| | | | |
|---|---|---|---|
| **Meeting Date** | **28 October 2021** | **Agenda Item** | **2.2** |
| **Report Title** | **Outcome of *Changing for the Future* Engagement** | | |
| **Report Author** | Joanne Abbott-Davies, Assistant Director of Strategy and Partnerships<br>John Underwood, Executive Director, Freshwater UK | | |
| **Report Sponsor** | Siân Harrop-Griffiths, Director of Strategy | | |
| **Presented by** | Siân Harrop-Griffiths, Director of Strategy<br>John Underwood, Executive Director, Freshwater UK | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | The 'Changing for the Future' engagement programme sought the views of patients and public, staff and stakeholders on a set of proposals to make a series of permanent changes to the way in which urgent and planned care services are delivered across the Swansea Bay area. This report summarises the findings of the engagement programme and makes recommendations for next steps. | | |
| **Key Issues** | The total number of people involved in this engagement programme made it the largest health engagement on service changes ever to be undertaken in Swansea Bay. Almost 8,000 people visited the engagement website, of whom over 1,250 completed the online engagement questionnaire either in English or in Welsh. Many other organisations and individuals made contributions in other ways, for example through commenting at meetings and writing with their views.<br><br>Key qualitative and quantitative findings from the engagement programme and online survey were as follows:<br><br>• Almost 90% of respondents supported the general principle of creating three centres of excellence at Morriston, Singleton and Neath Port Talbot hospitals, with each having different and distinct roles.<br>• The most important challenge facing the NHS in Swansea Bay from the public's point of view was tackling waiting times. | | |

<table>
<tr><td></td><td colspan="4">

- A substantial majority of respondents favoured separating planned and emergency care services or at least of exploring that possibility.
- Most respondents were in favour of the proposals to expand digital services although there were concerns that other options also needed to be offered.

</td></tr>
<tr><td rowspan="2">Specific Action Required<br>(please choose one only)</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>☐</td><td>☐</td><td>☐</td><td>☒</td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:<br><br>

- Note the findings of the engagement programme.
- Approve the proposal to proceed with the service proposals, as outlined in the engagement document.
- Approve further work on the future provision of hydrotherapy and blood tests as well as the other services where the engagement process asked the public for views to inform the Health Board’s future plans.
- Approve further work on the mitigations outlined in **Appendix B** including most importantly the travel and transport concerns raised during the engagement programme, through partnership working with local transport providers, the voluntary sector, and local authorities. This to include exploring the possibility of improving transport links between the health board’s various hospital sites.
- Agree that proposals will be presented to the Board at a future meeting regarding how a new co-productive partnership with the public and staff can be developed.
- Agree that the Changing for the Future branding should be used for Swansea Bay’s continuing transformation plans going forward.

</td></tr>
</table>

## OUTCOME OF "CHANGING FOR THE FUTURE" ENGAGEMENT

### 1. INTRODUCTION

This report provides the summary of the outcome from the "Changing for the Future" engagement, conducted by Swansea Bay University Health Board, in partnership with the Swansea Bay Community Health Council, between 26th July and 1st October 2021. A summary of the engagement responses is attached as **Appendix A**. The full engagement report is available for Board members and has been provided to the Community Health Council.

The engagement, 'Changing for the Future', sought to obtain the widest possible range of views and opinions on a set of outline proposals to make a series of permanent changes to the way in which urgent and planned care services are delivered across the Swansea Bay area.

The programme also considered the fact that some of the proposed changes will also mean change for residents in the Hywel Dda University Health Board area and those in the southwest part of the Powys Teaching Health Board.

### 2. BACKGROUND

Central to the proposals outlined in Changing for the Future is the evolution of hospital services in the region to develop our three main hospitals (Morriston, Singleton and Neath Port Talbot) as 'centres of excellence' for different types of care, for the whole of the Swansea Bay population. This is based on looking at the skills and resources in place now, as well as planning for the best way to allocate resources in future.

The health and care system in the Swansea Bay area faces several significant challenges. These include:

- Significant local health inequalities
- A growing and ageing population
- Health problems arising from poor lifestyle choices (smoking, alcohol etc.)
- The prevalence of long-term illness
- Difficulties in recruiting health and care staff
- Financial challenges

In addition, several other areas have been highlighted in recent years that suggest the need for change in the way services are organised and delivered in the three main Swansea Bay hospitals. These include:

- Consistent feedback about poor patient experience in some services
- Continuing problems with achieving acceptable waiting times for urgent and emergency care
- Hospital stays being too long, with an increase in delayed discharges

- Poorer outcomes for older patients if they are treated in hospital rather than at home because of the confusion, upset and deterioration in physical fitness that can result
- Increased cancellations of planned treatments leading to longer waiting times
- Lack of adequate progress in cancer care against national and international benchmarks

The past year-and-a-half has also brought with it a set of very particular challenges relating to the way in which the NHS has had to adapt to and address the realities of the COVID-19 pandemic. The accelerated way in which some service changes have been introduced across the health board area has meant that health and care teams have had to adapt in a short space of time. Many of the changes made, such as the rapid expansion of digital healthcare, have been shown to be effective and so the health board is now looking to embed them permanently.

The proposals for change outlined in the engagement have been driven by a desire to:

- Improve access to high quality care
- Improve outcomes for patients
- Reduce waiting times
- Provide access to treatment when it is needed, particularly emergency and urgent care
- Shift our resources towards earlier intervention through primary care and community care
- Rejuvenate our hospitals by giving each of them a clear role within our care system
- Deliver maximum value from the resources available to us and attracting additional funding
- Ensure NHS staff feel supported

The Changing for the Future programme has a number of goals, as reflected in the health board's Annual Plan for 2021-22, and in line with its Clinical Services Plan, to ensure the local NHS:

- makes the best use of existing resources and attracts new investment
- supports people to manage their own conditions and symptoms better
- embraces modern technology
- encourages and supports new ways of working
- empowers a health and care workforce that feels supported
- financially sustainable

It proposes the development of our main hospitals as specialist centres of excellence as follows:

- Morriston will be the centre of excellence for urgent and emergency care, specialist care and regional surgical services for Swansea Bay, including complex medical interventions.
- Singleton will be a centre of excellence for planned care, cancer care, maternity and diagnostics.

- Neath Port Talbot will be a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

The engagement programme also sought public and staff opinion on several other issues which the Health Board believes it has an opportunity to change, including blood tests, hydrotherapy, outpatient therapies, a new renal dialysis unit for Neath Port Talbot, outpatients, integrating mental and physical health services and prehabilitation services.

## 3. ENGAGEMENT FINDINGS

We asked engagement respondents a series of multiple-choice questions and sought their qualitative responses on the key engagement issues. Key findings were as follows:

- Almost 90% of respondents supported the general principle of creating three centres of excellence at Morriston, Singleton and Neath Port Talbot.
- We found a desire on the part of respondents to prioritise 24/7, consistent care at our three main hospitals.
- There was a sense that the most important challenge facing the NHS in Swansea Bay was tackling waiting times.
- Almost 85% of respondents were either in favour of separating planned and emergency care services or at least of exploring that possibility.
- Over 90% of respondents agreed or strongly agreed with the proposition that healthcare should be local where possible and specialist where necessary.
- Most respondents were in favour of the proposals to expand digital services across the health board area, with many stating they were a *"good"* or *"excellent"* idea and that digitalisation was "*the way forward*", although there was concern that there were alternatives for those who needed them.
- There was a sense of support for more appointments by telephone or video link but with the proviso that face-to-face appointments should be available too.
- Respondents to the survey were overwhelmingly in favour of proposals to develop a new Hyper Acute Stroke Unit (HASU), with a number suggesting that the proposals were *"long overdue"* and would help save lives.
- A significant response theme involved concern about transport and access to services that might be moved as part of creating centres of excellence. There were several comments about the affordability of transport, both private and public, poor public transport links, congested road networks and the availability of parking.
- Some concerns were raised about the proposal not to re-open the Minor Injuries Unit at Singleton Hospital, particularly in relation to location, transport, and access, but there was also some confusion in responses over where people thought minor injuries would be provided.

The clear, overall response to the health board's recommendations – as outlined in the engagement document – would suggest the health board should proceed with the proposals contained in the "Changing for the Future" engagement document subject to appropriate mitigation in certain areas where concerns were raised. These included the cost and availability of public transport and the difficulty and cost

of private transport as well as the need to demonstrate that the changes would be implemented with care. A table outlining the mitigations proposed is attached as **Appendix B**.

## 4. GOVERNANCE AND RISK ISSUES

In conducting this engagement, the Health Board has followed the Welsh Government's guidance on engaging and consulting on service change, in partnership with the Swansea Bay Community Health Council, and ensured the Strategic Framework for engagement and consultation agreed between the Health Board and the Community Health Council has been applied in relation to this engagement programme.

A Stage 1 Equality Impact Assessment was produced and made available to the public as part of the engagement programme. Feedback from the engagement on equality impacts have been identified and are reflected in the Stage 2 Equality Impact Assessment attached as **Appendix C**.

## 5. FINANCIAL IMPLICATIONS

Implementation of the plans included in "Changing for the Future" depend in some cases on the availability of capital funding – some of which will be prioritised from the Health Board's discretionary capital programme, and some of which will be subject to capital funding being allocated by Welsh Government. Some of these funds have been the subject of bids already, subject to the outcome of this engagement, so as to reduce delays in implementing changes as appropriate.

The revenue consequences of these schemes have been factored into the Health Board's revenue plans as part of its annual planning process for 2021-22, and where necessary will be included in our Recovery and Sustainability Plan for 2022-25.

## 6. WAY FORWARD

Board members will want to ensure that they can oversee the changes proposed in Changing for the Future engagement being implemented, and therefore it is proposed that reports will be presented to the Board in January 2022 and May 2022 outlining the progress made with implementation and any outstanding elements. The Management Board will oversee delivery against the planned changes monthly from November, and Board Development sessions will also be used as required to discuss key issues and inter-relationships of these plans to ensure they are implemented at pace, but with care and consideration.

The Health Board has demonstrated its commitment through the Changing for the Future engagement programme to work with its patients, staff, stakeholders, and the public on changing its services to provide high quality care and improved outcomes for patients. However, the Board wants to build on this work to develop an open and co-productive partnership going forward with all its stakeholders, including the development of a set of pledges for patients and staff outlining the expectations they can have of the Health Board in relation to the services they receive or provide. The Health Board is developing these proposals and will present them to the Board for consideration.

This engagement has rejuvenated the transformation process for health services in Swansea Bay, which will need to be built upon as part of the Health Board's preparation of its Recovery and Sustainability Plan for 2022-25. It is proposed that the tagline Changing for the Future should continue to be used for this continuing transformation of Health Services in Swansea Bay.

## 7. RECOMMENDATION

Members are asked to:

- Note the findings of the engagement programme.
- Approve the proposal to proceed with the service proposals, as outlined in the engagement document.
- Approve further work on the future provision of hydrotherapy and blood tests as well as the other services where the engagement process asked the public for views to inform the Health Board's future plans.
- Approve further work on the mitigations outlined in **Appendix B** including most importantly the travel and transport concerns raised during the engagement programme, through partnership working with local transport providers, the voluntary sector, and local authorities. This to include exploring the possibility of improving transport links between the health board's various hospital sites.
- Agree that proposals will be presented to the Board at a future meeting regarding how a new co-productive partnership with the public and staff can be developed.
- Agree that the Changing for the Future branding should be used for Swansea Bay's continuing transformation plans going forward.

**Appendix B**

**Mitigations Proposed in Response to the Changing for the Future Engagement**

| Issue Raised in Engagement | Mitigation Proposed |
|---|---|
| Concern about transport and access to services that might be moved as part of creating centres of excellence. There were several comments about the affordability of transport, both private and public, poor public transport links, congested road networks and the availability of parking. | That a new approach is taken to travel planning to support these service changes, including working with partners to improve the interconnections of public transport between sites and also with the third sector to provide alternative transport options. |
| That introducing a digital first approach should not replace other options for patients to access services, including face-to-face opportunities | That the Health Board will ensure that whenever digital solutions are implemented, alternative mechanisms are also introduced alongside these to ensure that individual needs can be met. |
| That service changes should be implemented with care and consideration to ensure that the benefits identified are realised. | That the Health Board will introduce a "triple lock" system for all proposed changes prior to implementation – with the Clinical leaders signing off implementation plans, alongside those of the relevant Hospital's Management Group, followed by the Management Board of the Health Board which has representation from clinical and non-clinical leaders from across the organisation to ensure that implementation plans are robust and will deliver the benefits anticipated. |
| Responses from BAME communities in particular are low. | The BAME Outreach workers funded by Welsh Government will build on their work over the past few months to develop a wider range of alternative ways for BAME communities to be involved and able to influence the Health Board's plans. |
| Concern about access to Minor Injuries Services across Swansea Bay. The engagement demonstrated that there was some confusion over where Minor Injuries Services will be provided in future. There were some views that they should be provided in NPTH (where there is already a MIU) and that they shouldn't only be provided in NPTH (there will also be a MIU at Morriston) as well as views that all our hospitals should have MIUs and that they should be provided in GP surgeries. | That the Health Board will reiterate in all its communications and information sources that people can attend MIU at either NPTH or Morriston, recognising that waiting times at the former may be quicker. Furthermore, the Health Board will discuss with GP Clusters any potential for Minor Injury services to be provided more locally. |

| Governance and Assurance | | |
|---|---|---|
| **Link to Enabling Objectives** ***(please choose)*** | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | |
| | Partnerships for Improving Health and Wellbeing | ☒ |
| | Co-Production and Health Literacy | ☒ |
| | Digitally Enabled Health and Wellbeing | ☒ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☒ |
| | Partnerships for Care | ☒ |
| | Excellent Staff | ☒ |
| | Digitally Enabled Care | ☒ |
| | Outstanding Research, Innovation, Education and Learning | ☐ |
| **Health and Care Standards** | | |
| ***(please choose)*** | Staying Healthy | ☒ |
| | Safe Care | ☒ |
| | Effective Care | ☒ |
| | Dignified Care | ☐ |
| | Timely Care | ☒ |
| | Individual Care | ☐ |
| | Staff and Resources | ☒ |
| **Quality, Safety and Patient Experience** | | |
| These engagement proposals for changes in services have been driven by the desire to improve access to high quality care and improve outcomes for patients. The changes proposed will be implemented carefully to ensure these benefits are realised. | | |
| **Financial Implications** | | |
| Implementation of the plans included in "Changing for the Future" depend in some cases on the availability of capital funding – some of which will be prioritised from the Health Board's discretionary capital programme, and some of which will be subject to capital funding being allocated by Welsh Government. The revenue consequences of these schemes have been factored into the Health Board's revenue plans as part of its annual planning process for 2021-22, and where necessary will be included in our Recovery and Sustainability Plan for 2022-25. | | |
| **Legal Implications (including equality and diversity assessment)** | | |
| A Stage 1 Equality Impact Assessment was produced and made available to the public as part of the engagement programme. Feedback from the engagement on equality impacts have been identified and are reflected in the Stage 2 Equality Impact Assessment. | | |
| **Staffing Implications** | | |
| Any staff affected by the changes proposed in this engagement will be subject to the All-Wales Organisational Change Process. | | |
| **Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)** | | |
| The engagement proposals have been developed to take account of the Wellbeing of Future Generations (Wales) Act 2015, including the five ways of working. | | |
| **Report History** | None | |
| **Appendices** | Appendix A – Summary of engagement outcomes<br>Appendix B – Table of proposed mitigations | |

| | |
|---|---|
| | Appendix C – Stage 2 Equality Impact Assessment<br><br>Also available are the:<br>• Full Engagement Outcomes Report<br>• Detailed quantitative response report<br>• Detailed qualitative response report<br>• Written engagement submissions<br>• Full data set for responses from SA9/SA10/SA11 postcode areas (Powys THB area)<br>• Full data set for responses from SA14/SA15/SA16 postcode areas (Hywel Dda UHB area)<br>• Transcripts of online engagement meetings<br>• Public comments on social media posts<br>• Stakeholder engagement plan |

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Bae Abertawe

Swansea Bay University Health Board

Engagement summary

# Changing for the Future

Our plans for Changing Urgent and Planned Care Services following COVID-19

Public Engagement: 26 JULY - 1 OCTOBER 2021

## Background

The ‘Changing for the Future’ engagement programme sought the views of patients, public, staff and stakeholders, on a set of outline proposals to make a series of permanent changes to the way in which urgent and planned care services are delivered across the Swansea Bay area following the COVID-19 pandemic.

The engagement took place over a ten-week period from July 26 to 1 October 2021.

### Principles for change

The seven core principles behind Changing for the Future were:

| | |
|---|---|
| 1 | Health services should be local where possible and specialist where necessary |
| 2 | We should adopt a single system approach to health and social care that ensures patients have an unbroken journey of care across the breadth of NHS services |
| 3 | Care should be delivered in the right place, by the right person, at the right time |
| 4 | Whenever it is safe to do so, patients should receive care in or close to their homes |
| 5 | We should have regional and local collaboration to ensure that services meet the real needs of patients |
| 6 | We should have regional and local collaboration to ensure that services meet the real needs of patients |
| 7 | We should ensure that our three main hospital sites provide a consistent level of care 24 hours a day, seven days a week, wherever necessary and appropriate |

## Three Centres of Excellence

Central to the proposals outlined in the engagement document was the evolution of hospital services towards three centres of excellence, each specialising in different types of care.

| Morriston hospital | Singleton hospital | Neath-Port Talbot hospital |
|---|---|---|
| Morriston will be the **centre of excellence for urgent and emergency care**, **specialist care and regional surgical services** for Swansea Bay, including complex medical interventions.<br><br>In line with proposals for our other main hospitals, planned care at Morriston will be confined to complex operations and those where the patient needs intensive or high dependency care, with other less complex operations being carried out in the other main hospitals. | Singleton will be a **centre of excellence for planned care, cancer care, maternity and diagnostics**. The COVID-19 pandemic has had a particularly significant impact on planned care services which have necessarily temporarily taken a 'back seat' to the urgent demands on the NHS to manage the huge challenges created by the pandemic.<br><br>Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment. | Neath Port Talbot hospital will be a **centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology**.<br><br>Orthopaedic and spinal care services have been stretched by the pandemic and the need to focus on primary, urgent and emergency care. Likewise waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee, hip or back surgery. SBUHB has recognised a need to take steps to address the problems and improve the situation for patients and staff. |

## Participation

The programme attracted an unprecedented level of public, staff and stakeholder engagement. The total number of people involved in this engagement programme made it the largest NHS engagement ever to be undertaken in Swansea Bay.

**7,793** website visitors

**1,267** survey completions

**200,000 +** social media reach

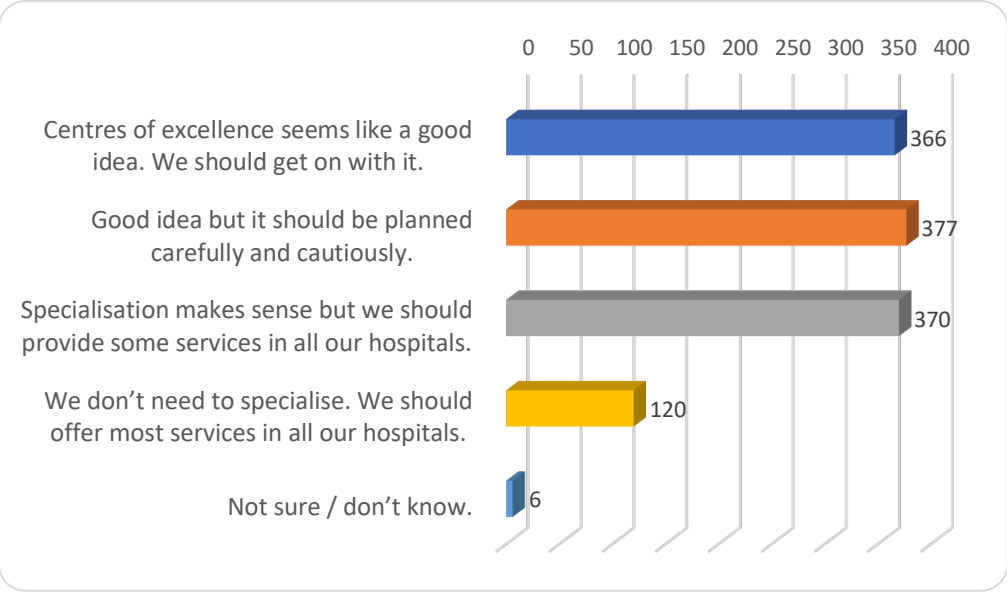
2 shopping centre days

6 online meetings

(4 public, 2 staff)

## Key findings

Key qualitative and quantitative findings from the engagement programme and online survey were as follows:




### Centres of Excellence

Almost 90% of respondents supported the general principle of creating three centres of excellence at Morriston, Singleton and Neath Port Talbot.

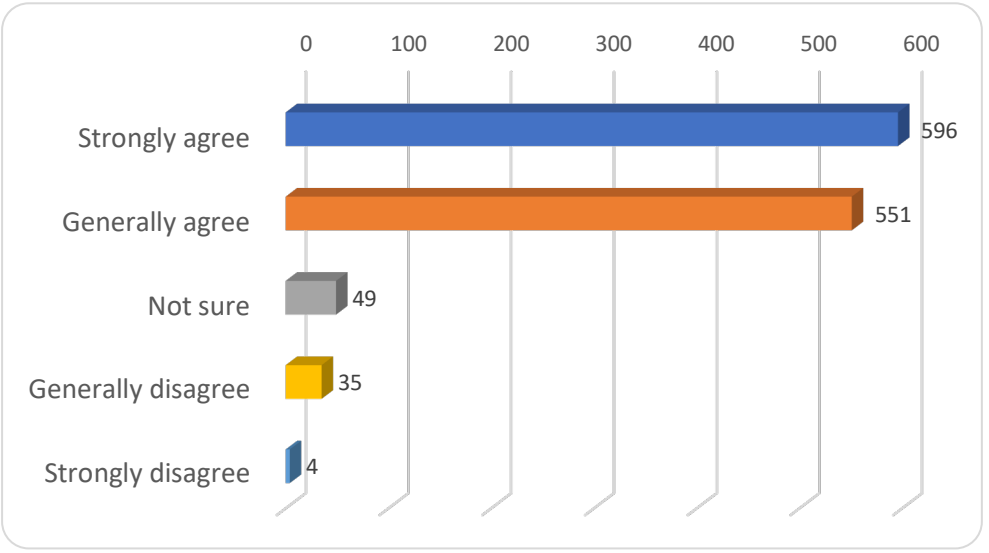
# 89.8% positive

- We found a desire on the part of respondents to prioritise 24/7, consistent care at our three main hospitals.
- There was a sense that the most important challenge facing the NHS in Swansea Bay was tackling waiting times.

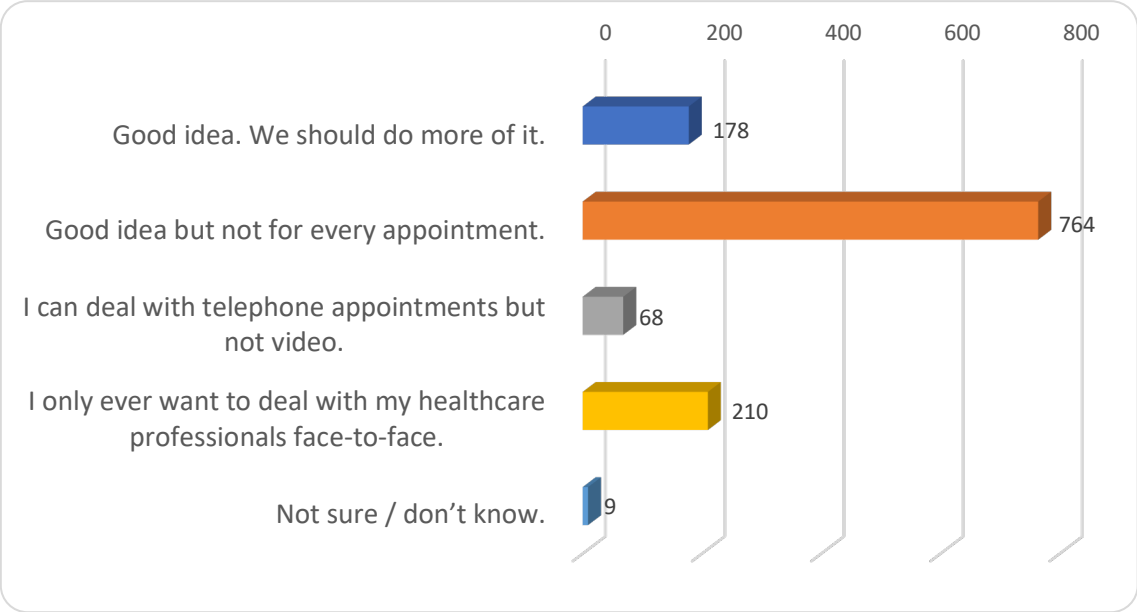
## Local where possible, specialist where necessary

Over 90% of respondents agreed or strongly agreed with the proposition that healthcare should be local where possible and specialist where necessary.

# 92.9% positive




- A significant response involved concern about transport and access to services that might be moved as part of a more specialised and centralised approach. There were several comments about the affordability of transport, both private and public, poor public transport links, congested road networks and the availability of parking.
- Some concerns were raised about the proposal not to re-open the Minor Injuries Unit at Singleton hospital, particularly in relation to location, transport and access.




## Online/digital services

Most respondents were in favour of the proposals to expand digital services across the health board area, with many stating they were a "*good*" or "*excellent*" idea and that digitalisation was "*the way forward*".

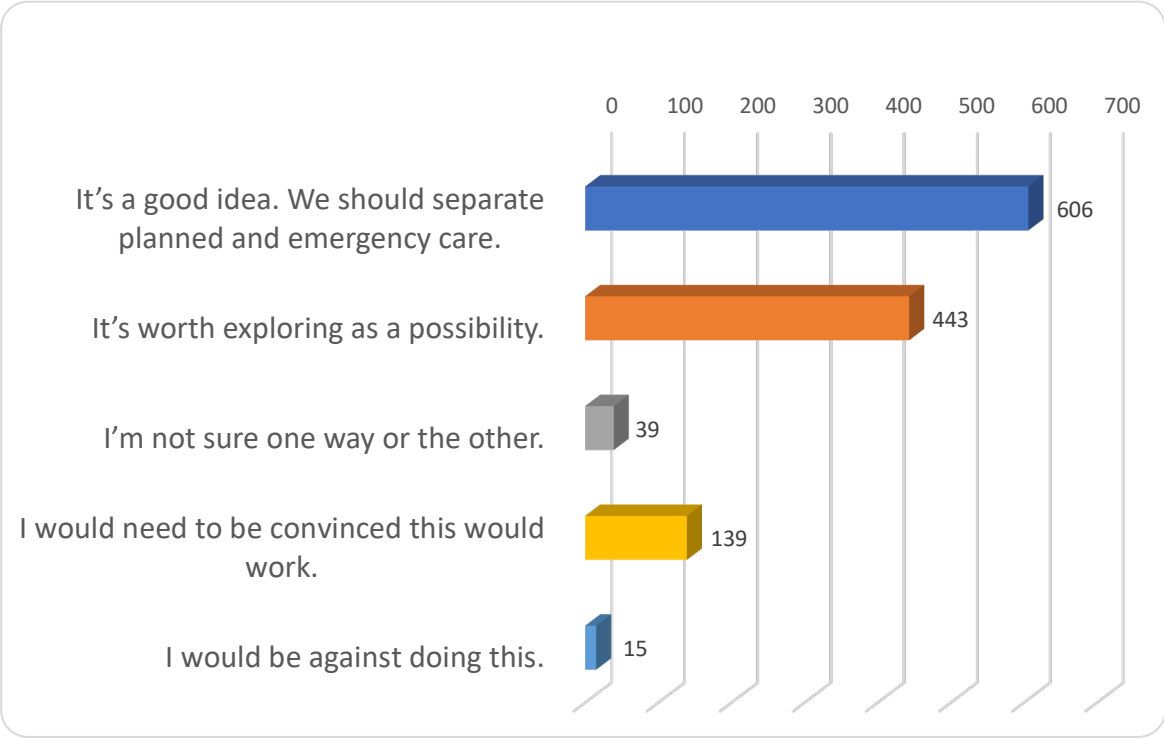
# 76.6+% positive

- There was a sense of support for more appointments by telephone or video link but with the proviso that face-to-face appointments should be available too.
- Respondent to the survey were overwhelmingly in favour of proposal to develop a new Hyper Acute Stroke Unit (HASU), with a number suggesting that the proposals were "long overdue" and would help save lives.

## Separating planned and emergency care

Almost 85% of respondents were either in favour of separating planned and emergency care services or at least of exploring that possibility.

# 84.5% positive




For a full breakdown of responses submitted to our survey, and a more in-depth analysis, as well as a detailed overview of the written responses received, please visit the engagement microsite via the link below where you will find the full report and all appendices.

Visit microsite

## Conclusion

‘Changing for the Future’ was a particularly substantial engagement programme that sought public and staff views on outline proposals to make a series of permanent changes to the way in which urgent and planned care services are delivered across the Swansea Bay area.

Central to the proposals outlined in the public engagement document was the evolution of hospital services towards three centres of excellence at Singleton, Morriston and Neath Port Talbot hospitals for different types of care.

We are grateful for the insights provided in the many responses received and take note of concerns expressed on issues such as transport and the need to proceed with service changes in a careful and measured fashion.

Our overriding observation, however, was that there was a clear positive response to these proposals.

# Swansea Bay University Health Board

# Changing for the Future

## Our plans for changing urgent and planned care services following COVID

## Equality Impact Assessment - Stage 2

## Post-engagement analysis

**Post engagement analysis following the public engagement process on Changing for the Future which run from 26 July to 1 October 2021.**

**Assess the impact of the proposed service changes to make each of our main hospitals a centre of excellence for different services, serving the whole of Swansea Bay, and in some cases South Powys and Hywel Dda areas, as part of a network of specialist healthcare provision.**

# Contents

## List of Tables

## List of Figures

# Changing for the Future – Our plans for changing urgent and planned care services following COVID
# Equality Impact Assessment - Stage 2

## 1. Introduction

The purpose of this document is to identify and assess the equality impacts of the proposed service changes contained within the engagement document Changing for the Future arising from the Annual Plan 2021-22, in line with the Health Board's Clinical Services Plan 2019-2024 and Organisational Strategy 2019-2029.

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. There is a specific duty in Wales to assess the impact of existing and new services or policies on each of the nine protected characteristics[1] in order to:

- Eliminate unlawful discrimination.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Equality is about making sure people are treated fairly. It is not about treating everyone in the same way but recognising that everyone's needs are met in different ways. Our age, disability, faith or belief, gender, race, sexual orientation, being married or in a civil partnership, being transgender, being pregnant or our socioeconomic position should not disadvantage us. These different characteristics are protected under the Equality Act 2010.

At Swansea Bay University Health Board (SBUHB) we are committed to demonstrating our core organisational values (Caring for Each Other, Working Together and Always Improving). To ensure that we "live" our values and that we make the best decisions, which are fair for all of our communities, we need to go beyond the requirements of the Equality Act 2010. To achieve this, we place importance on putting human rights at the heart of the way in which our services are designed and delivered. For example, we understand that many people have caring responsibilities which can affect the way they access services and/or employment. We believe that socio-economic status is a key factor affecting healthy outcomes and we take steps to consider these areas as part of our decision making processes. In addition, we recognise that Wales is a country with two official languages, Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and particularly important for people with mental health problems, people with learning disabilities as well as older and younger people.

[1] The Protected Characteristics outlined in the Equality Act 2010 are: Age; Disability; Gender; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Religion and Belief (including non-belief); Race and Sexual Orientation.

A stage one equality impact assessment was produced to inform the Changing for the Future public engagement process. The stage one Equality Impact Assessment outlined the evidence behind the need for the Changing for the Future proposed changes and provided a summary of available evidence from research reports and other related documents on what the anticipated impacts may be on protected characteristic groups and NHS staff. The purpose of this document was to describe our understanding at that point in the process of the likely impact. By following the EIA process it was intended that we would identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders.

This document is the stage two post-engagement analysis and presents the findings of the public engagement with our earlier analysis of the available evidence on potential impacts from the stage one document. The purpose is to inform those making the decision on whether the Changing for the Future proposals should be adopted, and what potential mitigations may be required to address any impacts on protected characteristic groups that have been identified. The health board will need to demonstrate they have assessed how the Changing for the Future proposals may impact their service users and the wider public.

This stage two EIA seeks to help the organisation to answer the following questions:

- Do different protected characteristic groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential for or evidence that the proposed changes will promote equality?
- Is there potential for or evidence that the proposed changes will affect different groups differently (positively or negatively)?
- If potential negative impact is identified, what changes can be made to eliminate or minimise the impact?

This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe our understanding at this point in the process. The EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders. The EIA will be updated as further information becomes available.

## 2. Background

### Background and rational for service change

In *Changing for the Better: Why your local NHS needs to change*[2] ABMUHB set out the scale of the challenge it faced in addressing the issues highlighted by *Together for Health*. In response to the identified challenges, in 2012 ABMUHB produced its

[2] Abertawe Bro Morgannwg University Health Board. (2012). *Changing for the Better: Why your local NHS needs to* change. Port Talbot: Abertawe Bro Morgannwg University Health Board. http://www.wales.nhs.uk/sitesplus/documents/863/Why%20your%20local%20NHS%20needs%20to%20change.pdf

*Changing for the Better* [3]programme, a five year plan to review and redesign its services. SBUHB then built on this and produced its Clinical Services Plan in 2019.

Currently there are two sites in SBUHB that offer acute/emergency services – Singleton and Morriston Hospitals and planned care (operations) are offered across all three of our main hospitals. There are insufficient staff to run these services, and SBUHB, as with other Health Boards, are struggling to recruit the necessary specialist staff. To address the current staff shortfalls, SBUHB is having to rely on employing locums. This is an expensive way to provide services and can affect the quality of patient care due to a lack of consistency in the care provided. Over X% of patients at Morriston Emergency Department typically wait over 4 hours to be treated and up to X% over 12 hours.

In addition, the way services are currently provided means that acute/emergency care and planned surgical services are both carried out in two of our main hospitals, leading to some negative impacts for patients, for example a high number of cancellations of planned surgery due to the priority demands of acute emergency care. This means that in addition to patients waiting for operations prior to the pandemic and the significant backlog of patients added to these due to the impact of the pandemic, the number of operations we can carry out is also likely to be reduced where emergency patients take up beds which are needed for planned operations.

The 2019-2024 Clinical Services Plan is a refresh of the five year plan developed in 2013's *Changing for the Better* and forms the basis for the Annual Plan 2021-22, alongside application of learning from temporary changes made to services as a result of the Covid-19 pandemic. The following service changes were identified as priorities from the Clinical Services Plan:

- All acute and emergency services to be centralised on one hospital site (so establishing a single unscheduled care acute medical take).
- Separation of planned and emergency surgery, or based on complexity of surgery.
- Seven-day availability of services including wrap around services, mental health and social care.

## Proposed service changes

The first part of the engagement document not only introduces the current engagement exercise, which we are calling **'Changing for the Future'**, but also examines in detail the pressures our services are under and the need for change. We examine, for example, the impact of poverty, the changing age demographics of the population and the financial pressures we are always under to deliver excellence whilst balancing the books.

[3] thttp://howis.wales.nhs.uk/sites3/Documents/743/C4B%20Phase%201%20Summary%20report.pdf Abertawe Bro Morgannwg University Health Board (2013). *Changing for the Better*

Of course, the past year-and-a-half has also brought with it a set of very particular challenges relating to the way in which we have had to adapt to address the realities of COVID-19. As we outline, however, the accelerated way we have had to introduce some service changes, because of the pandemic, has meant that we have had to learn a lot in a short space of time. Many changes, such as the rapid expansion of digital healthcare, have been shown to be so effective that we are now seeking ways in which to embed them permanently into our overall fabric of services.

Having outlined the challenges and the case for change we go on in the second part of the engagement document to outline in detail the changes we are proposing.

We encourage people to read the whole of the engagement document to best understand the reasons for the changes under consideration and the impact these will have for patients and staff. In summary, however, the principles underlying Changing for the Future are as follows:

- Health services should be local where possible and specialist where necessary
- We should adopt a single system approach to health and social care that ensures patients have an unbroken journey of care across the breadth of NHS services
- Care should be delivered in the right place, by the right person, at the right time
- Whenever it is safe to do so, patients should receive care in or close to their homes
- We should have regional and local collaboration to ensure that services meet the real needs of patients
- We should harness the power of digital technologies by offering patients online access to NHS services wherever possible
- We should ensure that our three main hospital sites provide a consistent level of care 24 hours a day, seven days a week, wherever necessary and appropriate

To meet these principles, we are proposing certain changes to the way in which services are provided at our three main hospital sites.

We propose to make each of our main hospitals a centre of excellence for different services which means that not all services will be provided at each hospital. Rather than each site serving just its local area we are proposing a model of care in which all three serve the whole of the Swansea Bay area as part of a network of specialist healthcare provision. We outline these changes in detail in the section titled *'Which services are we planning to change and why?'*

In summary, however, the three distinct centres of excellence we aim to establish are:

**Morriston Hospital** will be the centre of excellence for **Urgent and Emergency Care, Specialist Care and Regional Surgical Services**, including complex medical interventions. This is a general principle which has already been outlined and agreed in past public engagements.

**Singleton Hospital** will be the centre of excellence for **Planned Care, Cancer and Diagnostics.** The COVID-19 pandemic has had a particularly significant impact on

planned care services which have necessarily taken a temporary 'back seat' to the urgent demands on the NHS to manage the huge challenges created by the pandemic.

Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care and who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment.

**Neath Port Talbot Hospital** will be the centre of excellence for **Orthopaedic and Spinal Care, Diagnostics, Rehabilitation and Rheumatology.**

Along with other planned care services, orthopaedic and spinal care services have been stretched by the COVID-19 pandemic. Waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee, hip or back surgery. We recognised we need to take steps to address this challenge and improve the situation for patients and staff alike.

## Service relocations

As part of the proposed programme for change, and to create specialist centres of excellence at each of our three main hospitals, some services will inevitably need to be transferred from one site to another.

This will enable us to focus our skills, resources and knowledge on providing excellence across our entire range of services rather than aiming for a very broad range of services at each site.

This specialisation will also allow us to manage congestion and backlogs across our emergency care services, primary and planned care services and of course our ambulance service with our three hospital sites working together to provide the range and level of services needed to serve the health and social care needs of people living in the Swansea Bay area.

Some of the proposed service changes, which we outline in more detail further on in this document, are as follows:

- The Minor Injuries Unit at Singleton has been temporarily closed for several years due to staffing problems. We are now proposing that in future minor injuries will be treated at our other hospitals, and not at Singleton. This will enable us to protect our planned care services there and ensure that patients are treated in appropriately staffed and equipped facilities.
- Also, in line with our efforts to concentrate planned care services at Singleton and urgent and emergency services at Morriston, we are proposing that the acute GP unit will be transferred to Morriston.
- Before the outbreak of COVID-19 a large-scale outpatient waiting area was built at Morriston. Due to the significant reduction in outpatient appointments during the pandemic most of this facility was repurposed to increase the space available for treating patients and providing emergency care and critical care. This has proved to be invaluable and enables us to better deliver urgent care services in improved facilities. As we plan to continue undertaking most of our outpatient

consultations digitally, we will not need as much outpatient waiting space. We therefore propose to continue using this space for additional clinical services.
- As part of the development of the acute hub at Morriston Hospital we are also proposing that the GP out of hours service – which was temporarily transferred from Morriston to Neath Port Talbot during the pandemic – returns to Morriston. However, urgent GP appointments will continue to be available at Neath Port Talbot until 10p.m.
- We are also proposing the development of a new Hyper Acute Stroke Unit. We know that with the levels of deprivation in Swansea Bay, the consequences of traditional industries locally, and an ageing population, we need to increase our capacity to treat stroke patients and to do it in the best way possible. The evidence suggests the best care for all stroke patients across our population can be provided by a single specialist centre.

**Benefits and disadvantages of the proposed service change**

The identified advantages of the proposed service changes in relation to the priorities set for the Clinical Services Plan are:

- Each centre has a clear purpose.
- Each hospital can develop a Centre of Excellence for a range of services to be provided as part of a network across the three main hospitals in Swansea Bay, so reducing duplication and improving the quality of care provided.
- Good match to existing facilities.
- Centralisation of all emergency/high risk activity with critical care resource.
- Improved quality of care and access for emergency patients.
- Greater access to beds for planned operations due to reduced cancellations because of emergency patients.

Identified disadvantages to this approach are:

- Does not fully separate planned and emergency surgery.
- Will require some shifts in equipment / staff across hospital sites.
- Some patients may have to travel further within Swansea Bay to access services.

## 3. Assessment of relevance and impact on the public

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. There is a specific duty in Wales to assess the impact of existing and new services or policies on each of the nine protected characteristics[4] in order to:

[4] The Protected Characteristics outlined in the Equality Act 2010 are: Age; Disability; Gender; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Religion and Belief (including non-belief); Race and Sexual Orientation.

- Eliminate unlawful discrimination
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The following sections within this chapter considers the potential for impact upon the public by each protected characteristic and highlights where further exploration / engagement is necessary.

**Age**

Table 1 and Table 2 below provides 2017 population estimates for residents living in the SBUHB area.[5] Table 1 shows that within the SBUHB area Swansea has the largest population of the local authorities. Table 2 shows that the distribution of the age bands across the local authorities is very similar. In the SBUHB area as a whole the bulk of the population is aged between 25 – 64 years (51 per cent), this age range accounts for 52.0% of the population in Neath Port Talbot.

Of the local authorities Neath Port Talbot has the highest proportion of its population aged 65 years and over (20.6 per cent).

The demographic data in Table 1 shows that for adults aged 65 years plus, there are more women than men in each age band, and this is true for each of the local authorities in the SBUHB area. Across the SBUHB area (and in Neath Port Talbot separately) women account for 55 per cent of all residents aged 65 years plus.

The higher proportion of women than men in the SBUHB area would suggest that the proposed service changes will potentially affect women slightly more than men.

[5] Source: https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=31#

## Table 1: 2017 Population estimates for Swansea Bay local authorities for residents (ONS Crown Copyright Reserved, from NOMIS on 24 August 2018)

| Region | Age | Female | Male | Total |
|---|---|---|---|---|
| **Neath Port Talbot** | Under 1 year | 700 | 700 | 1,400 |
| | 1 - 4 years | 3,000 | 3,100 | 6,100 |
| | 5 - 14 years | 7,700 | 7,900 | 15,600 |
| | 15 - 24 years | 7,400 | 8,400 | 15,800 |
| | 25 - 39 years | 13,200 | 13,200 | 26,400 |
| | 40 - 54 years | 14,500 | 13,900 | 28,400 |
| | 55 - 64 years | 9,700 | 9,400 | 19,100 |
| | 65 - 84 years | 13,600 | 12,000 | 25,600 |
| | 85 and over | 2,400 | 1,200 | 3,600 |
| | **Total** | **72,200** | **69,800** | **142,000** |
| **Swansea** | Under 1 year | 1,200 | 1,200 | 2,400 |
| | 1 - 4 years | 5,000 | 5,500 | 10,500 |
| | 5 - 14 years | 12,700 | 13,900 | 26,600 |
| | 15 - 24 years | 16,900 | 20,200 | 37,100 |
| | 25 - 39 years | 22,700 | 24,300 | 47,000 |
| | 40 - 54 years | 22,900 | 22,600 | 45,500 |
| | 55 - 64 years | 15,100 | 13,700 | 28,800 |
| | 65 - 84 years | 22,400 | 18,800 | 41,200 |
| | 85 and over | 4,100 | 2,300 | 6,400 |
| | **Total** | **123,000** | **122,500** | **245,500** |
| **SBUHB** | Under 1 year | 1,900 | 1,900 | 3,800 |
| | 1 - 4 years | 8,000 | 8,600 | 16,600 |
| | 5 - 14 years | 20,400 | 21,800 | 42,200 |
| | 15 - 24 years | 24,300 | 28,600 | 52,900 |
| | 25 - 39 years | 35,900 | 37,500 | 73,400 |
| | 40 - 54 years | 37,400 | 36,500 | 73,900 |
| | 55 - 64 years | 24,800 | 23,100 | 47,900 |
| | 65 - 84 years | 36,000 | 30,800 | 66,800 |
| | 85 and over | 6,500 | 3,500 | 10,000 |
| | **Total** | **195,200** | **192,300** | **387,500** |

Source: NOMIS

**Table 2: 2017 Age band as percentage of total local authority. Population estimates for Swansea Bay local authorities for residents (ONS Crown Copyright Reserved, from NOMIS on 24 August 2018).**

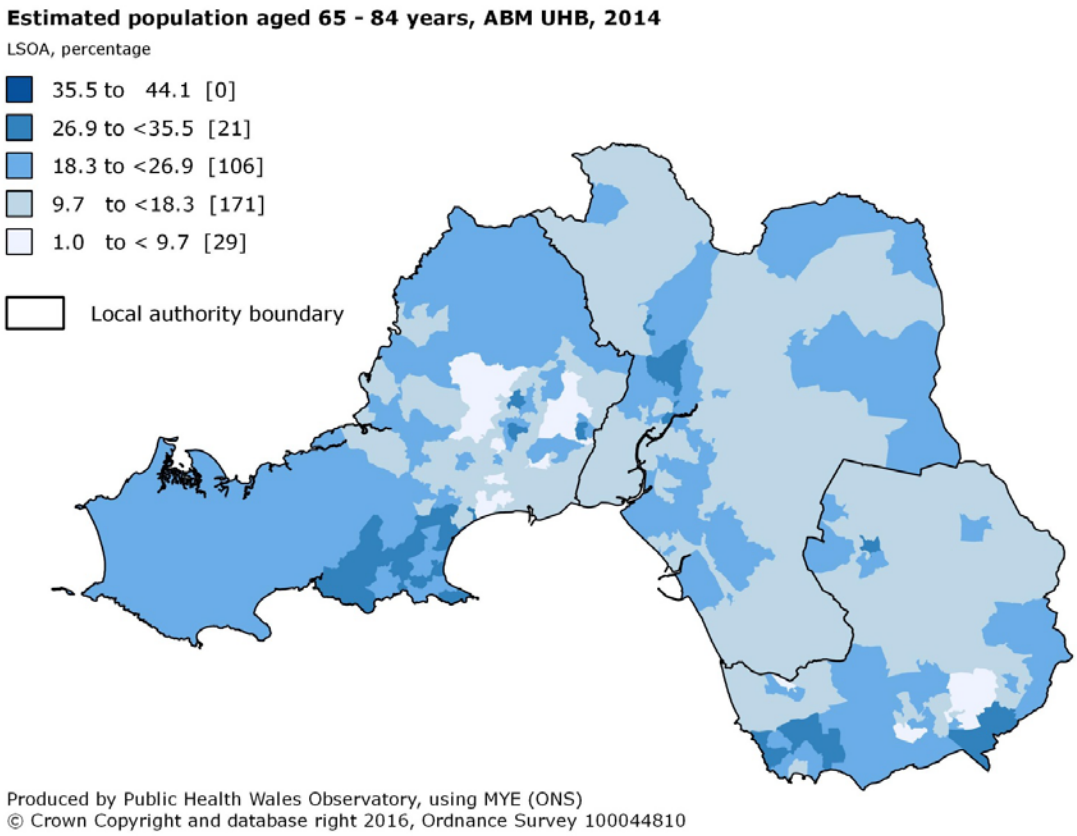
| Region | Age | Female | Male | Total |
|---|---|---|---|---|
| **Neath Port Talbot** | Under 1 year | 1.0% | 1.0% | 1.0% |
| | 1 - 4 years | 4.2% | 4.4% | 4.3% |
| | 5 - 14 years | 10.7% | 11.3% | 11.0% |
| | 15 - 24 years | 10.2% | 12.0% | 11.1% |
| | 25 - 39 years | 18.3% | 18.9% | 18.6% |
| | 40 - 54 years | 20.1% | 19.9% | 20.0% |
| | 55 - 64 years | 13.4% | 13.5% | 13.5% |
| | 65 - 84 years | 18.8% | 17.2% | 18.0% |
| | 85 and over | 3.3% | 1.7% | 2.5% |
| | **Total** | **100%** | **100%** | **100%** |
| **Swansea** | Under 1 year | 1.0% | 1.0% | 1.0% |
| | 1 - 4 years | 4.1% | 4.5% | 4.3% |
| | 5 - 14 years | 10.3% | 11.3% | 10.8% |
| | 15 - 24 years | 13.7% | 16.5% | 15.1% |
| | 25 - 39 years | 18.5% | 19.8% | 19.1% |
| | 40 - 54 years | 18.6% | 18.4% | 18.5% |
| | 55 - 64 years | 12.3% | 11.2% | 11.7% |
| | 65 - 84 years | 18.2% | 15.3% | 16.8% |
| | 85 and over | 3.3% | 1.9% | 2.6% |
| | **Total** | **100%** | **100%** | **100%** |
| **SBUHB** | Under 1 year | 1.0% | 1.0% | 1.0% |
| | 1 - 4 years | 4,2% | 4.5% | 4.4% |
| | 5 - 14 years | 10.5% | 11.3% | 10.9% |
| | 15 - 24 years | 12.0% | 14.3% | 13.2% |
| | 25 - 39 years | 18.4% | 19.4% | 18.9% |
| | 40 - 54 years | 19.4% | 19.2% | 19.3% |
| | 55 - 64 years | 12.9% | 12.4% | 12.7% |
| | 65 - 84 years | 18.5% | 16.3% | 17.4% |
| | 85 and over | 3.3% | 1.8% | 2.6% |
| | **Total** | **100%** | **100%** | **100%** |

Source: NOMIS

Figure 1 and Figure 2 show the population distribution by age across the 327 LSOAs in the ABMUHB area (includes Bridgend population data as disaggregated data is not available to reflect the transfer of Bridgend to Cwm Taf Morgannwg UHB in 2019).

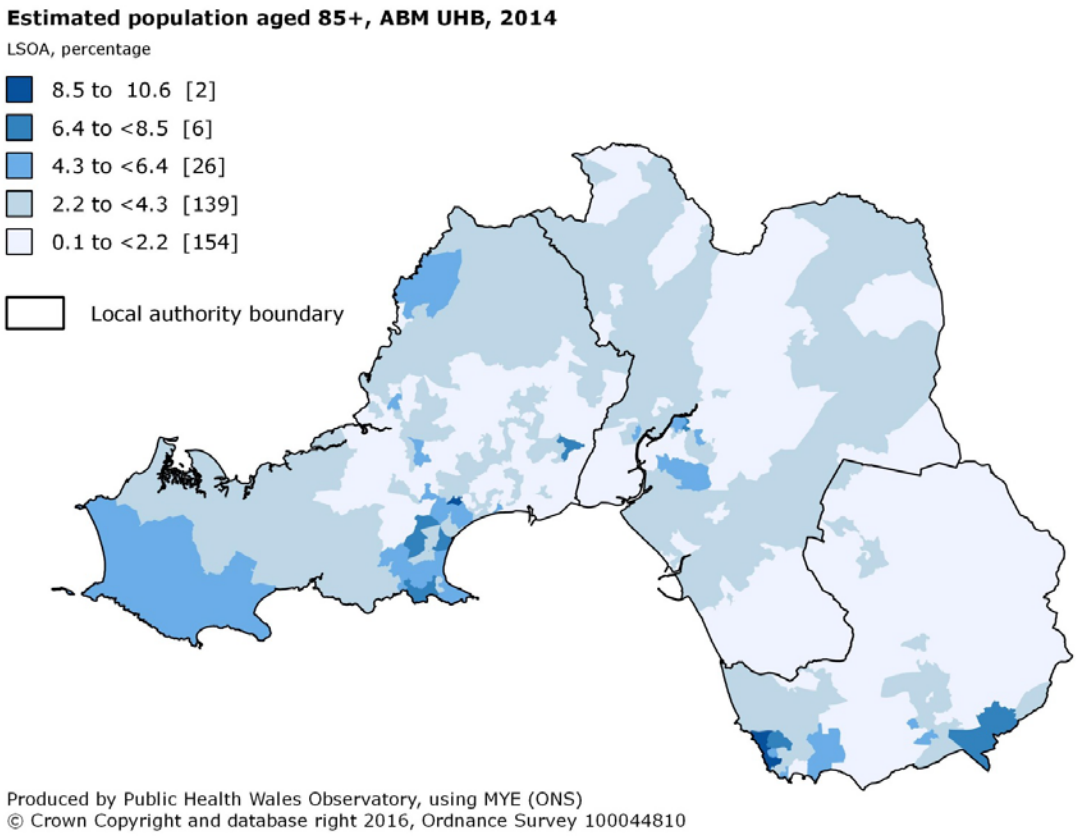
### Figure 1: Population distribution by age (65-84 years) and LSOA in ABMU Health Board area, 2014.

**Note:** figures have not been dis-aggregated following boundary changes and awaiting updated census information



## Figure 2: Population distribution by age (85 years plus) and LSOA in ABMU Health Board area, 2014 (includes Bridgend population data)

**Note:** figures have not been dis-aggregated following boundary changes and awaiting updated census information



## Figure 3: Population projections by age group (includes Bridgend population data)

**Note:** figures have not been dis-aggregated following boundary changes and awaiting updated census information

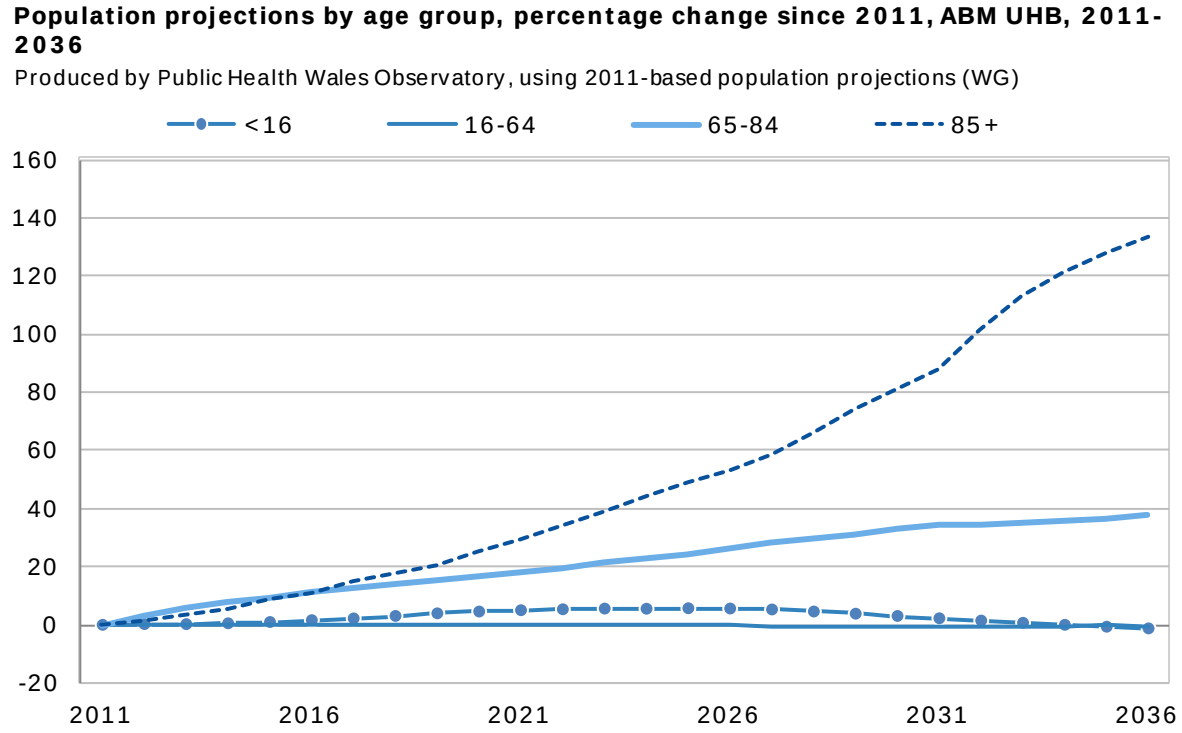



Table 2 highlighted that within ABMUHB area the 65 years plus age group accounts for a fifth of the overall population. Figure 3 above shows that this age group is projected to increase by approximately 30 percentage points between 2016 and 2036.

The 85 years plus age group (2.5 per cent of total ABMUHB area population in 2016) is projected to show a percentage change of approximately 120 percentage points between 2016 and 2036. This is the largest percentage change of all age groups.

Demographic changes and improvements in life expectancy mean that there is an expected increase in the overall number of people with dementia. In 2015, approximately 6,979 people in Western Bay had a diagnosis of dementia. By 2030, this is predicted to rise by 48% to 10,295.

There is evidence that the need for healthcare increases disproportionately over the age of 75 years (Capita report 2016). This is supported by analysis of Wales Ambulance Service Trust data on ambulance callouts in Table 3 below.

### Table 3: Valid Ambulance call outs in ABMUHB area by age of service user

| Quarter | Months | 0 - 64 | 65 and Over | Unknown |
|---|---|---|---|---|
| Q4 2015 | Oct - Dec | 46.1% | 42.2% | 11.7% |
| Q1 2016 | Jan - Mar | 43.4% | 45.3% | 11.3% |
| Q2 2016 | Apr - Jun | 43.8% | 44.8% | 11.4% |
| Q3 2016 | Jul - Sep | 43.9% | 44.8% | 11.2% |
| Q4 2016 | Oct - Dec | 42.9% | 46.3% | 10.8% |
| Q1 2017 | Jan - Mar | 43.6% | 45.9% | 10.5% |
| Q2 2017 | Apr - Jun | 43.8% | 45.5% | 10.8% |
| Q3 2017 | Jul - Sep | 44.5% | 43.7% | 11.8% |
| Q4 2017 | Oct - Dec | 42.4% | 46.4% | 11.2% |
| Q1 2018 | Jan - Mar | 40.5% | 49.2% | 10.3% |
| Q2 2018 | Apr - Jun | 44.5% | 43.8% | 11.7% |

Source: Wales Ambulance Service Trust, Health Informatics Team
*Includes Bridgend population information as data has been aggregated

The ambulance call out data shows that while the 65 years and over population in the ABMUHB area is 20% of the total population, it accounted for on average 45% of all valid call outs over the period reported.

***Mortality rate***

Data produced by Public Health Wales for 2012-14 shows that the ABM UHB all-cause mortality rate per 100,000 population for under 75s is higher than the Wales rate of 376. Neath Port Talbot has the fourth highest mortality rate (415), and Swansea the 10th highest mortality rate (397) per 100,000 population for under 75s in Wales.

## Figure 4: Under 75 all-cause mortality age-standardised rate per 100,000 persons, 2012-14. (Source: Public Health Wales Observatory)[6]

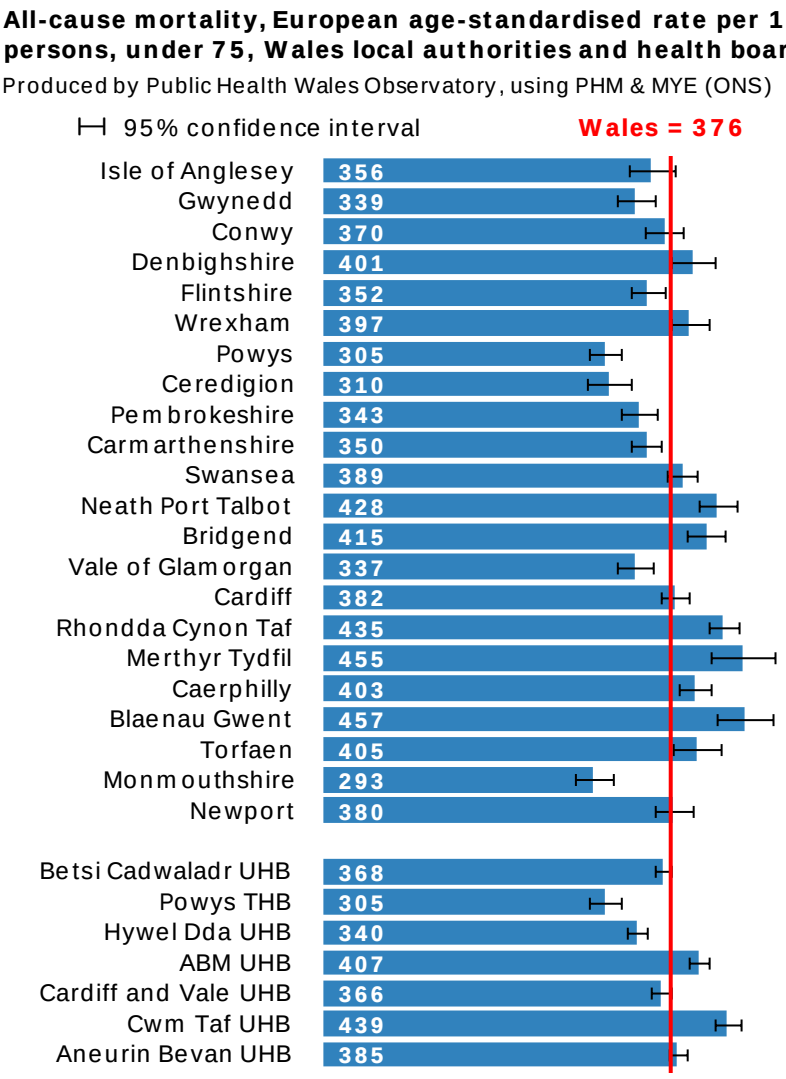
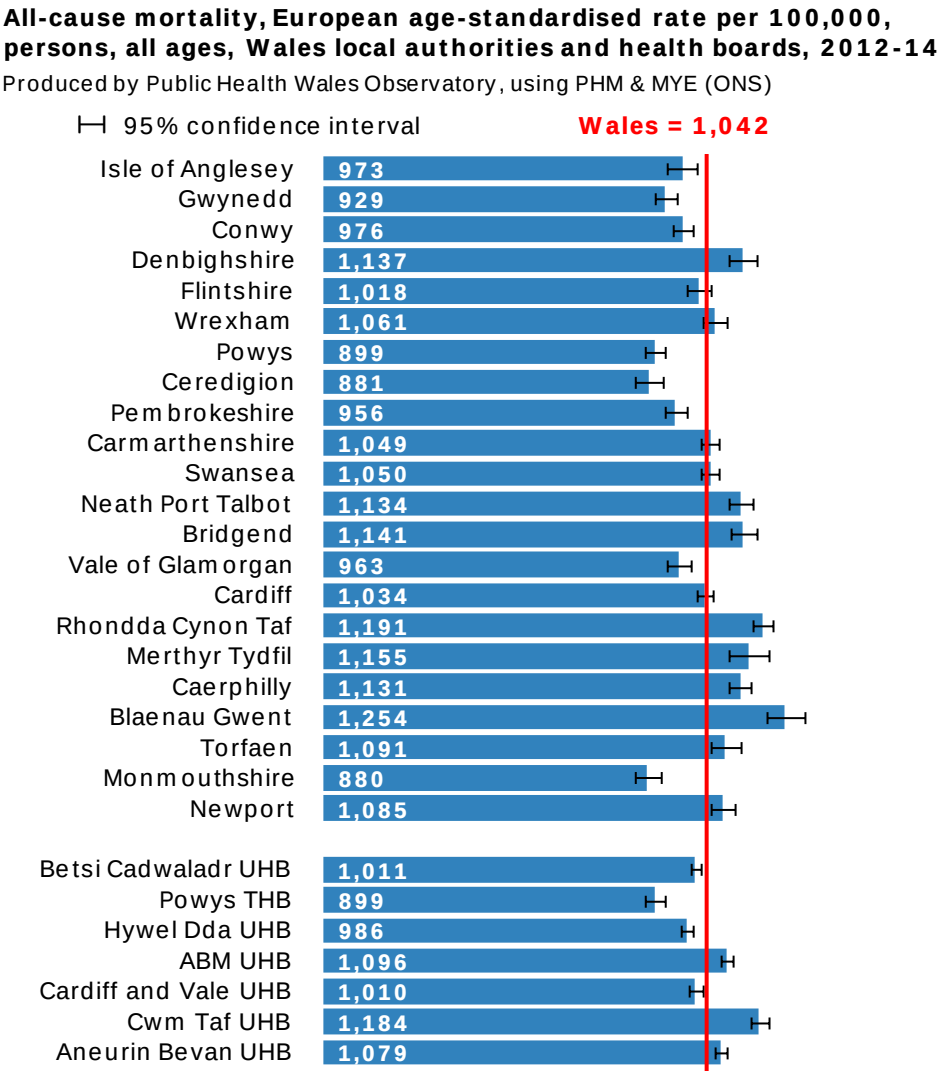



Figure 5 sets out the position in relation to the all-cause mortality rate in Wales per 100,000 population for all ages. The data shows that for 2012-14 the Wales rate is 1.042. Neath Port Talbot has the sixth highest mortality rate (1,141), and Swansea the eleventh highest mortality rate (1,061) per 100,000 population for all ages in Wales.

[6] http://www.publichealthwalesobservatory.wales.nhs.uk/demography-overview

## Figure 5: All Ages all-cause mortality age-standardised rate per 100,000 persons, 2012-14. (Source: Public Health Wales Observatory)[7]




***Life expectancy and healthy life expectancy at birth.***

Table 4 below provides a breakdown of the life expectancy and healthy life expectancy estimates for the populations in SBUHB and Wales. Life expectancy is an estimate of the average number of years newborn babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives. Healthy life expectancy is an estimate of the average number of years that newborn babies could expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives.

Table 4 shows that of the counties in SBUHB, Swansea has life expectancy and healthy life expectancy figures for male and females that are higher than the figure for Wales. However, life expectancy and healthy life expectancy figures for Neath Port Talbot and SBUHB as a whole are lower than the figure for Wales.

[7] http://www.publichealthwalesobservatory.wales.nhs.uk/demography-overview

### Table 4: Life expectancy and Healthy life expectancy at birth for SBUHB (Source: StatsWales)[8]

| Region | Female | | Male | |
|---|---|---|---|---|
| | Life expectancy* | Healthy life expectancy | Life expectancy* | Healthy life expectancy |
| **SBUHB** | **81.7** | **65.0** | **77.4** | **63.9** |
| Neath Port Talbot | 81.2 | 62.4 | 77.0 | 61.9 |
| Swansea | 82.4 | 66.8 | 77.8 | 65.5 |
| **Wales** | **82.3** | **66.7** | **78.3** | **65.3** |

* Data is based on a 5 year average and is intended to provide context for the 5 year average on Health life expectancy.

The proposed changes in the Changing for the Future engagement document, in particular changes to urgent and emergency and planned care services will have direct relevance to SBUHB's older residents.

**Disability**

The disability[9] profile in the SBUHB area (25%) is higher than the figure for Wales as a whole (23%). The proportion of people in the SBUHB area categorised as having their 'Day-to-day activities limited a lot' is 2% higher in SBUHB than Wales.

At a local authority level there is a noticeable difference between local authorities. Swansea has the lowest levels of people classed as disabled (23%), while Neath Port Talbot has the highest (28%).

Neath Port Talbot has the highest proportion of its population categorised as having their 'Day-to-day activities limited a lot' (16%) in Wales. Neath Port Talbot also has the second highest proportion of its population categorised as having their 'Day-to-day activities limited a little' (12%) in Wales. Consequently, within Wales Neath Talbot has the smallest proportion of its population categorised as not being disabled i.e. 'Day-to-day activities not limited' (72%).

[8] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Life-Expectancy/lifeexpectancyandhealthylifeexpectancyatbirth-by-localhealthboard-localauthority

[9] Under the Equality Act 2010 disabled is defined as individuals that have a physical or mental condition/illness lasting or expected to last for 12 months or more, which affects their ability to carry out day-to-day activities either a lot, or a little.

### Table 5: Long-term health problem or disability by Swansea Bay UHB area

| Region | Day-to-day activities limited a lot | Day-to-day activities limited a little | Day-to-day activities not limited | Total (%) | Total |
|---|---|---|---|---|---|
| **SBUHB** | **15%** | **12%** | **75%** | **100%** | **378,835** |
| | | | | | |
| Neath Port Talbot | 16% | 12% | 72% | 100% | 139,812 |
| Swansea | 13% | 11% | 77% | 100% | 239,023 |
| **Wales** | **12%** | **11%** | **77%** | **100%** | **3,063,456** |

(Source: Table QS303EW 2011 Census, ONS)

At the LSOA level, the percentage of residents whose day-to-day activities are limited a lot or a little by a long-term health problem are at highest range at 42% in the Neath North area of Neath Port Talbot (Neath Port Talbot LSOA 008D).

These are crude percentages only and do not take into account the age structure of the population. The areas with the highest percentages are found in the Castle area of Swansea and Sandfields East, Sandfields West and Neath North areas of Neath Port Talbot.

The latest disability prevalence estimates for England and Wales (Office for Disability Issues, 2014) show that the prevalence of disability rises with age (16% working age adults and 45% adults over state pension age).

Based on current data the changes proposed in the Changing for the Future engagement document will potentially have an impact on disabled people, particularly in relation to ease of access to services as services move to specific sites, rather than multiple sites across SBUHB.

### Gender

The gender split (see Table 6) for the SBUHB area mirrors very closely the gender split for Wales as a whole. Approximately a 50:50 split with slightly more females (50.3%) than males (49.7%). The variation between local authorities within the SBUHB area is small.

### Table 6: Gender by unitary authorities in ABMU Health Board area

| Region | Female | Male | Total |
|---|---|---|---|
| **SBUHB** | **50.4%** | **49.6%** | **387,600** |
| Neath Port Talbot | 50.7% | 49.3% | 142,000 |
| Swansea | 50.1% | 49.9% | 245,500 |
| **Wales** | **50.7%** | **49.3%** | **3,125,200** |

(Source: NOMIS Population Estimates/Projections, Local Authority based 1981 to 2017)[10]

[10] https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=31

As previously noted (see Table 2 above), for the over 65 years age group the proportion of females to males increases as the population ages. 52% of people in SBUHB area aged 65-69 years are female, while 64.9% of the people aged 85 years plus are female.

Data from the 2011 Census shows that 90% of the lone parent households in Wales are female. Lone parent households experience some of the lowest levels of wealth in Wales.[11] As such any additional travel costs incurred due to service changes will have significant impact upon service users and staff from this group. The 2011 Census data shows that only 18.3% of female lone parent households in the SBUHB area are in full-time employment, 32.2% are in part-time employment, and 40.3% are not in employment.

**Gender Reassignment**

Transgender or trans is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

No data is available on the size of the transgender population in the SBUHB area.

In *'It's just Good Care: A guide for health staff caring for people who are Trans' 2015-19,* trans people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements.

The EHRC note in *How fair is Britain?* that one in seven transgender people who responded to a survey felt that they had been treated adversely by healthcare professionals because of their transgender status.[12]

Research suggests transgender people are likely to experience risk of harassment when attempting to access healthcare. A survey by Press for Change (2007)[13] found 36.8% (277) of trans people (aged 18 to 75) who chose to present their acquired gender permanently, experienced negative comments while out socially,

[11] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.
[12] Equality and Human Rights Commission. (2010). *How fair is Britain? Equality, Human Rights and Good Relations in 2010. The First Triennial Review*. Manchester: Equality and Human Rights Commission.
[13] Whittle, S., Turner, L., and Al-Alami, M. (2007). *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. London: Press for Change.

because of their acquired gender. Only 27% of respondents in the survey recorded they had not experienced anything of the above while out in public spaces. This means that 73% of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces.

Further work will need to be done to explore the proposals in respect of potential differential impact (positive/negative) on people who identify as transgender.

**Marriage and civil partnership**

Under the Equality Act 2010 protections for the protected characteristic Marriage and Civil Partnership only apply to discrimination in the workplace.

**Pregnancy and Maternity**

Data from the ONS on live births in Wales for 2015 (see Table 7) shows that there were 3,975 births in the SBUHB area. Hospital births account for the majority of all births in the SBUHB area (96.0%) and in Wales as a whole (96.9%).

Low birth weight is a key health indicator for early years and is a major cause for infant mortality in developed countries, including the UK. The percentage of births in the SBUHB area that are low birth weight (i.e. below 2,500 grams) is consistent with the figure for Wales as a whole (6.8%).

Among the Welsh Health Boards SBUHB has the second lowest proportion of low birth weight births (6.0%).

At the local authority level there is some variation within the SBUHB area, Swansea (6.3%) and Neath Port Talbot (5.7%) are ranked 15th and 19th in Wales in terms of low birth weight rates (where rank 1 is the highest low birth weight rate).

Based on current data the changes proposed in the Changing for the Future engagement document are likely to impact on this protected characteristic, particularly in relation to ease of access to services as services move to specific sites, rather than multiple sites across SBUHB.

**Table 7: Births in 2015 by location and number of live births with low birth weight by SBUHB area**

| Region | NHS hospital birth | At home, non-NHS hospital or elsewhere | Number of live births with birth weight under 2,500 grams | Percentage of live births with birth weight under 2,500 grams | Total |
|---|---|---|---|---|---|
| **SBUHB** | **3,839** | **136** | **243** | **6.0%** | **3,975** |
| Neath Port Talbot | 1,434 | 44 | 85 | 5.7% | 1,478 |
| Swansea | 2,405 | 92 | 158 | 6.3% | 2,497 |
| **Wales** | **31,878** | **1,021** | **2,253** | **6.8%** | **32,899** |

(Source: Stats Wales)[14, 15]

**Race**

The 2011 census data for the Black and Minority Ethnic (BAME) population across the Health Board shows an above average BAME population in Swansea at 6.0% and a lower percentage in Neath Port Talbot of 1.9% (see Table 8). These proportions have all increased from the 2001 census data as there was evidence that ethnicity was under reported in 2001 and there have been increases in migrant workers within all three areas.

**Table 8: Ethnic group by SBUHB Health Board area**

| Region | White | Mixed / Multiple ethnic group | Asian / Asian British | Black / African / Caribbean / Black British | Other ethnic group | Total (%) | Total |
|---|---|---|---|---|---|---|---|
| **SBUHB** | **96.0%** | **0.8%** | **2.1%** | **0.5%** | **0.6%** | **100%** | **378,835** |
| | | | | | | | |
| Neath Port Talbot | 98.1% | 0.7% | 1.0% | 0.2% | 0.1% | 100% | 139,812 |
| Swansea | 94.0% | 0.9% | 3.3% | 0.8% | 1.0% | 100% | 239,023 |
| **Wales** | **95.6%** | **1.0%** | **2.3%** | **0.6%** | **0.5%** | **100%** | **3,063,456** |

(Source: Table KS201EW Census 2011, ONS)

Where English is not a patient's first language the ability of patients to receive and communicate about their health care provision in the language of their preference, may be affected. This is a particular issue for older patients with dementia where patients ability to communicate in English with staff may be compromised.

Further work will need to be undertaken to explore whether there is potential for differential impact with regard to race, language and culture.

**Religion and Belief (including non-belief)**

The SBUHB area population profile closely mirrors Wales as a whole, however there are some slight variations. The proportion of Christians in the SBUHB area (55.7%) is slightly lower than in Wales (57.6%). The population proportion with 'No religion', in SBUHB (34.7%) is higher than the figure for Wales (32.1%). In general, the SBUHB area and Wales, have high numbers of people who either identify as 'Christian' (55.7%) or 'No religion' (34.7%), with very low proportions of the other religion categories.

[14] https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/Maternities-by-Area-PlaceOfConfinement
[15] https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/LiveBirthsWithLowBirthWeight-by-Area

At the local authority level Neath Port Talbot (57.7%) has the highest population proportion categorised as ‘Christian’ – in line with the figure for Wales (57.6%). While Swansea (55.0%) has a Christian population proportion lower than Wales.

Swansea (2.3%) has the highest population proportion categorised as ‘Muslim’ in the SBUHB area, this is the third highest in Wales. While in Neath Port Talbot (0.4%) the ‘Muslim’ population is below the figure for Wales (1.5%).

Further consideration is needed to explore whether there is any potential for differential impact relating to access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

## Table 9: Religion by unitary authorities in SBUHB area

| Region | Christian | Buddhist | Hindu | Jewish | Muslim | Sikh | Other religion | No religion | Religion not stated | Total (%) | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **SBUHB** | **56.4%** | **0.3%** | **0.2%** | **0.1%** | **1.3%** | **0.1%** | **0.4%** | **33.90%** | **7.3%** | **100.0%** | **378,835** |
| | | | | | | | | | | | |
| Neath Port Talbot | 57.7% | 0.2% | 0.1% | 0.0% | 0.4% | 0.1% | 0.4% | 33.8% | 7.3% | 100.0% | 139,812 |
| Swansea | 55.0% | 0.4% | 0.3% | 0.1% | 2.3% | 0.1% | 0.4% | 34.0% | 7.5% | 100.0% | 239,023 |
| **Wales** | **57.6%** | **0.3%** | **0.3%** | **0.1%** | **1.5%** | **0.1%** | **0.4%** | **32.1%** | **7.6%** | **100.0%** | **3,063,456** |

(Source: Table KS209EW Census 2011, ONS)

## Sexual Orientation

Sexual orientation is not asked for by the Census so there is no data is available on the size of the transgender population in the SBUHB area.

LGBT people are more likely to experience mental disorder, have issues with substance misuse, deliberate self-harm and commit suicide than the general population due to long term issues of discrimination and living in an unsympathetic society.

Further work is needed to explore whether there is potential differential impact in respect of sexual orientation in respect of access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

## Other characteristics considered

The following characteristics described below are not Protected Characteristics under the Equality Act 2010. However, we believe they are key factors that influence healthy outcomes and underpin our organisational values. We will, therefore, endeavour to explore any potential differential impact in respect of the following:

- Welsh Language
- Unpaid carers
- Socio-economic status

### *Welsh Language*

Welsh language skills in the SBUHB area are lower than in Wales as a whole (see Table 11). While the SBUHB area is comparable to the Welsh figure for the proportion of the population that can understand spoken Welsh only, (5.4% vs 5.3% for Wales), it is significantly lower than Wales as a whole when considering 'Can speak Welsh' (12.0% vs 19.0%) and 'Can read and write Welsh' (8.6% compared to 14.6%).

**Table 10: Welsh language profile by SBUHB Area**

| Region | Can understand spoken Welsh only | Can speak Welsh | Can speak, read and write Welsh | Total |
|---|---|---|---|---|
| **SBUHB** | **5.4%** | **12.0%** | **8.6%** | **500,978** |
| Neath Port Talbot | *6.4%* | *15.3%* | *10.8%* | *135,278* |
| Swansea | *5.5%* | *11.4%* | *8.1%* | *231,155* |
| **Wales** | **5.3%** | **19.0%** | **14.6%** | **2,955,841** |

(Source: Table KS208WA 2011 Census, ONS. All usual residents aged 3 years and over)

At the local authority level there are noticeable differences between the local authorities. Neath Port Talbot has the highest rates of Welsh language proficiency.

It is anticipated that any impact the proposed service changes may have relating to the Welsh Language is upon the ability of patients to receive and communicate about their health care provision in the language of their preference, as staff may not be Welsh language speakers. Data from the 2018 NHS Wales Staff Survey shows that only 10% of ABMUHB staff (including Bridgend area) speak Welsh (see Figure 13 in Chapter 4) and that only 5% use Welsh in the workplace "Most of the time". 53% of ABMUHB staff either use Welsh in the workplace "Rarely" (34%) or "Never" (19%) (see Figure 14 in Chapter 4).

### *Unpaid Carers*

The majority of residents in the SBUHB area (86.8%) and Wales (87.9%) provide no unpaid care. This is relatively consistent across the health board. The 2011 Census data shows that the proportion of people providing unpaid care in the SBUHB area is around 7% for one to 19 hours of unpaid care, decreasing to 2% for 20 to 49 hours of unpaid care, but then increasing to 4% to 5% for 50 or more hours of unpaid care.

At a health board level, SBUHB has the highest proportion of unpaid care provision, reporting 2.0% for 20 to 49 hours of unpaid care, and 4% for 50 or more hours of unpaid care.

At a local authority level for 20 to 49 hours of unpaid care, Neath Port Talbot has the highest proportion of unpaid care, both reporting 2.3%. For 50 or more hours of unpaid care at a local authority level, Neath Port Talbot also has the highest proportion (4.8%).

Data from Carers UK[16] shows that:

- 58% of carers are women, and 42% are men
- Over 1 million people care for more than one person.
- 72% of carers responding to Carers UK's State of Caring Survey said they had suffered mental ill health as a result of caring.
- 61% of carers responding to Carers UK's State of Caring Survey said they had suffered physical ill health as a result of caring.
- Over 1.3 million people provide over 50 hours of care per week.

Further work will need to be done to explore the proposals in respect of potential differential impact (positive/negative) on people who identify as carers.

### *Socio-economic status*

There is a strong correlation between the protected characteristics and low socioeconomic status, as demonstrated by the findings of numerous research studies. In Wales, research by the Wales Institute for Social and Economic Research, Data and Methods (WISERD, 2011)[17] has demonstrated:

[16] https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures
[17] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

- Disadvantage in education, and subsequently in employment and earnings attaches particularly to young people, those of Bangladeshi and Pakistani ethnicity, and people who are work limiting and Disability Discrimination Act (DDA) defined disabled. Within each of these groups, women are generally more disadvantaged. (**Note:** references to the DDA are the descriptors used in the WISERD 2011 report, Section 6 of the Equality Act 2012 provided a more up-to-date definition of disability as a physical or mental impairment which has a substantial and long-term effect on a persona ability to carry out normal day-to-day activities)
- People who are both DDA disabled and have a work limiting condition experience most disadvantage in relation to employment. Seventy four per cent are not employed. This is more than three times the overall UK proportion of 22%.
- Women are disadvantaged in employment terms: in almost all population groups women face an above-average incidence of non-employment. This is particularly the case for some ethnic minority groups in Wales, particularly women of Indian, Bangladeshi and Pakistani and Chinese ethnicity.
- Approximately a fifth of the Welsh population live in poverty (measured after housing costs). Those living on the lowest incomes are the youngest, disabled people, those of Pakistani and Bangladeshi ethnicity and those living in rented accommodation. However, lone parents are the most susceptible group, with almost half living in poverty.
- Being in work does not necessarily provide a route out of poverty, with 13% of in-work households in Wales living in poverty. In-work poverty is most prevalent among lone parent households, Asian households and those who are renting.
- Levels of wealth are lowest among young people, lone parents and single households, non-white households and those with a work-limiting illness or disability.

Many health researchers regard socio-economic status as the fundamental factor affecting health. Socio-economic status is the pivotal link in the causal chain through which social determinants connect up to influence people's health. Socio-economic status marks the point at which social factors, such as the structure of the labour market and education system, enter and shape people's lives, influencing the extent to which they are exposed to risk factors that directly affect their health, such as workplace hazards, damp housing and a poor diet.

The World Health Organisation (2004)[18] notes that:

> "*The social conditions in which people live powerfully influence their chances to be healthy. Indeed factors such as poverty, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status*

[18] World Health Organization. (2004). *Commission on social determinants of health*. Geneva: World Health Organization.

*are important determinants of most diseases, deaths and health inequalities between and within countries*"

ABMUHB covers a large geographical area and is one of the most densely populated Health Boards in Wales with 466 persons per square km. Within SBUHB there are almost twice as many people living per square km in Swansea compared to Neath Port Talbot.

**Table 11: Population density for SBUHB area (includes Bridgend population data)**

| Locality | Population per km$^2$ |
|---|---|
| Swansea | 603.2 |
| Neath Port Talbot | 310.6 |
| Bridgend | 534.1 |
| **ABMU Health Board** | **466.3** |

The Welsh Index of Multiple Deprivation (WIMD)[19] is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation in Wales. WIMD is currently made up of eight separate domains (or types) of deprivation. Each domain (listed below) is compiled from a range of different indicators:

- Income
- Employment
- Health
- Education
- Access to Services
- Community Safety
- Physical Environment
- Housing

The WIMD rank score is constructed from a weighted sum of the deprivation score for each domain. The weights reflect the importance of the domain as an aspect of deprivation, and the quality of the indicators available for that domain.

Of the 1,909 Lower Super Output Areas (LSOA) in Wales ranked by WIMD, 382 are ranked as being the *Most Deprived* (0-20%). The ABMUHB area (including Bridgend population data) contains 84 LSOAs ranked as being in the *Most Deprived* (0-20%) LSOAs in Wales. The ABMUHB area therefore accounts for just over a fifth (22%) of all LSOAs in Wales ranked as being the *Most Deprived* (0-20%).

The ABMUHB area contains 327 LSOAs. The 84 LSOAs ranked as being in the *Most Deprived* (0-20%) therefore mean that 26% of all LSOAs in ABMUHB area are ranked as being the *Most Deprived* (0-20%). Only Cwm Taf University Health Board has a higher proportion of its LSOAs ranked as the *Most Deprived* in Wales (30%).

[19] https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en

ABMUHB is joint second highest with Aneurin Bevan University Health Board at 26%.[20]

In addition, 70 LSOAs in the ABMUHB area (21% of all LSOAs in the ABMU Health Board area) are ranked as being in the *Next Most Deprived* (20-40%) LSOAs in Wales.

Figure 6 shows the geographical distribution of the WIMD multiple deprivation fifths across the ABMUHB area.

Households in this area experience some of the lowest levels of wealth in Wales. As such any additional travel costs incurred due to service changes will have significant impact upon service users and staff from this group.

[20] See
Appendix  for a list of the 84 LSOAs.

## Figure 6: Welsh Index of Multiple Deprivation, ABM UHB, 2014

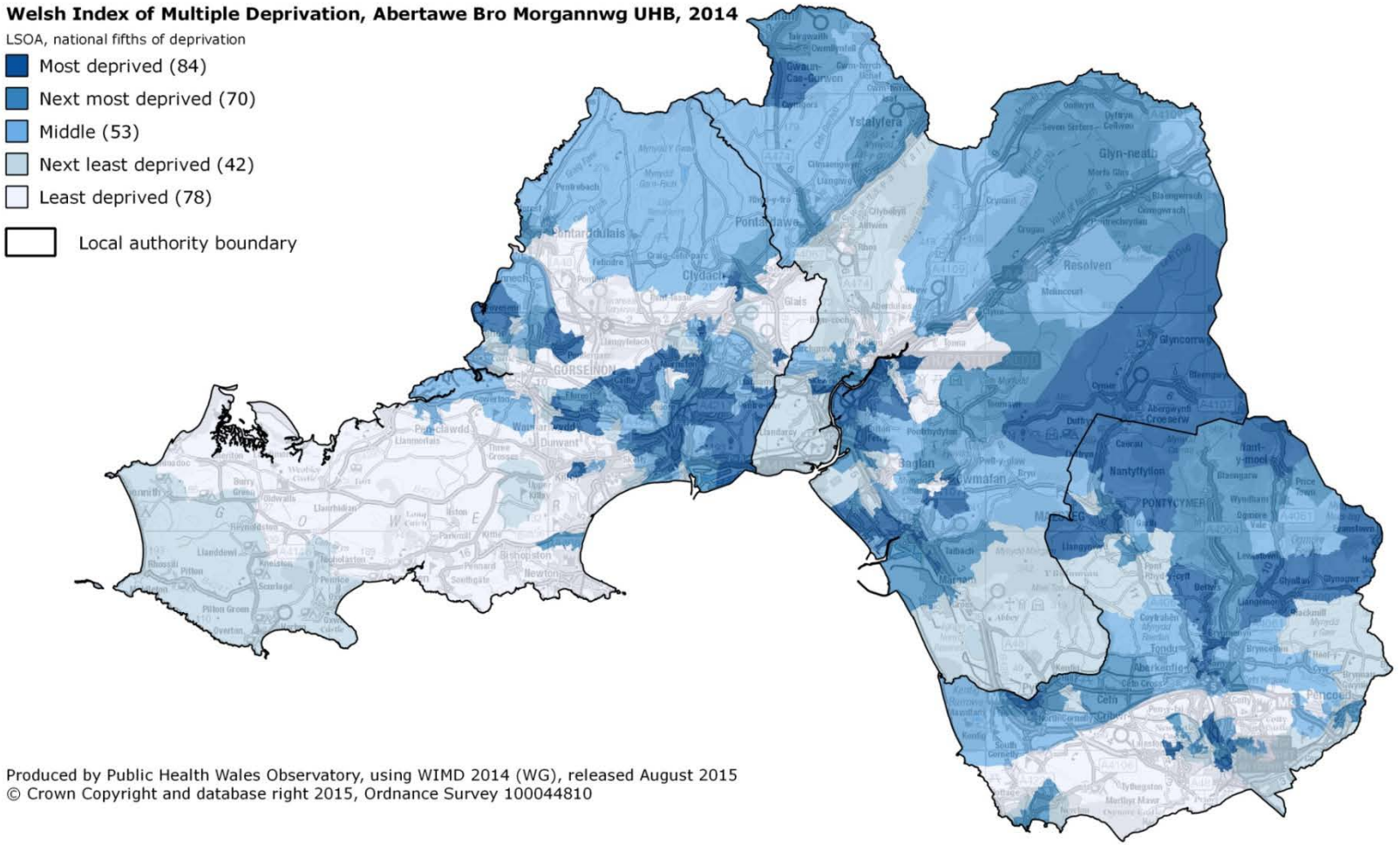


Table 13 and Table 14 show that within the ABMUHB area Neath Port Talbot has the highest levels of multiple deprivation. 60% of Neath Port Talbot's LSOAs are classed as being in the *Most Deprived* (0-20%) or *Next Most Deprived* (20-40%) LSOAswhile Swansea has only 38%.

### Table 12: LSOAs in ABMU Health Board area (including Bridgend population data) ranked as Most Deprived (0-20%), WIMD 2014

| Local Authority | LSOAs ranked Most Deprived (0-20%) | LSOAs as %age of all LSOAs in local authority |
|---|---|---|
| Bridgend | 20 | 23% |
| Neath Port Talbot | 27 | 30% |
| Swansea | 37 | 25% |

### Table 13: LSOAs in ABMU Health Board area (including Bridgend population data) ranked as Next Most Deprived (20-40%), WIMD 2014

| Local Authority | LSOAs ranked Most Deprived (20-40%) | LSOAs as %age of all LSOAs in local authority |
|---|---|---|
| Bridgend | 24 | 27% |
| Neath Port Talbot | 27 | 30% |
| Swansea | 19 | 13% |

### Summary of potential impacts on each protected characteristic group for the public

#### Age

The higher proportion of women than men aged 65+ in the SBUHB area would suggest that the proposed service changes will potentially affect women slightly more than men.

#### Disability

Based on current data the changes proposed in the Changing for the Future engagement document will potentially have an impact on disabled people, particularly in relation to ease of access to services as services move to specific sites, rather than multiple sites across SBUHB.

#### Gender

The proposed service changes will potentially affect women slightly more than men based on:

- The higher proportion of women than men aged 65+ in the SBUHB area
- Data from the 2011 Census shows that 90% of the lone parent households in Wales are female. Lone parent households experience some of the lowest

levels of wealth in Wales.[21] As such any additional travel costs incurred due to service changes will have significant impact upon service users and staff from this group. The 2011 Census data shows that only 18.3% of female lone parent households in the SBUHB area are in full-time employment, 32.2% are in part-time employment, and 40.3% are not in employment.

### Gender reassignment

Further work will need to be done to explore the proposals in respect of potential differential impact (positive/negative) on people who identify as transgender.

### Marriage and civil partnership

Under the Equality Act 2010 protections for the protected characteristic Marriage and Civil Partnership only apply to discrimination in the workplace.

### Pregnancy and Maternity

Based on current data the changes proposed in the Changing for the Future engagement document are likely to impact on this protected characteristic, particularly in relation to ease of access to services as services move to specific sites, rather than multiple sites across SBUHB.

### Race

Where English is not a patient's first language the ability of patients to receive and communicate about their health care provision in the language of their preference, may be affected. This is a particular issue for older patients with dementia where patients ability to communicate in English with staff may be compromised.

Further work will need to be undertaken to explore whether there is potential for differential impact with regard to race, language and culture.

### Religion and Belief (including non-belief)

Further consideration is needed to explore whether there is any potential for differential impact relating to access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

### Sexual Orientation

LGBT people are more likely to experience mental disorder, have issues with substance misuse, deliberate self-harm and commit suicide than the general population due to long term issues of discrimination and living in an unsympathetic society

[21] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

Further work is needed to explore whether there is potential differential impact in respect of sexual orientation in respect of access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

### Other characteristics considered

#### *Welsh Language*

It is anticipated that any impact the proposed service changes may have relating to the Welsh Language is upon the ability of patients to receive and communicate about their health care provision in the language of their preference, as staff may not be Welsh language speakers. Data from the 2018 NHS Wales Staff Survey shows that only 10% of ABMUHB staff (including Bridgend area) speak Welsh (see Figure 13 in Chapter 4) and that only 5% use Welsh in the workplace “Most of the time”. 53% of ABMUHB staff either use Welsh in the workplace “Rarely” (34%) or “Never” (19%) (see Figure 14 in Chapter 4).

#### *Unpaid Carers*

At a health board level, SBUHB has the highest proportion of unpaid care provision, reporting 2.0% for 20 to 49 hours of unpaid care, and 4% for 50 or more hours of unpaid care.

Further consideration is needed to explore whether there is any potential for differential impact relating to access to services.

### Socio-economic status

Households in the SBUHB area experience some of the lowest levels of wealth in Wales. As such any additional travel costs incurred due to service changes will have significant impact upon service users and staff from this group

### Next steps

The potential impacts will be tested as part of the engagement process with the population of Swansea Bay University Health Board as well as areas within Hywel Dda and Powys where the population may be affected by the engagement proposals.

# 4. Assessment of relevance and impact on ABMUHB Staff

The preceding chapter focused on the potential for impact upon the public by each protected characteristic. This chapter explores the potential impact of the proposed service changes outlined in the Changing for the Future engagement document on SBUHB staff. This information includes staff that transferred employment to Cwm Taf UHB from 1st April 2019 as it is not possible to disaggregate the data.

As noted above the proposals for change will require some changes for staff in relation to the organisation and location of some services and the provision of services on a more consistent basis across 7 days a week.

**Age**

Table 15 describes the age profile of ABMUHB staff. The data shows that the largest age group is 51-55 years (17%). The age profile data also shows that 18% of ABMUHB staff are aged above 55 years, the earliest age that NHS staff can retire.

**Table 14: ABMUHB staff by age band (Source: ABMUHB ESR)**

| Age Band | Count | %age |
|---|---|---|
| 16-20 | 78 | 0% |
| 21-25 | 859 | 5% |
| 26-30 | 1,629 | 10% |
| 31-35 | 1,700 | 11% |
| 36-40 | 1,776 | 11% |
| 41-45 | 2,067 | 13% |
| 46-50 | 2,426 | 15% |
| 51-55 | 2,658 | 17% |
| 56-60 | 1,878 | 12% |
| 61-65 | 806 | 5% |
| 66-70 | 175 | 1% |
| 71 & above | 44 | 0% |
| **Total** | **16,096** | **100** |

**Disability**

From Table 16 we can see that the proportion of ABMUHB staff that report they are disabled is very low at 1%. However, this figure should be treated with caution, as 48% of staff did not specify whether they are, or are not disabled.

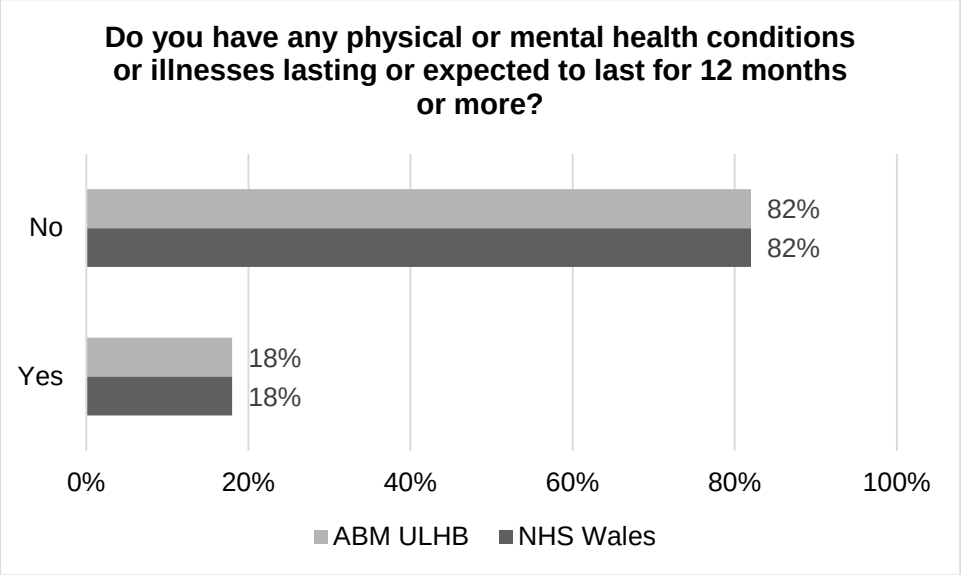
**Table 15: ABMUHB Staff by disability status (Source: ABMUHB ESR)**

| Disabled | Total | %age |
|---|---|---|
| No | 8,130 | 51% |
| Not Declared | 43 | 0% |
| Prefer Not To Answer | 1 | 0% |
| Unspecified | 7,701 | 48% |
| Yes | 221 | 1% |
| **Total** | **16,096** | **100** |

Figure 7 and Figure 8 show the responses of 27% ABMUHB staff to the 2018 NHS Wales Staff Survey questions on disability.

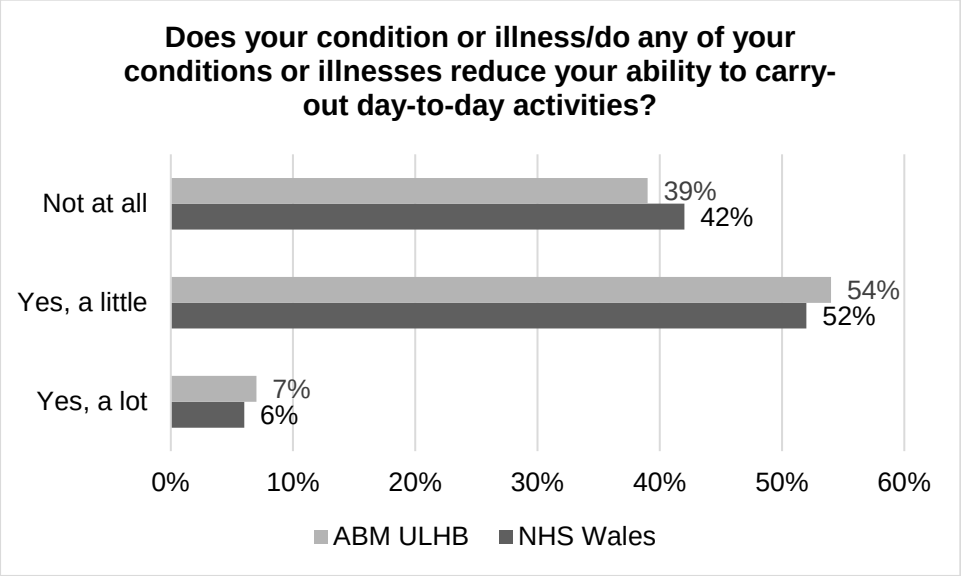
The data from the 2018 NHS Wales Staff Survey shows that 18% of staff reported having a physical or mental health conditions or illnesses lasting or expected to last for 12 months or more. Of that 18%, 61% reported that their condition or illness reduced their ability to carry-out their day-to-day activities either a little (54%), or a lot (7%). Based on the data from the 2018 NHS Wales Staff Survey this would equate to 11% being classed as disabled according to the Equality Act 2010 definition of disability.[22] This figure is a lot higher than the one recorded on the ESR (1%), but is comparable to the rate reported across the NHS in Wales.

**Figure 7: Staff with physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (Source: NHS Wales Staff Survey 2018)**




[22] Under the Equality Act 2010 disabled is defined as individuals that have a physical or mental condition/illness lasting or expected to last for 12 months or more, which affects their ability to carry out day-to-day activities either a lot, or a little.

### Figure 8: Staff with a condition or illness that reduces their ability to carry-out their day-to-day activities (Source: NHS Wales Staff Survey 2018)




## Gender

Table 17 shows that the majority of ABMUHB's staff are in the Nursing and Midwifery staff group (32%). The next highest staffing group is Additional Clinical Services (20%).

### Table 16: ABMUHB staff numbers by staff group (Source: ABMUHB ESR)

| Staff Group | Count | % |
|---|---|---|
| Additional Professional Scientific and Technical | 500 | 3% |
| Additional Clinical Services | 3,157 | 20% |
| Administrative and Clerical | 2,858 | 18% |
| Allied Health Professionals | 1,041 | 6% |
| Estates and Ancillary | 1,708 | 11% |
| Healthcare Scientists | 356 | 2% |
| Medical and Dental | 1,389 | 9% |
| Nursing and Midwifery Registered | 5,078 | 32% |
| Students | 9 | 0% |
| **Total** | **16,096** | **100%*** |

*Total does not add up to 100% due to rounding

Table 18 below breaks down ABMUHB staff groups by gender. The data shows that ABMUHB staff is predominantly female (78%). ABMUHB employs more females than males in all staff groups apart from Medical and Dental, where 60% of staff are male.

### Table 17: ABMUHB staff group by gender (Source: ABMUHB ESR)

| Staff Group | Female | | Male | | Total |
|---|---|---|---|---|---|
| | Count | %age | Count | %age | %age |
| Add Prof Scientific and Technic | 349 | 70% | 151 | 30% | 100% |
| Additional Clinical Services | 2,561 | 81% | 596 | 19% | 100% |
| Administrative and Clerical | 2,419 | 85% | 439 | 15% | 100% |
| Allied Health Professionals | 875 | 84% | 166 | 16% | 100% |
| Estates and Ancillary | 981 | 57% | 727 | 43% | 100% |
| Healthcare Scientists | 209 | 59% | 147 | 41% | 100% |
| Medical and Dental | 558 | 40% | 831 | 60% | 100% |
| Nursing and Midwifery Registered | 4,621 | 91% | 457 | 9% | 100% |
| Students | 9 | 100% | 0 | 0% | 100% |
| **Total** | **12,582** | **78%** | **3,514** | **22%** | **100%** |

Table 19 describes the proportion of each gender in the ABMUHB pay grades. For the majority of the pay grades the proportions of females and males in each band is relatively equal, with the majority of pay grades showing a 0-4 percentage point difference. However, three pay grades show notable differences between the genders:

- 24% of all female staff work in Band 5 compared to only 11% of all male staff.
- 1% of all female staff work as a Consultant compared to 12% of all male staff.
- 1% of all female staff work as a Speciality Registrar compared to 7% of all male staff.

## Table 18: ABMUHB pay grade by gender (Source: ABMUHB ESR)

| Pay Grade | Female | | Male | |
|---|---|---|---|---|
| | Count | %age | Count | %age |
| Band 1 | 570 | 5% | 162 | 5% |
| Band 2 | 2,455 | 20% | 754 | 21% |
| Band 3 | 1,326 | 11% | 339 | 10% |
| Band 4 | 1,029 | 8% | 210 | 6% |
| **Band 5** | **2,979** | **24%** | **381** | **11%** |
| Band 6 | 1,894 | 15% | 371 | 11% |
| Band 7 | 1,169 | 9% | 251 | 7% |
| Band 8a | 326 | 3% | 94 | 3% |
| Band 8b | 96 | 1% | 41 | 1% |
| Band 8c | 69 | 1% | 39 | 1% |
| Band 8d | 16 | 0% | 11 | 0% |
| Band 9 | 6 | 0% | 8 | 0% |
| Associate Specialist | 27 | 0% | 42 | 1% |
| **Consultant** | **188** | **1%** | **413** | **12%** |
| Dentist | 12 | 0% | 4 | 0% |
| Foundation Year 1&2 | 75 | 1% | 63 | 2% |
| Hospital Practitioner | | 0% | 1 | 0% |
| Non A4C | 104 | 1% | 44 | 1% |
| Senior House Officer | 1 | 0% | 3 | 0% |
| Specialist Registrar | 1 | 0% | | 0% |
| Specialty Doctor | 47 | 0% | 42 | 1% |
| **Specialty Registrar** | **187** | **1%** | **233** | **7%** |
| Staff Grade Practitioner | | 0% | 3 | 0% |
| Vocational Dentist | 5 | 0% | 5 | 0% |
| **Total** | **12,582** | **100%** | **3,514** | **100%** |

Table 20 shows that there is a gender split with regards to work pattern amongst ABMUHB staff. Overall, men are more likely than women to work full-time (86% of men, compared to 54% of women).

## Table 19: ABMUHB staff group by working pattern and gender (Source: ABMUHB ESR)

| Staff Group | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Full-time | | Part-time | | Full-time | | Part-time | |
| | Count | %age | Count | %age | Count | %age | Count | %age |
| Add Prof Scientific and Technic | 223 | 64% | 126 | 36% | 130 | 86% | 21 | 14% |
| Additional Clinical Services | 1,301 | 51% | 1,260 | 49% | 522 | 88% | 74 | 12% |
| Administrative and Clerical | 1,316 | 54% | 1,103 | 46% | 401 | 91% | 38 | 9% |
| Allied Health Professionals | 509 | 58% | 366 | 42% | 146 | 88% | 20 | 12% |
| Estates and Ancillary | 178 | 18% | 803 | 82% | 558 | 77% | 169 | 23% |
| Healthcare Scientists | 119 | 57% | 90 | 43% | 136 | 93% | 11 | 7% |
| Medical and Dental | 419 | 75% | 139 | 25% | 750 | 90% | 81 | 10% |
| Nursing and Midwifery Registered | 2,734 | 59% | 1,887 | 41% | 392 | 86% | 65 | 14% |
| Students | 8 | 89% | 1 | 11% | 0 | 0% | 0 | 0% |
| **Total** | **6,807** | **54%** | **5,775** | **46%** | **3,035** | **86%** | **479** | **14%** |

## Table 20: ABMUHB contract type by working pattern and gender (Source: ABMUHB ESR)

| Contract type | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Full-time | | Part-time | | Full-time | | Part-time | |
| | Count | %age | Count | %age | Count | %age | Count | %age |
| Fixed Term Temp | 759 | 63% | 455 | 37% | 528 | 87% | 78 | 13% |
| Non-Exec Director/Chair | 2 | 67% | 1 | 33% | 3 | 60% | 2 | 40% |
| Permanent | 6,046 | 53% | 5319 | 47% | 2,504 | 86% | 399 | 14% |
| **Total** | **6,807** | **54%** | **5775** | **46%** | **3,035** | **86%** | **479** | **14%** |

The Estates and Ancillary staff group has the lowest proportion of female staff working full-time (18%), while 77% of males in the same staff group work full-time. This is the lowest proportion of men working full-time (ignoring students where there are no male students) across the staff groups. All the other staff groups for males have at least 86% working full-time. In contrast the staff group (ignoring students) with the highest proportion of females working full-time is Medical and Dental at 75%, and this is also the staff group with the lowest proportion of female staff (40%). The majority of staff grades for females are in the range 51% - 59% working full-time.

Table 21 provides a breakdown of contract type by gender and working pattern. The data shows that males are more likely than females to be working full-time on Fixed Term Temporary, and Permanent contract types. At the Non-Exec Director/Chair level proportionally more females than males are working full-time, but as the numbers for this contract type are so low the actual percentage difference is negligible.

From Table 21 we can see that 6,046 females have a permanent full-time contract, this equates to 48% of the total female workforce in ABMUHB. In contrast, 2,504 or 71% of the total male workforce have a permanent full-time contract.

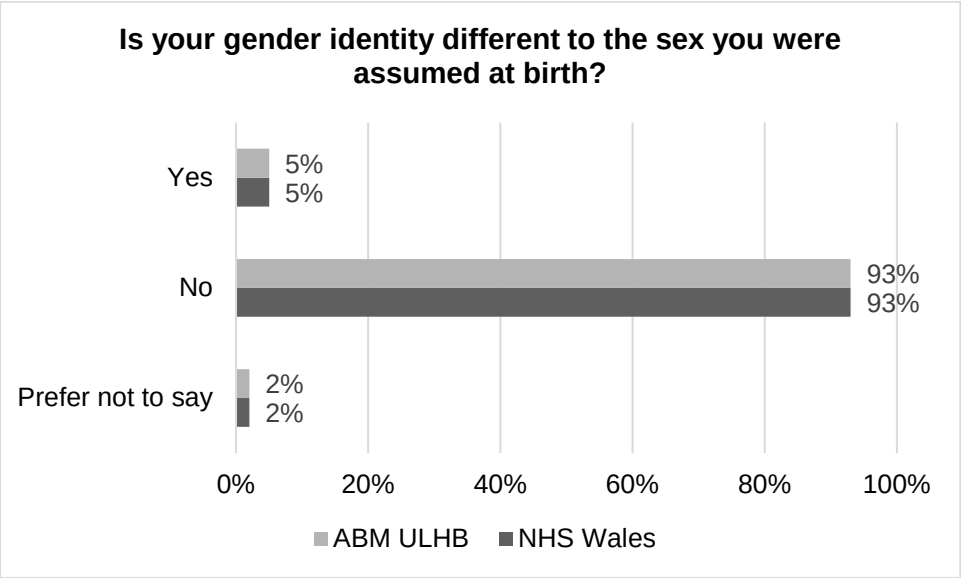
Due to the gender make-up of ABMUHB staff it is very likely that any shifts in workforce will have a greater impact on females than males. This is significant, because as previously highlighted, females are more likely than males to be lone parents, and are more likely than men to be a carer. Should working patterns or work travel requirements change, carers and lone parents are groups that are likely to face challenges in accommodating those changes.

**Gender Reassignment**

No data is held by ABMUHB's ESR on the number of ABMUHB staff that are transgender.

Data from the 2018 NHS Wales Staff Survey (see Figure 9) indicates that of the 27% of staff that responded, 5% of ABMUHB staff identify as transgender. This figure is comparable to the rate reported across the NHS in Wales.

### Figure 9: Staff that identify as transgender (Source: NHS Wales Staff Survey 2018)




**Marriage and civil partnership**

Table 22 shows that the majority of ABMUHB staff are Married (53%), with the second largest relationship status being Single (31%).

### Table 21: ABMUHB staff by marriage and civil partnership (Source: ABMUHB ESR)

| Marital Status | Female | Male | Total | %age |
|---|---|---|---|---|
| Civil Partnership | 109 | 34 | 143 | 1% |
| Divorced | 1,005 | 106 | 1,111 | 7% |
| Legally Separated | 66 | 17 | 83 | 1% |
| Married | 7,165 | 1,392 | 8,557 | 53% |
| Single | 3,875 | 1,136 | 5,011 | 31% |
| Unknown | 105 | 750 | 855 | 5% |
| Widowed | 111 | 6 | 117 | 1% |
| Undefined | 146 | 73 | 219 | 1% |
| **Total** | **12,582** | **3,514** | **16,096** | **100%** |

**Pregnancy and Maternity**

The protection against discrimination in the workplace lasts for a specific period of time called the protected period. This starts when a person become pregnant and ends when the maternity leave ends, or when the mother returns to work if this is earlier. All employees have the right to take maternity leave.

As of September 2018, ABMUHB ESR shows that 320 (2%) of the ABMUHB's 16,096 staff are on maternity career break.

**Race**

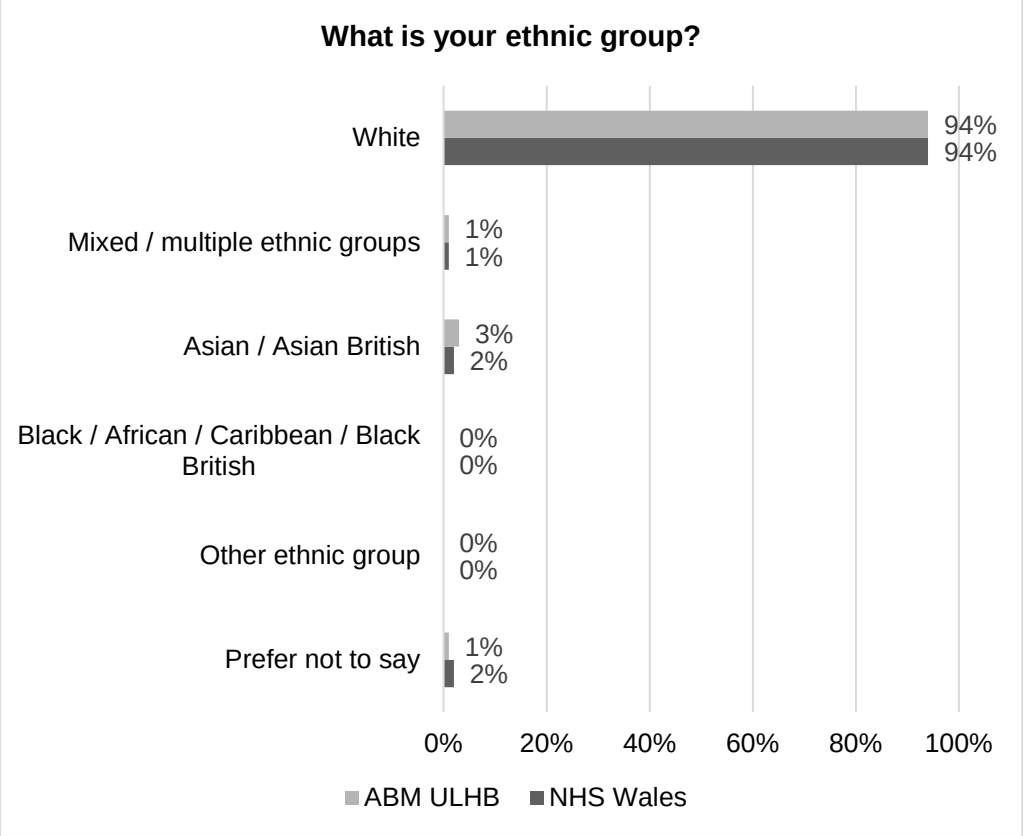
Table 23 shows that the majority of ABMUHB staff are White (60%), and only 4% are from a Black & Minority Ethnic Group. As with disability, this figure should be treated with caution as 36% of staff opted not to share any data on their ethnicity.

### Table 22: ABMUHB staff by ethnic group (Source: ABMUHB ESR)

| Ethnic Origin | Count | %age |
|---|---|---|
| White | 9,613 | 60% |
| Black & Minority Ethnic Groups | 709 | 4% |
| No Data/Not Stated | 5,774 | 36% |
| **Total** | **16,096** | **100%** |

Data from the 2018 NHS Wales Staff Survey, to which 27% of ABM UHB staff responded (see Figure 10), on the proportion of ABMUHB staff that are from a Black & Minority Ethnic Group is comparable to ESR, with the survey reporting 5% as BME. However, the proportion of staff identifying as White in the 2018 NHS Wales Staff Survey is higher at 94%, than the figure reported on the ESR (60%). The ABMUHB ethnicity proportions are comparable to the proportions reported across the NHS in Wales.

### Figure 10: Staff ethnic group (Source: NHS Wales Staff Survey 2018)




Harassment on public transport may become a more significant concern if staff are required to travel further than they currently do if staff are required to work in a different location than they currently do.

A Freedom of Information request by The Independent newspaper obtained data from British Transport Police data for 2013 to 2018 which shows an increase in the number of hate crimes reported. Race hate crimes jumped from 1,453 to 2,566 over the five-year period.[23]

**Religion and Belief (including non-belief)**

Table 24 provides a breakdown of ABMUHB staff by religion and non-belief. The table shows that the majority of staff have not reported their religious or non-belief status, and are categorised as Undefined (42%). The next largest status is Christianity (34%). The remaining religious or non-belief statuses are all below 10%.

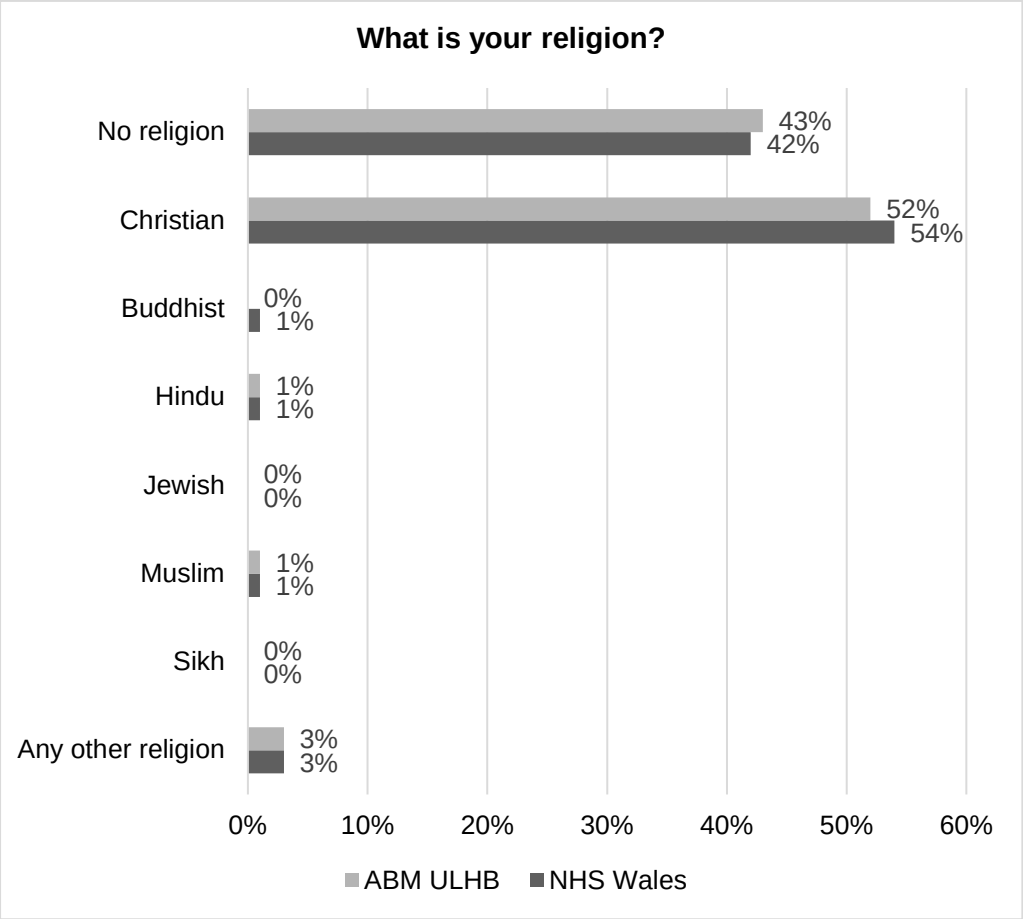
**Table 23: ABMUHB staff by religion (Source: ABMUHB ESR)**

| Religious Belief | Count | %age |
|---|---|---|
| Atheism | 1,391 | 9% |
| Buddhism | 27 | 0% |
| Christianity | 5,396 | 34% |
| Hinduism | 77 | 0% |
| I do not wish to disclose my religion/belief | 1,141 | 7% |
| Islam | 103 | 0% |
| Jainism | 1 | 0% |
| Judaism | 2 | 0% |
| Other | 1,225 | 8% |
| Sikhism | 11 | 0% |
| Undefined | 6,722 | 42% |
| **Total** | **16,096** | **100%** |

The categories of religion reported via the 2018 NHS Wales Staff Survey vary slightly from the categories recorded on the ESR (see Figure 11). The Staff Survey, to which 27% of ABM UHB staff responded, shows a higher proportion of staff identifying as Christian (52%), than reported on the ESR (34%). For the other religions reported the Staff Survey and ESR report similar staff proportions. The Staff Survey indicates that 43% of ABMUHB staff do not identify with any religion (this is not equivalent to the ESR category of "Undefined" which refers to staff records where no data is held).

[23] https://www.independent.co.uk/news/uk/crime/hate-crimes-public-transport-homophobic-religion-racist-uk-attacks-tube-train-bus-a8291761.html

**Figure 11: Staff religion or non-belief (Source: NHS Wales Staff Survey 2018)**




ABMUHB does not differ significantly from the figure reported for staff across NHS Wales with regard to religion.

Harassment on public transport may become a more significant concern if staff are required to travel further than they currently do if staff are required to work in a different location than they currently do.

A Freedom of Information request by The Independent newspaper obtained data from British Transport Police data for 2013 to 2018 which shows an increase in the number of hate crimes reported. Faith-linked attacks more than quadrupled from 64 in 2013 to 294 over the five-year period.[24]

**Sexual Orientation**

Table 25 provides a breakdown of ABMUHB staff by sexual orientation. The table shows that the majority of staff have not reported their sexual orientation as Heterosexual or Straight (54%). Only 1% of staff identified as Gay or Lesbian, but due to the high proportion of staff who have opted not to disclose their sexual orientation (42%), the proportion of LGB staff may be higher.

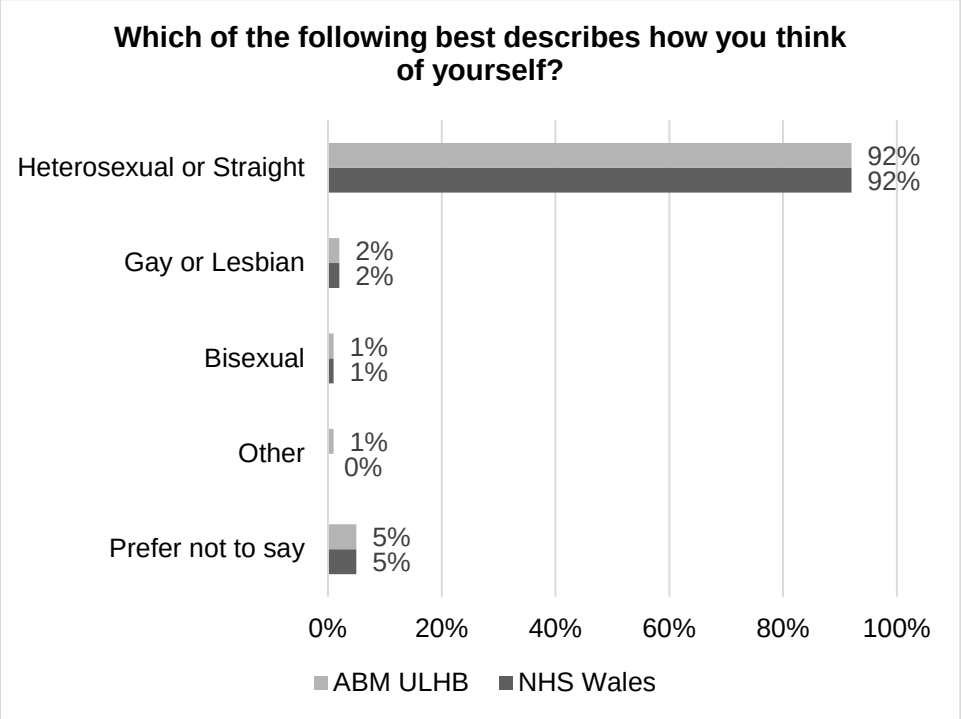
[24] https://www.independent.co.uk/news/uk/crime/hate-crimes-public-transport-homophobic-religion-racist-uk-attacks-tube-train-bus-a8291761.html

### Table 24: ABMUHB staff by sexual orientation (Source: ABMUHB ESR)

| Sexual Orientation | Count | %age |
|---|---|---|
| Bisexual | 52 | 0% |
| Gay or Lesbian | 140 | 1% |
| Heterosexual or Straight | 8,669 | 54% |
| Prefer not to say | 497 | 3% |
| Undefined | 6,738 | 42% |
| **Total** | **16,096** | **100%** |

Data from the 2018 NHS Wales Staff Survey (see Figure 12), to which 27% of ABM UHB staff responded, shows that the proportion of staff that identify as Heterosexual/Straight at 92%, is higher than recorded on ESR (54%). The proportion of staff that identified as LGB or "Other" on the Staff Survey (4%) is also higher than recorded on the ESR (1%).

### Figure 12: Staff sexual orientation (Source: NHS Wales Staff Survey 2018)




No direct impact upon staff due to their sexual orientation is anticipated.

The 2018 National LGBT Survey[25] found that:

*The most common places where cisgender respondents had avoided being open about their sexual orientation were on public transport (65%) and in the workplace (56%).*

[25] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report

Harassment on public transport may become a more significant concern if staff are required to travel further than they currently do if staff are required to work in a different location than they currently do.

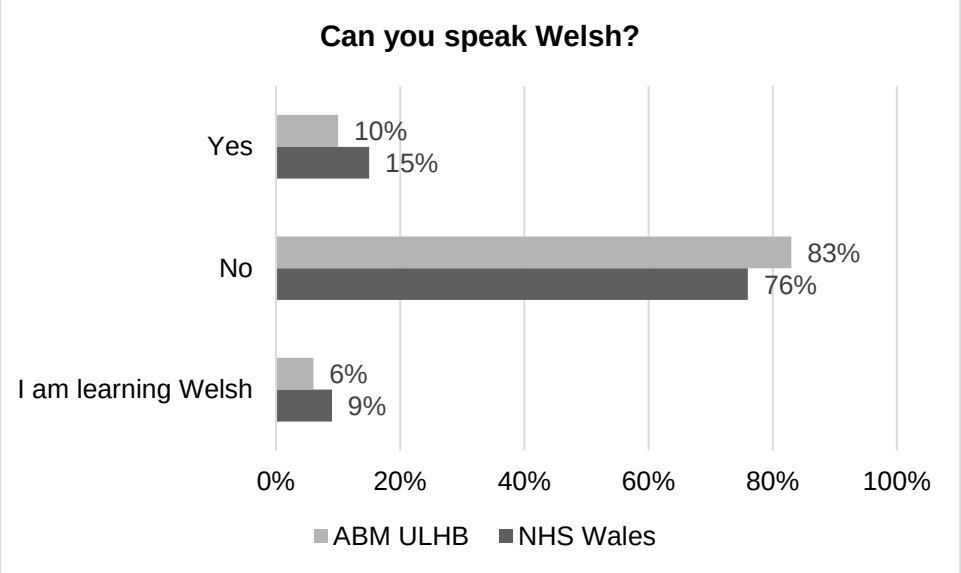
A Freedom of Information request by The Independent newspaper obtained data from British Transport Police data for 2013 to 2018 which shows an increase in the number of hate crimes reported. The number of gay, lesbian or bisexual victims on the road and rail network trebled from 139 to 416.[26]

Further work is needed to explore whether there is the potential for additional differential impact in respect of sexual orientation.

**Welsh Language**
Figure 13 and Figure 14 show the proportion of staff (27% of ABM UHB staff) that reported in the 2018 NHS Wales Survey that they can speak Welsh, and how often they use Welsh in the workplace.

The data from the Staff Survey indicates that only 10% of ABMUHB staff can speak Welsh (Figure 13). This proportion is lower than the proportion reported for NHS Wales (15%).

**Figure 13: Staff that can speak Welsh (Source: NHS Wales Staff Survey 2018)**

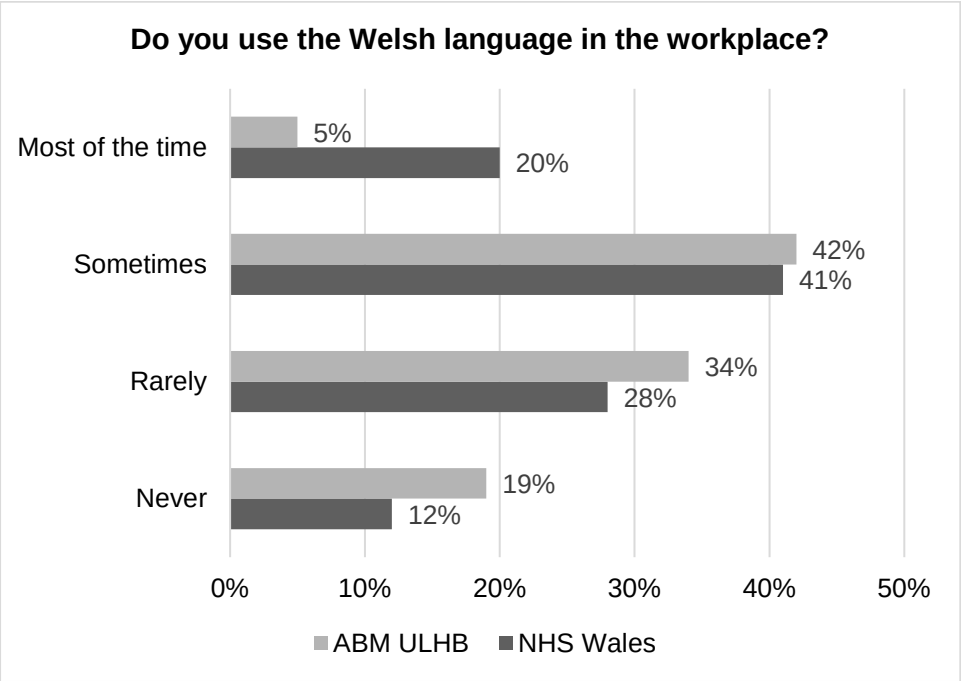



Use of Welsh in the workplace by ABMUHB staff is lower in ABMUHB than in the NHS across Wales. Only 5% of ABMUHB staff use Welsh in the workplace “Most of the time” compared to 20% of staff in NHS Wales.

Similarly staff in ABMUHB are more likely than staff in NHS Wales to use Welsh in the workplace “Rarely” (34% compared to 28&) or “Never (19% compared to 12%).

[26] https://www.independent.co.uk/news/uk/crime/hate-crimes-public-transport-homophobic-religion-racist-uk-attacks-tube-train-bus-a8291761.html

**Figure 14: How often staff use Welsh in the workplace (Source: NHS Wales Staff Survey 2018)**




Based on the available evidence we do not anticipate that the proposed service changes will affect staff's rights to use the Welsh language.

## 5. Human Rights

The EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998[27] as well as international treaties.

Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information.

In producing this EIA we have considered the potential of the proposed service changes to impact upon the following rights under the Human Rights Act 1998:

- Article 2: The right to life
- Article 3: The right to freedom from torture or inhuman or degrading treatment
- Article 5: The right to freedom and liberty
- Article 6: The right to a fair trial
- Article 7: The right to no punishment without law
- Article 8: The right to respect for private and family life, home and correspondence
- Article 9: The right to freedom of thought, conscience and religion
- Article 10: The right to freedom of expression
- Article 11: Freedom of assembly and association.
- Article 12: The right to marry and found a family
- Article 14: The right not to be discriminated against in relation to any of the rights contained in the European Convention

Based on the available evidence we do not anticipate that the proposed service changes will impinge upon patients' or staff's rights protected under the Human Rights Act.

[27] https://www.legislation.gov.uk/ukpga/1998/42/contents

# 6. Summary of impact

### Potential impact on the public

The patient and demographic data presented in this report has identified that the proposed service changes outlined within Changing for the Future engagement document will have direct relevance to the following protected characteristics:

- Age
- Disability
- Gender
- Pregnancy and maternity

Based on the data currently available, we do not anticipate a direct impact on the remaining protected characteristics (e.g. gender reassignment, marriage and civil partnership, race, religion and belief, and sexual orientation), but we will continue to monitor the proposed service changes with respect to these protected characteristics.

In addition to the above protected characteristics it is anticipated that the service changes may affect unpaid carers, the Welsh language and people with low socio-economic status.

With regards to the nature of the impact (i.e. positive, neutral or negative), the changes proposed as part of the Changing for the Future engagement document are intended to provide patients with better services and better clinical outcomes and in doing so promoting equality of outcome. For example, the development of each of our main hospitals as Centres of Excellence should:

- help reduce delays in accessing services and having appointments with consultants,
- reduce the number of cancelled planned operations,
- enable a more consistent and reliable service by ensuring the necessary staff numbers are maintained on sites to provide services,
- provide patients with access to the necessary equipment and support services thereby reducing the need for patients to be transferred to other sites.

In establishing Centres of Excellence for different services in each of our main hospitals, working in a network of provision across the Swansea Bay area it is recognised that there is the potential for a negative impact on patients as in some instances they will be required to travel further than they currently do to access a service. This travel burden will have a greater impact on patients from low-income households (e.g. lone parents, disabled, carers.)

No impact is anticipated upon patients' absolute rights protected under the Human Rights Act 1998 however consideration should be given to Article 8 of Human Rights Act, right to respect for private and family life. Although not an absolute right,

changing the location of some services may impact patients' rights to maintain relationships with their family whilst in hospital, Further exploration of this will be undertaken in the Stage 2 EIA.

**Potential impact on ABMUHB staff**

Due to the gender structure of the ABMUHB workforce the data presented strongly suggests that any changes in workforce will affect female staff more than male staff. This in turn, suggests that carers will be impacted as more women than men are carers.

- 78% of ABMUHB staff are female.
- 54% of female staff work full-time compared to 86% of male staff.
- 48% of female staff have a permanent full-time contract compared to 71% of male staff.

Based on the data currently available, this EIA has also identified potential areas of concern in relation to race, religion and sexual orientation.

No impact is anticipated upon staffs' rights protected under the Human Rights Act 1998.

However, at this stage of the EIA process feedback from patients, wider stakeholders and staff has not been captured. The anticipated impacts on the protected characteristic groups will be updated once that feedback has been collected via the proposed engagement activities.

**Clinical Services Plan and the Annual Plan 2019/20**

It should be noted that while the service changes outlined in the Changing for the Future engagement document sets out how services are proposed to change, the impact these changes has on service users will be determined by the manner in which these proposals are implemented. More detail on these plans is contained within the Annual Plan 2021-22. Further detail will be developed as part of ongoing work of the Health Board, learning from and applying the feedback from this programme of engagement with the public, staff and other stakeholders and the associated formal consultation with staff potentially affected by the changes,

# 7. Themes from the Changing for the Future Engagement

***Summary***
The 'Changing for the Future' engagement programme sought the views of patients and public, staff and stakeholders on a set of outline proposals to make a series of permanent changes to the way in which urgent and planned care services are delivered across the Swansea Bay area following the COVID-19 pandemic.

Central to the proposals outlined in the public engagement document was the evolution of hospital services towards three centres of excellence for different types of care.

The total number of people involved in this engagement programme made it the largest health engagement ever to be undertaken in Swansea Bay. 7,793 individuals visited the engagement website, of whom over 1,250 completed the online engagement questionnaire either in English or in Welsh. In addition, more people completed hard copy versions of the survey, attended online public meetings, attended marketplace drop-in events or submitted other written engagement responses. Over 100,000 people saw our sponsored engagement posts on social media.

Key qualitative and quantitative findings from the engagement programme and online survey were as follows:

- Almost 90% of respondents supported the general principle of creating three centres of excellence at Morriston, Singleton and Neath Port Talbot.
- We found a desire on the part of respondents to prioritise 24/7, consistent care at our three main hospitals.
- There was a sense that the most important challenge facing the NHS in Swansea Bay was tackling waiting times.
- Almost 85% of respondents were either in favour of separating planned and emergency care services or at least of exploring that possibility.
- Over 90% of respondents agreed or strongly agreed with the proposition that healthcare should be local where possible and specialist where necessary.
- Most respondents were in favour of the proposals to expand digital services across the health board area, with many stating they were a *"good"* or *"excellent"* idea and that digitalisation was "*the way forward*".
- There was a sense of support for more appointments by telephone or video link but with the proviso that face-to-face appointments should be available too.
- Respondents to the survey were overwhelmingly in favour of proposals to develop a new Hyper Acute Stroke Unit (HASU), with a number suggesting that the proposals were *"long overdue"* and would help save lives.
- A significant response theme involved concern about transport and

access to services that might be moved as part of a more specialised and centralised approach. There were several comments about the affordability of transport, both private and public, poor public transport links, congested road networks and the availability of parking.

- Some concerns were raised about the proposal not to re-open the Minor Injuries Unit at Singleton Hospital, particularly in relation to location, transport and access.

Responses were examined from the perspective of the nine specific protected characteristics identified in the Equality Act 20210

**Age**

In answer to:

**Question 1:** Thinking of the NHS in the Swansea Bay area which of the following priorities are most important to you? Please put the list into order of importance by placing the number 1 next to the most important, the number 2 next to the second most important and so on.

The under 45s expressed a different set of priorities to the over 45s, valuing 'NHS staff feeling supported' as top priority whereas this is placed 4th by the full cohort of respondents who cited '24-7 consistent NHS service provision' in first place.

However, when the responses from NHS staff were examined we see that the same pattern is repeated, signifying that this difference is perhaps less to do with age and more to do with a different set of priorities for NHS staff.

For all other questions there was no discernible difference between the responses of the under 45 and over 45 age groups.

**Disability**

For the most part, respondents who identified as disabled provided answers in line with the full cohort of respondents.

However, small but noteworthy differences were observed in the responses to questions 4 and 6.

**Question 4:** Subject to engagement, we propose to make each of our main hospitals a centre of excellence for different services. Morriston Hospital will be a centre of excellence for urgent and emergency care, specialist care and regional surgical services. Singleton Hospital will be a centre of excellence for planned care (including routine operations), cancer and diagnostics and Neath Port Talbot Hospital will be a centre of excellence for orthopaedic care (such as hips and knees), spinal care, diagnostics, rehabilitation and rheumatology.

Responses to this question showed a greater number of disabled people (36.2% as opposed to 29.9% of the full cohort) who thought that 'specialisation makes sense but we should provide some services in all our hospitals'.

**QUESTION 6:** Some people think we should avoid duplicating too many health services on too many hospital sites and that we should have more specialist centres. Which of the following statements comes closest to your personal view?

Responses to questions 6 indicated, 20.2% of disabled respondents (as opposed to 15.6% of the full cohort) replied 'Apart from the most specialist treatments, like open heart surgery, most hospitals should offer most services'.
Whilst most disabled respondents supported the avoidance of unnecessary duplication and the separation of planed and urgent care services, there was a larger number who expressed a preference for the provision of a greater number of NHS services across all hospital sites.

**Gender reassignment**
A small number of people (five in total) who responded to the online questionnaire identified as being transgender. Their responses to the online questionnaire did not differ in any material sense from the responses of the whole cohort. Neither this group of respondents, nor any other respondents, raised any point of concern or themes that were specific to gender reassignment.

**Marriage and civil partnerships**
There were no observable, significant differences between respondents who were married or in a civil partnership and those who were not.

**Pregnancy and maternity**
Over 1.5% of the respondents were either pregnant at the time of completing the survey or had been pregnant in the past year. Their responses to the online questionnaire did not differ in any material sense from the responses of the whole cohort.

**Race (Black and Minority Ethnic BAME communities)**
There were no observable, significant differences between respondents who identified as BAME and those who identified as white. It should, however, be noted that only 31 BAME respondents took part in the survey.

**Religion or belief**
There were no observable, significant differences between respondents who identified with a religion and those who did not.

**Sex (male / female)**
For the most part there were no significant differences between the responses given by men and women.

The only slight difference could be seen in response to question 6
**QUESTION 6:** Some people think we should avoid duplicating too many health services on too many hospital sites and that we should have more specialist centres. Which of the following statements comes closest to your personal view?

Whilst both men (48.7%) and women (45.7%) felt strongly that too much duplication of service provision should be avoided, a higher proportion of women (29.04%)

cautioned that we should try to improve transport links to help mitigate increased journey times.

**Sexual orientation (LGBTQ+)**
There were no observable, significant differences between respondents who identified as LGTBQ+ and those who identified as heterosexual. It should, however, be noted that only 69 LGBTQ+ respondents took part in the survey.

**Carers**
Responses to question 21 of the survey showed that 36.1 % of all respondents had primary caring responsibilities whereas over half (53.5%) had no caring responsibilities at all. When we looked at the answers for only this group to questions 1-7 of our survey we found no significant differences when compared to the global cohort.

**Welsh language issues**
Respondents raised no issues or concerns specifically relating the Welsh language in view of the proposals being put forward for how services should be organised across the three main hospital sites in the SBUHB area.

**Socio-economic duties**
In terms of our socio-economic duties we noted a number of relevant comments from survey respondents relating most notably to:

1. Increased travel costs associated with having to travel further to access certain services at specialist centres, and
2. The costs for patients and service users in accessing services online.

**Comments received relating to travel costs:**
*"Travelling will be an issue. Not everyone has family or people they can call on to take them to a hospital. Some people also cannot afford taxis for long distances"*

*"We desperately need minor injuries at Singleton and the out of hours GP back. I was told to go to Neath Port Talbot once - I don't drive and can't afford the taxi fare. Public transport not an option either"*

*"Morriston Hospital can be hard and/or expensive to get to when you don't live close by and rely on public transport, especially during the night"*

**Comments received relating to online services:**
*"It's a good idea in the grand scheme of things but I think you need to be careful that you don't convert a lot of services to online, not only is it inaccessible for many people (age, financial reasons, etc)"*

*"Some people can't afford the items needed for this, risk of leak of information, can't use the technology and someone could break into the meeting and spoil it, and misuse."*
*"No idea what that is.. I suspect something totally inappropriate for older citizen or those unable to use technology, whether because of inability or social poverty."*

## 8. Mitigations

The health board will seek to address the issues identified through the following proposed mitigations:

| Issue Raised in Engagement | Mitigation Proposed |
|---|---|
| Concern about transport and access to services that might be moved as part of creating centres of excellence. There were several comments about the affordability of transport, both private and public, poor public transport links, congested road networks and the availability of parking. | That a new approach is taken to travel planning to support these service changes, including working with partners to improve the interconnections of public transport between sites and also with the third sector to provide alternative transport options. |
| That introducing a digital first approach should not replace other options for patients to access services, including face-to-face opportunities | That the Health Board will ensure that whenever digital solutions are implemented, alternative mechanisms are also introduced alongside these to ensure that individual needs can be met. |
| That service changes should be implemented with care and consideration to ensure that the benefits identified are realised. | That the Health Board will introduce a "triple lock" system for all proposed changes prior to implementation – with the Clinical leaders signing off implementation plans, alongside those of the relevant Hospital's Management Group, followed by the Management Board of the Health Board which has representation from clinical and non-clinical leaders from across the organisation to ensure that implementation plans are robust and will deliver the benefits anticipated. |
| Responses from BAME communities in particular are low. | The BAME Outreach workers funded by Welsh Government will build on their work over the past few months to develop a wider range of alternative ways for BAME communities to be involved and able to influence the Health Board's plans. |
| Concern about access to Minor Injuries Services across Swansea Bay. The engagement demonstrated that there was some confusion over where Minor Injuries Services will be provided in future. There were some views that they | That the Health Board will reiterate in all its communications and information sources that people can attend MIU at either NPTH or Morriston, recognising that waiting times at the former may be quicker. Furthermore, the Health Board |

| | |
|---|---|
| should be provided in NPTH (where there is already a MIU) and that they shouldn't only be provided in NPTH (there will also be a MIU at Morriston) as well as views that all our hospitals should have MIUs and that they should be provided in GP surgeries. | will discuss with GP Clusters any potential for Minor Injury services to be provided more locally. |

## 9. Next Steps

The implementation of the proposed mitigations will be monitored to ensure the intended outcomes are achieved.

# Appendix A: List of Most deprived LSOAs in ABMUHB Area *includes Bridgend population data

### Table 25: Most deprived (0-20%) LSOAs in ABMUHB area, WIMD 2014.

| Name | Code | LHB Rank (of 327) | Wales rank (of 1909) | Deprivation |
|---|---|---|---|---|
| Caerau (Bridgend) 1 | W01000991 | 1 | 6 | 0-10% |
| Penderry 1 | W01000830 | 2 | 21 | 0-10% |
| Cymmer (Neath Port Talbot) 2 | W01000921 | 3 | 22 | 0-10% |
| Castle 2 North | W01001955 | 4 | 27 | 0-10% |
| Townhill 1 | W01000862 | 5 | 29 | 0-10% |
| Castle 1 | W01000742 | 6 | 33 | 0-10% |
| Penderry 3 | W01000832 | 7 | 34 | 0-10% |
| Townhill 2 | W01000863 | 8 | 41 | 0-10% |
| Mynyddbach 1 | W01000817 | 9 | 43 | 0-10% |
| Caerau (Bridgend) 2 | W01000992 | 10 | 44 | 0-10% |
| Penderry 4 | W01000833 | 11 | 45 | 0-10% |
| Townhill 3 | W01000864 | 12 | 49 | 0-10% |
| Townhill 6 | W01000867 | 13 | 50 | 0-10% |
| Townhill 5 | W01000866 | 14 | 64 | 0-10% |
| Sandfields West 2 | W01000962 | 15 | 72 | 0-10% |
| Aberavon 4 | W01000886 | 16 | 79 | 0-10% |
| Bettws (Bridgend) | W01000975 | 17 | 90 | 0-10% |
| Sandfields East 2 | W01000958 | 18 | 98 | 0-10% |
| Bonymaen 1 | W01000738 | 19 | 102 | 0-10% |
| Neath North 2 | W01000939 | 20 | 112 | 0-10% |
| Morriston 9 | W01000814 | 21 | 116 | 0-10% |
| Brackla 3 | W01000981 | 22 | 117 | 0-10% |
| Morriston 5 | W01000810 | 23 | 119 | 0-10% |
| Neath East 1 | W01000934 | 24 | 122 | 0-10% |
| Briton Ferry West 1 | W01000896 | 25 | 123 | 0-10% |
| Sandfields West 3 | W01000963 | 26 | 133 | 0-10% |
| Morfa 2 | W01001022 | 27 | 136 | 0-10% |
| Morriston 7 | W01000812 | 28 | 140 | 0-10% |
| Sarn 1 | W01001055 | 29 | 141 | 0-10% |
| Penderry 6 | W01000835 | 30 | 142 | 0-10% |
| Aberavon 3 | W01000885 | 31 | 145 | 0-10% |
| Neath East 2 | W01000935 | 32 | 148 | 0-10% |
| Penderry 7 | W01000836 | 33 | 150 | 0-10% |
| Aberavon 2 | W01000884 | 34 | 166 | 0-10% |
| Blackmill 2 | W01000977 | 35 | 171 | 0-10% |
| St. Thomas 1 | W01000849 | 36 | 176 | 0-10% |
| Gwynfi | W01000930 | 37 | 177 | 0-10% |
| Caerau (Bridgend) 3 | W01000993 | 38 | 179 | 0-10% |
| Cornelly 4 | W01001002 | 39 | 189 | 0-10% |
| Llansamlet 8 | W01000801 | 40 | 207 | 10-20% |
| Sandfields West 4 | W01000964 | 41 | 212 | 10-20% |
| Coedffranc Central 3 | W01000914 | 42 | 216 | 10-20% |
| Cockett 8 | W01000762 | 43 | 217 | 10-20% |
| Penderry 5 | W01000834 | 44 | 218 | 10-20% |
| Cockett 2 | W01000756 | 45 | 224 | 10-20% |

| | | | | |
|---|---|---|---|---|
| Ynysawdre 1 | W01001057 | 46 | 225 | 10-20% |
| Landore 3 | W01000789 | 47 | 234 | 10-20% |
| Penderry 2 | W01000831 | 48 | 246 | 10-20% |
| Pyle 2 | W01001049 | 49 | 248 | 10-20% |
| Neath South 2 | W01000942 | 50 | 249 | 10-20% |
| Maesteg West 3 | W01001019 | 51 | 254 | 10-20% |
| Penyrheol (Swansea) 4 | W01000844 | 52 | 264 | 10-20% |
| Llansamlet 6 | W01000799 | 53 | 269 | 10-20% |
| Landore 4 | W01000790 | 54 | 271 | 10-20% |
| Sandfields East 1 | W01000957 | 55 | 278 | 10-20% |
| Glyncorrwg | W01000924 | 56 | 284 | 10-20% |
| Oldcastle 1 | W01001035 | 57 | 287 | 10-20% |
| Castle 3 | W01000744 | 58 | 292 | 10-20% |
| Caerau (Bridgend) 4 | W01000994 | 59 | 293 | 10-20% |
| Sketty 4 | W01000856 | 60 | 295 | 10-20% |
| Blackmill 1 | W01000976 | 61 | 298 | 10-20% |
| Landore 2 | W01000788 | 62 | 302 | 10-20% |
| Maesteg East 2 | W01001015 | 63 | 303 | 10-20% |
| Bryn and Cwmavon 3 | W01000900 | 64 | 310 | 10-20% |
| Port Talbot 3 | W01000951 | 65 | 315 | 10-20% |
| Maesteg West 4 | W01001020 | 66 | 319 | 10-20% |
| Briton Ferry East 2 | W01000895 | 67 | 323 | 10-20% |
| Clydach 3 | W01000752 | 68 | 325 | 10-20% |
| Neath East 3 | W01000936 | 69 | 328 | 10-20% |
| Bonymaen 2 | W01000739 | 70 | 331 | 10-20% |
| Mynyddbach 2 | W01000818 | 71 | 332 | 10-20% |
| Neath North 3 | W01000940 | 72 | 334 | 10-20% |
| Morriston 6 | W01000811 | 73 | 336 | 10-20% |
| Neath East 4 | W01000937 | 74 | 340 | 10-20% |
| Morfa 3 | W01001023 | 75 | 342 | 10-20% |
| Nant-y-moel 1 | W01001024 | 76 | 347 | 10-20% |
| Bryntirion Laleston and Merthyr Mawr 3 | W01000990 | 77 | 352 | 10-20% |
| Sandfields East 4 | W01000960 | 78 | 354 | 10-20% |
| Gwaun-Cae-Gurwen 2 | W01000929 | 79 | 355 | 10-20% |
| Castle 4 | W01000745 | 80 | 356 | 10-20% |
| Tai-bach 2 | W01000967 | 81 | 361 | 10-20% |
| Penllergaer 2 | W01000838 | 82 | 369 | 10-20% |
| Cymmer (Neath Port Talbot) 1 | W01000920 | 83 | 372 | 10-20% |
| Bonymaen 4 | W01000741 | 84 | 380 | 10-20% |