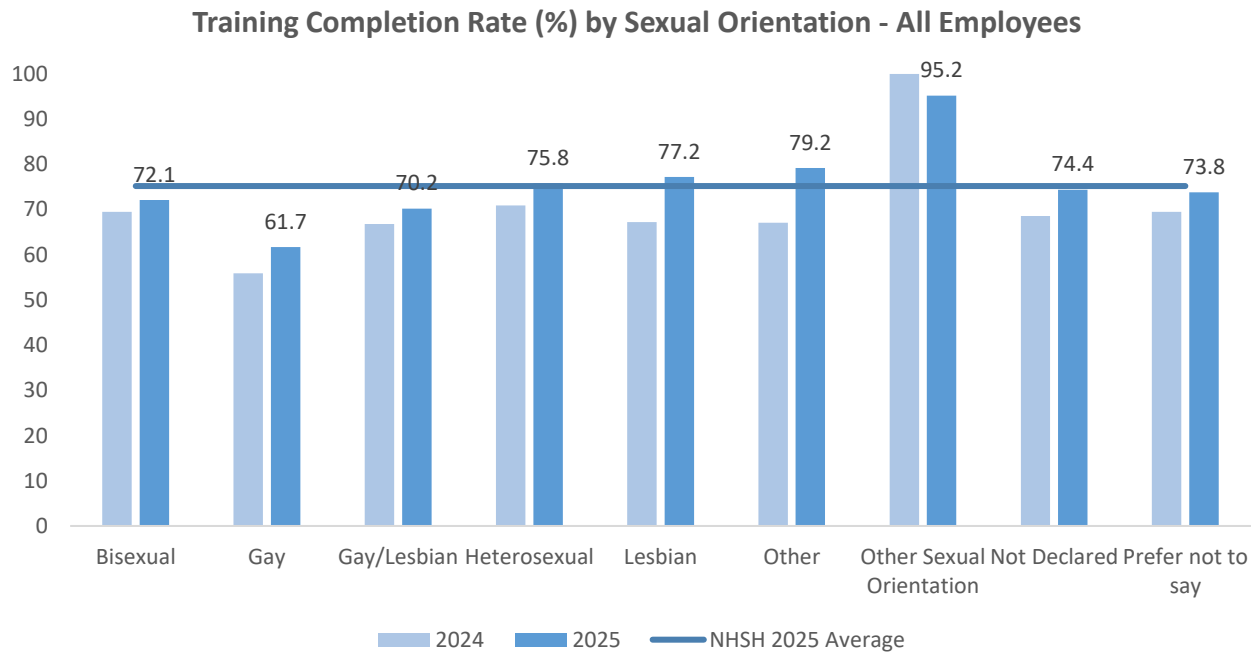
5.4 Religion or Belief

The training data for 2025 shows that while most religion or belief groups achieve completion rates close to or above the NHS Highland average, several minority faith groups—including Muslim, Hindu, Sikh and Pagan colleagues—have notably lower rates. These patterns are influenced by very small group sizes, which can exaggerate percentage differences. Practical barriers such as language, digital literacy, and concentration in job roles or locations where training completion is generally lower may be contributing factors. For some staff, unfamiliarity with e-learning systems, competing operational pressures, or lower confidence in seeking support may also contribute to reduced engagement. Strengthening culturally sensitive communication, improving access to alternative training formats, and working closely with minority faith staff and EDI networks will help ensure equitable completion across all groups.



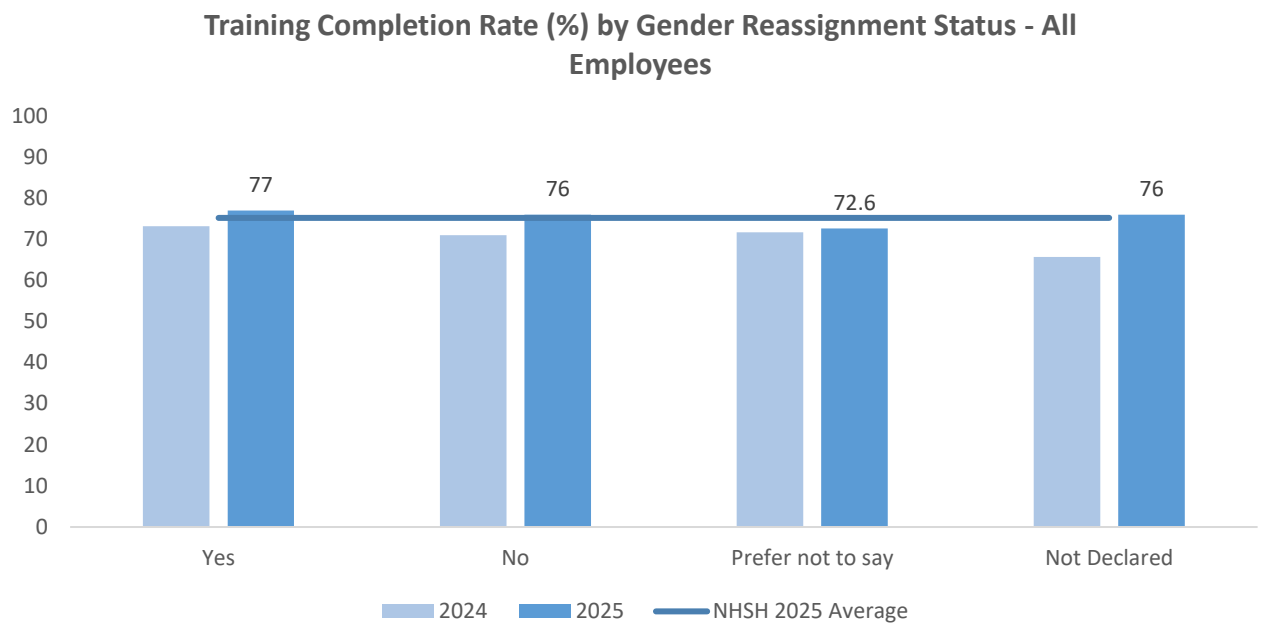
5.5 Sexual Orientation

The 2025 training data shows that while most sexual-orientation groups achieve completion rates close to the NHS Highland average, some LGBTQ+ groups—particularly staff identifying as gay or gay/lesbian—have lower completion rates than their heterosexual and bisexual colleagues. These gaps are influenced in part by very small group sizes, where a few incomplete records can disproportionately reduce percentages, but may also reflect wider barriers such as lower digital confidence, reduced engagement with centrally delivered e-learning, or a lack of psychological safety in seeking support. Strengthening inclusive communication, expanding access to alternative training formats, and working closely with the LGBTQ+ Staff Network to identify and address specific barriers will help ensure that training is accessible, relevant and equitable for all staff.



5.6 Gender Reassignment

There is no evidence to suggest discrimination on the grounds of gender reassignment when it comes to access to training opportunities.



5.7 Age

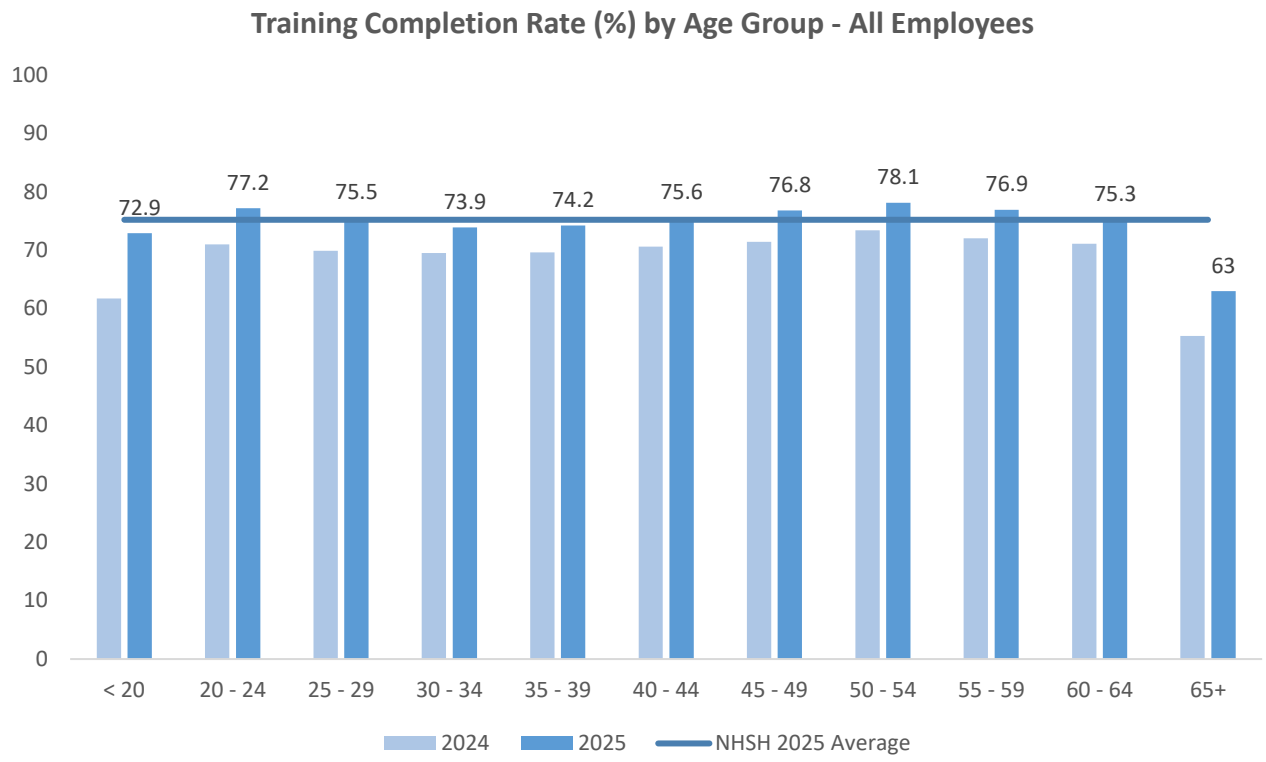
The 2025 training data shows that training completion varies significantly across age groups, with the highest rates among mid-career and early-older workers, and the lowest among the youngest and oldest staff groups, compared to the NHS Highland average (75.2% for all employees; 80% for substantive employees).

Staff under 20 may be new to the organisation, unfamiliar with NHS e-learning systems, or still developing workplace routines.

Staff 65+ may experience challenges with digital platforms, interface accessibility, or workplace adjustments. Young staff are more likely to be in entry-level, bank, or part-time roles, where training expectations may feel less embedded.

Older colleagues nearing retirement may not prioritise training or may have reduced working hours.

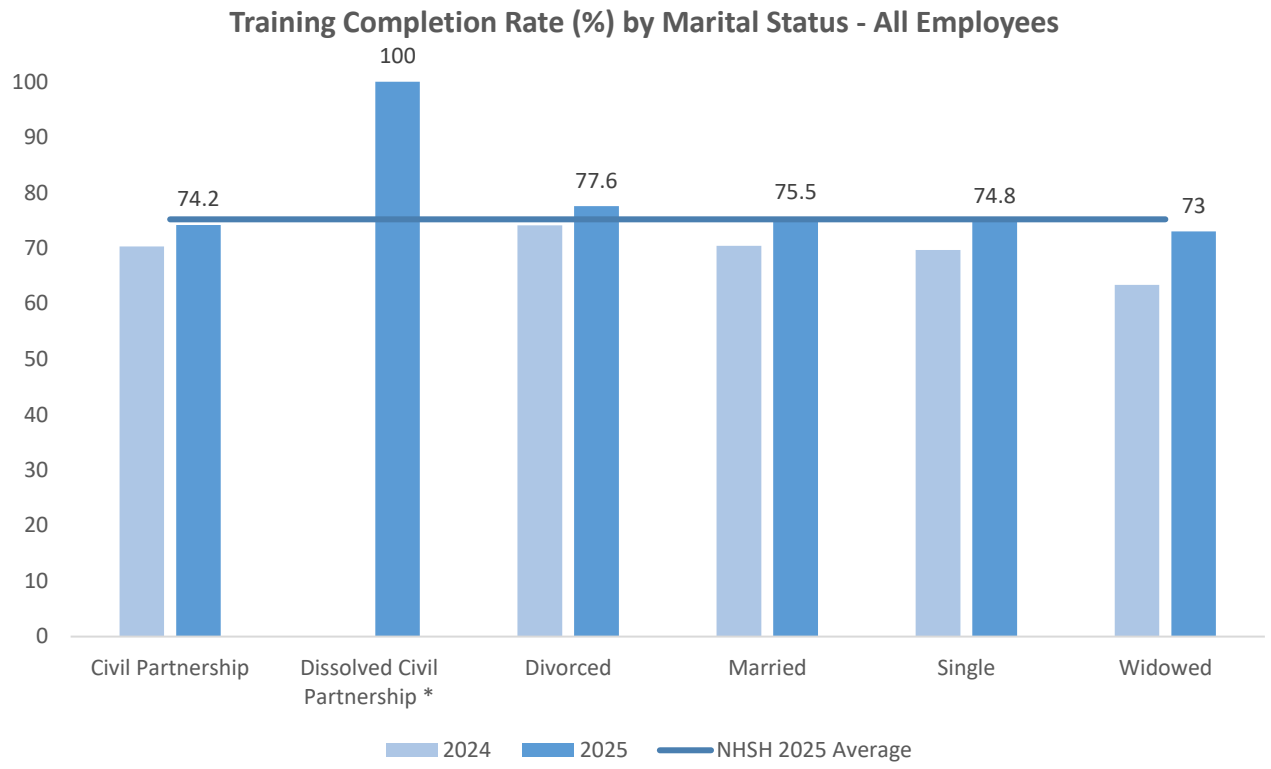
Under-25 staff may juggle education, multiple roles, or transition periods, limiting protected time for training.



5.8 Pregnancy and Maternity

The training completion rate for the 182 employees returning from maternity leave who remain employed as of 31st December 2025 is 79.9% which sits above the average of 75.2% for the whole organisation, and above the average of 77.3% for all females. The completion rate for substantive employees is 80.3% which is again slightly higher than the 80.0% of all substantive employees, but slightly below the 81.2% for all female substantive employees.

5.9 Marriage and Civil Partnership



*Note this is a new option for selection introduced in 2025

5.10 Summary

There are common actions that apply across all protected characteristics which can help to address underperformance in training compliance. NHS Highland utilises the national digital platform TURAS which was developed by NHS Education for Scotland.

Strengthen Inclusive and Accessible Training Design

There are nine statutory digital modules that all NHS Highland staff must complete. These modules have been reviewed to ensure they are accessible and usable for colleagues with differing digital confidence, learning needs, language proficiency and ability. There are also mandatory courses which are dependant on job role and these vary across the organisation.
Some courses on TURAS are run in person, however the content usually dictates that this method of delivery is necessary e.g. violence and aggression training. There are limited options for hybrid delivery of training and this is something that can be explored to increase accessibility.

Improve Digital Access, Confidence and Practical Support

NHS Highland launched its digital skills hub in October 2024. It's core purpose is to support colleagues to develop essential digital skills and increase their confidence. The hub contains guidance and resources that help staff with different learning needs, disabilities or confidence levels to engage fully with digital systems. Members of the Workforce Systems team are available to assist colleagues with queries about using the TURAS system and training is available to

demonstrate how to navigate the system. We will ensure staff working in non-office or shift-based environments have access to appropriate equipment, connectivity and protected time to complete mandatory training.

Make Time for Training and Support Managers to Do This

All Managers can access a dashboard that details training completion for their team and they can view organisational wide performance on the nine statutory modules.

Managers will be encouraged and supported to build time for training into normal work patterns, such as rotas, team meetings, supervision and appraisals. This will help make sure everyone has a fair and realistic chance to complete mandatory training.

Work With Staff and Networks to Improve Training

NHS Highland currently hosts 6 staff networks with plans to expand further in 2026. We will work with them to understand people's real experiences and the barriers they face when completing training. What we learn from conversations, focus groups and feedback will be used to improve training in ways that build trust, feel relevant, and help staff feel safe and supported.

Keep Track of Progress and Address Differences Early

NHS Highland regularly reviews training completion by job role, location and broad staff groups to spot any gaps early. Where differences continue, the teams who provide training will work directly with services to understand what is getting in the way and put practical solutions in place.

6 Leavers

The tables containing leavers data on the following pages include those who were substantive employees and left the organisation in 2025.

6.1 Ethnic Origin

Comparison of leavers by ethnicity across 2024 and 2025 shows a consistent pattern: 'White Scottish' colleagues are under-represented among leavers compared with their share of the substantive workforce, while 'White Other British' and several smaller minority ethnic categories are over-represented among leavers. This suggests proportionately higher turnover among staff who are not White Scottish, though small numbers in some categories may amplify percentage differences. This sits within the wider rural context described in this report: Highland and Argyll & Bute have low population diversity but NHS Highland relies on migration and international recruitment for key roles. Latest NRS data shows net migration remains positive for both Highland and Argyll & Bute, and Scotland overall continues to experience high net migration driven largely by international flows—factors that may contribute to workforce mobility and retention challenges for groups more likely to relocate for employment.

	2024		2025	
Ethnicity	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
African - African, African Scottish or African British	0.6%	0.8%	0.9%	0.9%
African - Other	0.4%	0.4%	0.6%	0.1%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 0.05%	0.4%	< 0.05%	0.1%
Asian - Chinese, Chinese Scottish or Chinese British	0.1%	0.1%	0.1%	0.1%
Asian - Indian, Indian Scottish or Indian British	0.6%	1.0%	0.7%	0.4%
Asian - Other	0.8%	0.6%	0.8%	1.1%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.2%	0.8%	0.2%	0.9%
Caribbean or Black	< 0.05%	0.1%	< 0.05%	0.1%
Caribbean or Black - Black, Black Scottish or Black British	0.1%	0.1%	< 0.05%	0.3%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	< 0.05%	0.0%	< 0.05%	0.0%
Caribbean or Black - Other	< 0.05%	0.0%	< 0.05%	0.0%
Mixed or Multiple Ethnic Group	0.4%	0.8%	0.4%	0.5%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.2%	0.2%	0.2%	0.8%
Other Ethnic Group - Other	0.2%	0.5%	0.2%	0.3%
White - Gypsy Traveller	< 0.05%	0.0%	< 0.05%	0.0%
White - Irish	0.8%	0.8%	0.8%	1.4%
White - Other	4.0%	4.5%	4.1%	4.9%
White - Other British	12.3%	15.6%	12.5%	14.6%
White - Polish	0.7%	1.2%	0.9%	0.9%
White - Scottish	51.5%	45.7%	51.8%	46.4%
Not Declared	17.8%	16.4%	17.1%	16.1%
Prefer not to say	9.5%	10.1%	8.8%	10.1%

Percentage of leavers by Ethnicity

6.2 Disability

Analysis of leavers by disability status shows a broadly stable pattern between 2024 and 2025. Disabled colleagues remain a small proportion of the substantive workforce, but their representation among leavers is slightly higher than their workforce share in both years.

In 2025, disabled staff made up 2.0% of the substantive workforce and 2.5% of leavers. This mirrors the 2024 position, where disabled colleagues accounted for 1.4% of the workforce and 2.5% of leavers. While this indicates proportionately higher turnover for disabled staff, the absolute numbers involved are small, and caution is required when interpreting percentage differences.

The majority of leavers continue to be colleagues who do not identify as disabled, reflecting the overall workforce profile. The proportions of leavers who selected “Not Declared” or “Prefer not to say” have decreased slightly year-on-year, aligning with wider improvements in equality data completeness across NHS Highland.

The modest over-representation of disabled colleagues among leavers may reflect known national and local challenges, including:

- barriers to progression or retention,
- variable access to timely and effective reasonable adjustments,
- health-related fluctuations impacting sustained employment,
- and confidence in disclosing disability status.

It is also important to note that disability is self-defined and may change over time, and some colleagues may acquire a disability during employment or choose not to disclose.

Overall, while there is no evidence of systemic disproportionate exit, the data reinforces the importance of continued focus on:

- proactive and consistent implementation of reasonable adjustments,
- supportive management practices,
- and early intervention to retain disabled colleagues.

Further qualitative insight, including engagement with disabled staff and staff networks, will help NHS Highland better understand the factors influencing retention and support targeted improvement actions.

	2024		2025	
Disability	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Yes	1.4%	2.5%	2.0%	2.5%
No	69.7%	69.1%	70.8%	70.5%
Not Declared	14.6%	13.6%	14.1%	12.6%
Prefer not to say	14.3%	14.8%	13.1%	14.4%

Percentage of leavers by Disability status

6.3 Sex (Male or Female)

Analysis of leavers by sex shows a consistent pattern across 2024 and 2025. While women make up the majority of the NHS Highland workforce, men are proportionately over-represented among leavers in both years.

In 2025, women accounted for 82.3% of the substantive workforce and 76.9% of leavers, while men represented 17.7% of the workforce but 23.1% of leavers. A similar pattern was observed in 2024, indicating a stable trend over time.

This pattern reflects workforce composition and occupational segregation, with men more concentrated in job families that typically experience higher turnover. Given the relatively small

proportion of men in the workforce overall, modest changes in absolute numbers can result in more pronounced percentage differences.

There is no evidence of discriminatory exit by sex. Continued monitoring alongside job family and age analysis will support understanding of retention pressures and inform workforce planning.

	2024		2025	
Sex	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Female	82.4%	75.4%	82.3%	76.9%
Male	17.6%	24.6%	17.7%	23.1%

Percentage of leavers by Sex

6.4 Religion or Belief

Analysis of leavers by religion or belief shows broadly stable patterns between 2024 and 2025. For most groups, the proportion of leavers is closely aligned with their share of the substantive workforce, with only small variations.

	2024		2025	
Religion or Belief	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Another Religion or Body	< 0.05%	0.1%	0.1%	0.1%
Buddhist	0.3%	0.5%	0.3%	0.7%
Christian - Other	9.2%	10.9%	9.6%	10.4%
Church of Scotland	16.3%	16.1%	15.9%	14.6%
Hindu	0.4%	0.4%	0.4%	0.5%
Jewish	< 0.05%	0.1%	0.1%	0.0%
Muslim	0.6%	1.7%	0.6%	1.8%
No Religion	33.1%	29.3%	34.4%	33.4%
Pagan*	< 0.05%	0.0%	< 0.05%	0.0%
Roman Catholic	6.5%	5.9%	6.6%	6.8%
Sikh	0.1%	0.2%	0.1%	0.1%
Other	1.4%	1.5%	1.3%	1.6%
Prefer not to say	12.0%	13.6%	11.3%	12.7%
Not declared	20.2%	19.8%	19.4%	17.3%

Percentage of leavers by Religion or Belief

6.5 Sexual Orientation

There is no evidence of disproportionate exit or disadvantage based on sexual orientation, and observed patterns are best explained by local demographics, workforce age structure and the wider rural context rather than organisational practice.

	2024		2025	
Sexual Orientation	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Bisexual	0.9%	2.0%	0.9%	2.6%
Gay	0.2%	0.1%	0.2%	0.1%
Gay/Lesbian	0.6%	1.0%	0.7%	0.9%
Heterosexual	65.5%	63.9%	67.0%	64.2%
Lesbian	0.2%	0.1%	0.2%	0.1%
Other	0.2%	0.6%	0.2%	0.7%
Other Sexual Orientation	< 0.05%	0.0%	< 0.05%	0.1%
Prefer not to say	14.8%	15.0%	13.9%	15.6%
Not Declared	17.5%	17.3%	16.8%	15.6%

Percentage of leavers by Sexual Orientation

6.6 Gender Reassignment

There is no evidence of disproportionate disadvantage linked to gender reassignment, and observed patterns are explained by workforce age profile, geography and the wider rural context rather than organisational practice.

	2024		2025	
Transgender	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Yes	0.1%	0.4%	0.1%	0.3%
No	67.2%	68.0%	65.2%	62.3%
Prefer not to say	17.1%	16.7%	15.7%	16.5%
Not Declared	15.6%	14.9%	18.9%	21.0%

Percentage of leavers by Transgender status

6.7 Age

Analysis of leavers by age shows that younger and older staff are proportionately over-represented among leavers compared with their share of the substantive workforce, while mid-career staff aged 35–54 show the strongest retention. This pattern is consistent with wider NHS Scotland trends, where early-career staff are more likely to leave due to career mobility, temporary contracts or progression opportunities elsewhere, and later-career staff are more likely to leave through retirement or reduced capacity to continue in demanding roles. Census 2022 data for Highland and Argyll & Bute shows an ageing population alongside lower numbers of younger adults, which contributes to higher relative turnover at both ends of the age spectrum in a rural labour market. Factors such as outward migration of younger people for education and employment, housing and transport challenges, extended training pathways into NHS roles, and increasing retirement among staff aged 60 and over all influence these patterns. There is no evidence of age-related disadvantage; rather, the leavers profile reflects demographic structure, career-stage transitions and retirement behaviour, highlighting the importance of strengthening early-career retention and proactive succession planning.

	2024		2025	
Age Group	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Under 20	0.4%	1.3%	0.4%	1.4%
20 - 24	3.2%	4.2%	3.0%	4.3%
25 - 29	7.4%	8.9%	7.0%	10.1%
30 - 34	9.9%	8.8%	10.1%	9.6%
35 - 39	10.5%	6.5%	10.8%	8.4%
40 - 44	11.6%	5.7%	12.0%	6.3%
45 - 49	11.8%	6.2%	11.6%	5.0%
50 - 54	15.0%	7.9%	14.0%	7.1%
55 - 59	15.4%	15.0%	15.5%	13.5%
60 - 64	11.0%	19.5%	11.7%	18.6%
65+	3.8%	16.2%	4.1%	15.7%

Percentage of leavers by Age

6.8 Pregnancy and Maternity

Analysis has been carried out on maternity data for those employees who had a period of maternity leave ending in 2024. Some of these periods started during 2023 and others were entirely contained within 2024. This period was selected to enable review of data for these employees for the period covering 2025, such as how many remain employed, how many have changed their

working hours and training completion rates for those returning from maternity leave. This dataset included 202 employees. The minimum maternity leave duration was 39 weeks with a maximum of 52 weeks and an average of 48 weeks. The table below shows a breakdown of employment status following maternity leave.

Post Maternity Leave Employment Status	Number of Employees
Did not return / Left within 6 months of returning	11
Left within 6 – 12 months of returning	8
Left 12 or more months after returning	4
Remain employed by NHSH as of 31/12/2025	182*

***Note these figures total to 205, due to 3 people leaving for a period after their maternity leave but then subsequently returning to the organisation**

The vast majority of those who had maternity leave in 2024 remain employed as of the end of 2025 (~90%), suggesting that NHS Highland is a family friendly employer. Of those who are still employed, 10 relinquished substantive roles but remained employed on the staff bank following their maternity leave and one of these then took up another substantive role a few months after their return. One employee who was only on the staff bank prior to their maternity leave took on a substantive role following their return from maternity leave.

The table below shows a breakdown of changes in hours for the 169 employees who have remained continuously employed before, during and after their maternity leave without switching between Bank and Substantive roles. Note that a change in contracted hours of less than 0.5 (either up or down) is counted as stayed the same for this purpose, to account for those who returned from maternity leave following the reduced working week from 37.5 hours to 37 hours as of 1st April 2024 (pro rata for part time employees). Also, the change in hours has been taken as the difference between the contracted hours prior to maternity leave and the contracted hours as of 31st December 2025, so the change in hours may not have been immediately following return from maternity leave.

Post Maternity Leave Contracted Hours	Number of Employees
Decrease in Contracted Hours	97 (57.4%)
Contracted Hours stayed the same	60 (35.5%)
Increase in Contracted Hours	12 (7.1%)

Of the 97 employees who decreased their contracted hours, 51 (~53%) went from full time to part time.

6.9 Marriage and Civil Partnership

	2024		2025	
Marital Status	% of Substantive Workforce	% of Leavers	% of Substantive Workforce	% of Leavers
Civil Partnership	1.2%	0.9%	1.4%	1.3%
Dissolved Civil Partnership*	N/A	N/A	< 0.05%	0.0%
Divorced	4.5%	4.0%	4.5%	5.5%
Married	52.1%	54.3%	51.4%	48.9%
Single	41.6%	40.0%	42.4%	43.1%
Widowed	0.5%	0.8%	0.5%	1.2%

Percentage of leavers by Marital status 2024

***Note this is a new option for selection introduced in 2025**

6.10 Summary

Although experiences differ between groups, people are more likely to leave because of things like:

- their career stage
- the type of job they do
- working patterns and workload
- where they work (especially rural or remote areas)
- how much support they can access

The actions below focus on tackling these shared, practical issues that affect many staff, especially those who are more likely to leave.

Support people early in their NHS career

Younger staff, new starters, people recruited from overseas and those early in their careers are more likely to leave.
To help reduce this, NHS Highland will:

- promote mentoring, staff networks and the Employee Assistance Programme to early-career staff
- make career pathways and development opportunities clearer from the start
- link early-career support to the Employability Strategy and “grow your own” routes into jobs

Use flexible working to help people stay

Being able to balance work and personal life plays a big role in whether people stay.
NHS Highland will:

- continue to increase access to flexible, hybrid, part-time and adjusted working options
- treat flexible working as normal at all career stages, not just for caring roles
- support fair and consistent decision-making by managers
- promote flexible and phased retirement to retain skills and experience

Improve access to adjustments and support

Disabled staff and those with ongoing or fluctuating health needs are slightly more likely to leave. To support retention, NHS Highland will:

- make sure reasonable adjustments are put in place early and consistently
- give managers clearer guidance and training to build confidence
- reduce the need for staff to repeatedly explain or disclose their needs
- link adjustments more clearly to wellbeing, performance and retention discussions

Strengthen managers' role in retention

Good local management makes a big difference to whether people stay.
NHS Highland will:

- give managers easy access to workforce and leavers data so they can act early
- strengthen training in inclusive leadership and supportive conversations
- encourage regular "stay conversations", not just exit interviews
- make retention part of normal appraisal, supervision and team planning

Recognise rural and location-based challenges

Working in rural and remote areas brings additional pressures that affect retention.
NHS Highland will:

- work with partners on housing, transport and cost-of-living challenges
- support digital ways of working where possible
- recognise the extra challenges faced by staff relocating to rural areas
- link workforce planning with local and community-based planning

Strengthen staff voice and trust

People are more likely to stay when they feel heard, supported and safe to speak up.
NHS Highland will:

- make better use of exit interviews, pulse surveys and staff feedback
- work closely with staff networks to understand lived experience

- use feedback to drive real change, not just reporting
- reinforce messages about confidentiality, fairness and learning

Take a preventative and joined-up approach

People often leave because of several pressures at once, not just one issue.
NHS Highland will:

- continue analysing leavers data across age, job family, contract type and protected characteristics together
- focus on prevention and early support
- review progress every year and adjust actions as needed

7 Conclusion

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Highland is required to publish equality information on its workforce to demonstrate due regard to the Public Sector Equality Duty. This includes information on workforce composition across all protected characteristics, and analysis of recruitment, development, training, retention and leavers, alongside evidence of how this information is used to identify and address inequalities.

This Workforce Monitoring Report meets these requirements by providing comprehensive, disaggregated data across all nine protected characteristics, supported by analysis of workforce profile, recruitment outcomes, training completion and leavers. The report demonstrates that NHS Highland continues to monitor equality outcomes systematically and transparently, and that the organisation uses workforce data to understand patterns, assess impact and inform action.

Overall, the evidence in this report shows that inequalities are largely driven by structural, occupational and geographical factors rather than discriminatory practices. Recruitment outcomes, progression, training completion and retention patterns are closely linked to job family, career stage, eligibility requirements, rural context and confidence in disclosure. The report therefore provides a strong evidence base for focusing action on attraction, access, pipeline development, inclusive systems and supportive management practice.

NHS Highland priorities in these areas are outlined in the following NHS Highland plans and strategies -

NHS Highland Equality, Diversity and Inclusion Workforce Strategy 2023-2028

NHS Highland - Employability and Widening Access Strategy 2025-2028

Together We Care | NHS Highland

Equality Outcomes Report 2025-2029

8 Equal Pay Statement

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Highland produced an Equal Pay Statement in 2025.

9 Publicising the Report

The Workforce Monitoring Report 2026 will be submitted to the NHS Highland Area Partnership Forum and the NHS Highland Staff Governance Committee for approval. The report will be available on the NHS Highland website once approved.

10 Comments and Feedback

All comments on the report will be warmly welcomed.

By email to: nhsh.EDIteam@nhs.scot

By post to:
NHS Highland
Assynt House
Beechwood Business Park
Inverness
IV2 3BW

11 Acknowledgements

Grateful thanks are expressed to the many staff who assisted in the compilation of this report –

- Chloe Cuthbertson, Workforce Systems Analyst
- Chris Bonsall, Workforce Systems Specialist
- Chris Madej, Payroll Manager
- Megan Glass, Employability Lead

Report written by:

Gayle Macrae
Equality, Diversity and Inclusion Lead - Workforce
NHS Highland
June 2026