

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND



Hywel Dda University Health Board's

A Healthier Mid and West Wales Programme Business Case

Appendix 4: Key Workforce Findings





Hywel Dda University Health Board Key Workforce Findings (2021)

This document was prepared by the Centre for Local Economic Strategies (CLES) and sets out a quantitative analysis of workforce data, including:

- the representativeness of the workforce in relation to the makeup of the local community;
- employment patterns in relation to deprivation;
- any demographic disparities in terms of salary, employee-status, and employee progression, and opportunities where recruitment practice could be flexed to further enhance local resilience and deliver wider value.

The University Health Board is a significant local employer. Our workforce of approximately 14,300 staff represents approximately **10% of the total workforce** across all sectors of the economy in Carmarthenshire, Ceredigion, and Pembrokeshire¹. Combined with other public sector anchor organisations, this figure rises to **over 40%**, meaning that collectively anchor organisations have significant opportunities to utilise their role in employment to support their local communities and economy - both directly, through their own workforce practices and recruitment activities, and indirectly, through their wider influence in the local labour market.

Geography of employees

Of the 14,328 total University Health Board employees:

- 91% live in Wales; and
- 83% live in either Carmarthenshire, Ceredigion, or Pembrokeshire.

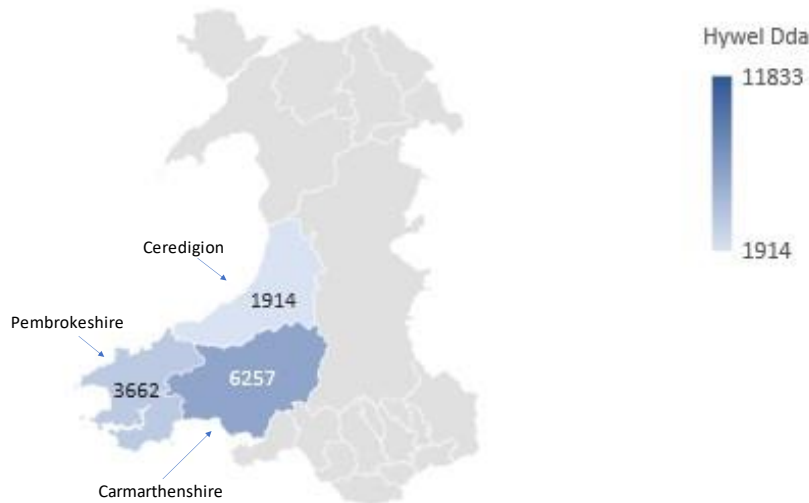
Table 1 below shows the numbers of University Health Board employees who live in each of our three local authority areas and what this figure represents as a percentage of all jobs in that local authority area.

Table 1 – Number of Hywel Dda UHB employees who live in each local authority area and as a percentage of total employment by local authority area.

	Hywel Dda	Total employment	Hywel Dda employees as a % of total employment
Carmarthenshire	6257	54500	11.48%
Ceredigion	1914	24200	7.91%
Pembrokeshire	3662	39100	9.37%
Totals	11833	117800	10.04%

¹ Based on Business Register Employment Survey (BRES), Office for National Statistics data.

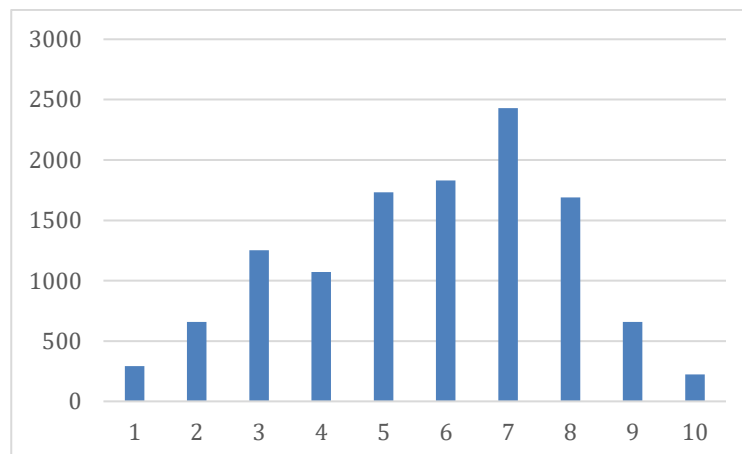
Figure 1 – Number of Hywel Dda UHB employees who live in each local authority area



Looking into this at a more granular level, we can analyse the distribution of the Hywel Dda UHB employees who live within Carmarthenshire, Ceredigion, and Pembrokeshire by Welsh Index of Multiple Deprivation (WIMD) decile. This is shown in Table 2 and Figure 2 below (where 1 represents the most deprived and 10 the least).

Table 2 and Figure 2 – Hywel Dda UHB employee location deprivation decile

WIMD Deprivation Decile	Number of employees
1	292
2	657
3	1251
4	1073
5	1732
6	1830
7	2429
8	1690
9	657
10	222
Total	11833



Of the total workforce, 2% (292) live in the 10% most deprived areas in Wales, and 7% (949) in the 20% most deprived areas in Wales. To understand this in more granular detail we have analysed the number of Lower Layer Super Output Areas (LSOAs) in each decile across the University Health Board’s geographical footprint and calculated the percentage of overall population comprised by the University Health Board workforce, based on the standard LSOA population size of 1500.

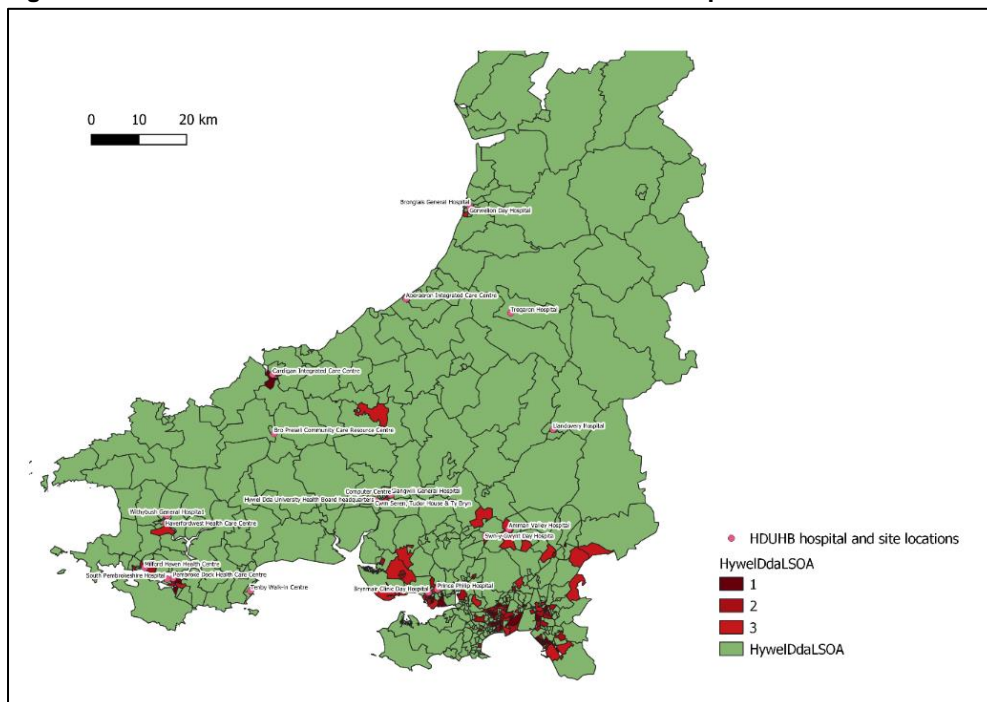
Table 3 – HDUHB employees as a percentage of the population by WIMD decile

WIMD Deprivation Decile	Number of LSOAs in this decile	Number of employees	HDUHB employees as % of the population in these LSOAs
1	10	292	1.95%
2	12	657	3.65%
3	22	1251	3.79%
4	25	1073	2.86%
5	43	1732	2.69%
6	37	1830	3.30%
7	42	2429	3.86%
8	26	1690	4.33%
9	10	657	4.38%
10	2	222	7.40%
Total	229	11833	

This shows a disproportionate distribution of University Health Board employees, with the 30% least deprived LSOAs having a higher percentage of University Health Board employees and the 10% most deprived a lower percentage. This suggests that there would be merit in exploring a targeted employment strategy which seeks to develop a jobs pipeline from areas of greater disadvantage.

The map below shows the locations of each Hywel Dda University Health Board site relative to the most 30% deprived LSOAs.

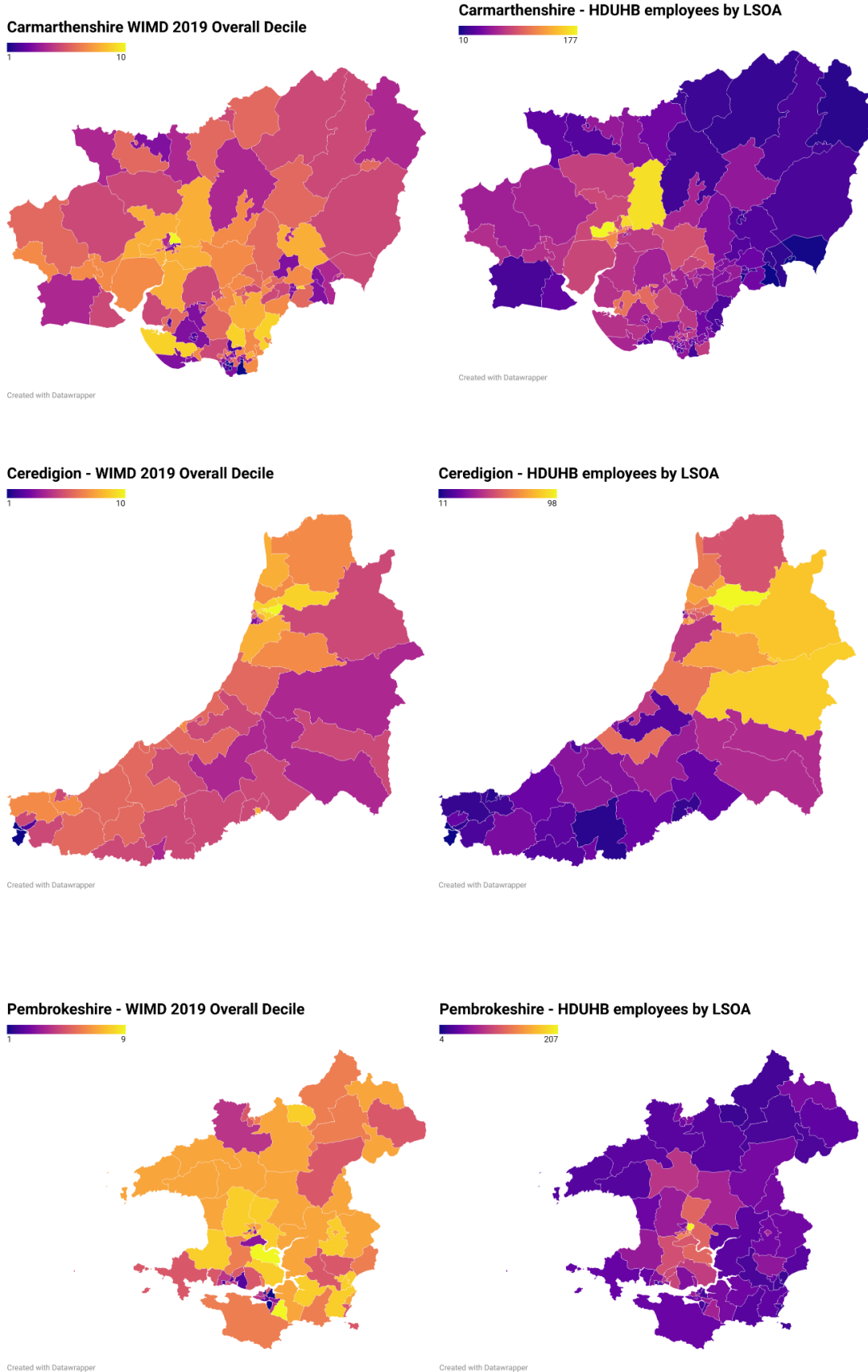
Figure 4 – Health Board site locations relative to 30% most deprived LSOAs





The maps below show the WIMD deciles for each LSOA, by local authority area, and the corresponding numbers of University Health Board employees who reside in those LSOAs.

Figure 5 – WIMD deciles and health board employment by LSOA for each local authority area





The following University Health Board sites have a relatively close proximity to LSOAs with higher levels of overall deprivation:

- Amman Valley Hospital
- Bronglais General Hospital
- Brynmair Clinic Day Hospital
- Cardigan Integrated Care Centre
- Gorwelion Day Hospital
- Pembroke Dock Health Care Centre
- Prince Philip Hospital
- South Pembrokeshire Hospital
- Swyn-y-Gwynt Day Hospital

Employee demographics

The following sections look in more granular detail at the gender and ethnicity profiles of the University Health Board’s workforce.

Ethnicity

As can be seen from Table 4, below, the workforce is broadly reflective of communities in the wider population within the Hywel Dda geographical footprint, with an over-representation of employees who identify as Asian or Asian British, particularly for medical staff, consistent with broad trends across the NHS in the UK.

Table 4 – ethnicity profile compared to the wider population

	Workforce	Population
White	89.1%	95.6
Mixed	0.7%	1
Asian or Asian British	3.5%	2.3
Black or Black British	0.9%	0.6
Other/Unknown	5.8%	0.5

This trend is consistent when looking at ethnicity by pay range, reflecting the larger proportion of non-white workforce in for example, registrar and consultancy positions.

Figure 6 – ethnicity profile by salary range

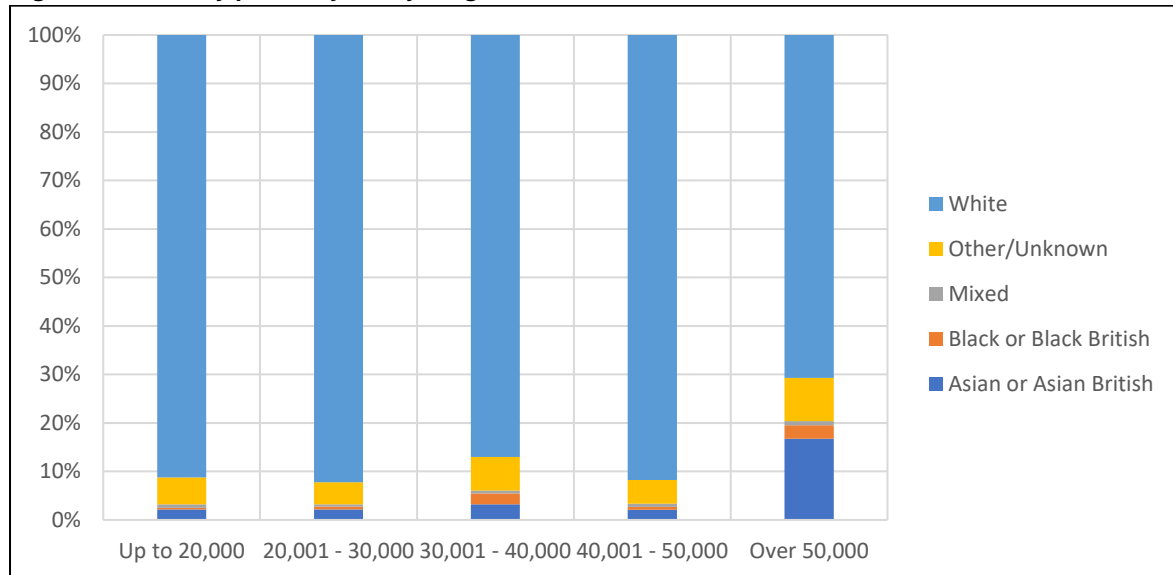
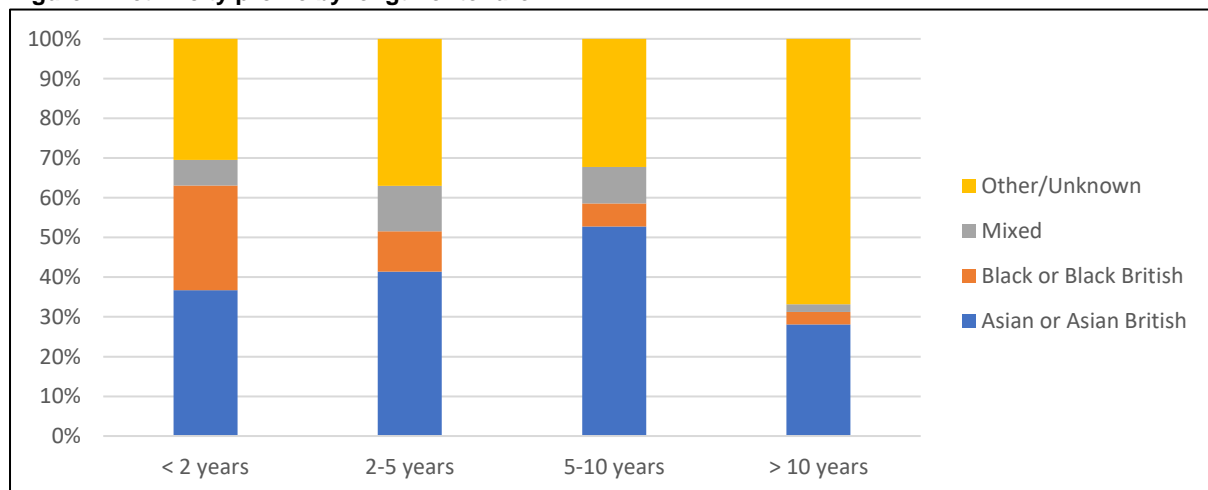


Figure 7 below shows the relative proportion of non-white employees by length of tenure. The data shows a declining proportion of employees who identify as black or black-British when length of tenure increases from less than 2 years. This suggests that attention is potentially needed not just into targeted recruitment, but also in relation to retention and progression for this part of the workforce. Such measures have already been prioritised by the University Health Board, including the establishment of BAME champions and mentoring initiatives, and the success of these initiatives should continue to be monitored by analysing any changes in the workforce profiles over time.

Figure 7 – ethnicity profile by length of tenure

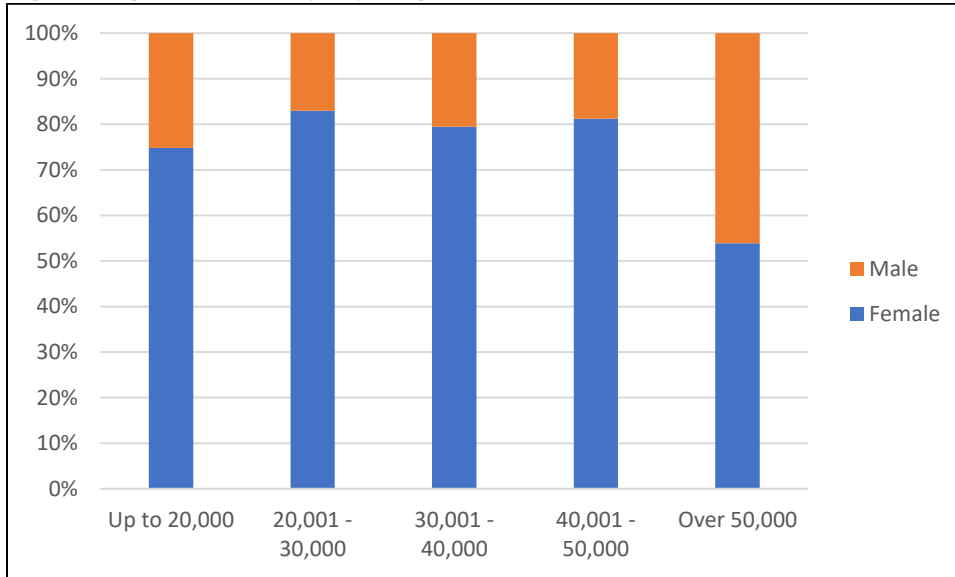


Gender

The overall gender ratio of the Hywel Dda University Health Board workforce is 77:23 female to male. This is consistent with UK wide NHS figures in terms of an overall over-representation of the female workforce when compared to the general working age population – which, in Wales, is composed of 50.1% females (50.7% for the three local authority areas which comprise the University Health Board’s geographical footprint).

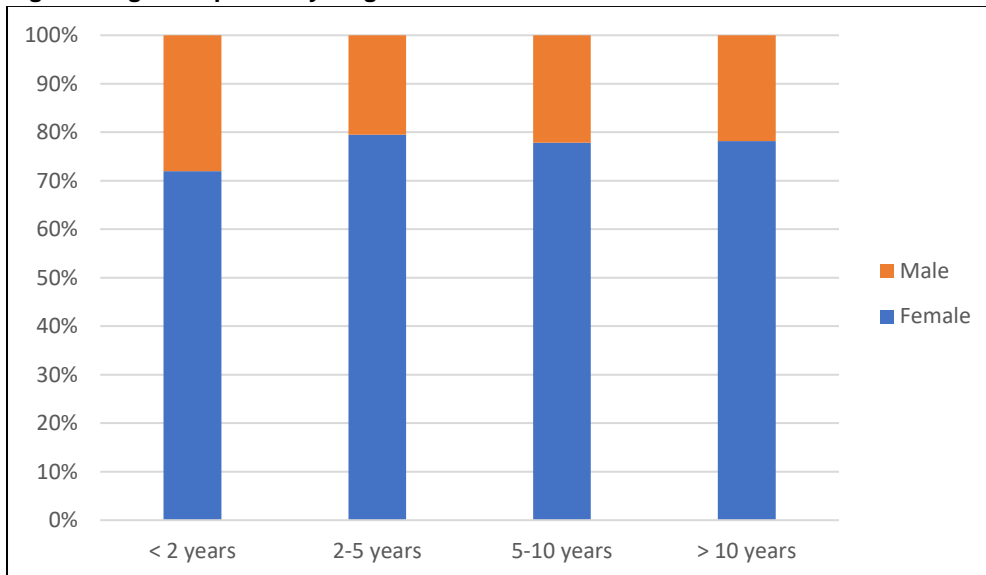
As can be seen from Figure 8 below, female staff are significantly over-represented in all pay ranges below £50k pa.

Figure 8 – gender profile by pay range



As can be seen from Figure 9, below, the gender profile is not significantly influenced by length of tenure.

Figure 9 – gender profile by length of tenure



Summary

HDUHB faces a number of demographic challenges with its workforce. While lower band roles tend to be heavily oversubscribed (in particular since the pandemic), the University Health Board has difficulty in recruiting enough doctors and nurses, in particular in the rural principal areas of Pembrokeshire and Ceredigion. Another issue is an ageing workforce, which poses a threat to the workforce in 20 years' time if more young people are not



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recruited. The under-representation of Welsh speakers, men (in certain roles such as nursing) as well as of ethnic minority communities (in the non-medical parts of the workforce) are further challenges.