

**Meeting:** NHS Highland Board

**Meeting date:** 30 July 2024

**Title:** Workforce Monitoring Report 2023

**Responsible Executive:** Gareth Adkins, Director of People & Culture

**Report Author:** Gayle Macrae, People Partner, Corporate Services

## 1 Purpose

**This is presented to committee for:**

- Assurance

**This report relates to a:**

- NHS Board Strategy
- Legal Requirement

**This report will align to the following NHS Scotland quality ambition(s):**

- Safe, Effective and Person Centred

- This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

## 2 Report summary

### 2.1 Situation

The Workforce Monitoring Report is an annual report that must be published to demonstrate that NHS Highland meets the requirement as set out in the Public Sector Equality Duty to gather, use and publish employee information. The information within the report considers the workforce position as of 31<sup>st</sup> December 2023 for the period January 1<sup>st</sup> - December 31<sup>st</sup> 2023.

The Board is being asked to take substantial assurance that the publication of the report demonstrates compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

## 2.2 Background

The Public Sector Equality Duty is a legal requirement for public authorities to consider how they can improve society and promote equality in every aspect of their day-to-day business. This means they must consider and continuously review how they are promoting equality in-

- Decision making.
- Internal and external policies.
- Procuring goods and services.
- The services they provide.
- Recruitment, promotion, and performance management of employees

The PSED has 2 parts – the general duty and specific duties.

The general duty has 3 needs –

- To put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment, and victimisation.
- To advance equal opportunities between people who have a protected characteristic and those who do not.
- To foster good relations between people who have a protected characteristic and those who do not.

The purpose of the specific duties is to help public authorities improve their performance on the general duties. To comply with the specific duties, public authorities must publish accessible information that shows how they are complying with the general duty.

To meet the requirements of the specific duties, NHS Highland must –

1. Report on mainstreaming the equality duty.
2. Publish equality outcomes and report progress.
3. Assess and review the equality impact of policies and practices.
4. Gather, use, and publish employee information.
5. Use information on the characteristics of members or board members gathered by the Scottish Ministers.
6. Publish gender pay gap information.
7. Publish equal pay statements.
8. Consider award criteria and conditions in relation to public procurement.
9. Publish in a manner that is accessible.

The Workforce Monitoring Report relates to point 4 and must be published annually on the NHS Highland website so that it is accessible, (which is set out in point 9).

The data contained within the report was provided by the Workforce Systems Team who proactively assess data quality based on agreed principles to ensure that our workforce data is of high value to NHS Highland, and its stakeholders.

## 2.3 Assessment

NHS Highland's Workforce Monitoring report details the position as of 31<sup>st</sup> December 2023, for the time period 1<sup>st</sup> January 2023- 31<sup>st</sup> December 2023 unless otherwise highlighted. Some key points from the report are -

- The overall substantive headcount within NHS Highland grew by 354 colleagues throughout 2023.
- At the end of 2023, the workforce headcount across all job families compared to 2022 was:
  - Support Services increased by 0.4%.
  - Senior Managers unchanged.
  - Personal and Social Care unchanged.
  - Other Therapeutic increased by 0.2%.
  - Nursing and Midwifery increased by 0.2%.
  - Medical Support increased by 0.1%.
  - Medical and Dental decreased by 0.1%.
  - Healthcare Sciences unchanged.
  - Dental Support unchanged.
  - Allied Health Professions decreased by 0.2%.
  - Administration Services decreased by 0.5%.
- In comparison to the population demographics for Highland, Argyll, and Bute from the 2022 Census, NHS Highland employs a greater number of persons from the following ethnic backgrounds –
  - African - African, African Scottish, or African British
  - Asian - Indian, Indian Scottish, or Indian British
  - Asian – Other
  - Asian - Pakistani, Pakistani Scottish or Pakistani British
  - Other Ethnic Group - Arab, Arab Scottish, or Arab British
  - White – Other
- A total of 2,811 people joined the organisation in 2023, which includes those undertaking a bank contract.
- Further work is needed to encourage colleagues to complete their ethnicity data in eESS to allow for greater accuracy of reporting in future years. For example, over 31% of the workforce would “prefer not to say” whether they have a disability or fail to provide any information at all regarding this question. Given that it is estimated that 27% of the Scottish population define themselves as disabled, it is likely that the 1.0% of colleagues who have recorded themselves as having a disability in eESS grossly under-represents the true picture of our workforce.
- The figures may be under reported since these staffing data do not include staff working on bank, agency contracts or Doctors in Training which are being employed across NHS Highland.

- Some areas of improvement have been identified for next years’ report which were not possible to implement in the timescale of this years’ reporting cycle. These include –
  - Collation of information from “Notice of Maternity Leave forms” which will give us insight as to whether colleagues return from maternity leave or not.
  - Further analysis of training data to identify the areas where colleagues work and understand whether the completion rates are related to their job type, geographical location or something else such as accessibility issues.
  - A solution for collating protected characteristic information from leavers.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

### Comment on the level of assurance

The level of assurance is substantial as the report meets the needs as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to gather, use and publish information annually about the recruitment, development and retention of staff with protected characteristics.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

By understanding the demographics of our workforce, we can strive to create an inclusive culture which impacts positively on patient care.

### 3.2 Workforce

Monitoring of workforce profiles will raise awareness of potential workforce implications such as barriers to recruitment for certain ethnic groups. We can review our internal processes to ensure they are inclusive and accessible to all, which in turn makes NHS Highland an attractive employer. We can use the information to identify areas for improvement and introduce new initiatives such as staff networks to ensure staff from all backgrounds have a voice and are supported in their workplace.

### 3.3 Financial

Monitoring of workforce profile will raise awareness of potential financial implications.

### 3.4 Risk Assessment/Management

If the information contained within the report is not used to further the 3 needs as set out in the General Equality Duty, then the organisation risks not meeting its legal obligations in respect of Section 149 of the Equality Act 2010 (the public sector equality duty).

### 3.5 Data Protection

This report does not include personally identifiable information. 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.

### 3.6 Equality and Diversity, including health inequalities

This report demonstrates that NHS Highland is complying with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012. The publication of this report on our website, 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.

### 3.7 Other impacts

No relevant impacts.

### 3.8 Communication, involvement, engagement and consultation

This report has been published in collaboration with members of the workforce systems and workforce planning teams. Due to the limited timeframe to produce and publish the report, it was not possible to The draft was circulated amongst the People and Culture leadership team for comment and feedback. Due to limited timescales, it was not possible to broaden the engagement however this is something that will be rectified with next years report.

### 3.9 Route to the Meeting

The report has been shared with the newly established Equality, Diversity and Inclusion group within NHS Highland for awareness on 12<sup>th</sup> June 2024.

## 4 Recommendation

- **Assurance** – To give confidence of compliance with the Public Sector Equality Duty, Specific Duties Scotland requirement to gather, use and publish employee information.

### 4.1 List of appendices

Appendix 1 – Workforce Monitoring Report 2023 - June 2024

January - December  
2023

# Workforce Monitoring Report

NHS Highland



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## 1 Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27<sup>th</sup> 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 Data Collection

The workforce monitoring report for 2024 is based on NHS Highland employee data provided for the period of January 2023 to December 2023. 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).

Staff have the legal right not to disclose information about their protected characteristics, therefore any information supplied by staff is on a purely voluntary basis. As a result, the completeness of our information therefore varies by protected characteristic. 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 in 2023	% of Data Recorded on eESS in 2022
Race	80.8%	79.5%
Disability	84.2%	83.2%
Sex (male or female)	100%	100%
Religion or Faith	78.4%	77.1%
Sexual Orientation	81.1%	79.7%
Gender Reassignment	84.3%	83.0%
Age	100%	100%
Pregnancy and Maternity	100%	100%
Marriage and Civil Partnership	100%	100%

The average volume of data collected per protected characteristic is 89.9%.

The Jobtrain and eESS systems were interfaced in January 2023 which meant that any new colleagues joining NHS Highland automatically had their personal details transferred from their job application into the internal HR systems. This accounts for, in part, the increase in information captured from 2022 to 2023.

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 do not include Bank Staff or Doctors in Training.

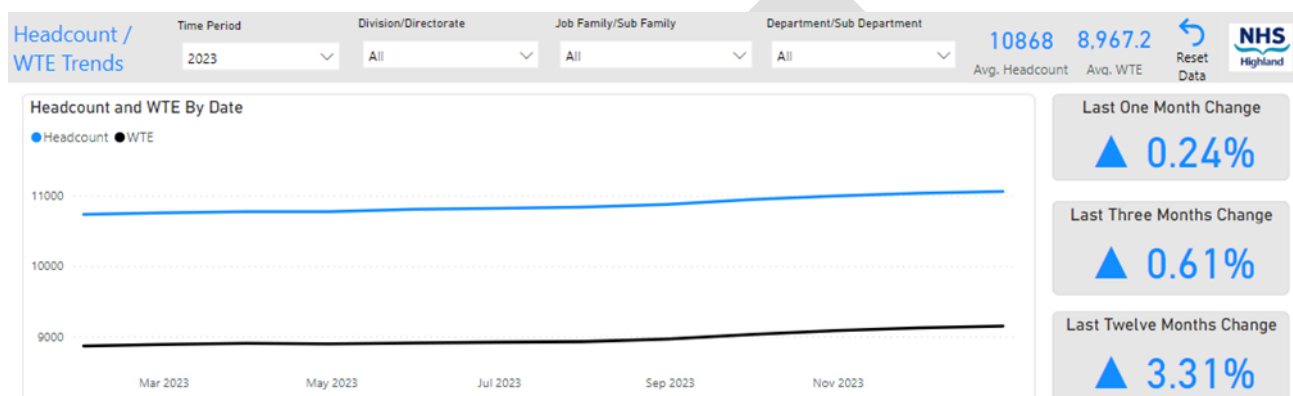
## 2.3 Using The Workforce Report

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.

### 3 Current Workforce

As at 31<sup>st</sup> December 2023, the substantive headcount for NHS Highland was 11,063 persons which equates to 9,146 Whole Time Equivalent (WTE) with whole time being 37.5 hours per week.<sup>1</sup> The overall substantive headcount grew throughout 2023 by 354 colleagues.



As well as substantive and fixed term members of staff, NHS Highland also uses “Bank” workers, which provides 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 31<sup>st</sup> December 2023 there were 2524 sole bank workers, this is an increase of 106 bank workers on the same date in 2022. There are also 2517 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	31 <sup>st</sup> December 2022	31 <sup>st</sup> December 2023
<b>Contract Type</b>	<b>Persons in post</b>	<b>Persons in post</b>
Bank Only	2418	2524
Bank & Substantive	2494	2517
Substantive Only	8222	8553
<b>Total</b>	<b>13134</b>	<b>13594</b>

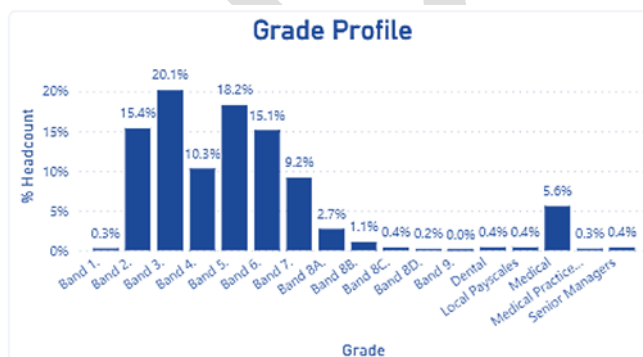
<sup>1</sup> NHS Scotland moved to a 37 hour week on 1st April 2024 but for the purposes of this report, full time hours were 37.5

At the end of 2023, 37.2% of the workforce was in the Nursing and Midwifery job family (0.2% higher than the previous year). The next largest job family at 19% was Administrative Services (down 0.5% since 2022)

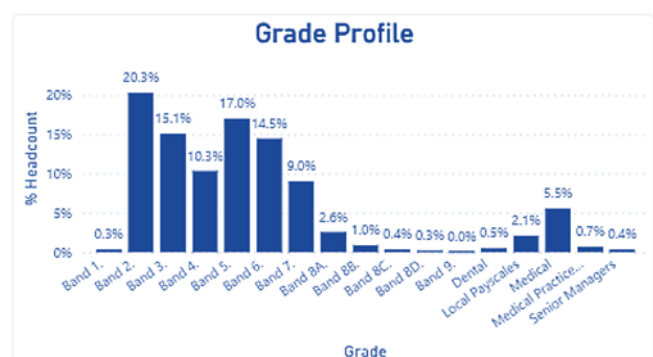
Job Family	Headcount 31 <sup>st</sup> Dec 2022	Headcount 31 <sup>st</sup> Dec 2023	Increase/Decrease in % of overall workforce from 2022-2023
Administrative Services	2088	2105	-0.5%
Allied Health Profession	776	775	-0.2%
Dental Support	186	184	0%
Healthcare Sciences	357	357	0%
Medical and Dental	630	642	-0.1%
Medical Support	35	46	+0.1%
Nursing/Midwifery	3957	4117	+0.2%
Other Therapeutic	346	371	+0.2%
Personal and Social Care	1217	1257	0%
Senior Managers	42	40	0%
Support Services	1123	1211	+0.4%
<b>Total</b>	<b>10709</b>	<b>11063</b>	-

The graphs below show the workforce split in terms of paybands for both 2022 and 2023. There has been an increase in the number of colleagues in Band 3 posts which can for the most part be attributed to a National job evaluation process which saw a large number of Band 2 Nursing staff be upgraded to Band 3.

31<sup>st</sup> December 2023

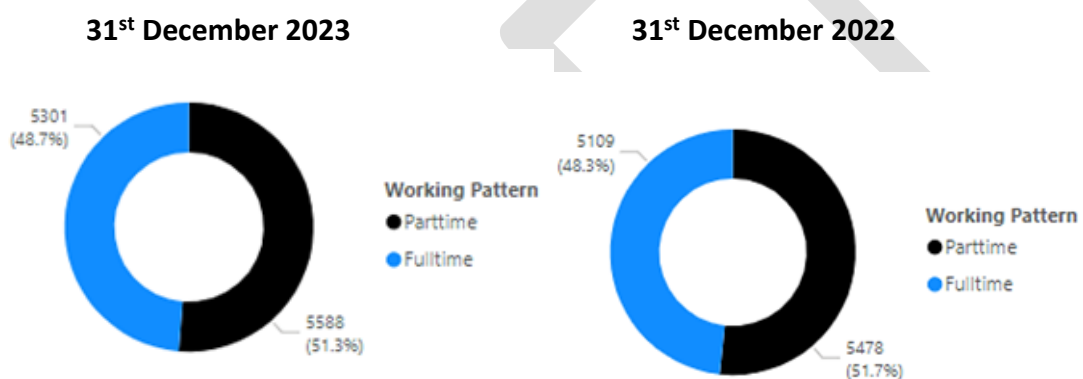


31<sup>st</sup> December 2022



There has also been an increase in Band 5 roles of 1.2%, this is due partly to the introduction of a new Multiskilled Technican role within Estates. In addition. an exercise to harmonise staff members on Highland Council terms and conditions with Agenda For Change, resulted in an increase in Band 5 and 6 roles within Personal and Social care.

The workforce is split almost in half with regards to working hours and there has been minimal shift in this demographic since 2022.



### 3.1.1 Ethnic Origin

NHS Highlands workforce is made up of 50.1% persons of White-Scottish origin which is less than the population of Highland (75.9% in the 2022 Census) and less than Argyll and Bute (74%). Since 2021, the headcount recorded of all ethnic groups has increased which correlates with a decrease in the number of persons not declaring any information or choosing “prefer not to say”.

The following table shows the headcount and the percentage of the total workforce each ethnic group represents.

NHS Highland Ethnicity	2021		2022		2023	
	Headcount	% Total	Headcount	% Total	Headcount	% Total
African - African, African Scottish or African British	9	0.1%	20	0.2%	34	0.3%
African - Other	5	0.1%	6	0.1%	12	0.1%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Asian - Chinese, Chinese Scottish or Chinese British	6	0.1%	9	0.1%	11	0.1%
Asian - Indian, Indian Scottish or Indian British	28	0.3%	36	0.3%	45	0.4%
Asian - Other	57	0.6%	71	0.7%	79	0.7%
Asian - Pakistani, Pakistani Scottish or Pakistani British	7	0.1%	13	0.1%	18	0.2%
Caribbean or Black - Black, Black Scottish or Black British	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0	0.00%	0	0.00%	< 5	< 0.05%
Caribbean or Black - Other	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
Mixed or Multiple Ethnic Group	30	0.3%	37	0.4%	42	0.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	< 5	< 0.05%	10	0.1%	17	0.2%
Other Ethnic Group - Other	20	0.2%	21	0.2%	19	0.2%
White - Gypsy Traveller	< 5	< 0.05%	< 5	< 0.05%	< 5	< 0.05%
White - Irish	74	0.7%	78	0.7%	81	0.8%
White - Other	306	3.0%	340	3.2%	412	3.8%
White - Other British	1119	11.0%	1236	11.7%	1323	12.2%
White - Polish	24	0.2%	38	0.4%	57	0.5%
White - Scottish	5047	49.4%	5283	50.0%	5498	50.6%
Not Declared	2182	21.4%	2161	20.5%	2083	19.2%
Prefer not to say	1283	12.6%	1197	11.3%	1129	10.4%

In 2023, NHS Highland welcomed 29 Adult Nurses and 11 Mental Health Nurses through the North of Scotland international recruitment programme. Many of these colleagues were from Africa although there were also applicants from India, Pakistan, Australia, and America.

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

In comparison to the population demographics displayed in the table above, NHS Highland employs a greater number of persons from the following ethnic backgrounds –

- African - African, African Scottish, or African British
- Asian - Indian, Indian Scottish, or Indian British
- Asian – Other



- Asian - Pakistani, Pakistani Scottish or Pakistani British
- Other Ethnic Group - Arab, Arab Scottish, or Arab British
- White – Other

In contrast, the organisation employs a disproportionate number of colleagues from the following ethnic groups –

- African – Other
- Asian – Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Asian – Chinese, Chinese Scottish, or Chinese British
- Other Ethnic Group – Other
- White – Gypsy Traveller
- White – Other British
- White – Polish

It is important to note, however, that 10.4% of the workforce chose “prefer not to say” as an option to answer this question and 19.2% have not declared their information therefore the above analysis may be affected by these omissions.

### 3.1.2 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 number of staff who consider themselves to have a disability is 112, which is 1.0% of the workforce. The disability data is based on the answers given by staff when they joined NHS Highland. Currently, the disability status of staff is not changed during the course of their employment unless the staff member voluntarily updates their information on eESS. Given that it is estimated that 27% of the Scottish population define themselves as disabled,<sup>2</sup> it is likely that the actual number of colleagues with a disability is higher. Work needs to be undertaken to understand why over 31% of the workforce would “prefer not to say” whether they have a disability or fail to provide any information at all regarding this question.

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<sup>2</sup> DWP [Family Resources Survey: 2022 to 2023](#), disability tables 4.1 and 4.4

It is worth noting however, that the percentage of people who choose “prefer not to say” as their answer, has fallen by 4% over the last 3 years.

Under the Equality Act 2010, employers have a legal responsibility to make reasonable adjustments for disabled staff. NHS Highland actively supports staff who require reasonable 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.

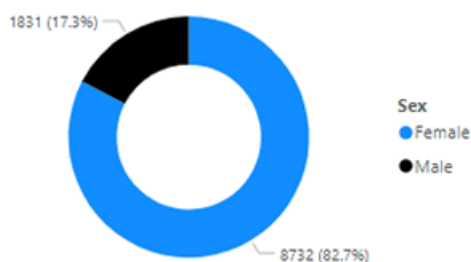
Staff who qualify for the Access to Work Scheme are supported to enable them to get or stay in work if they have a physical or mental health condition. The support will depend on the needs of the staff member and they can apply for a grant to help pay for items such as communication tools and travel to and from the workplace. NHS Highland is a Disability Confident accredited employer. A Disability Confident employer ensures that disabled people have the opportunities to fulfil their potential and realise their aspirations.

NHS Highland	2021	2022	2023
<b>Disability</b>	<b>% of Workforce</b>	<b>% of Workforce</b>	<b>% of Workforce</b>
Yes	0.9%	0.8%	1.0%
No	62.0%	65.0%	67.5%
Prefer not to say	19.7%	17.4%	15.7%
Not Declared	17.5%	16.8%	15.8%

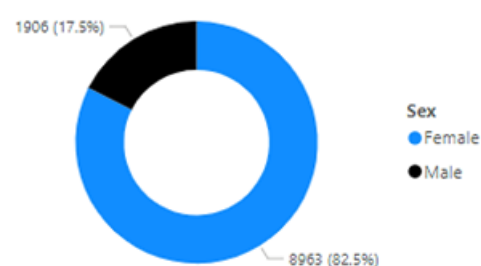
### 3.1.3 Sex (Male or Female)

In both the Highland and Argyll and Bute area, the 2022 Scottish Census figures report that the population is made up of 49% males and 51 % females. Traditionally, most members of the Nursing, Midwifery and Allied Health Professions have been female, which means that all Health Boards in Scotland have a much higher proportion of female staff to male staff. The workforce of NHS Highland is predominantly female (8,963 headcount), representing 82.5% of staff in 2023.

**31<sup>st</sup> December 2023**



**31<sup>st</sup> December 2022**



### 3.1.3.1 NHS Highland Board Members

As at 31st December 2023, the NHS Highland Board comprised 23 members made up of 5 Executive Members and 18 Non-Executive Members. There are a slightly higher proportion of female members to males which reflects the workforce and population demographic.

NHS Highland Role	2023		2022	
	Male	Female	Male	Female
Executive Director	2	3	2	3
Non-Executive Director and Employee Director	8	10	8	9

### 3.1.4 Religion or Belief

As with other protected characteristics, staff are asked to provide information in respect of their religious and faith beliefs. Over the last few years the quality of information provided has improved, with more people providing information on religion and beliefs in 2023 than the previous years. Of those who provided information, the largest proportion of staff identify themselves as “No Religion” (30.9%: 2.3% higher than the previous year) or “Church of Scotland” (17.0%: 0.7% down on 2022).

NHS Highland Religion	2021		2022		2023	
	Headcount	% Total Workforce	Headcount	% Total Workforce	Headcount	% Total Workforce
Buddhist	25	0.2%	25	0.2%	27	0.3%
Christian - Other	829	8.1%	882	8.4%	943	8.7%
Church of Scotland	1901	18.6%	1872	17.7%	1850	17.0%
Hindu	27	0.3%	33	0.3%	35	0.3%
Jewish	< 5	< 0.05%	< 5	< 0.05%	5	0.1%
Muslim	34	0.3%	49	0.5%	62	0.6%
No Religion	2641	25.9%	3015	28.5%	3353	30.9%
Roman Catholic	608	6.0%	647	6.1%	688	6.3%
Sikh	< 5	< 0.05%	< 5	< 0.05%	5	0.1%
Other	114	1.1%	126	1.2%	143	1.3%
Prefer not to say	1567	15.4%	1484	14.1%	1410	13.0%
Not declared	2453	24.0%	2422	22.9%	2348	21.6%

Across Scotland, the 2022 census showed a similar picture with most people declaring they have no religion, 51.1% up from 36.7% in 2011. This trend was also replicated within Highland and Argyll and Bute, with the NHS Highland workforce demographics, roughly mirroring those of the Board area.

2022 Census Figures			
Religion	% Highland Population	% Argyll and Bute Population	% NHS Workforce
Buddhist	0.28	0.28	0.3%
Christian - Other	7.62	6.63	8.7%
Church of Scotland	23.44	26.97	17.0%
Hindu	0.14	0.10	0.3%
Jewish	0.04	0.08	0.1%
Muslim	0.48	0.38	0.6%
No Religion	54.33	48.46	30.9%
Roman Catholic	6.25	9.17	6.3%
Sikh	0.02	0.06	0.1%
Other	0.26	0.22	1.3%
Not declared	6.58	7.04	21.6%

### 3.1.5 Sexual Orientation

There has been a decrease year on year in the number of staff who choose “prefer not to say” and those who do not complete their information. This is a positive indicator that staff feel more open to share their sexual orientation and that they trust that their data will be used appropriately.

NHS Highland	2021	2022	2023
Sexual Orientation	% of Workforce	% of Workforce	% of Workforce
Heterosexual	58.6%	61.2%	63.4%
Bisexual	0.4%	0.5%	0.7%
Gay	0.3%	0.3%	0.3%
Gay/Lesbian	0.1%	0.3%	0.4%
Lesbian	0.3%	0.2%	0.2%
Other	0.1%	0.2%	0.7%
Prefer not to say	18.9%	17.1%	15.9%
Not declared	21.3%	20.3%	19.0%

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

When a colleague signs up to wear the Pride Badge, they identify themselves as someone who is a safe person to talk to. They'll also respect identity, use inclusive language, and be prepared to listen. NHS Highland ran a campaign in June 2023 to coincide with Pride Month, which encouraged staff members to sign up to the Pride Badge scheme. A total of 278 colleagues signed up to the Pride Pledge during June and July. For comparison, in May 2023 a total of 3 colleagues signed up, this was when no promotion of the scheme had taken place. NHS Highland continues to promote inclusion in the workforce and participates in annual Highland and Oban Pride events.

### 3.1.6 Gender Reassignment

eESS allows members of staff to amend their personal details, including equalities information. Until April 2024, it contained the question -

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

Members of staff had the option to respond “Yes”, “No”, “Don’t know (not declared)” or “Prefer not to say”.

The language of eESS is, in the context of trans individuals, was out of date, and misrepresented the process of transition as a chiefly medical exercise. Because of this and to align with the Census and the advice of the Scottish Government and LGBTQ+ organisations, the question was amended in April 2024 to ask -

“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”.

There has been a reduction in the number of staff who choose “prefer not to say” or “don’t know/not declared” over the last 3 years, in conjunction with an increase in the number of staff members identifying as transgender. (The figures have been rounded up/down due to low numbers so showing as 0.1% for each of the years)

NHS Highland	2021	2022	2023
<b>Transgender</b>	<b>% of Workforce</b>	<b>% of Workforce</b>	<b>% of Workforce</b>
Yes	0.1%	0.1%	0.1%
No	60.2%	63.4%	66.4%
Prefer not to say	21.8%	19.5%	17.8%
Not declared	17.9%	17.0%	15.7%

### 3.1.7 Age

The profile of the workforce by age allows the organisation to look at the current workforce and assist in workforce planning at an organisation, departmental or team level.

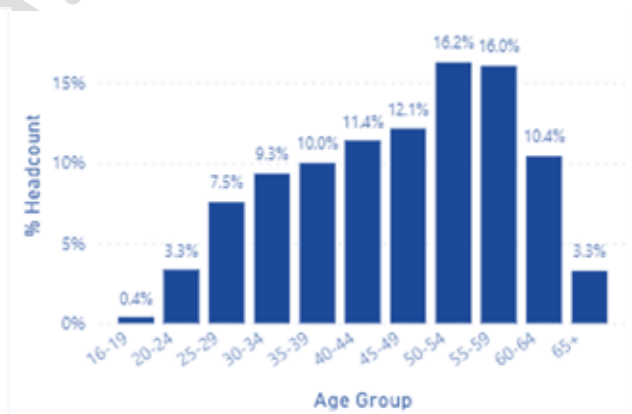
The shape of the age profile of the workforce has remained relatively similar from 2022 to 2023. There has been an increase in the number of under 25's employed, up from 3.7% in 2022 to 4.0% in 2023.

The average age of a colleague in NHS Highland has increased over the past 3 years from 61.2 years to 62.5 years.

31<sup>st</sup> December 2023



31<sup>st</sup> December 2022



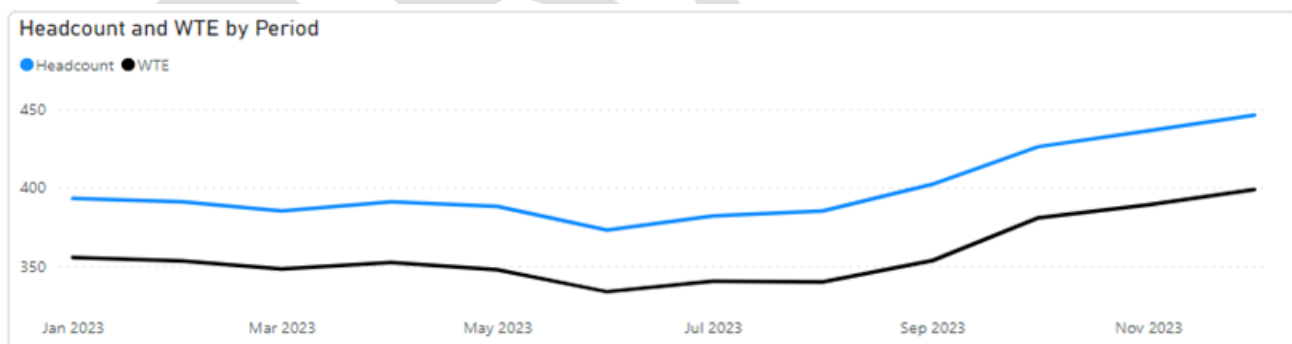
Data from the Scotland Census 2022 is included in the following table to illustrate the age demographic of Highland, Argyll, and Bute. The NHS Highland workforce data is also included by means of comparison. The data in the table would suggest that NHS Highland employ

proportionately lower numbers of 16-19 year olds compared to the local populations. It may therefore be worth considering what opportunities we provide with regards to apprenticeships, work experience and “earn while you learn” schemes to encourage young people to consider a career in the NHS and remain in the Highlands, Argyll and Bute area.

Age Range	% of Highland Population	% of Argyll & Bute Population	% of NHS Highland Workforce
16-19	3.8	3.5	0.5
20-24	4.5	4.0	3.5
25-29	5.0	4.3	7.2
30-34	5.6	5.0	9.6
35-39	5.8	5.1	10.4
40-44	6.0	5.2	11.4
45-49	6.1	5.9	11.7
50-54	7.6	7.8	15.6
55-59	8.3	8.9	15.9
60-64	7.6	8.5	10.5
65+	7.6 (65-69 group)	7.5 (65-69 group)	3.8

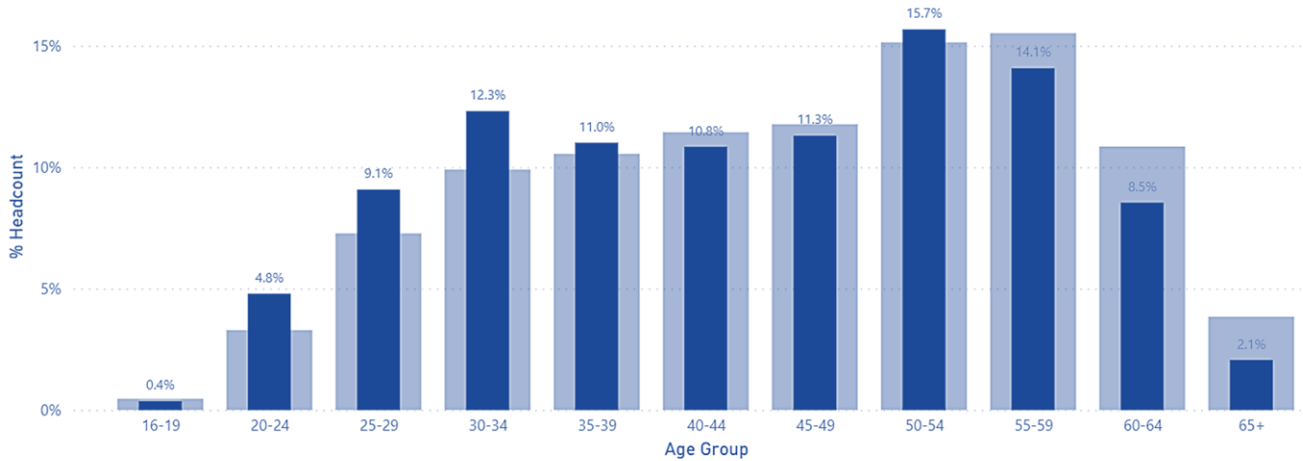
There has however been an increasing trend of under 25’s joining the organisation throughout 2023, with an increase in headcount from 393 to 446 persons.

**Trend data of numbers of under 25’s in the workforce 2023**



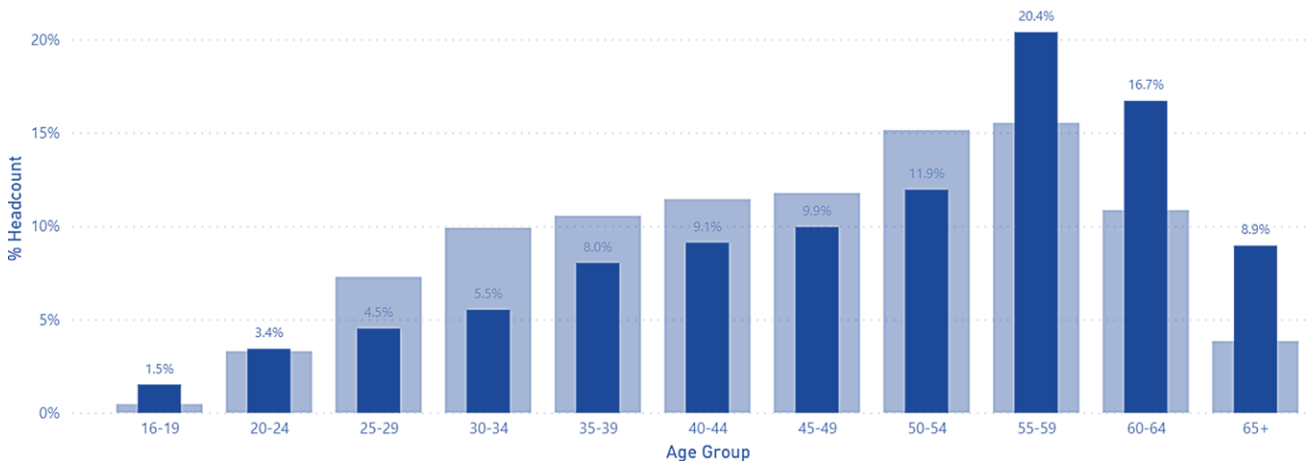
Job families which have higher percentage of under 25’s than the rest of the organisation (shown by the lighter blue bars) include –

### Nursing and Midwifery



Student nurses and health care support workers account for the Under 25 headcount in Nursing and Midwifery.

### Support Services

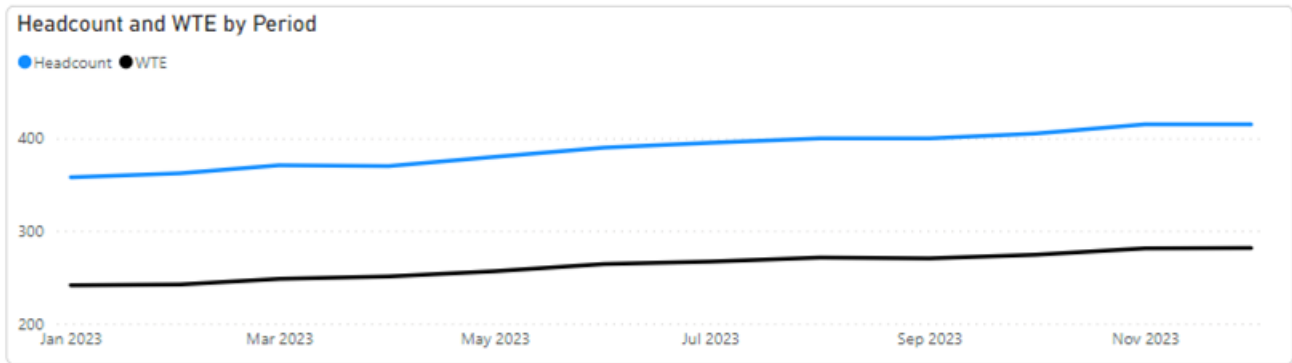


In Support Services, the largest proportion of 16-19 year olds work in Band 2 roles within the catering and domestic job families. The starting salary of a Band 2 role as of 1<sup>st</sup> April 2023 was £23,362 which equates to £11.98 per hour. The National Minimum wage for under 18's in April 2023 was £5.28 and for 18-20 year olds was £7.49, NHS Highlands wages surpass these rates. NHS Highland also works closely with organisations such as Developing the Young Workforce to promote apprenticeship opportunities and engages with local schools to promote the varied career prospects within the organisation.



There has also been an increase in the number of over 65's in the organisation, up 0.5% since 2022.

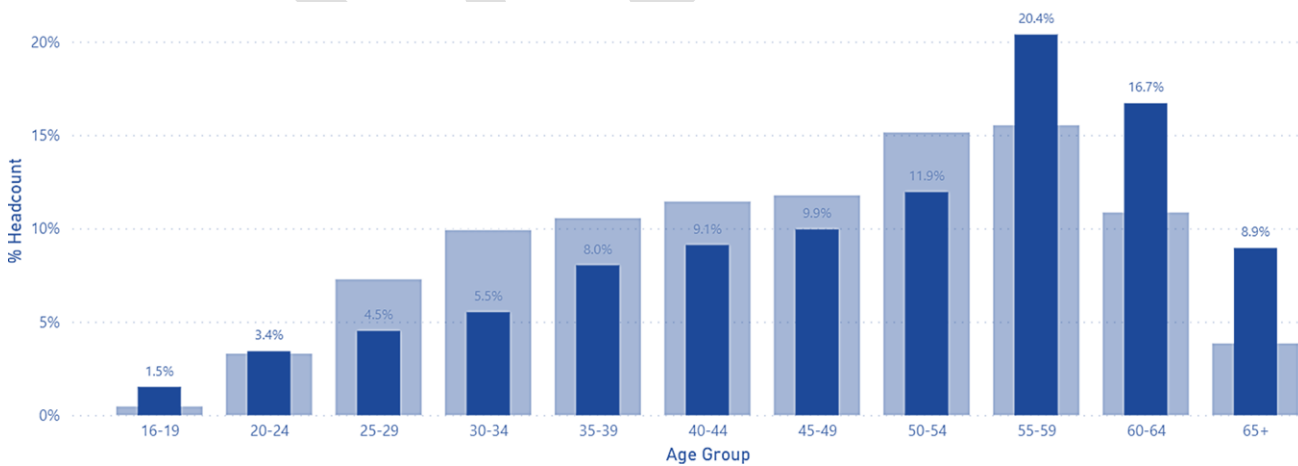
### Trend data of numbers of over 65's in the workforce 2023



The 2022 census data published on 21<sup>st</sup> May shows that the 65 and over age group makes up 23.7% of the overall population in Highland, and 27.2% of the population of Argyll and Bute.

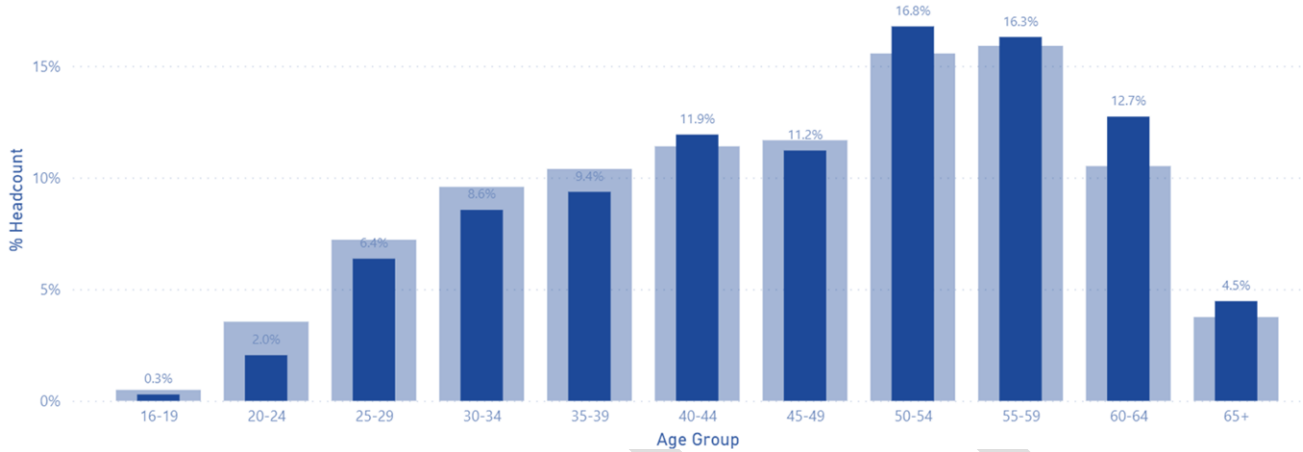
Job families which have higher percentage of over 65's than the rest of the organisation (shown by the lighter blue bars) include –

#### Support Services



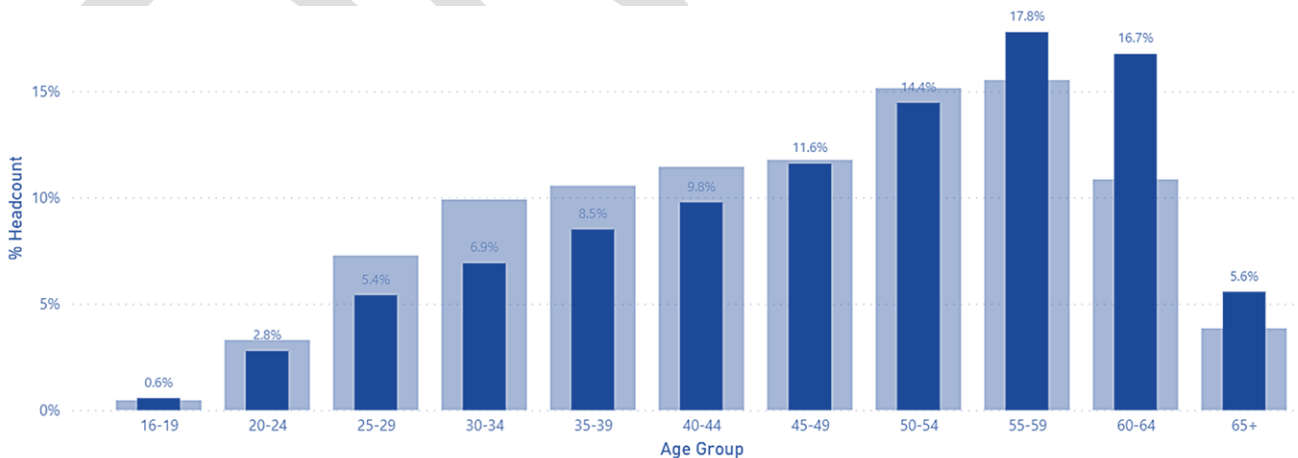
76.1% of the over 65s in Support Services are in Band 2 roles which include Porters, Drivers and Domestic Assistants. It could be deduced that the higher number of over 65s in Support Services compared to the rest of the organisation is driven by financial necessity and being unable to retire at an earlier age.

### Administrative Services



There is also a higher than average number of colleagues in Administrative Services who are over 65. This job family is predominantly made up of Band 2, 3 and 4 roles and 323 teams within administrative services are comprised of 5 people or less. Less. Of these 323 small teams, 129 or 15.2% of those teams are entirely made of personnel over the age of 60. This highlights the extent of the risk, that factors such as retirements and increased absence due to health condition or multiple health conditions could impact on the continuity of the service.

### Personal and Social care



In a similar picture to that of Support Services, colleagues in the Personal and Social Care job family work predominantly in Band 2 and 3 roles (52% combined). Financial reasons may also be the motivating aspect for these colleagues to work beyond retirement age.

### 3.1.8 Pregnancy and Maternity

For the period 01/01/2023 to 31/12/2023, there were 241 applications for maternity leave made by staff, which is approximately 2.8% of the female workforce.

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. This is something that will be investigated and a solution sought for the 2024 report produced in June 2025.

### 3.1.9 Marriage and Civil Partnership

The below table shows the marital status of NHS Highlands workforce as at 31<sup>st</sup> December 2023, 100% of staff provided their data in respect of this question. The workforce has a high percentage of married and single staff at 53.08% and 40.94%, 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.

Marital Status	2021		2022		2023	
	Headcount	% Total	Headcount	% Total	Headcount	% Total
Civil Partnership	43	0.4%	82	0.8%	106	1.0%
Divorced	469	4.6%	476	4.5%	501	4.5%
Married	5666	55.5%	5694	53.9%	5872	53.1%
Single	3976	39.0%	4256	40.3%	4529	40.9%
Widowed	54	0.5%	55	0.5%	55	0.5%

## 4 Recruitment and Retention

A total of 2,811 persons joined the organisation in 2023, this includes bank colleagues. 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.

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.

This places additional demands on the hiring managers as they must record a reason code as to why the candidate is not suitable for shortlisting. (“not eligible to apply”) and also ascertain whether registration details provided are genuine. An extract of the Nursing and Midwifery job family applications in 2023 shows that out of 17842 applications, 1541 were recorded as “not eligible to apply” (8.6%). This code is not exclusively used for failed visa criteria however, and some hiring managers may also use the code “application review – failed shortlisting”. This means that at present 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. Further work is needed to be undertaken to understand the low conversion rates for applicants from Asian and Other Ethnic Group origins.

#### 4.1.1 Ethnic Origin

Ethnicity	No. Applicants	Successful Applicants	Conversion Rate
African - African, Scottish African or British African	9324	46	0.5%
African - Other	13494	39	0.3%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	295	2	0.7%
Asian - Chinese, Chinese Scottish or Chinese British	113	6	5.3%
Asian - Indian, Indian Scottish or Indian British	3558	26	0.7%
Asian - Other	1152	28	2.4%
Asian - Pakistani, Pakistani Scottish or Pakistani British	2981	9	0.3%
Caribbean or Black	83	5	6.0%
Caribbean or Black - Black, Black Scottish or Black British	132	6	4.6%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	23	1	4.4%
Mixed or Multiple Ethnic Groups	193	22	11.4%
Other Ethnic Group - Arab, Arab Scottish or Arab British	463	14	3.0%
Other Ethnic Group - Other	457	8	1.8%
White - Gypsy Traveller	1	0	0.00%
White - Irish	109	25	22.9%
White - Other	1424	189	13.3%
White - Other British	2155	475	22.0%
White - Polish	434	72	16.6%
White - Scottish	7586	1812	23.9%
Not Declared	133	1	0.8%
Prefer not to say	318	25	7.9%

#### 4.1.2 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. In 2023, NHS Highland had a conversion rate of successful applicants with a disability which was more than double that of applicants with no disability. Out of the 1456 applicants who answered “Yes”, 431 requested an adjustment to their interview. The most common conditions to request adjustments for were Dyslexia, followed by Hearing Impairments and ADHD.

Disability	No. Applicants	Successful Applicants	Conversion Rate
No	42839	2597	6.1%
Not known	133	1	0.8%
Prefer not to say	0	0	0.00%
Yes	1456	213	14.6%

#### 4.1.3 Sex (Male or Female)

A larger number of females to males applied for roles in 2023 which correlates with the earlier data stating 82.5% of the workforce in NHS Highland are female.

Sex	No. Applicants	Successful Applicants	Conversion Rate
Female	27502	2323	8.5%
Male	16612	469	2.8%
Not Given	314	19	6.1%
Grand Total	44428	2811	6.3%

#### 4.1.4 Religion or Belief

The conversion rates of applicants from different religions vary between 0.3% for Muslims and 21.6% for Church of Scotland. As previously mentioned, a high number of applications come from overseas (predominantly Africa) which do not meet the visa requirements to work in the UK and therefore their applications are rejected. This may account for the lower conversion rates for Muslim and Christian candidates which are the 2 main religions in Africa. Further analysis is needed to understand the low conversion rate for Hindu applicants.

Religion or Belief	Number of Applicants	Successful Applicants	Conversion Rate
Another Religion or Body	408	68	16.7%
Buddhist	388	12	3.1%
Church of Scotland	1706	368	21.6%
Hindu	1842	5	0.3%
Jewish	19	2	10.5%
Muslim	6478	38	0.6%
None	7456	1594	21.4%
Other - Christian	20209	357	1.8%
Roman Catholic	4303	206	4.8%
Sikh	59	4	6.8%

Not Given	133	1	0.8%
Prefer not to say	1427	156	10.9%

#### 4.1.5 Sexual Orientation

In 2023, candidates were successfully appointed from each of the sexual orientation categories monitored. The conversion rate for candidates who declared themselves as gay/lesbian was more than double that of heterosexual/straight candidates. This suggests that the shortlisting and interview processes appear fair and free from discrimination based on sexual orientation.

Orientation	No. Applicants	Successful Applicants	Conversion Rate
Bi-Sexual	1408	66	4.7%
Gay/Lesbian	472	62	13.1%
Heterosexual/Straight	39692	2547	6.4%
Not Known	133	1	0.8%
Other	599	10	1.7%
Prefer not to say	2124	125	5.9%

#### 4.1.6 Gender Reassignment

As mentioned in Section 3.1.6, the question applicants had to answer relating to gender reassignment on Jobtrain was -

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

As this question misrepresented gender transition as a medical exercise, this may have resulted in the applicants choosing “prefer not to say” or not declaring any information. It is not possible to determine which of the applicants choosing these options may have identified as trans or have a trans history and were successfully appointed.

Transgender	No. Applicants	Successful Applicants	Conversion Rate
Yes	233	8	3.4%
No	42256	2694	6.4%
Prefer not to say	331	18	5.4%
Not Declared	1608	91	5.7%

#### 4.1.7 Age

In 2023, people were employed from all the age ranges monitored in NHS Highland. The highest conversion rates were recorded in the 50-65+ age brackets. This can be partly attributed to the NHS retire and return scheme, (145 applications) where existing colleagues could leave their post, access their pension, and then return within 24 hours to their previous post or a new one. A new option was introduced in November 2023 called partial retirement, this affords the staff member the same opportunity to access their pension but there is no need to leave their post and rejoin. When the 2024 report is produced in June 2025 it will be possible to analyse the effect that this new scheme has had on the conversion rates below.

It is positive to note that a high number of under 20 applicants are successful in joining NHS Highland.

Further analysis is needed to understand the lower conversion rates for the 20-44 age brackets.

Age Band	No. Applicants	Successful Applicants	Conversion Rate
<20	647	105	16.2%
20-24	3673	275	7.5%
25-29	12714	367	2.9%
30-34	10005	403	4.0%
35-39	7098	355	5.0%
40-44	4666	338	7.2%
45-49	2099	276	13.2%
50-54	1648	321	19.5%
55-59	1023	237	23.2%
60-64	447	95	21.3%
65+	86	21	24.4%
DOB not given	322	18	5.6%
Grand Total	44428	2811	6.3%

#### 4.1.8 Pregnancy and Maternity

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



#### 4.1.9 Marriage and Civil Partnership

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

#### 4.1.10 Leavers

NHS Highland had 902 leavers in 2023.

- 32% related to retirement (289 employees)
- 28% were voluntary leavers (255 employees)
- 20% were defined as Other (186)
- 9% moved to new NHS employment within another Board (84)
- 5% accounted for Fixed Term Contracts ending (47)

A larger proportion of leavers are across Nursing/Midwifery, Medical and Administration Job Families. 102 of 251 Nursing/Midwifery leavers were related to retirement.

There is not currently an automated method of capturing protected characteristics of leavers within NHS Highland, therefore the data is not available to be published in this report. This will be investigated, and a solution sought for the 2024 report due to be published in June 2025.

## 5 Completion Of Training

The following mandatory training courses have been included in this analysis, based on completion rates as at 31<sup>st</sup> December 2023:

- Introduction to Equality, Diversity and Human Rights
- Fire Safety
- Hand Hygiene
- Infection Prevention and Control
- Moving and Handling Module A
- Public Protection
- Staying Safe Online
- Why Infection Prevention Matters

Of 13594 employees in eESS as of 31<sup>st</sup> December 2023, 13514 (99.4%) were successfully matched to training data available in TURAS. Of the matched 13514 employees, 2518 (18.6%) are Bank only.

Figures are shown in each table for all employees and substantive employees (i.e. excluding Bank only employees).

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

As at 31<sup>st</sup> December 2023, the completion rates for the whole organisation for the eight mandatory training courses included in this analysis are –

Course Name	Completion Rate
Introduction to Equality, Diversity and Human Rights	74%
Fire Safety	62%
Hand Hygiene	87%
Safe Information Handling	70%
Moving and Handling Module A	66%
Public Protection	66%
Staying Safe Online	45%
Why Infection Prevention Matters	85%

An average overall completion rate for the organisation is 69.3%.

### 5.1.1 Ethnic Origin

Based on the overall average completion rate given above (69.3%) it is reasonable to suggest the following ethnic groups are falling short of the organisations overall performance –

- Asian - Chinese, Chinese Scottish or Chinese British
- Asian - Indian, Indian Scottish or Indian British
- Asian - Pakistani, Pakistani Scottish or Pakistani British
- Caribbean or Black - Black, Black Scottish or Black British
- Other Ethnic Group - Arab, Arab Scottish or Arab British
- Other Ethnic Group – Other

Further analysis is needed to identify the areas where these colleagues work and understand whether the completion rates are related to their job type, geographical location or something else

such as a language barrier. A solution to investigating this information further will be sought and if successful, results will be included in the 2024 report due to be published in June 2025.

Ethnicity	All Employees		Substantive Employees	
	Headcount	Completion Rate %	Headcount	Completion Rate%
African - African, African Scottish or African British	57	64.5	40	70.3
African - Other	28	71.0	26	71.6
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<5	66.7	<5	66.7
Asian - Chinese, Chinese Scottish or Chinese British	18	31.3	11	42.0
Asian - Indian, Indian Scottish or Indian British	64	43.9	55	47
Asian - Other	101	72.4	84	76.6
Asian - Pakistani, Pakistani Scottish or Pakistani British	24	37.5	17	52.9
Caribbean or Black - Black, Black Scottish or Black British	5	57.5	<5	100
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	<5	100	<5	100
Caribbean or Black - Other	<5	0	0	N/A
Mixed or Multiple Ethnic Group	58	61.4	45	69.7
Other Ethnic Group - Arab, Arab Scottish or Arab British	17	50	16	53.1
Other Ethnic Group - Other	19	40.1	18	40.3
White - Gypsy Traveller	<5	87.5	<5	87.5
White - Irish	104	60.1	79	67.9
White – Other	582	67.4	437	74.1
White - Other British	1767	66.7	1345	74.2
White - Polish	87	77.3	70	81.1
White - Scottish	6879	71.2	5624	76.1
Not Declared	2451	67.4	2028	72.9
Prefer not to say	1245	70.4	1093	74.5

### 5.1.2 Disability

The performance rates for colleagues with a disability is higher than those without.

A review of NHS Highland training modules would be beneficial to ensure that they comply with the standards set out in the Web Content Accessibility Guidelines 2.2. These are an internationally recognised set of recommendations for improving accessibility. They explain how to make digital services, websites, and apps accessible to everyone, including users with impairments to their:

- Vision - like severely sight impaired (blind), sight impaired (partially sighted) or colour blind people.
- Hearing - like people who are deaf or hard of hearing.
- Mobility - like those who find it difficult to use a mouse or keyboard.
- Thinking and understanding - like people with dyslexia, autism or learning difficulties.<sup>3</sup>

Disability	All Employees		Substantive Employees	
	Headcount	Completion Rate %	Headcount	Completion Rate %
Yes	175	73.4	144	78.0
No	9474	69.3	7532	75.1
Prefer not to say	180	71.4	1649	74.4
Not Declared	2035	66.5	1671	72.6

### 5.1.3 Sex (Male or Female)

Both sexes are above the organisational average for completion of training, there is no evidence to suggest discrimination on the grounds of sex when it comes to access to training opportunities.

Sex (male or female)	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
	Headcount	Completion Rate %	Headcount	Completion Rate%
Female	11060	70.8	9056	75.4
Male	2454	62.1	1940	70.9

<sup>3</sup> [Understanding WCAG 2.2 - Service Manual - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

#### 5.1.4 Religion or Belief

Sikh, Hindu, and Muslim colleagues appear to have the lowest completion rates of the various religions or beliefs. Further analysis is needed to identify the areas where these colleagues work and understand whether the completion rates are related to their job type, geographical location or something else such as a language barrier.

Religion or Faith	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
	Headcount	Completion Rate %	Headcount	Completion Rate %
Buddhist	33	66.3	31	65.7
Christian - Other	1255	65.7	976	73.0
Church of Scotland	2192	70.3	1828	74.2
Don't Know	2779	67.9	2303	73.5
Hindu	43	40.4	39	44.6
Jewish	6	79.2	5	80.0
Muslim	71	48.9	59	55.9
No Religion	4453	71.5	3517	77.4
Other	199	67.1	152	71.7
Prefer not to say	1600	68.7	1374	73.5
Roman Catholic	877	69.1	706	74.7
Sikh	6	27.1	6	27.1

#### 5.1.5 Sexual Orientation

Colleagues who have declared themselves to be gay or gay/lesbian appear to have a slightly lower than average training completion rate.

Sexual Orientation	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
	Headcount	Completion Rate %	Headcount	Completion Rate %
Bisexual	128	69.0	95	78.2
Gay	33	59.8	26	66.8
Gay/Lesbian	80	63.0	59	68.2
Heterosexual	8874	69.8	7080	75.5
Lesbian	24	72.4	21	79.8
Other	29	68.5	25	71.0
Prefer not to say	1927	68.7	1683	72.8
Not Declared	2419	68.0	2007	73.4

### 5.1.6 Gender Reassignment

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

### 5.1.7 Age

It is interesting to note that the lower completion rates in the age category are at opposite ends of the scale, the under 20s and over 65s. It could be assumed that those over 65 may have lower levels of digital competency than colleagues in the other age ranges however this cannot be substantiated. Many of the under 20s in the organisation, work in areas such as domestic services, portering and catering. The location of their work means that it can be more challenging to access IT equipment than those who work in an office environment for example. This could be contributing to the lower than average completion rate, however it is worth noting that TURAS modules can be completed on devices such as mobile phones and iPads and perhaps this could provide a solution to the lack of IT infrastructure.

Age Band	All Employees		Substantive Employees	
	Headcount	Completion Rate %	Headcount	Completion Rate %
<20	113	62.9	54	64.6
20-24	610	68.8	386	79.7
25-29	1031	70.4	793	76.7
30-34	1332	68.7	1052	75.9
35-39	1404	68.4	1144	75.1
40-44	1495	70.9	1254	75.6
45-49	1500	70.5	1282	75.3
50-54	1934	72.9	1715	76.0
55-59	2018	69.9	1753	73.3
60-64	1441	68.6	1153	73.5
65+	636	53.3	410	61.1

### 5.1.8 Pregnancy and Maternity

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eSS (the Human Resource system) directly to assist in collection of this data.

### 5.1.9 Marriage and Civil Partnership

All marital statuses are above the organisational average for completion of training, there is no evidence to suggest discrimination on the grounds of marital status when it comes to access to training opportunities.

Marital Status	ALL EMPLOYEES		SUBSTANTIVE EMPLOYEES	
	Headcount	Completion Rate %	Headcount	Completion Rate %
Civil Partnership	169	71.4	122	78.7
Divorced	606	73.2	488	77.7
Married	6953	68.8	5799	73.8
Single	5713	69.3	4533	75.4
Widowed	73	65.6	54	69.2

## 6 Promotion

The tables on the following pages contain information relating to colleagues who have received an increase to their grade in 2023. Although this information can be indicative of promotion opportunities, it can also be attributed to an increase in grade due to other processes such as a job evaluation outcome or organisational change. Therefore, the information cannot be wholly associated with promotion opportunities and should be read in that context. The figures are for staff on Agenda for Change terms and conditions only and do not include Bank colleagues.

The % of staff with increased grade roughly reflects the composition of the workforce in each category therefore there does not appear to be a suggestion that particular groups are being discriminated against.

### 6.1.1 Ethnic Origin

Ethnicity	% of Substantive Workforce	% of Staff with Increased Grade
African - African, African Scottish or African British	0.1%	0.19%
African - Other	<0.1%	<0.1%
Asian - Chinese, Chinese Scottish or Chinese British	<0.1%	<0.1%
Asian - Indian, Indian Scottish or Indian British	0.2%	0.3%
Asian - Other	0.7%	1.3%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.1%	0.1%
Caribbean or Black - Black, Black Scottish or Black British	<0.1%	<0.1%
Don't Know	19.4%	16.6%
Mixed or Multiple Ethnic Group	0.4%	0.5%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.1%	0.1%
Other Ethnic Group - Other	0.1%	0.1%
Prefer not to say	10.7%	9.8%
White - Gypsy Traveller	<0.1%	0.01%
White - Irish	0.6%	0.6%
White - Other	3.2%	3.7%
White - Other British	11.3%	10.4%
White - Polish	0.4%	0.7%
White - Scottish	52.8%	55.8%

### 6.1.2 Disability

Disability	% of Substantive Workforce	% of Staff with Increased Grade
Yes	0.9%	0.4%
No	66.6%	71.1%
Don't Know	15.8%	14.6%
Prefer not to say	16.7%	13.8%



### 6.1.3 Sex (Male or Female)

Sex	% of Substantive Workforce	% of Staff with Increased Grade
Female	84.7%	85.5%
Male	15.3%	14.5%

### 6.1.4 Religion or Belief

Religion	% of Substantive Workforce	% of Staff with Increased Grade
Buddhist	0.1%	0.1%
Christian - Other	8.0%	7.3%
Church of Scotland	18.2%	15.4%
Don't Know	22.3%	20.0%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.2%	0.3%
No Religion	30.3%	34.5%
Other	1.2%	1.1%
Prefer not to say	13.1%	12.7%
Roman Catholic	6.4%	8.4%

### 6.1.5 Sexual Orientation

Sexual Orientation	% of Substantive Workforce	% of Staff with Increased Grade
Bisexual	0.6%	0.9%
Don't Know	19.3%	16.2%
Gay	0.2%	0.5%
Gay/Lesbian	0.3%	0.8%
Heterosexual	62.8%	66.3%
Lesbian	0.2%	0.3%
Other	0.2%	0.3%
Prefer not to say	16.4%	14.8%

### 6.1.6 Gender Reassignment

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

### 6.1.7 Age

Age	% of Substantive Workforce	% of Staff with Increased Grade
Under 20	0.13%	0.47%
20 - 24	2.65%	4.97%
25 - 29	6.76%	10.12%
30 - 34	9.65%	13.78%
35 - 39	10.16%	10.31%
40 - 44	11.15%	12.09%
45 - 49	11.57%	10.97%
50 - 54	16.01%	15.28%
55 - 59	16.66%	12.37%
60 - 64	11.44%	7.87%
65+	3.82%	1.78%

### 6.1.8 Pregnancy and Maternity

This information is not currently recorded. All training records are currently held in TURAS. The training and management system does not currently integrate across to eESS (the Human Resource system) directly to assist in collection of this data.

### 6.1.9 Marriage and Civil Partnership

Marital Status	% of Substantive Workforce	% of Staff with Increased Grade
Civil Partnership	0.8%	1.5%
Divorced	4.7%	4.2%
Married	53.6%	48.8%
Single	40.5%	45.1%
Widowed	0.5%	0.4%

## 7 Conclusion

It is important to acknowledge that collecting workforce data provides evidence to support Equality Outcomes and targeted actions to have “due regard” to the Public Equality Duty defined in the Equality Act 2010, Part 11, Chapter 1, Section 149:

- (a) Eliminate discrimination, harassment, victimization and any other conduct that is prohibited under the Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it;
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The NHS Highland Workforce Monitoring Report 2024, shows that:

- NHS Highland is a fair and equitable employer in terms of the nine protected characteristics with areas for further improvement identified.
- The data gathered fulfils our duty to report the requirements set out in the Equality Act 2010 General Duty and the Specific Duties Scotland Regulations 2012.
- The diversity data showed proportionate promotion and completion of training in all protected characteristics. This indicates an equal opportunities employer and promoting a non-discriminatory workplace.
- The diversity data provided is a tool to monitor impact and outcome for different groups of employees. It helps identify current and future needs and possible inequalities.
- Any gaps identified may be investigated to understand causes and solutions.

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. In an acknowledgement of the limitations on the currently available data for this report, gaps have been identified and remedial actions will be developed through the newly formed Equality, Diversity, and Inclusion Oversight Group.

NHS Highland will continue to work on improving the quality of data collected which will -

- Enable a more complete evidence-based approach to developing Equality Outcomes for 2025-2029.
- Contribute to the development of an Equality, Diversity, and Inclusion Strategy for the organisation.

- Enable more areas to be reported on in future Workforce Monitoring Reports, including leavers data and employee relations cases linked to protected characteristics.
- Support the development of an Employability and Health and Wellbeing Strategy for the organisation.
- Provide supporting evidence as to how EDI practices are mainstreamed within NHS Highland
- Aid the establishment of Staff Networks ensuring that staff with protected characteristics are supported within the organisation.

This is not an exhaustive list, NHS Highland will continue to review workforce data and identify how the organisation can improve the experience of staff with protected characteristics.

## 8 Equal Pay Statement

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Highland produced an Equality Outcomes and Mainstreaming Report in 2021. This contains an Equal Pay Statement on Page 32 and is available on the NHS Highland website at:

[NHS Highland Equality Outcomes and Mainstreaming Report 2021-2025 \(scot.nhs.uk\)](https://www.scot.nhs.uk/equality-outcomes-mainstreaming-report-2021-2025)

## 9 Recommendations

The NHS Highland Workforce Monitoring Report is a publication that can encourage better evidence-informed decision making with increased transparency and accountability that will lead to a real change. The NHS Highland Staff Governance Committee will be asked to endorse the content of the report.

## 10 Publicising The Report

The Workforce Monitoring Report 2024 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.

## 11 Comments and Feedback

All comments on the report will be warmly welcomed.

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