Abertawe Bro Morgannwg University Health Board Clinical Services Plan: Equality Impact Assessment, Stage 1, December 2018

Proposals relating to the Clinical Services Plan 2019 - 2024

Assess the impact of the proposed ambition for change to the distribution of medical patients, planned surgery, emergency surgery, and frailty services across the three main hospital sites set out in the Clinical Services Plan.

The purpose of this Stage 1 Equality Impact Assessment (EIA) is to develop the evidence base, and describe our current understanding of the potential impact of the proposed service changes based on that evidence base. A Stage 2 EIA will be produced that incorporates analysis of feedback from our engagement activity with stakeholders, and any new evidence identified. The Equality Impact Assessment will remain a draft throughout as changes and updates are made as new evidence is incorporated.

As the Clinical Services Plan forms the framework for the Annual Plan 2019/20 which lays out the initial plans for delivering services in line with the Clinical Services Plan, this Equality Impact Assessment also forms the equality impact assessment framework for the Annual Plan. It is important to note that separate Equality Impact Assessment documents for each programme to deliver the Clinical Services Plan and Annual Plan will be developed as detailed plans are developed and implemented.

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1. Introduction

The purpose of this document is to identify and assess the equality impact of the proposed service changes under consideration in the Clinical Services Plan 2019-2024 and also applies to the Organisational Strategy 2019-2029 and the Annual Plan 2019/20.

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 or being pregnant should not disadvantage us. These different characteristics are protected under the Equality Act 2010.

At Abertawe Bro Morgannwg University Health Board (ABMUHB) 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 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.

This Stage 1 EIA seeks to help the organisation to answer the following questions:

[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.

- Do different protected characteristics 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 2011 the Welsh Government published *Together for Health*[2], which described unprecedented challenges for the NHS in Wales. *Together for Health* called upon health boards to create services that were safe, sustainable and comparable with the best anywhere, and identified the following challenges facing the NHS in Wales.

- Quality of care that can be inconsistent and does not always meet the standards or give the outcomes of the very best.
- Rising numbers of older people and increasing frailty and complexity of needs
- More people with chronic ill health.
- Lifestyle choices that are worsening population health and will add further demand on the NHS in the future.
- Widening health inequality between rich and poor.
- Difficulties in recruiting several groups of clinical staff, particularly some types of doctors.
- Constrained spending on the NHS in Wales with falling revenue and capital in real terms.

In *Changing for the Better: Why your local NHS needs to change*[3] 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 *Changing for the Better* [4]programme, a five year plan to review and redesign its services. The scale of the challenge was further emphasised in 2016 when ABMUHB were placed in Targeted Intervention, demonstrating the need for strategic, sustainable solutions on a range of issues including performance in key areas, as well as clinical and financial sustainability.

Currently there are two sites in ABMUHB that offer acute/emergency medical intake. There are insufficient staff to run these services, and ABMUHB as with other Health Boards, are struggling to recruit the necessary acute medicine specialist staff. To address the current staff shortfall, ABMUHB are having to rely on employing locums. This is not cost effective due to the much higher cost of employing locums. The shortage in acute medicine specialist staff also has a negative impact on patient care, as it creates significant delays before the patient can see the relevant consultant. Over a third of patients at Morriston Emergency Department typically wait over 4 hours and up to 10% over 12 hours.

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[2] Welsh Government. (2011). *Together for Health. A Five Year vision for the NHS in* Wales. Cardiff: Welsh Government.
https://gov.wales/docs/dhss/publications/111101togetheren.pdf

[3] Abertawe Bro Morgannwg University Health Board. (2012). *Changing for the Better:You're 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

[4] 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*

In addition, the current service structure does not make best use of equipment and support services. Where acute/emergency care and planned surgical services are co-located there are negative impacts for patients, for example co-location can result in a high number of cancellations of planned surgery due to the demands of acute emergency care. There are on average approximately 30 cancellations for each planned procedure day across Morriston, Singleton, and NPT sites with the most common reason being “Emergency Case Taking Priority” (12%).

ABMUHB operates three different frailty services across its three sites. Each of these frailty services operated different admission practices which creates confusion for patients and organisations referring patients. The three frailty services also differ in the range of services they can offer patients onsite. The move to a single frailty model would improve the service offered to patients by ensuring access to a range of support services and specialists, providing a consistent admission practice across the ABM footprint.

The 2019-2024 Clinical Services Plan under review for this EIA is a refresh of the five year plan developed in 2013’s *Changing for the Better*. ABMUHB commissioned Capita to develop the 2019-2024 Clinical Services Plan. Capita focused on three areas, Unscheduled Care, Surgical Services and Regional Services. Capita worked with stakeholders creating Clinical Design Groups for each of the three areas, and employed a whole-system analytic and evidence-based approach to identify the priorities that would underpin the Clinical Services Plan. Using this approach Capita identified the following priorities for the plan:

- Single Unscheduled Care Acute Medical Take.
- One integrated single point of access & care co-ordination for patients and professionals.
- Single frailty model (and frailty assessment unit).
- Separation of planned and emergency surgery, or based on complexity of surgery.
- Seven day services including wrap around services, mental health and social care.
- Clusters caring for patients at home when safe to do so.

With the above priorities in mind Capita developed eight options[5] based on the distribution of medical patients, planned surgery, emergency surgery, and frailty services across the three main hospital sites.[6] Each of the eight options were then tested against initially three scenarios modelled by Capita. The initial three scenarios were:

1. No change – services continue to work in the same way and no provision is made for the expected changes. This scenario was discounted as unrealistic and not considered further.

[5] See Appendix A for a list of the eight options.
[6] Princess of Wales Hospital was excluded from the modelling as responsibility for delivery of health services to the population of Bridgend County Borough will be transferred to Cwm Taf University Health Board from April 2019.

2. Efficiency – services change some aspects of the way they work to reduce their demands on beds and theatre space.
3. Transformation – services transform their practices so that ABMUHB can achieve 25% peer performance.

Proposed service change

Based on the modelling work done by Capita and a consideration of the pros and cons of each of the eight options, the ABMUHB Clinical Senate met on 14th December 2018 and members approved Option Eight o to be recommended to Board as the preferred option for the reconfiguration of our major hospital sites. The ambitions set out in Option Eight are:

- Morriston Hospital to become the single site for admission of emergency medical and surgical patients as well as the centre for high risk surgery.
- Singleton Hospital to become the major centre for ambulatory, non-emergency care as well as completing low/medium risk surgery.
- Neath Port Talbot Hospital to become the major low risk day case surgery with an element of post assessment frailty service.

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 unit can develop a new operational model.
- Good match to existing facilities.
- Centralisation of all emergency/high risk activity with critical care resource.
- Good access for emergency patients.

Identified disadvantages to this approach are:

- Does not fully separate planned and emergency surgery.
- Will require some shifts in equipment/workforce.

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[7] 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.

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 ABMUHB area.[8] Bridgend is excluded from all ABMUHB population information presented in this report (where it has been possible to disaggregate data) as responsibility for delivery of health services to the population of Bridgend County Borough will be transferred to Cwm Taf University Health Board from April 2019.

Table 1 shows that within the ABMUHB 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 ABMUHB area as 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 ABMUHB area. Across ABMUHB 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 ABMUHB area would suggest that the proposed service changes will potentially affect women slightly more than men.

[7] 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.

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

Table 1: 2017 Population estimates for ABMU 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**
ABMUHB	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 ABMU 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%**
ABMUHB	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).

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

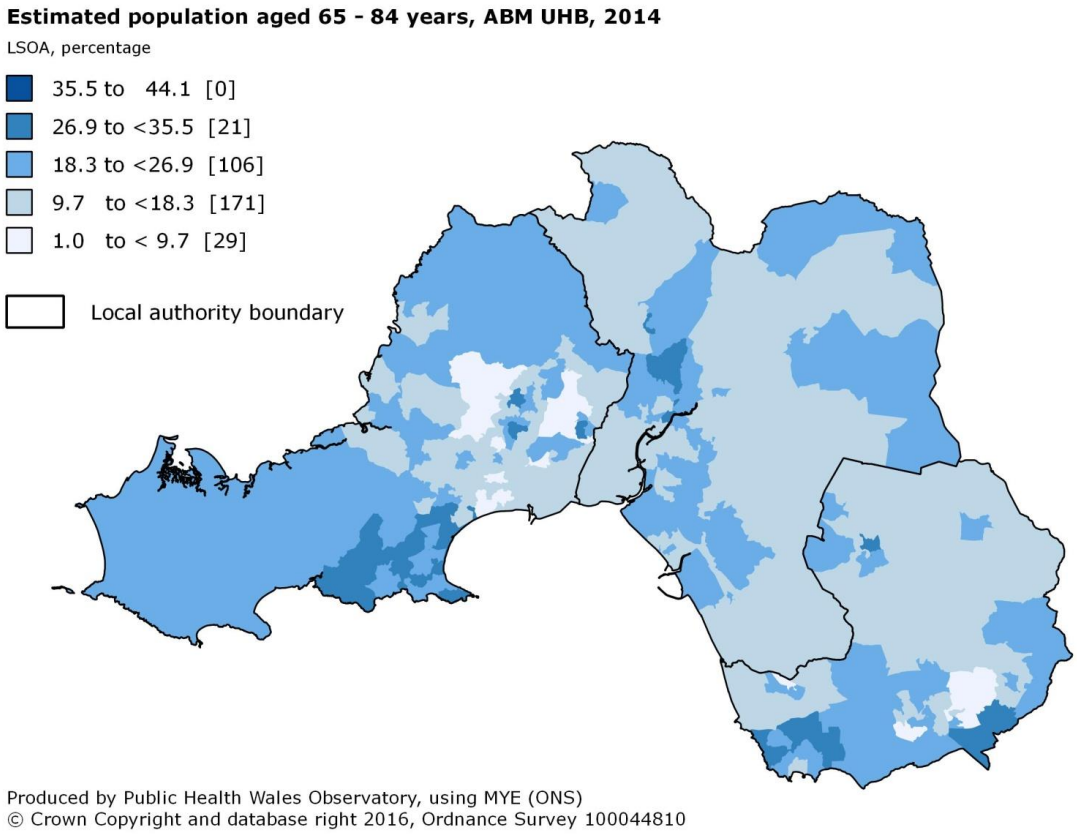
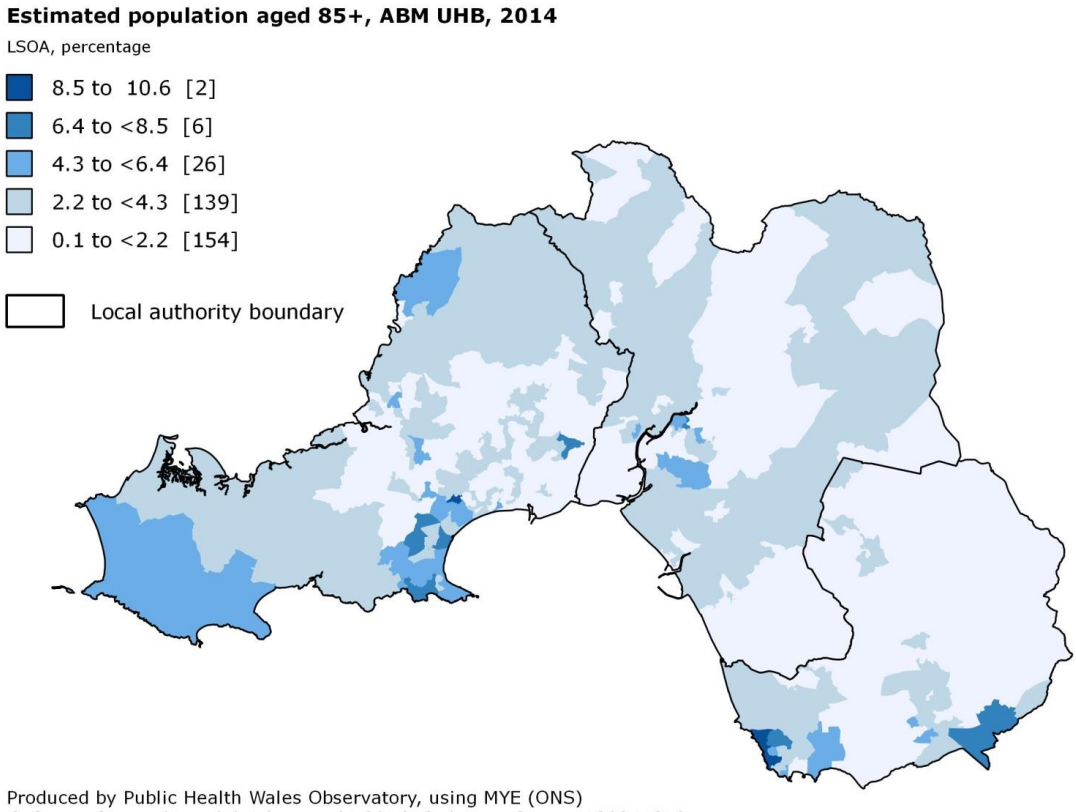


Figure 2: Population distribution by age (85 years plus) and LSOA in ABMU Health Board area, 2014 (includes Bridgend population data)



Produced by Public Health Wales Observatory, using MYE (ONS)

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

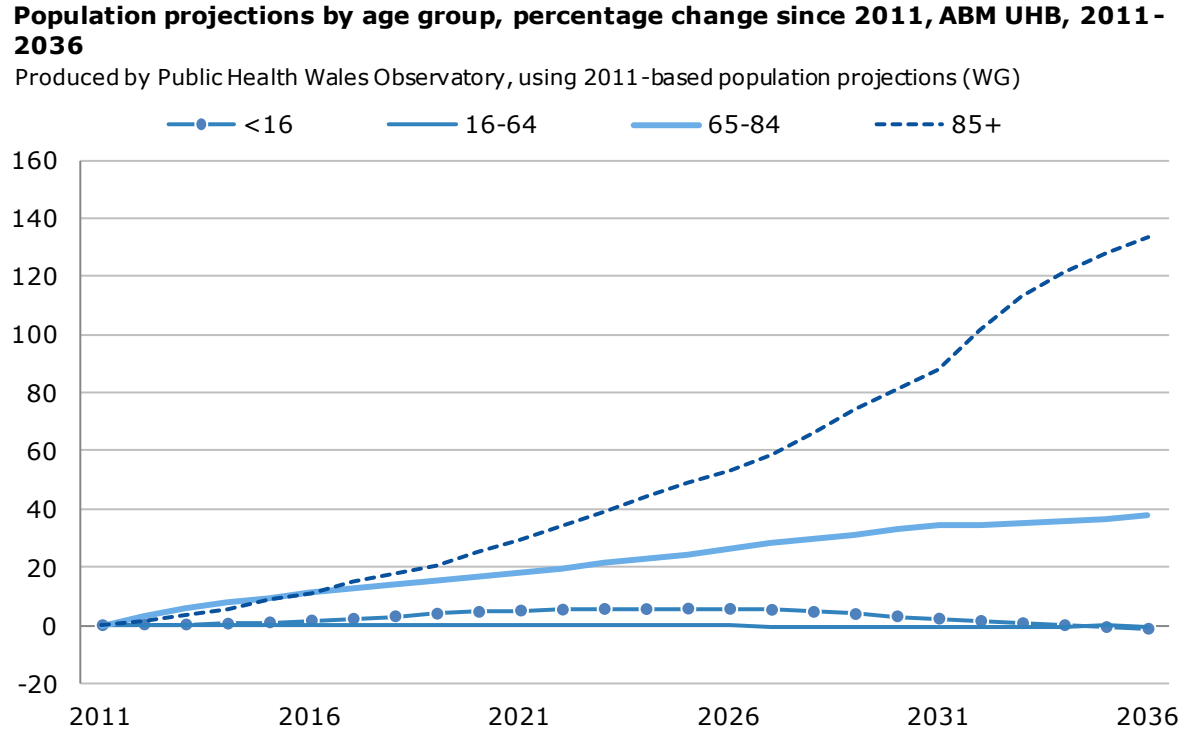


Table 2 highlighted that within ABMUHB area the 65 years plus age group accounts for a fifth of the overall population. Figure 3 above shows that this age group is projected to increase by approximately 30 percentage points between 2016 and 2036.

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 ULHB all-cause mortality rate per 100,000 population for under 75s at 407 is higher than the Wales rate of 376, and is the second highest of the Welsh Health Boards.

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)[9]

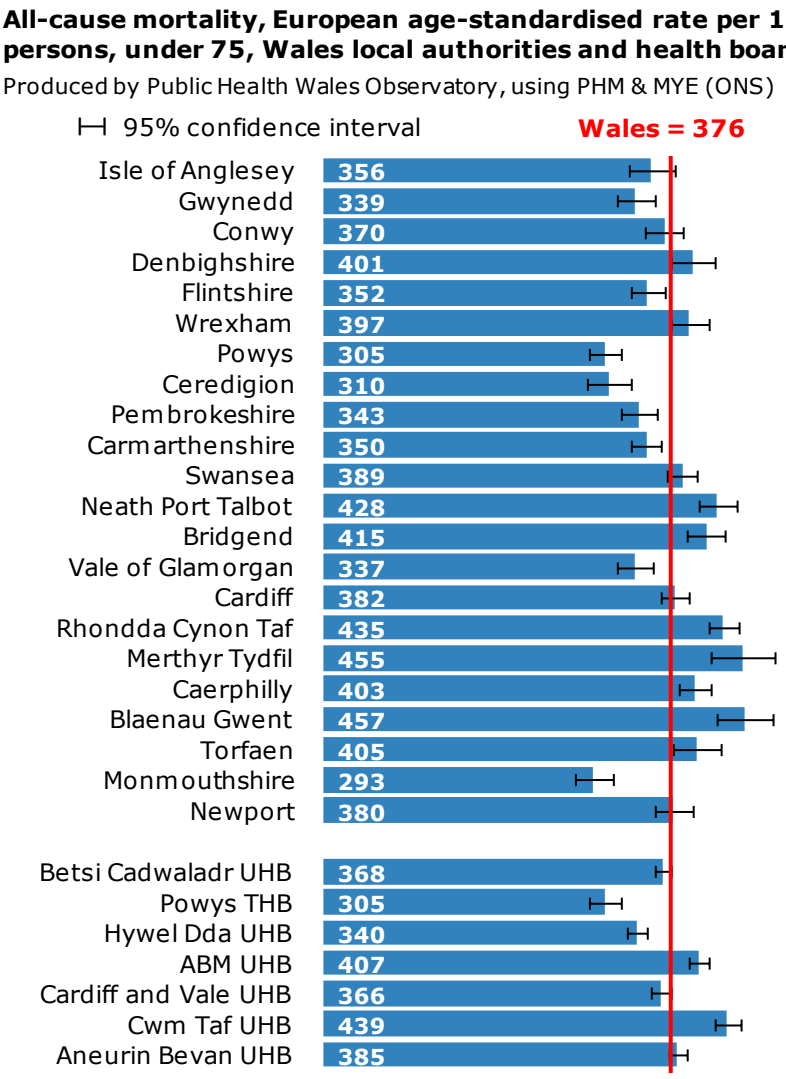
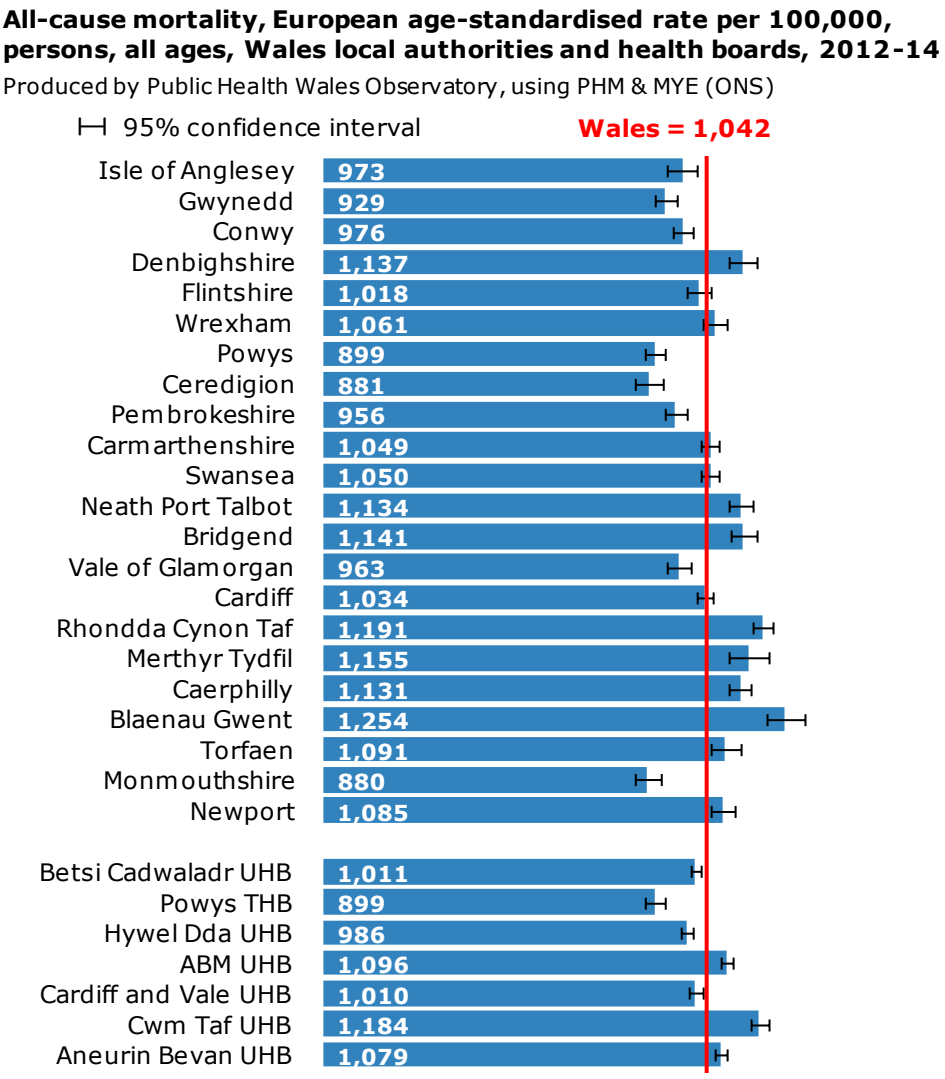


Figure 5 sets out the position in relation to the all-cause mortality rate in Wales per 100,000 population for all ages. The data shows that for 2012-14 the ABMUHB (includes Bridgend population data) all-cause mortality rate per 100,000 population for all ages at 1,096 is higher than the Wales rate of 1.042, and is the second highest of the Welsh Health Boards.

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.

[9] 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)[10]



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 ABMUHB 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 ABMUHB, only Swansea has life expectancy and healthy life expectancy figures for male and females that are higher than the figure for Wales. As such the life expectancy and healthy life expectancy figures for ABMUHB as a whole are lower than the figure for Wales.

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

Table 4: Life expectancy and Healthy life expectancy at birth for ABMUHB and Cwm Taf UHB Board (Source: StatsWales)[11]

Region	Female		Male	
	Life expectancy*	Healthy life expectancy	Life expectancy*	Healthy life expectancy
ABMUHB	**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 Clinical Services Plan, in particular changes to the frailty service offered by ABMUHB, will have direct relevance to ABMUHB's older residents.

Disability

The disability[12] profile in the ABMUHB area (25%) is higher than the figure for Wales as a whole (23%). The proportion of people in the ABMUHB area categorised as having their 'Day-to-day activities limited a lot' is 2% higher in ABMUHB than Wales.

At a local authority level there is 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%).

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

[12] 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 ABMU Health Board area

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
ABMUHB	**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 at42% 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, Sandfields East, Sandfields West and Neath North areas of Neath Port Talbot and the Caerau area in Bridgend.

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 Clinical Service Plan 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 ABMUHB.

Gender

The gender split (see Table 6) for the ABMUHB 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 ABMU Health Board Area is small.

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

Region	Female	Male	Total
ABMUHB	**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)[13]

13 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 ABMUHB 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.[14] As such any additional travel costs incurred due to service reconfiguration 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 ABMUHB 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 ABMUHB 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.[15]

Research suggests transgender people are likely to experience risk of harassment when attempting to access healthcare. A survey by Press for Change (2007)[16] 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, because of

[14] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.
[15] 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.
[16] 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.

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 ABMUHB area. Hospital births account for the majority of all births in the ABMUHB 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 ABMUHB 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 Cwm Taf Health Board has the highest proportion of low birth weight births (8.2%). ABMUHB has the second lowest proportion of low birth weight births (6.0%).

At the local authority level there is some variation within the ABMUHB 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 Clinical Service Plan will potentially have an 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 ABMUHB.

Table 7: Births in 2015 by location and number of live births with low birth weight by ABMU Health Board 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
ABMUHB	**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)[17, 18]

Race

The 2011 census data for the Black and Minority Ethnic (BME) population across the Health Board shows an above average BME population in Swansea at 6.0% and lower percentage in Neath Port Talbot 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 ABMU Health Board area

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
ABMUHB	**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)

ABMUHB area population profile closely mirrors Wales as a whole, however there are some slight variations. The proportion of Christians in the ABMUHB area (55.7%) is slightly lower than in Wales (57.6%). The population proportion with 'No religion', in ABMU (34.7%) is higher than the figure for Wales (32.1%). In general, the ABMU Health Board 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.

[17] https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/Maternities-by-Area-PlaceOfConfinement
[18] 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 Christian population proportion lower than Wales.

Swansea (2.3%) has the highest population proportion categorised as ‘Muslim’ in the ABMUHB area, this is the third highest in Wales. While the Neath Port Talbot (0.4%) the ‘Muslim’ population is both 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 ABMU Health Board area

Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated	Total (%)	Total
ABMUHB	**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 in order to estimate the Lesbian, Gay and Bisexual (LGB) population in Wales we need to use data from the ONS's Integrated Household Survey (see Table 10). The Integrated Household Survey does not report findings by local authority, but by regional groupings, and some cells are not reported as they could either identify individuals or they are not sufficiently robust for publication.

From the Integrated Household Survey data, we can see that the majority of the population in Wales and the regions making up the ABMUHB area identify as heterosexual (c.a. 95%). The percentage of the population identifying as LGB is approximately 1.5% in the ABMUHB area, this is higher than the value for Wales as a whole (1%) due to the higher LGB populations in Swansea (2%).
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.

Table 10: Sexual orientation by ABMU Health Board area

Region	LGB	Hetero-sexual	No response	Other	Don't know /Refusal	Total (%)	All people aged 16+
Bridgend and Neath Port Talbot	1%	95%	2%	*	2%	100%	221,500
Swansea	2%	95%	1%	*	1%	100%	193,200
Wales	**1%**	**94%**	**1%**	**0%**	**3%**	**100%**	**2,456,400**

(Source: Integrated Household Survey 2012)[19]
* The data item could disclose identity or not sufficiently robust for publication.

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

[19] https://statswales.wales.gov.uk/Catalogue/Equality-and-Diversity/Sexual-Identity/SexualIdentity-by-Area-IdentityStatus

Welsh Language

Welsh language skills in the ABMUHB area are lower than in Wales as a whole (see Table 11). While the ABMUHB 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 11: Welsh language profile by ABMU Health Board area

Region	Can understand spoken Welsh only	Can speak Welsh	Can speak, read and write Welsh	Total
ABMUHB	**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 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 ABMUHB 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 ABMUHB 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, ABMUHB and Cwm Taf have the highest proportions of unpaid care provision, both 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 and Blaenau Gwent have 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 has the highest proportion (4.8%).

Data from Carers UK[20] 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.

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)[21] has demonstrated:

- 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.
- 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.

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

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)[22] 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 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 ABMUHB there are almost twice as many people living per square km in Swansea compared to Neath Port Talbot.

Table 12: Population density for ABMU Health Board 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)[23] 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

[22] World Health Organization. (2004). *Commission on social determinants of health*. Geneva: World Health Organization.
[23] https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en

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%). ABMUHB is joint second highest with Aneurin Bevan University Health Board at 26%.[24]

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.

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

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

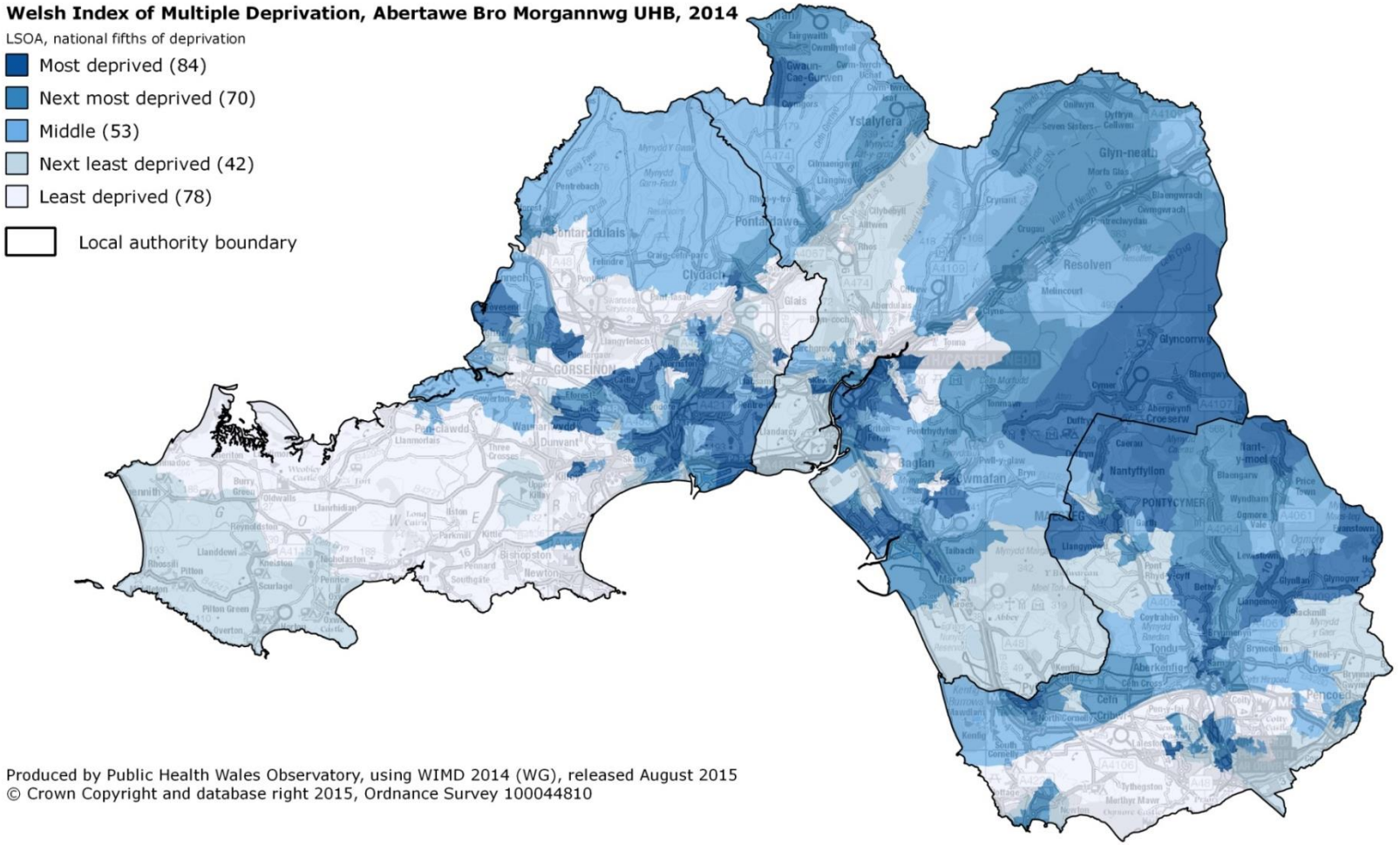


Table 13 and Table 14 show that within the ABMUHB area Neath Port Talbot has the highest levels of multiple deprivation. 60% of Neath Port Talbot's LSOAs are classed as being in the *Most Deprived* (0-20%) or *Next Most Deprived* (20-40%) LSOAswhile Swansea has only 38%.

Table 13: 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 14: 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%

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 on ABMUHB staff. This information includes staff that will transfer 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 in Option Eight will require some shifts in workforce.

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 15: 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.

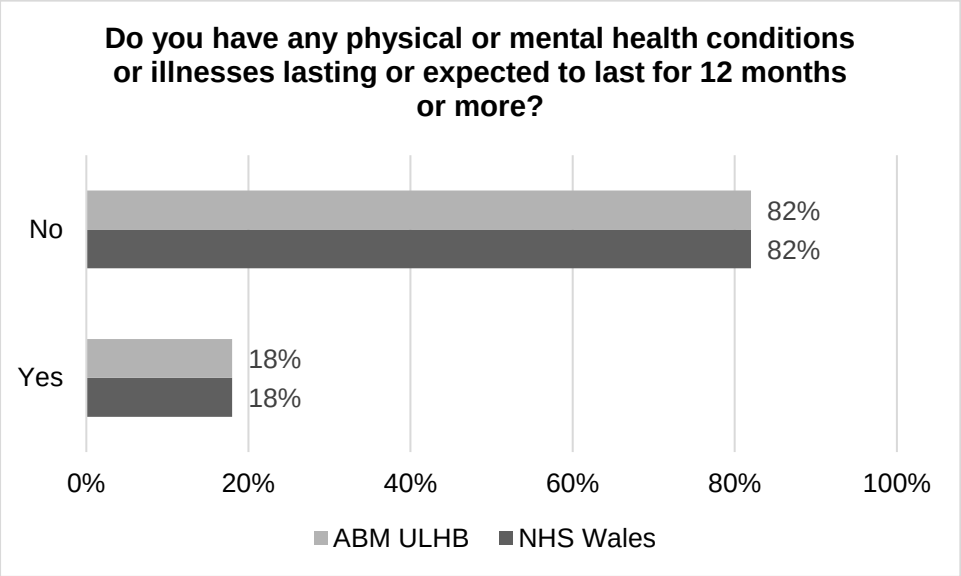
Table 16: ABMUHB Staff by disability status (Source: ABMUHB ESR)

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.

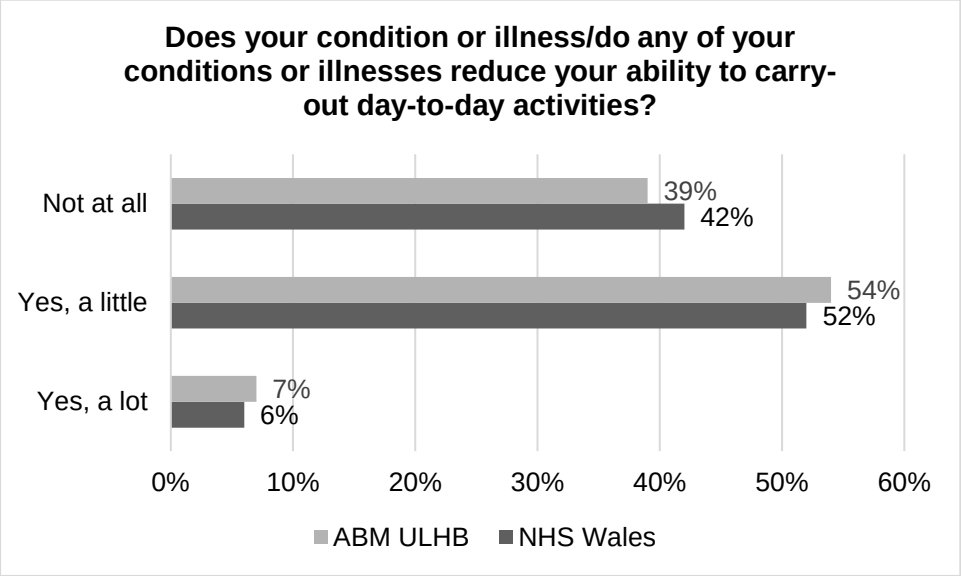
The data from the 2018 NHS Wales Staff Survey shows that 18% of staff reported having a physical or mental health conditions or illnesses lasting or expected to last for 12 months or more. Of that 18%, 61% reported that their condition or illness reduced their ability to carry-out their day-to-day activities 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.[25] 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)



[25] 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 17: 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 18: 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 19: 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 20: 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 21: 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.

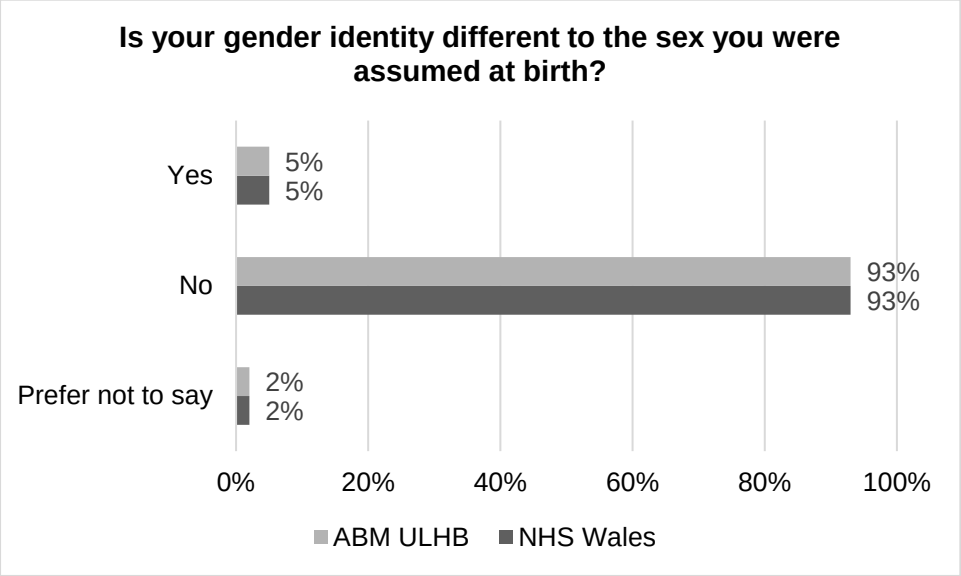
Due to the gender make-up of ABMUHB staff it is very likely that any shifts in workforce will have a greater impact on females than males. This is significant, because as previously highlighted, females are more likely than males to be lone parents, and are more likely than men to be a carer. Should 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 22: 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

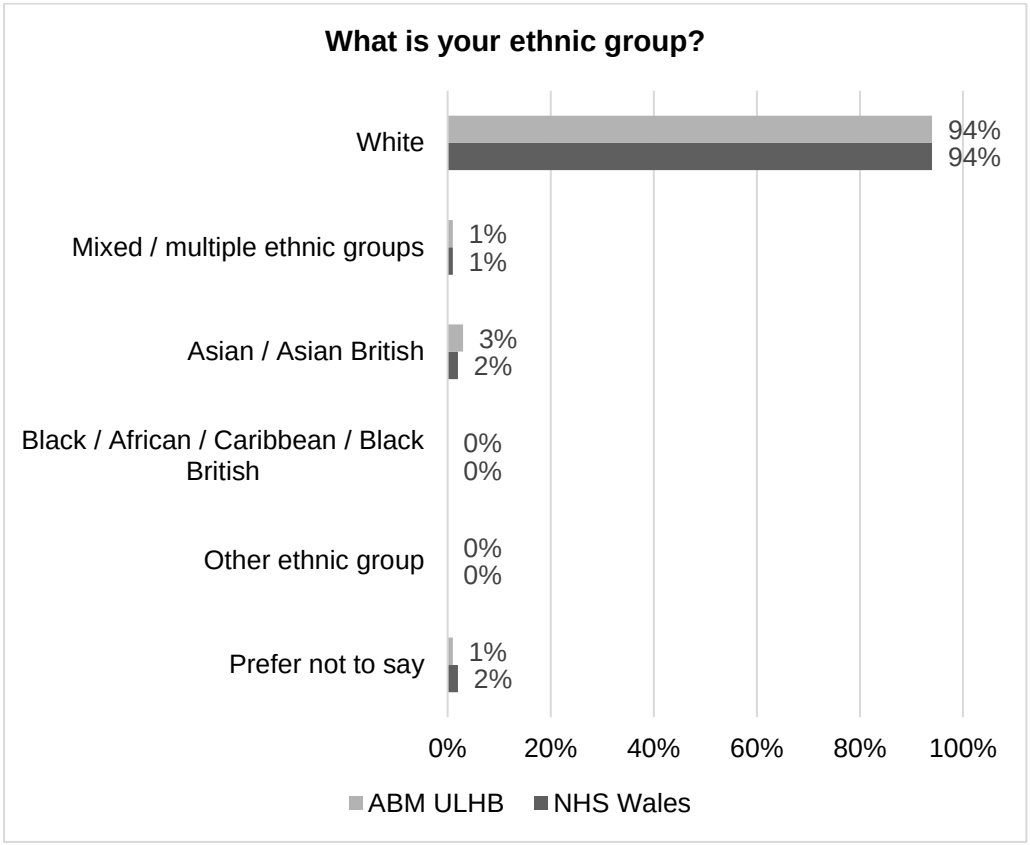
Table 23 shows that the majority of ABMUHB staff are White (60%), and only 4% are from a Black & Minority Ethnic Group. As with disability, this figure should be treated with caution as 36% of staff opted not to share any data on their ethnicity.

Table 23: 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.[26]

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%.

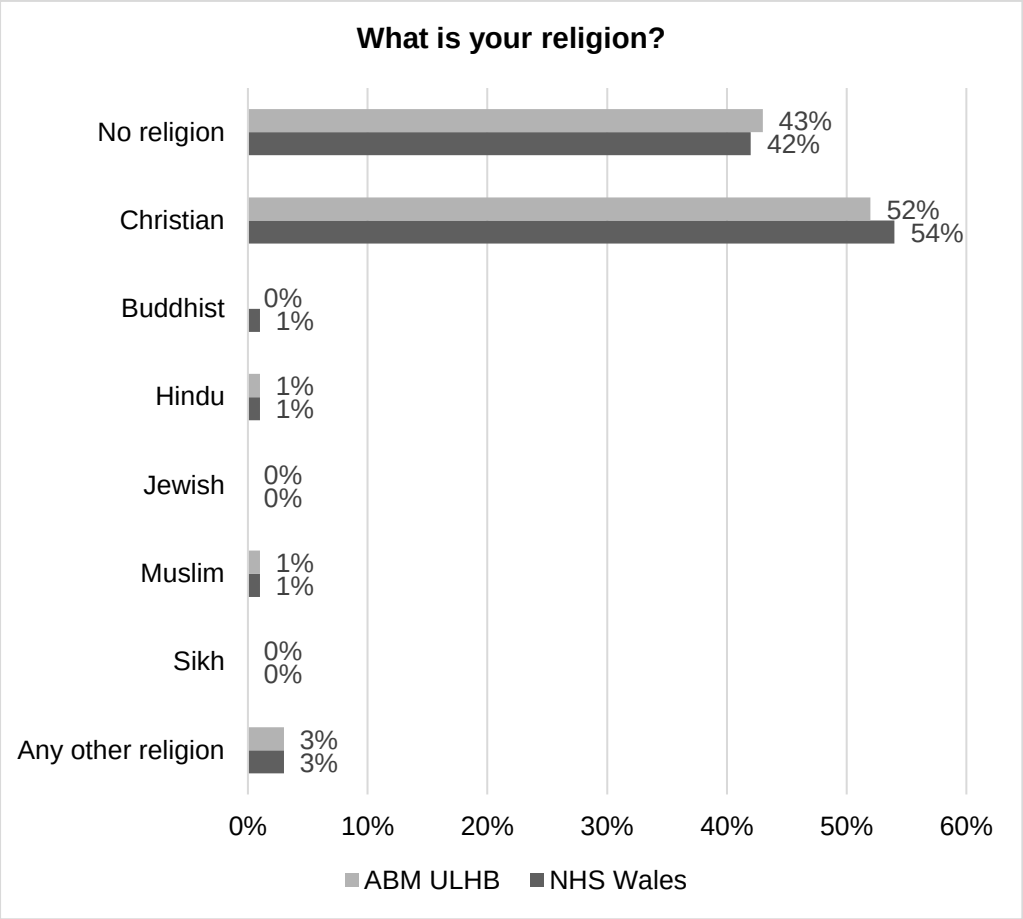
Table 24: ABMUHB staff by religion (Source: ABMUHB ESR)

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).

[26] 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.[27]

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.

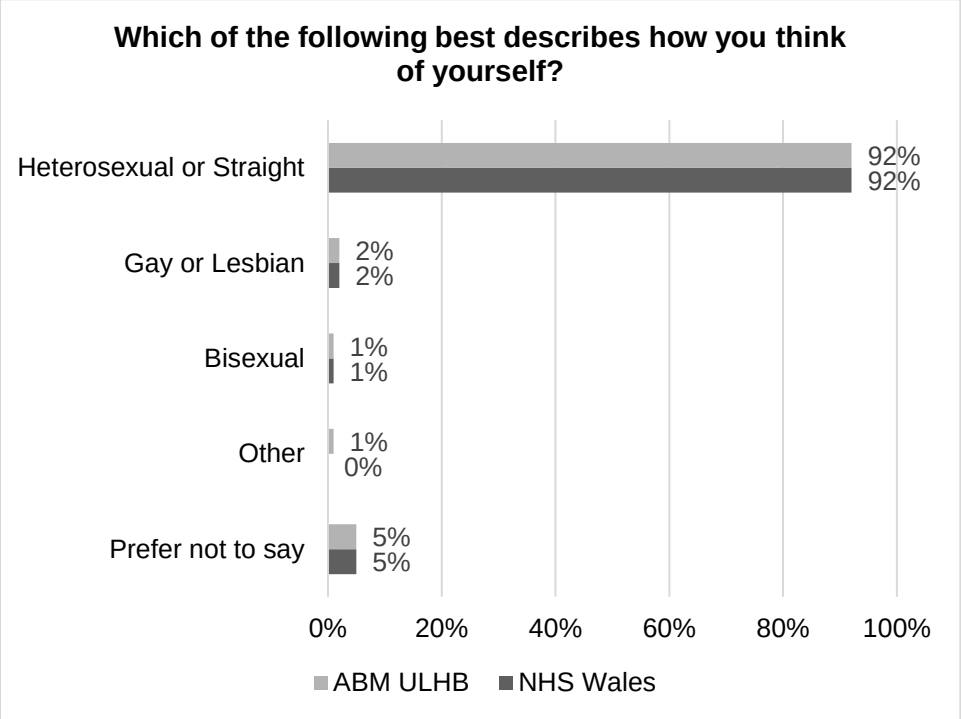
[27] https://www.independent.co.uk/news/uk/crime/hate-crimes-public-transport-homophobic-religion-racist-uk-attacks-tube-train-bus-a8291761.html

Table 25: 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[28] 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%).

[28] 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.[29]

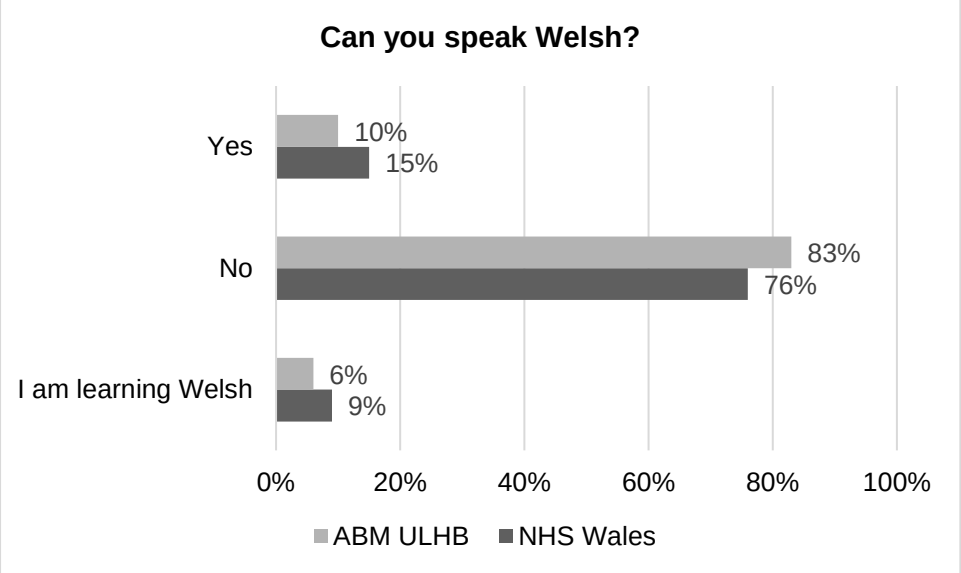
Further work is needed to explore whether there is the potential for additional differential impact in respect of sexual orientation.

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)

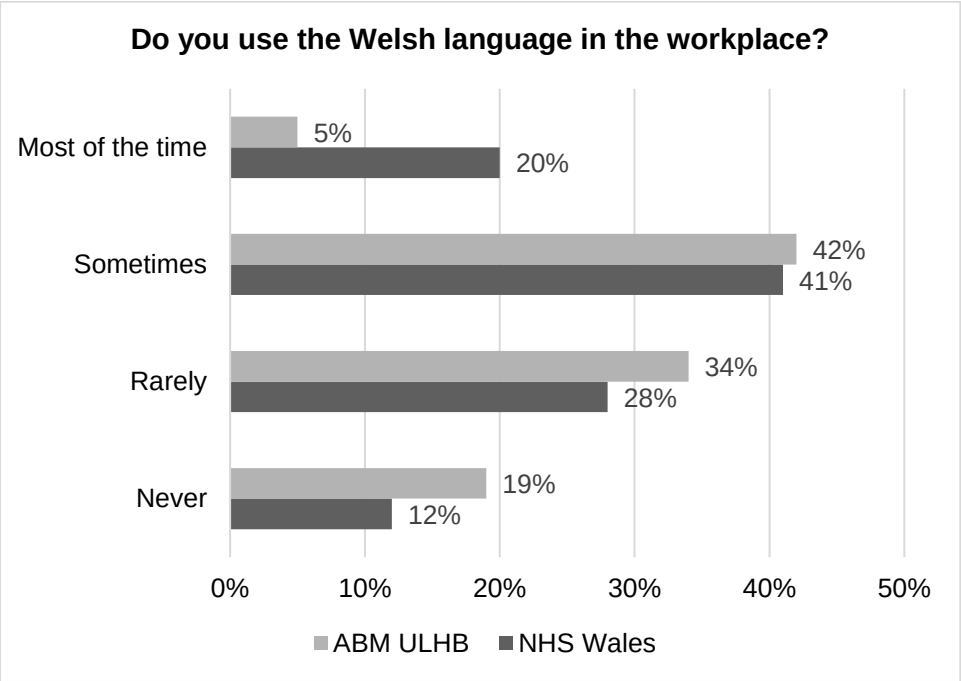


Use of Welsh in the workplace by ABMUHB staff is lower in ABMUHB than in the NHS across Wales. Only 5% of ABMUHB staff use Welsh in the workplace “Most of the time” compared to 20% of staff in NHS Wales.

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%).

[29] 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[30] 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.

[30] 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 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 Clinical Service Plan are intended to provide patients with a better service and in doing so promoting equality of outcome. For example the centralisation of services in theory should:

- help reduce delays in accessing services and seeing consultants,
- reduce the number of cancelled planned surgeries,
- enable a more consistent and reliable service by ensuring the necessary staff numbers are maintained on site 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,
- provide a consistent admission practice for a one-stop frailty service, ensuring access to this service does not vary by region i.e. promoting equality of opportunity.

In centralising services 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 centralisation of 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 Clinical Services Plan sets out an overarching framework for the ambition for services delivered by ABMUHB, the impact the Clinical Services Plan has on service users will be determined by the manner in which the Clinical Services Plan is itself implemented. The initial plans for delivering services in line with the Clinical Services Plan is contained within the Annual Plan 2019/20. Further detail will be developed as part of ongoing work of the Health Board's Transformation Programme in addition to a programme of engagement and consultation with staff, stakeholders and the public, and in the Integrated Medium Term Plan which will be submitted during 2019.

7. Next Steps

The following actions are proposed to inform the Stage 2 Equality Impact Assessment.

- Review and update findings on impact based on the development and implementation of plans in the Annual Plan 2019/20 and subsequent development of an IMTP.
- Explore options for further engagement activity with patients, wider stakeholders and staff through the Transformation Programme.
- Incorporate patients, wider stakeholders and staff feedback on proposed changes.
- Update the Equality Impact Assessment with mitigation options, as necessary, based on wider stakeholders and staff feedback on proposed changes.
- Identify relevant Key Performance Indicators and develop a monitoring plan to capture any impact of the proposed service changes.
- Consider the recommendations to appoint a dedicated Impact Assessment Manager as part of the Transformation Programme.

Appendix A: Eight options developed by Capita

Table 26: Clinical Service Plan Options

Option	Description	Advantages	Disadvantages
1	**Morriston Hospital** receives all emergency admissions and completes only emergency surgical cases. **Singleton Hospital** becomes the single centre for planned surgery within ABM **Neath Port Talbot Hospital** becomes the single centre for frailty services within ABM	• Each centre can concentrate on a single operational model. • Services concentrated in single sites. • Separation of planned and emergency care. • Single frailty model allows closer working with Local Authorities.	• Major service change with transfer of equipment. • Threats to workforce through need to relocate. • Would require major new theatre complex at Singleton Hospital. • Requires critical care build at Singleton.
2	**Morriston Hospital** becomes the centre for all emergency admissions and emergency surgery. **Singleton Hospital** becomes the single centre for frailty services. **Neath Port Talbot Hospital** becomes the single centre for planned surgery.	• Each centre can concentrate on a single operational model. • Services concentrated in single sites. • Separation of planned and emergency care. • Single frailty model allows closer working with Local Authorities.	• Major service change with transfer of equipment. • Threats to workforce through need to relocate. • Would require major new theatre complex at NPT Hospital. • Requires critical care build at NPT.
3	**Morriston Hospital** becomes the centre for all emergency admissions and emergency surgery. **Singleton Hospital** becomes the centre for half the planned surgery within ABM **Neath Port Talbot Hospital** becomes the centre for half the planned surgery within ABM and a centre for frailty services.	• Each centre can develop a new operational model. • Services concentrated in fewer sites. • Separation of planned and emergency care. • Single frailty model allows closer working with Local Authorities.	• Need for a large number of patients to be transferred. • Would require major new theatre build in both NPT and Singleton. • Likely need for critical care build in both NPT and Singleton.
4	**Morriston Hospital** becomes the centre for all emergency admissions and emergency surgery. **Singleton Hospital** becomes the centre for frailty services in ABM and completes half planned surgery within ABM **Neath Port Talbot Hospital** completes half the planned surgery in ABM.	• Each centre able to develop a new operational model. • Services concentrated in fewer sites. • Separation of planned and emergency care. • Single frailty model allows closer working with Local Authorities.	• Major shift of services • Planned surgery on two sites. • Need for major theatre build on both NPT and Singleton sites. • Likely need for critical care build on Singleton site.

5	**Morriston Hospital** becomes the centre for all planned surgical services. **Singleton Hospital** takes all emergency medical and surgical patients. **Neath Port Talbot Hospital** becomes the centre for frailty services within ABM	• Each unit has a clear purpose. • Each unit can develop a new operational model. • Emergency and planned surgery are separated.	• Singleton Hospital has poor access for emergency services. • Major disruption to current services. • Critical care build at Singleton. • Major ward build required at Singleton.
6	**Morriston Hospital** becomes the single centre for frailty services. **Singleton Hospital** becomes the single centre for emergency medical and surgical services. **Neath Port Talbot Hospital** becomes the centre for all planned surgery.	• Each unit has a clear purpose. • Each unit can develop a new operational model. • Emergency and planned surgery are separated.	• Serious imbalance with current estates means major building work required. • Singleton site has poor access for emergency services.
7	**Morriston Hospital** becomes the centre for all emergency admissions and emergency surgery. **Singleton Hospital** becomes a major centre for ambulatory care. **Neath Port Talbot Hospital** becomes a centre for day case surgery and frailty services.	• Each unit has a clear purpose. • Each unit can develop a new operational model.	• Emergency services split between two sites. • Access to Singleton poor for emergencies. • Would require a large expansion of the primary care workforce in Singleton.
8	**Morriston Hospital** becomes the single site for all emergency medical and surgical patients as well as the centre for high risk surgery. **Singleton Hospital** becomes the major centre for ambulatory, non-emergency care as well as completing low/medium risk surgery. **Neath Port Talbot Hospital** becomes the major low risk, day care surgery with an element of post assessment frailty service.	• Each centre has a clear purpose. • Each unit can develop a new operational model. • Good match to existing facilities. • Centralisation of all emergency/high risk activity with critical care resource. • Good access for emergency patients.	• Does not fully separate planned and emergency surgery. • Will require some shifts in equipment/workforce.

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

Table 27: 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%