



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

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|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 08 April 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Prince Philip Hospital Minor Injuries Unit - Update |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Mr Mark Henwood, Interim Medical Director |
| SWYDDOG ADRODD: REPORTING OFFICER: | Dr Daniel Warm, Head of Planning Nichola Couceiro, Head of Engagement Alexander Martin, Principal Programme Manager |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

As a result of quality and safety risks, in part relating to a lack of General Practitioner (GP) cover, the Public Board of Hywel Dda University Health Board (HDdUHB) approved an urgent temporary service change to the opening hours of the Minor Injury Unit (MIU) in Prince Phillip Hospital (PPH) at its meeting held in September 2024). This was for a six-month period commencing on 1 November 2024, with the unit now open from 8am-8pm.

As part of the Board decision, it was also agreed to develop and appraise a list of viable options for the long-term model for the service, for consideration by HDdUHB Public Board in March 2025.

The purpose of this report is to share the data gathered throughout the options development process in relation to impact on internal and external services as a result of the temporary change. Also included are draft Equality Impact Assessments for the options developed, and the outputs from engagement events which have taken place following the options development process.

Cefndir / Background

At the time of developing this report, the outcome of the Public Board meeting in March 2025 was unknown due to timing of the submission of Committee papers. This paper is presented to share the information gathered to support the options development and further engagement which was undertaken in the period between the submission of the Board paper and the Board meeting to support any future engagement on the options should it be required.

The options appraisal process was established to develop a series of options for delivery of the MIU based on the principles of care that is safe, sustainable, accessible, and kind.

The development of the options also needed to support the recommendations raised by the Healthcare Inspectorate Wales (HIW) inspection report following its visit in 2023 that highlighted a number of patient safety issues. The scope and process undertaken for the

options development and appraisal activities was agreed by the Executive Steering Group, chaired by Mr Henwood.

The objectives therefore were to:

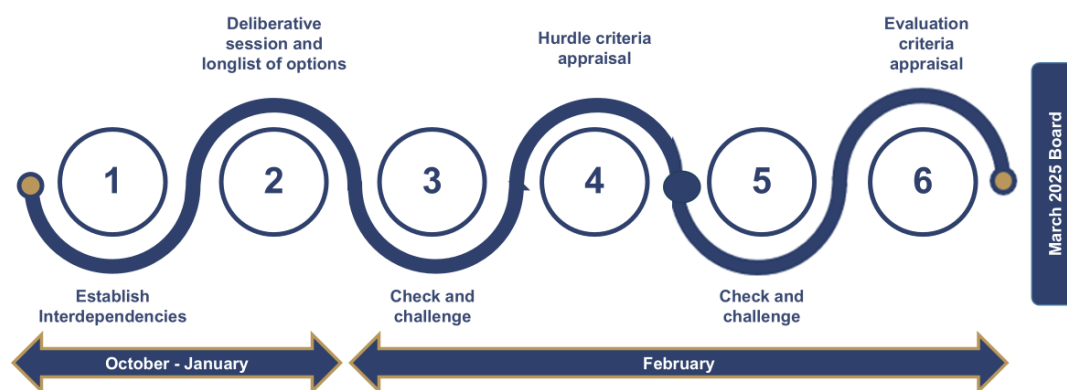
- Respond to staffing and skill mix availability
- Respond to the needs of patients who arrive at the MIU
- Respond to the HIW inspection report findings
- Improve patient safety and reduce clinical risk

As part of the process a number of elements were agreed by the Steering Group as being out of scope:

- Changes to the Acute Medical Assessment Unit (AMAU)
- Re-establishment of an A&E/ full emergency department
- Changes to GP Out-of-hours (OOH) / 111
- Complete closure of the MIU
- Moving the MIU away from PPH

The options development and appraisal process has followed the same principles as those used during the urgent and emergency paediatrics service review and the clinical services plan. This is based on continuous engagement, allowing people to share information throughout the process to influence the decision-making, even if they are not part of the stakeholder group appraising options.

The steps in the process were:



Following completion of the process, four options were shortlisted, and can be summarised as follows:

- 12-hour Doctor led unit – the unit is open to the public for 12 hours; with a further two hours staffing to allow patients in the unit to be treated
- 16-hour Doctor led unit – the unit is open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated
- Doctor led phased option from 12 hours up to 24 hours – this unit opening would initially be open the current 12 hours, plus two hours staffing, moving to 16 hours, inclusive of two hours staffing, and ultimately 24 hours overall
- 'Urgent' care/treatment centre 16 hour (SDUC type model) – the unit is open to the public for 14 hours; with a further two hours to allow patients in the unit to be treated

To support this process additional data was gathered to understand the impact on internal services (provided by HDduHB with respect to impact on Glangwili and Prince Philip hospitals) and external services (provided by Welsh Ambulance Services Trust and Swansea Bay

University Health Board), as also understand the impact on access given different operating times of the hours proposed.

Following the options development process, engagement events have taken place with the public through drop in events in Llanelli and Llandybie, a hybrid session with MIU staff, as well as an online session with councillors from Llanelli. This in addition to previous engagement events as well as:

- Share your views' public survey – launched October 2024 remains open for feedback
- Regular 'inform' updates across the Health Board's website and social media channels
- Ongoing engagement with local seldom heard groups

Throughout this continuous engagement, a number of consistent issues have emerged, including concerns regarding appropriate access to care, transport issues, and the strength of feeling within the local community that services are being reduced and withdrawn from the local area; as well as the need for ongoing communication.

Asesiad / Assessment

Attendance

Since the introduction of the service change the Steering Group was asked to consider the impact on service delivery and quality & safety following the temporary overnight closure. In particular concerns were raised that people would attend other services overnight such as the accident and emergency departments at Glangwili or Morriston hospitals, or that there would be a negative impact on other services at Prince Philip Hospital, especially the AMAU.

Following the collection of data found in Appendix 1 – PPH MIU Data Pack, the data suggests:

- The overall demand for urgent and emergency care services across PPH and GGH was similar between November/ December 2023 and November/ December 2024
- Attendance levels in PPH MIU have reduced but is reflective of the overnight closure
- The levels of PPH AMAU attendance remain broadly the same, approximately 440 patients per month
- The number and proportion of majors attending PPH MIU have decreased
- Waiting times in PPH MIU have decreased slightly and there has been no increase in waiting times in Glangwili for Llanelli patients
- 4-hour and 12-hour breaches in the PPH MIU have reduced
- 111 data shows a slight increase in total calls since the temporary change
 - Slight decrease in 111 calls being transferred to PPH MIU, reflective of the overnight closure
 - Increase in 111 calls being transferred to 999 or emergency department, reflective of the majors who used to attend PPH MIU overnight
 - There has been no increase in Llanelli patients attending Morriston

The data does not show where the patients have gone who would have normally attended the MIU. However, it is clear that there have been changes in patient behaviours as patients appear to be waiting until the unit opens where there are now larger number of patients arriving at 08:00 than before the change, as well as the increase and nature of 111 calls made by Llanelli residents.

This summary information has also been shared as part of the March Board papers (available at: [PPH MIU Options Paper Board March 2025](#)), as well as during some of the engagement events, along with the overall options scores to allow for people to ask questions and share comments and observations. The outputs from these engagements can be found in Appendix 2 – Post Options Development Engagement.

Patient information

Previous data on risks; data/incidents; and patient experience has been shared with the Committee. Updated information since the February Committee meeting shows that:

- Data/Incidents:
 - December 2024 – 2 incidents. Both relating to patient conveyance (WAST) outside scope of MIU.
 - January 2025- 3 incidents. 2 relating to violence and aggression of a service user and 1 relating to a prescription error undertaken by medical team.
 - February 2025- 4 incidents all relating to inappropriate patients attending the Unit.
- Patient feedback:
 - December 2024 – CIVICA 245 feedback received (213 feedback received December 2023)
 - January 2025 - CIVICA 261 feedback received (260 feedback received January 2024)
 - February 2025 – CIVICA 259 feedback received (324 feedback received February 2024)

The most recent data for February 2025 demonstrates consistent mixed feedback relating to waiting time (there continues to be some negative feedback regardless of the 4-hour performance being >95%), emotional and physical support, politeness. No negative feedback was received for communication, friendliness and helpfulness. Further review relating to pain and comfort is required.

Draft Equality Impact Assessments

Draft Equality Impact Assessments (EqIAs) have been populated based on the current temporary change which was shared with Board in September 2024. The EqIAs are reflective of all options starting from a 12 hour doctor led MIU as described by the temporary change, and noting the changes in impact through either extended operating hours or in the case of the Same Day Urgent Care (SDUC) type model, the integration with the Same Day Emergency Care (SDEC) service already provided at PPH. These can be found in as separate attachments, one has been completed for each option.

Argymhelliad / Recommendation

- The Committee should **take assurance** from the report that patient care has been maintained at Prince Philip Hospital during the temporary change
- The Committee should **take assurance** from the report that patient engagement has taken place to share and influence service development throughout the process

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Risk reference: 1293 Risk Score 20 |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | 1 Workforce Stabilisation 3 Transforming Urgent and Emergency Care programme |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 9. All HDdUHB Well-being Objectives apply |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | Appendix 1 – PPH MIU Data Pack Appendix 2 – Post Options Development Engagement Draft Equality Impact Assessments for each option |
| Rhestr Termau: Glossary of Terms: | Not applicable |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiad: Parties / Committees consulted prior to Quality, Safety and Experience Committee: | Public Board – September 2024; November 2024; March 2025 PPH MIU Steering Group PPH MIU Project Group Formal Executive Team |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |

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|--|---|
| Ansawdd / Gofal Claf: Quality / Patient Care: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Gweithlu: Workforce: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Risg: Risk: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Cyfreithiol: Legal: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Enw Da: Reputational: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Gyfrinachedd: Privacy: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |
| Cydraddoldeb: Equality: | Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal |

Introduction

This document contains the data sets which were used to support the appraisals during the options development process.

Total Attendances

| Hospital Location | November 2023 | December 2023 | November 2024 | December 2024 |
|-------------------------------|---------------|---------------|---------------|---------------|
| Glangwili General Hospital | 4,166 | 4,228 | 4,372 | 4,540 |
| Prince Philip Hospital (MIU) | 2,515 | 2,444 | 2,025 | 1,993 |
| Prince Philip Hospital (AMAU) | 424 | 449 | 443 | 443 |
| PPH SDEC Attendances | 241 | 212 | 213 | 170 |
| Total | 7,346 | 7,333 | 7,053 | 7,146 |

The table above shows the total attendances for the November and December Period in 2023 (before the change) and 2024 (after the change).

The data was obtained from IRIS.

Breakdown of attendees by Majors and Minors categories

| Hospital Location | November 2023 | December 2023 | November 2024 | December 2024 |
|---------------------------------------|---------------|---------------|---------------|---------------|
| Glangwili General Hospital (Majors) | 3,202 | 3,216 | 3,345 | 3,583 |
| Glangwili General Hospital (Minors) | 964 | 1,012 | 1,027 | 957 |
| Percentage of Minors to Majors | 23% | 24% | 23% | 21% |
| Prince Philip Hospital MIU (Majors) | 736 | 815 | 476 | 450 |
| Prince Philip Hospital MIU (Minors) | 1,779 | 1,629 | 1,549 | 1,543 |
| Percentage of Minors to Majors | 71% | 67% | 76% | 77% |

The table above shows the percentage difference between Major and Minor category patients within Glangwili Hospital Accident and Emergency department and Prince Philip Hospital Minor Injuries Unit.

The data was obtained from IRIS.

| Glangwili General Hospital | November 2023 | December 2023 | November 2024 | December 2024 |
|--|---------------|---------------|---------------|---------------|
| All Minors in GGH A&E | 964 | 1,012 | 1,027 | 957 |
| Llanelli Resident Minors in GGH A&E | 174 | 159 | 176 | 174 |
| Percentage of Llanelli Residents to all Minors | 18% | 16% | 17% | 18% |

The table above shows the percentage of Llanelli Residents categorised as Minor patients in Glangwili Hospital Accident and Emergency department compared with all Minor patients in attendance.

The data was obtained from IRIS.

Referrals by GP or NHS Direct

| Referral source | Nov-23 | Dec-23 | Nov-24 | Dec-24 |
|-----------------|------------|------------|------------|-----------|
| NHS Direct | 42 | 31 | 7 | 14 |
| GP | 88 | 78 | 97 | 71 |
| Total | 130 | 109 | 104 | 85 |

The table above shows the number of patients referred to Prince Philip Hospital Minor Injuries Unit or by NHS Direct.

GP referrals include the following sources as recorded: GP Patients Own, GP Practice Nurse, GP Receptionist and GP Other.

This data was obtained from an Informatics adhoc request.

Patient Arrival Time

| Arrival Hour | PPH MIU | | | | PPH AMAU | | | |
|--------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|
| | Nov-23 | Dec-23 | Nov-24 | Dec-24 | Nov-2023 | Dec-2023 | Jan-2024 | Dec-2024 |
| 00:00 | 36 | 35 | 1 | | 11 | 13 | 12 | 9 |
| 01:00 | 24 | 27 | 1 | | 3 | 8 | 9 | 7 |
| 02:00 | 14 | 20 | | | 11 | 5 | 7 | 9 |
| 03:00 | 8 | 13 | | | 13 | 10 | 9 | 6 |
| 04:00 | 17 | 17 | | | 9 | 10 | 6 | 8 |
| 05:00 | 6 | 10 | | | 9 | 7 | 12 | 9 |
| 06:00 | 21 | 21 | | | 6 | 8 | 5 | 4 |
| 07:00 | 45 | 55 | | 1 | 6 | 7 | 5 | 3 |
| 08:00 | 156 | 140 | 212 | 207 | 15 | 9 | 15 | 13 |
| 09:00 | 243 | 218 | 236 | 204 | 17 | 24 | 10 | 14 |
| 10:00 | 229 | 231 | 215 | 236 | 22 | 30 | 24 | 14 |
| 11:00 | 204 | 236 | 214 | 198 | 16 | 29 | 23 | 38 |
| 12:00 | 186 | 187 | 161 | 198 | 29 | 21 | 28 | 23 |
| 13:00 | 175 | 183 | 158 | 160 | 24 | 32 | 33 | 30 |
| 14:00 | 159 | 159 | 161 | 152 | 21 | 33 | 32 | 20 |
| 15:00 | 157 | 127 | 161 | 173 | 32 | 27 | 36 | 31 |
| 16:00 | 174 | 126 | 180 | 165 | 32 | 32 | 36 | 33 |
| 17:00 | 143 | 130 | 126 | 127 | 29 | 23 | 25 | 30 |
| 18:00 | 143 | 118 | 123 | 100 | 27 | 20 | 22 | 37 |
| 19:00 | 104 | 97 | 74 | 70 | 12 | 20 | 22 | 24 |
| 20:00 | 108 | 97 | 2 | 1 | 27 | 15 | 20 | 32 |
| 21:00 | 73 | 92 | | 1 | 18 | 22 | 26 | 27 |
| 22:00 | 49 | 58 | | | 22 | 26 | 20 | 12 |
| 23:00 | 41 | 47 | | | 13 | 18 | 13 | 10 |
| Total | 2515 | 2444 | 2025 | 1993 | 424 | 449 | 450 | 443 |

The table above shows the arrival time of patients in the Minor Injuries Unit and the Acute Medical Assessment Unit before and after the change.

This data was obtained from IRIS.

PPH MIU Waiting times for Triage

| Arrival Hour | Nov-23 | Dec-23 | Nov-24 | Dec-24 |
|----------------------------------|--------------|--------------|--------------|--------------|
| 00:00 | 00:16 | 00:21 | 01:09 | |
| 01:00 | 00:12 | 00:13 | 00:30 | |
| 02:00 | 00:18 | 00:11 | | |
| 03:00 | 00:04 | 00:12 | | |
| 04:00 | 00:06 | 00:42 | | |
| 05:00 | 00:17 | 00:16 | | |
| 06:00 | 00:21 | 00:17 | | |
| 07:00 | 00:29 | 00:24 | | 00:02 |
| 08:00 | 00:18 | 00:19 | 00:17 | 00:14 |
| 09:00 | 00:25 | 00:26 | 00:22 | 00:14 |
| 10:00 | 00:42 | 00:35 | 00:34 | 00:26 |
| 11:00 | 00:39 | 00:49 | 00:38 | 00:29 |
| 12:00 | 00:47 | 00:51 | 00:36 | 00:29 |
| 13:00 | 00:39 | 00:58 | 00:31 | 00:26 |
| 14:00 | 00:47 | 00:52 | 00:27 | 00:26 |
| 15:00 | 00:52 | 00:48 | 00:29 | 00:26 |
| 16:00 | 00:57 | 00:44 | 00:26 | 00:27 |
| 17:00 | 00:41 | 00:38 | 00:24 | 00:26 |
| 18:00 | 00:40 | 00:46 | 00:20 | 00:26 |
| 19:00 | 00:48 | 00:45 | 00:19 | 00:18 |
| 20:00 | 00:32 | 00:44 | 00:14 | 00:04 |
| 21:00 | 00:23 | 00:38 | | 00:02 |
| 22:00 | 00:19 | 00:26 | | |
| 23:00 | 00:09 | 00:10 | | |
| Average wait time (HH:MM) | 00:29 | 00:33 | 00:29 | 00:20 |

The table above shows the average waiting time by arrival hour for patients in Prince Philip Hospital Minor Injuries Unit. The wait time looks at the time difference between recorded arrival time and triage time. Patients may remain in the unit longer for treatment.

This data was sourced from IRIS.

GGH waiting times for Llanelli residents

| Arrival Hour | Nov-23 | Dec-23 | Nov-24 | Dec-24 |
|--------------|--------|--------|--------|--------|
| 00:00 | 04:53 | 03:33 | 07:19 | 05:04 |
| 01:00 | 03:45 | 01:28 | 03:34 | 07:38 |
| 02:00 | 04:59 | | 05:06 | 07:01 |
| 03:00 | 02:12 | | 06:19 | 05:34 |
| 04:00 | 03:06 | 00:58 | 03:19 | 03:29 |
| 05:00 | 06:26 | 02:44 | 06:33 | 06:17 |
| 06:00 | 07:27 | 04:19 | 03:40 | 02:47 |
| 07:00 | 01:45 | 03:04 | 02:48 | 02:27 |
| 08:00 | 04:28 | 02:22 | 02:02 | 00:52 |
| 09:00 | 03:19 | 01:54 | 05:32 | 02:38 |
| 10:00 | 02:59 | 00:21 | 03:37 | 03:04 |
| 11:00 | 02:02 | 01:51 | 02:29 | 02:57 |
| 12:00 | 02:55 | 02:29 | 03:09 | 02:38 |
| 13:00 | 01:33 | 01:35 | 02:00 | 03:01 |
| 14:00 | 01:34 | 01:12 | 01:00 | 02:16 |
| 15:00 | 03:14 | 01:54 | 22:15 | 21:34 |
| 16:00 | 01:02 | 00:28 | 23:55 | 02:21 |
| 17:00 | 02:28 | 22:36 | 00:19 | 23:57 |
| 18:00 | 23:37 | 22:25 | 19:42 | 23:08 |
| 19:00 | 23:50 | 20:50 | 00:58 | 19:48 |
| 20:00 | 13:25 | 16:40 | 20:31 | 17:50 |
| 21:00 | 12:23 | 05:43 | 12:26 | 07:04 |
| 22:00 | 17:16 | 15:41 | 05:15 | 17:37 |
| 23:00 | 04:17 | 07:16 | 06:31 | 07:05 |

The table above shows the average waiting times for Llanelli residents in Glangwili Hospital Accident and Emergency department by arrival hour. Waiting time is calculated by using the recorded arrival time and administration end time.

This data was obtained from an Informatics adhoc request.

4 hour and 12 hour breach reporting

| | Nov-23 | Dec-23 | Nov-24 | Dec-24 |
|------------------|--------|--------|--------|--------|
| 4-Hour Breaches | 327 | 359 | 56 | 65 |
| 12-Hour Breaches | 51 | 57 | 2 | 0 |

| | | | | |
|---------------------|--------|--------|--------|---------|
| 4-Hour Performance | 86.39% | 84.76% | 97.16% | 96.60% |
| 12-Hour Performance | 97.88% | 97.58% | 99.90% | 100.00% |

The tables above show the reporting against 4 and 12 hour breach targets. The top table shows the number of breaches against each category, the bottom table shows the percentage of patients treated which did not breach the reporting target.

This data was obtained from IRIS.

PPH Demand forecasting

| Hospital Location | November 2024 | December 2024 | November 2029 | December 2029 |
|-------------------------------|---------------|---------------|---------------|---------------|
| Prince Philip Hospital (MIU) | 2,025 | 1,993 | 2,119 | 2,086 |
| Prince Philip Hospital (AMAU) | 443 | 443 | 464 | 464 |
| PPH SDEC Attendances | 213 | 170 | 223 | 178 |
| Total | 2,681 | 2,606 | 2,806 | 2,727 |

The table above shows the predicted demand for the MIU, AMAU and SDEC service at Prince Philip Hospital as of now and predicted in November 2029.

The prevalence rate used the demand growth statistics used for the Clinical Services Plan when considering services in Carmarthenshire (4.65%).

The 2024 data was obtained from IRIS.

Llanelli residents attending Morriston Hospital

| Hospital Location | January 2024 | February 2024 | March 2024 | April 2024 | May 2024 | June 2024 | July 2024 | August 2024 | September 2024 | October 2024 | November 2024 | December 2024 |
|--------------------|--------------|---------------|------------|------------|----------|-----------|-----------|-------------|----------------|--------------|---------------|---------------|
| Morriston Hospital | 47 | 47 | 38 | 58 | 61 | 39 | 61 | 52 | 52 | 57 | 67 | 57 |

The table above shows the number of Llanelli residents attending Morriston Hospital for treatment instead of PPH MIU. The patients were identified using postcodes for Llanelli and only considered treatment codes related to Minor patients.

It should be noted that while November and December 2023 are not included, the November and December 2024 figures are in line with seasonal variation.

This data was sourced from Swansea Bay University Health Board through an adhoc request.

111 Demand and Disposition

| | November 2023 | December 2023 | November 2024 | December 2024 |
|--|---------------|---------------|---------------|---------------|
| Llanelli 111 Demand | | | | |
| 999 - Ambulance as soon as possible | 29 | 44 | | |
| 999 - Streamed | 24 | 44 | | |
| 999 Ambulance | | | 123 | 97 |
| A & E - Streamed | 65 | 56 | | |
| Accident and Emergency as soon as possible | 124 | 101 | | |
| Accident and Emergency within 4 Hours | | 2 | | |
| Advised to Speak to Primary Care Service Next Working Day | 5 | 3 | | |
| Amber 1 - Triaged by 111 Clinician | | | | 8 |
| Amber 2 - Triaged by 111 Clinician | | | | 5 |
| Ambulance Required | | | 12 | 6 |
| Arrange Emergency Ambulance | 65 | 57 | | |
| Caller cancelling callback | 2 | 6 | | |
| Caller not wishing to Proceed | 46 | 73 | | |
| Emergency Department | | | 240 | 259 |
| Emergency Response | | | 28 | 28 |
| HDUHB Dental Queue - 24H | | | 306 | 265 |
| HDUHB Dental Queue - 72H | | | 24 | 14 |
| HDUHB District Nurse Team (In Hours) | | | 2 | 1 |
| Minor Injuries Unit | 19 | 11 | | |
| Minor Injuries Unit -Streamed | 1 | 1 | | |
| Minor Injury Unit | | | 11 | 10 |
| Own GP Surgery - Today | | | 97 | 90 |
| Own GP surgery routinely | | | 6 | 3 |
| Own GP Surgery Today | | | 20 | 29 |
| Referred to Own GP | | | 2 | 5 |

The table above shows the total 111 call demand and breakdown of call disposition (where patients were sent to or directed to go) for Llanelli residents.

This data was sourced from Welsh Ambulance Service Trust through an adhoc request.

Feedback from the Staff Engagement session:

Ongoing engagement process around Prince Philip Hospital, Minor Injury Unit
Prince Philip Hospital 4pm to 5pm, 10 March 2025

Members of staff from Prince Philip Hospital were invited to attend a drop-in event to learn about the ongoing engagement process regarding the Minor Injury Unit (MIU) at Prince Philip Hospital.

People could drop-in to the event, at the Prince Philip Hospital, any time between 4pm and 5pm on Monday 10th March 2025 to learn more about the potential options being considered for the MIU service, more about why the temporary change is needed, how to access care in different circumstances, and what the next steps will be for further engagement with the community.

- What would be seen in the SDUC model? Would more be seen?
- This is similar to what we said years ago the service should be
- In initial meetings we didn't think that "MIU" was an appropriate name for the service that was being delivered.

Feedback from the Public Drop in Event :

Ongoing engagement process around Prince Philip Hospital, Minor Injury Unit
Llandybie Memorial Hall 3pm to 6pm, 6 March 2025

Members of the local community are invited to attend drop-in events to learn about the ongoing engagement process regarding the Minor Injury Unit (MIU) at Prince Philip Hospital.

People could drop-in to the event, at the Llandybie Memorial Hall, any time between 3pm and 6pm on Thursday 6th March 2025 to learn more about the potential options being considered for the MIU service, more about why the temporary change is needed, how to access care in different circumstances, and what the next steps will be for further engagement with the community.

There was no community attendance.

Feedback from the Online Meeting with County Councillors:

Ongoing engagement process around Prince Philip Hospital, Minor Injury Unit
6.30pm to 8.30pm, 18 March 2025

Hywel Dda University Health Board invited county, town and community council members from the area served by Prince Philip Hospital to attend an online meeting to learn about the ongoing engagement process regarding the Minor Injury Unit (MIU) at the hospital.

The meeting provided an opportunity to hear about the potential options being considered for the future of the MIU service.

The key themes can be summarised as follows:

Options Development: Councillors emphasized the importance of accessibility for all options and sought clarity on the strongest option available. They questioned the clinical effectiveness of each option and whether the right care would be accessed the first time. There was concern about the financial constraints limiting the options, particularly the return to a 24-hour service. The need for genuine collaboration and transparency in decision-making was highlighted, with a call for clear communication about the differences between options and their implementation timelines.

MIU Opening Times and Services: There was significant discussion about the opening times of the MIU, with many expressing a desire for a return to 24-hour service. Concerns were raised about the impact of reduced hours on patient care, particularly overnight. The feedback included personal anecdotes illustrating the inconvenience and potential health risks associated with the current limited hours. There was also a call for better recruitment to support extended hours and improve service delivery.

Impact on Other Hospitals: The closure of PPH's A&E and the limited hours of the MIU have led to increased pressure on nearby hospitals like Glangwili and Morriston. Councillors noted the overcrowded conditions and long waiting times at these hospitals, which are exacerbated by patients who would have otherwise gone to PPH. There were also concerns about the strain on ambulance services and the need for better transport options for patients.

Staffing Issues: Feedback highlighted the challenges in recruiting and retaining staff at PPH. Councillors pointed out the high levels of staff disillusionment and disengagement, partly due to safety concerns and the stressful working environment. Suggestions included offering self-defence classes for staff, improving recruitment processes, and ensuring better pay and working conditions. There was also a call for more support and respect for medical professionals.

Community Engagement and Communication: Councillors stressed the need for better communication and engagement with the community. They suggested regular drop-in sessions and easier-to-understand surveys to gather public feedback. There was criticism of the current communication methods, which often exclude non-social media users and the deaf community. Improved advertising and inclusive communication strategies were recommended to ensure all community members are informed and involved.

General Comments and Queries: The feedback included various general comments and queries about the future of PPH, the impact of new hospitals, and the overall healthcare system. Councillors expressed frustration with the perceived downgrading of PPH and the lack of investment in local services. There were calls for better transport links, more accessible services, and a focus on patient-centred care. The importance of addressing the needs of vulnerable populations, such as the elderly, was also highlighted.

Feedback from the Public Drop in Event:

Ongoing engagement process around Prince Philip Hospital, Minor Injury Unit at the Antioch Centre, Llanelli 2pm to 6pm, 17 March 2025

Members of the local community are invited to attend drop-in events to learn about the ongoing engagement process regarding the Minor Injury Unit (MIU) at Prince Philip Hospital.

People could drop-in to the event, at the Antioch Centre, any time between 2pm and 6pm on Monday 17 March 2025 to learn more about the potential options being considered for the MIU service, about why the temporary change is needed, how to access care in different circumstances, and what the next steps will be for further engagement with the community.

The event was attended by 33 people and their queries and comments from conversations with health board staff were recorded by notetakers. Attendees also shared comments on event evaluation forms.

The feedback from conversations and event evaluation forms have been collated and broadly themed and grouped below.

Options Development: The feedback emphasized the importance of accessibility for all options being considered. There were questions about the four options available, their clinical aspects, and whether they would provide the right care the first time. Concerns were raised about the perception that decisions might already be made by the organization, and the need for genuine collaboration was highlighted. The public expressed a desire for clarity on the differences between the options, especially regarding cost and recruitment.

MIU (Minor Injuries Unit): There were numerous inquiries about the future of the MIU, its opening times, and whether it would return to a 24-hour service. The public shared positive experiences with the MIU but expressed concerns about its temporary measures and the impact of reduced hours on patient care. The need for a 24/7 service was strongly felt, with comparisons made to other hospitals that offer round-the-clock services.

Same Day Urgent Care (SDUC) and Acute Medical Assessment Unit (AMAU): The SDUC model received positive feedback, but there was a need for better public understanding and detailed explanations. Questions were raised about the accessibility and referral process for SDUC. The AMAU was discussed in terms of emergency access and doctor referrals, with the public seeking clarity on how it would function in urgent situations.

Prince Philip Hospital (PPH) and Glangwili Hospital (GGH): Feedback highlighted disappointment and frustration over the changes at PPH, including the removal of A&E services and the perceived downgrading of the hospital. The public expressed a strong desire for the return of A&E services and better utilization of PPH. Comparisons were made to GGH, which was described as overcrowded and having parking issues, impacting patient experience.

Ambulance Service and NHS 111: Concerns were raised about the ambulance service, including long wait times and the cost of taxis for patient transport. The NHS 111 service was criticized for its capacity issues and the difficulty in accessing timely care. The public emphasized the need for better communication and support for patients using these services.

Engagement and Communication: The feedback underscored the importance of regular, inclusive communication and engagement with the community. Suggestions included advertising events in accessible locations and formats, improving communication with the Deaf community, and ensuring that information is clear and easy to understand. The public expressed a desire for ongoing dialogue and involvement in the decision-making process.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

| | |
|---------------------------------|---|
| Director and Directorate | Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH) |
| Service Area | Minor Injuries Unit - Option 1 - Doctor-led 12 hours |

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

| | |
|--|--|
| <p>1. What are you Equality Impact assessing?</p> | <p>12-hour doctor led unit – as per the temporary model in place now, this would be open to the public for 12 hours, with a further two hours staffing to allow patients in the unit to be treated</p> |
| <p>2. Brief Aims and Description of the procedure/ proposal/ project/ policy:</p> | <p>Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times.</p> |
| <p>3. Who is involved in undertaking this EqIA? (names/job titles)</p> | <p>Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC)</p> |
| <p>4. Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</p> | <p>No</p> |
| <p>5. Is this a new EqIA or an updated EqIA?</p> | <p>New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information.</p> |
| <p>6. Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)</p> | <ul style="list-style-type: none"> • Local Population using the MIU. • Staff working within the MIU / AMAU. • Patients using either GGH or Morriston. • Staff working in GGH & MGH due to increase demands from GGH site • Sample audit November 2022 – 11.45% from Swansea Bay area <p>Sample audit for 2 weeks Dec 2023 https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhgXnLqGN4SljtcDYK7c5IPyTculB&id=uChWuyjjgkCoVkM8ntyPrIqXtKx9OJBDim5W0Zv5x3tUMFRLVlNLVEZITDhZVDZGNzhMOUFIUUFcWi4u</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | |
|---|---|
| | |
| <p>7. What might help/hinder the success of the procedure/ proposal/ project/ policy?</p> | <p>Help:</p> <ul style="list-style-type: none"> • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government <p>Hinder:</p> <ul style="list-style-type: none"> • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media |

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

| Consider, is the procedure/ proposal/ project/ policy relevant to: | Yes | No |
|---|-----|----|
| <p>Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p> | ✓ | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p> | ✓ | |
| <p>Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p> | ✓ | |
| <p>Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence</p> | ✓ | |
| <p>Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p> | ✓ | |
| <p>Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p> | ✓ | |

Section 3: Gathering of Evidence and Assessment of Potential Impact

| | | |
|---|----------|---|
| <p>How will the procedure/ proposal/ project/ policy impact on Age:</p> | Positive | ✓ |
| <p>Is it likely to affect older and younger people in different ways or affect one age group and not another?</p> | Negative | ✓ |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

No Impact

Guidance
Remove population data if not relevant to EqIA and upload relevant data.

Population Data

| County | Carmarthenshire | | Llanelli | |
|----------------------------|-----------------|------|----------|------|
| | Value | % | Value | % |
| Total: All usual residents | 187,897 | 100 | 25,400 | 100 |
| Aged 4 years and under | 9,057 | 4.8 | 1,422.4 | 5.6 |
| Aged 5 to 9 years | 10,274 | 5.5 | 1,524 | 6 |
| Aged 10 to 19 years | 20879 | 11.2 | 3,048 | 12 |
| Aged 20 to 24 years | 8,820 | 4.7 | 1,447.8 | 5.7 |
| Aged 25 to 34 years | 20,692 | 11 | 3,225.8 | 11.8 |
| Aged 35 to 49 years | 31,802 | 16.9 | 4,749.8 | 18.7 |
| Aged 50 to 64 years | 40,906 | 21.8 | 5,054.6 | 19.9 |
| Aged 65 to 74 years | 24,603 | 13.1 | 2,616.2 | 10.3 |
| Aged 75 to 84 years | 15,247 | 8.1 | 1,600.2 | 6.3 |
| Aged 85 years and over | 5,617 | 3 | 711.2 | 2.8 |

[Build a custom area profile - Census 2021, ONS 03/07/2024](#)

Insert an age breakdown of those affected. This data can be recorded in table or free text format.

Patient data – last 3 years (April 21- July 2024)

| Patient Age | Attendances |
|--------------|----------------|
| Age: 0-9 | 9,695 |
| Age: 10-19 | 16,094 |
| Age: 20-29 | 14,304 |
| Age: 30-39 | 14,004 |
| Age: 40-49 | 11,557 |
| Age: 50-59 | 12,689 |
| Age: 60-69 | 10,516 |
| Age: 70-79 | 9,503 |
| Age: 80-89 | 5,682 |
| Age: 90-99 | 1,072 |
| Age: 100 + | 27 |
| TOTAL | 105,143 |

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Insert breakdown of staff age in the specific service/ area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p> | <p>Staff data- Emergency Nurse Practitioner (ENP) staff age range between 37- 63 years. Average age of 54 years with 4 ENP retire and return. Difficulty in recruiting into 3 wte ENP vacancy previously which resulted in the appointment of X3 ENP trainees to mitigate the fragility and risk within this workforce in the event of full retirement/leavers.</p> | | | |
|---|--|--------------|-------------|------------------------|
| | GRADE | ACTUAL W.T.E | Age | COMMENTS |
| | 7 | 1.00 | 49 yrs | commencing 19th August |
| | 7 ENP | 0.40 | 62yrs | Retire and return |
| | 7 ENP | 0.80 | 54yrs | |
| | 7 ENP | 0.20 | 63yrs | Retire and return |
| | 7 ENP | 0.96 | 51yrs | |
| | 7 ENP | 0.80 | 47yrs | |
| | 7 ENP | 0.80 | 53yrs | |
| | 7 ENP | 0.40 | 62yrs | |
| | 7 ENP | 0.92 | 47yrs | |
| | 7 ENP | 0.96 | 38yrs | |
| | 7 ENP | 1.00 | 53yrs | |
| | 7 ENP | 0.50 | 56yrs | Retire and return |
| | 7 ENP | 0.40 | 49yrs | |
| | 7 ENP | 0.50 | 56yrs | Retire and return |
| | 6 ENP | 1.00 | 39yrs | Trainee ENP |
| 6 ENP | 1.00 | 53yrs | Trainee ENP | |
| 6 ENP | 1.00 | 37yrs | Trainee ENP | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available. • Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area • Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services. |
| <p>Provide a brief summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> • MIU have an aging workforce, many are retired and returned, the work life balance result of this change would be welcome by them as they will no longer be required to work nightshifts. No previous concerns highlighted by staff in relation to this aspect. • | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | | | | | | |
|---|---|----------------------|-----------------|-----------------------|------------|------------------------------|--------------|
| How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes. | | Positive | | | | | |
| | | Negative | ✓ | | | | |
| | | No Impact | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data | | | | | | |
| | | Carms | Llanelli | | | | |
| | Disabled under the Equality Act | 43,152 | 6,426 | | | | |
| | Not Disabled under the Equality Act | 144,743 | 18,974 | | | | |
| | Total population | 187,895 | 25,400 | | | | |
| | Percentage of population with a disability | 23% | 25.3% | | | | |
| People, population and community - Office for National Statistics (ons.gov.uk) | | | | | | | |
| Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future. | Mental Health activity: | | | | | | |
| | | MIU Referrals | | Ward Referrals | | | |
| | Month | 18-70 | 70+ | 18-70 | 70+ | 08:00 - 20:00 - 20:00 | 08:00 |
| | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 |
| | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 |
| | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 |
| | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 |
| | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 |
| | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 |
| | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 |
| | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 |
| | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 |
| | May-23 | 63 | 4 | 13 | 9 | 55 | 34 |
| | Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 |
| Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | |
| Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | TOTAL | 798 | 19 | 171 | 133 | 711 | 410 |
|---|---|-----|----|--|-----|-----|-----|
| Insert breakdown of staff with a disability who may be affected by your specific service/area of work. | <p>Staff data: No staff disabilities on record. No mental Health issues captured.</p> | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact. | <p>Negative Impact</p> <ul style="list-style-type: none"> • Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. • Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. • It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here. | | | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. • Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. • Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. • 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

- Parking – is there likely to be an increase of the use of disabled bays due to condensed hours? How many do we currently have? Is it sufficient from the patient data for disability?
- Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc.
- Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc?

their symptoms. Posters displayed in MIU and patient advised on Triage to ring

- There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines.
- There aren't any staff within this category.
- No scenarios at present.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|---|--------|-----------------|--|--------|-------|---|--------------------------------------|---------|-----|---|---------|------|---|-----|-----|-------------|----|-----|-----------|----|-----|------------|----|-----|-----------------------------|----|-----|--------------|--------|-----|
| | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="371 379 1525 783"> <thead> <tr> <th data-bbox="371 379 1055 419">County</th> <th data-bbox="1061 379 1296 419">Carmarthenshire</th> <th data-bbox="1303 379 1525 419"></th> </tr> <tr> <th data-bbox="371 419 1055 459">Gender</th> <th data-bbox="1061 419 1296 459">value</th> <th data-bbox="1303 419 1525 459">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 459 1055 491">All usual residents aged 16 and over</td> <td data-bbox="1061 459 1296 491">155,486</td> <td data-bbox="1303 459 1525 491">100</td> </tr> <tr> <td data-bbox="371 491 1055 523">Gender identity the same as sex registered at birth</td> <td data-bbox="1061 491 1296 523">144,924</td> <td data-bbox="1303 491 1525 523">93.2</td> </tr> <tr> <td data-bbox="371 523 1055 603">Gender identity different from sex registered at birth but no specific identity given</td> <td data-bbox="1061 523 1296 603">210</td> <td data-bbox="1303 523 1525 603">0.1</td> </tr> <tr> <td data-bbox="371 603 1055 635">Trans woman</td> <td data-bbox="1061 603 1296 635">93</td> <td data-bbox="1303 603 1525 635">0.1</td> </tr> <tr> <td data-bbox="371 635 1055 667">Trans man</td> <td data-bbox="1061 635 1296 667">90</td> <td data-bbox="1303 635 1525 667">0.1</td> </tr> <tr> <td data-bbox="371 667 1055 699">Non-binary</td> <td data-bbox="1061 667 1296 699">60</td> <td data-bbox="1303 667 1525 699">0.0</td> </tr> <tr> <td data-bbox="371 699 1055 730">All other gender identities</td> <td data-bbox="1061 699 1296 730">38</td> <td data-bbox="1303 699 1525 730">0.0</td> </tr> <tr> <td data-bbox="371 730 1055 762">Not answered</td> <td data-bbox="1061 730 1296 762">10,072</td> <td data-bbox="1303 730 1525 762">6.5</td> </tr> </tbody> </table> <p data-bbox="371 783 965 815">Data retrieved from Census 2021 data 24/06/2024</p> | | | County | Carmarthenshire | | Gender | value | % | All usual residents aged 16 and over | 155,486 | 100 | Gender identity the same as sex registered at birth | 144,924 | 93.2 | Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | Trans woman | 93 | 0.1 | Trans man | 90 | 0.1 | Non-binary | 60 | 0.0 | All other gender identities | 38 | 0.0 | Not answered | 10,072 | 6.5 |
| County | Carmarthenshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All usual residents aged 16 and over | 155,486 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity the same as sex registered at birth | 144,924 | 93.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans woman | 93 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans man | 90 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-binary | 60 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other gender identities | 38 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 10,072 | 6.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | <p data-bbox="371 863 517 895">No Impact</p> <p data-bbox="371 895 2163 970">The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership | | Positive | |
|---|---|-----------|---|
| | | Negative | ✓ |
| | | No Impact | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</p> | | |
| <p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> | <p>Patient data - no information available.</p> <p>This will require monitoring in relation to any childcare concerns raised by patients and the dependency on spouse to support MIU attendance, as well as transport to and from the MIU. Monitor through Patient feedback.</p> | | |
| <p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> | <p>No information available.</p> <p>Monitor any staff impact of amended hours on dependency/ability on spouse in relation to childcare needs as well as transport to and from MIU (if required). This can be mitigated by the flexible working policy and effective roster management. Capture staff who are working through flexible working request on ESR.</p> | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

- Staff may be reliant on their partners for lifts to and from work a change in working hours/ no opportunity to work a night shift may affect the staff members or their partners' employment (some households may need to change jobs to adapt to the new circumstances).
- Some households may be negatively impacted by this change due to shared childcare arrangements between shift work.

Opportunities for improvement / mitigation

- Flexible working policy.
- Ability to request % of shifts within roster.
- All rosters completed six weeks in advance.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave. | | Positive | ✓ |
|--|--|-----------|---|
| | | Negative | |
| | | No Impact | |
| If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format. | No information available, there aren't any gynaecological service in PPH. Capture of data relating to re-direction underway. Any adverse incidents are captured via Incident reporting (Datix). | | |
| Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work. | No information available: Leave and Pay For New and Existing Parent policy https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/leave-and-pay-for-new-and-existing-parents-policy/ Monitor through Managing attendance at work policy – ESR data. | | |
| Provide a summary of the positive impacts you have identified. | Positive Impact <ul style="list-style-type: none"> Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) will promote and highlight key criteria and will support signposting of patients to the right place first time. | | |

| How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality | | Positive | ✓ |
|--|--|-----------|---|
| People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship. | | Negative | ✓ |
| | | No Impact | |
| | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population</p> <table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carms</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Ethnicity</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents</td> <td>187,898</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>2,321</td> <td>1.2</td> <td>533</td> <td>2.1</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>455</td> <td>0.2</td> <td>51</td> <td>0.2</td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>1,756</td> <td>0.9</td> <td>279</td> <td>1.1</td> </tr> <tr> <td>White</td> <td>182,652</td> <td>97.2</td> <td>24,384</td> <td>96</td> </tr> <tr> <td>Another ethnic group</td> <td>714</td> <td>0.4</td> <td>1523</td> <td>0.6</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> <p>90.3% of Llanelli's population (22,936) were born in the UK.</p> | | | | | County | Carms | | Llanelli | | Ethnicity | Value | % | Value | % | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | White | 182,652 | 97.2 | 24,384 | 96 | Another ethnic group | 714 | 0.4 | 1523 | 0.6 |
|--|---|--|------|----------|-----|--------|-------|--|----------|--|-----------|-------|---|-------|---|----------------------------|---------|-----|--------|-----|-------------------------------------|-------|-----|-----|-----|---|-----|-----|----|-----|---------------------------------|-------|-----|-----|-----|-------|---------|------|--------|----|----------------------|-----|-----|------|-----|
| | County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ethnicity | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Another ethnic group | 714 | 0.4 | 1523 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> It may be difficult to communicate this change with some hard-to-reach minority communities or those who speak a different language from English and Welsh. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Link in with Community Development Outreach Team (CDOT) to support key communication. engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method. Translation Services – ensure all communication is translated and in accessible formats, such as easy read format. Clear criteria for overseas visitors accessing MIU service. Working with Health Board communications and engagement team. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Provide a summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> Greater accessibility to support services e.g., translation services will always be available within the revised operating hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

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| How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism. | | | | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------|--|------|-----------|--------|-------|--|----------|--|----------|-------|---|-------|---|----------------------------|---------|-----|--------|---|-------------|--------|------|--------|------|-----------|--------|------|--------|----|----------|-----|-----|----|-----|-------|-----|-----|----|-----|--------|-----|-----|----|-----|--------|-------|-----|-----|-----|------|-----|-----|----|-----|----------------|-------|-----|-----|-----|--------------|--------|-----|------|---|---|--|
| | | | | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1"> <thead> <tr> <th data-bbox="376 357 660 394">County</th> <th colspan="2" data-bbox="660 357 1048 394">Carms</th> <th colspan="2" data-bbox="1048 357 1375 394">Llanelli</th> </tr> <tr> <th data-bbox="376 394 660 430">Religion</th> <th data-bbox="660 394 860 430">Value</th> <th data-bbox="860 394 1048 430">%</th> <th data-bbox="1048 394 1211 430">Value</th> <th data-bbox="1211 394 1375 430">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="376 430 660 499">Total: All usual residents</td> <td data-bbox="660 430 860 499">187,899</td> <td data-bbox="860 430 1048 499">100</td> <td data-bbox="1048 430 1211 499">25,400</td> <td data-bbox="1211 430 1375 499">%</td> </tr> <tr> <td data-bbox="376 499 660 536">No religion</td> <td data-bbox="660 499 860 536">83,409</td> <td data-bbox="860 499 1048 536">44.4</td> <td data-bbox="1048 499 1211 536">12,395</td> <td data-bbox="1211 499 1375 536">48.8</td> </tr> <tr> <td data-bbox="376 536 660 572">Christian</td> <td data-bbox="660 536 860 572">89,378</td> <td data-bbox="860 536 1048 572">47.6</td> <td data-bbox="1048 536 1211 572">10,922</td> <td data-bbox="1211 536 1375 572">43</td> </tr> <tr> <td data-bbox="376 572 660 609">Buddhist</td> <td data-bbox="660 572 860 609">557</td> <td data-bbox="860 572 1048 609">0.3</td> <td data-bbox="1048 572 1211 609">76</td> <td data-bbox="1211 572 1375 609">0.3</td> </tr> <tr> <td data-bbox="376 609 660 646">Hindu</td> <td data-bbox="660 609 860 646">419</td> <td data-bbox="860 609 1048 646">0.2</td> <td data-bbox="1048 609 1211 646">51</td> <td data-bbox="1211 609 1375 646">0.2</td> </tr> <tr> <td data-bbox="376 646 660 683">Jewish</td> <td data-bbox="660 646 860 683">103</td> <td data-bbox="860 646 1048 683">0.1</td> <td data-bbox="1048 646 1211 683">25</td> <td data-bbox="1211 646 1375 683">0.1</td> </tr> <tr> <td data-bbox="376 683 660 719">Muslim</td> <td data-bbox="660 683 860 719">1,026</td> <td data-bbox="860 683 1048 719">0.5</td> <td data-bbox="1048 683 1211 719">229</td> <td data-bbox="1211 683 1375 719">0.9</td> </tr> <tr> <td data-bbox="376 719 660 756">Sikh</td> <td data-bbox="660 719 860 756">177</td> <td data-bbox="860 719 1048 756">0.1</td> <td data-bbox="1048 719 1211 756">25</td> <td data-bbox="1211 719 1375 756">0.1</td> </tr> <tr> <td data-bbox="376 756 660 793">Other religion</td> <td data-bbox="660 756 860 793">1,127</td> <td data-bbox="860 756 1048 793">0.6</td> <td data-bbox="1048 756 1211 793">153</td> <td data-bbox="1211 756 1375 793">0.6</td> </tr> <tr> <td data-bbox="376 793 660 829">Not answered</td> <td data-bbox="660 793 860 829">11,703</td> <td data-bbox="860 793 1048 829">6.2</td> <td data-bbox="1048 793 1211 829">1524</td> <td data-bbox="1211 793 1375 829">6</td> </tr> </tbody> </table> <p data-bbox="367 874 965 906">Data retrieved from Census 2021 data 03/07/2024</p> | | | | | County | Carms | | Llanelli | | Religion | Value | % | Value | % | Total: All usual residents | 187,899 | 100 | 25,400 | % | No religion | 83,409 | 44.4 | 12,395 | 48.8 | Christian | 89,378 | 47.6 | 10,922 | 43 | Buddhist | 557 | 0.3 | 76 | 0.3 | Hindu | 419 | 0.2 | 51 | 0.2 | Jewish | 103 | 0.1 | 25 | 0.1 | Muslim | 1,026 | 0.5 | 229 | 0.9 | Sikh | 177 | 0.1 | 25 | 0.1 | Other religion | 1,127 | 0.6 | 153 | 0.6 | Not answered | 11,703 | 6.2 | 1524 | 6 | <p>Staff data – No information relating to any impact. Consideration as applicable of religion and/or belief. Data collated via ESR.</p> | |
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: All usual residents | 187,899 | 100 | 25,400 | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion | 83,409 | 44.4 | 12,395 | 48.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian | 89,378 | 47.6 | 10,922 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | 557 | 0.3 | 76 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hindu | 419 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jewish | 103 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muslim | 1,026 | 0.5 | 229 | 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sikh | 177 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other religion | 1,127 | 0.6 | 153 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 11,703 | 6.2 | 1524 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> Reduction of opening hours reduce flexibility within shift patterns for staff members during key religion or belief (non-belief) events. | | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Promotion of diversity and Inclusion within Health Board staff. Access to Religion and Beliefs Learning Resources for staff. Diversity Calendar promotion Flexible working policy Equality, Diversity and Inclusion Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | |
|---------------------------|--|--|
| relevant negative impact. | | |
|---------------------------|--|--|

| | | |
|---|------------------|---|
| How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other? | Positive | |
| | Negative | |
| | No Impact | ✓ |

| Guidance Remove population data if not relevant to EqIA. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #003366; color: white;">County</th> <th colspan="2" style="background-color: #003366; color: white;">Carms</th> <th colspan="2" style="background-color: #003366; color: white;">Llanelli</th> </tr> <tr> <th style="background-color: #003366; color: white;">Gender</th> <th style="background-color: #003366; color: white;">Value</th> <th style="background-color: #003366; color: white;">%</th> <th style="background-color: #003366; color: white;">Value</th> <th style="background-color: #003366; color: white;">%</th> </tr> </thead> <tbody> <tr> <td style="background-color: #003366; color: white;">All persons</td> <td style="text-align: right;">187,897</td> <td style="text-align: center;">100</td> <td style="text-align: right;">25,400</td> <td style="text-align: center;">100</td> </tr> <tr> <td style="background-color: #003366; color: white;">Male</td> <td style="text-align: right;">91,685</td> <td style="text-align: center;">48.8</td> <td style="text-align: right;">12,421</td> <td style="text-align: center;">48.9</td> </tr> <tr> <td style="background-color: #003366; color: white;">Female</td> <td style="text-align: right;">96,212</td> <td style="text-align: center;">51.2</td> <td style="text-align: right;">13,979</td> <td style="text-align: center;">51.1</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> | | | | County | Carms | | Llanelli | | Gender | Value | % | Value | % | All persons | 187,897 | 100 | 25,400 | 100 | Male | 91,685 | 48.8 | 12,421 | 48.9 | Female | 96,212 | 51.2 | 13,979 | 51.1 |
|--|---|------|----------|------|--------|-------|--|----------|--|--------|-------|---|-------|---|-------------|---------|-----|--------|-----|------|--------|------|--------|------|--------|--------|------|--------|------|
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| All persons | 187,897 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 91,685 | 48.8 | 12,421 | 48.9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 96,212 | 51.2 | 13,979 | 51.1 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| If you have determined no impact, please provide a brief explanation. | <p>No Impact</p> <ul style="list-style-type: none"> Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities. |
|---|--|

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| How will the procedure/ proposal/ project/ policy impact on Sexual Orientation | | | | | | | Positive | | | |
|---|---|---------------|------|-------------------|------|--------------|-----------|---------------|-------|--|
| Whether a person's sexual attraction is towards their own sex, the opposite sex or either. | | | | | | | Negative | | | |
| | | | | | | | No Impact | | ✓ | |
| Guidance Remove population data if not relevant to EqIA. | Population Data | | | | | | | | | |
| | | County | | | | | | | | |
| | | Carms | | Ceredigion | | Pembs | | Totals | | |
| | Sexual Orientation | Value | % | Value | % | Value | % | Value | % | |
| | Total: All usual residents aged 16 years and over | 155,485 | 100 | 61,390 | 100 | 102,550 | 100 | 319,425 | 100.0 | |
| | Straight or Heterosexual | 139,511 | 89.7 | 51,998 | 84.7 | 92,094 | 89.8 | 283,603 | 88.1 | |
| | Gay or Lesbian | 1,845 | 1.2 | 941 | 1.5 | 1,093 | 1.1 | 3,879 | 1.3 | |
| | Bisexual | 1,500 | 1.0 | 1,617 | 2.6 | 1,050 | 1 | 4,167 | 1.5 | |
| | Pansexual | 120 | 0.1 | 150 | 0.2 | 80 | 0.1 | 350 | 0.2 | |
| | Asexual | 79 | 0.1 | 140 | 0.2 | 52 | 0.1 | 271 | 0.1 | |
| Queer | 23 | 0.0 | 49 | 0.1 | 12 | 0 | 84 | 0.0 | | |
| All other sexual orientations | 100 | 0.1 | 90 | 0.1 | 75 | 0.1 | 265 | 0.1 | | |
| People, population and community - Office for National Statistics (ons.gov.uk) | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact There is no discrimination identified based on sexual orientation | | | | | | | | | |

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| | | |
|---|------------------|---|
| <p>How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p> | Positive | |
| | Negative | ✓ |
| | No Impact | |

| | | | | | |
|---|------------------------|----------------------------|--------------------------|-----------------------|----------------------|
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | Population Data | | | | |
| | | Carmarthenshire (%) | Pembrokeshire (%) | Ceredigion (%) | Hywel Dda (%) |
| | Regular | 3.6 | 4.5 | 3 | 3.7 |
| | Reserve | 0.9 | 0.9 | 0.9 | 0.9 |
| | Both | 0.2 | 0.2 | 0.2 | 0.2 |
| | Total | 4.7 | 5.7 | 4.1 | 4.8 |
| <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | | |

| | |
|---|---|
| <p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.</p> | <p>Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.</p> |
|---|---|

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| | | |
|--|---|--|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none">• This populations may be more dependent on public transport and or others to bring them to healthcare settings.• Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected.• Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated.• Educate the public on criteria of acceptances in MIU through communication supported by Choose Well NHS 111 Wales.• Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy.• Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page. |
|--|---|--|

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| <p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p> | | <p>Positive</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|----------|-----------------|-----------------|--|----------|--|-------|---|-------|---|--|--------|------|--------|------|----------------------------------|-------|-----|-----|-----|-----------------------|--------|------|--------|------|
| | | <p>Negative</p> | <p>✓</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>No Impact</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1" data-bbox="369 555 1377 831"> <thead> <tr> <th rowspan="2">Economic Factor</th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Economically active – In employment (this includes full time students)</td> <td>81,952</td> <td>52.7</td> <td>12,234</td> <td>52.1</td> </tr> <tr> <td>Economically active - Unemployed</td> <td>3,922</td> <td>2.5</td> <td>914</td> <td>3.6</td> </tr> <tr> <td>Economically inactive</td> <td>69,613</td> <td>44.8</td> <td>11,252</td> <td>44.3</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 24/06/2024</p> | | | Economic Factor | Carmarthenshire | | Llanelli | | Value | % | Value | % | Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 |
| Economic Factor | Carmarthenshire | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | |
| | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.</p> | <p>Patient data – no information to capture impact of change. Monitor through patient feedback.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|--|--|
| <p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.</p> | <p>Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.</p> | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Staff unable to work night shifts means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Consultation with staff • Communication – working with communication team regarding role and function of MIU. • Promotion of staff benefits – such as childcare vouchers, discounts. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language. | | Positive | | | | | | | | | | | |
|--|---|-----------|--|-----------------|------|---------------|------|------------|------|-----------|----|--|--|
| | | Negative | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1137"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | Area | Percentage of people who can speak Welsh | Carmarthenshire | 53.3 | Pembrokeshire | 25.2 | Ceredigion | 56.4 | Hywel Dda | 45 | | |
| Area | Percentage of people who can speak Welsh | | | | | | | | | | | | |
| Carmarthenshire | 53.3 | | | | | | | | | | | | |
| Pembrokeshire | 25.2 | | | | | | | | | | | | |
| Ceredigion | 56.4 | | | | | | | | | | | | |
| Hywel Dda | 45 | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact identified | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Additional considerations

In addition to the above protected characteristics please consider impact on the following:

- Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)
- Unpaid Carers
- Individuals and communities who experience Digital Exclusion
- Rural and Urban communities
- More info about the comms package that will be required to inform the public about the scope of practice for each option
- More info about the comms package that will be required to inform the public about the specific opening times
- Different communication mechanisms for certain protected characteristics – how will we be promoting to our younger population/older population/blind and deaf, LGBTQ+ population. I'm thinking specifically in terms of newspaper ads, social media ads
- Utilising the medical and nursing workforce to a 12(&2) model enhances the MIU skill set, reducing gaps within the roster and allows improved quality, safety and timely care to be delivered within these agreed hours.
- Reduction in staff anxiety, morale and in turn reduces staff sickness absence.
- Improved recruitment within the GP/Medical workforce due to reduced risk within the department.

As mentioned above the CDOT team and other key stakeholders will be used to communicate this change of hours.

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

Not applicable

Please note – All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: a **likelihood score** and an **opportunity/impact score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Likelihood Score x opportunity/impact Score = Total Score)

| OPPORTUNITY AND IMPACT | | | |
|------------------------|-------|--------------|---|
| IMPACT | SCORE | | The proposed change is anticipated to lead to the following level of opportunity and/or impact: |
| Positive | 5 | Excellence | (Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence. |
| | 4 | Major | (Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements. |
| | 3 | Moderate | (Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements. |
| | 2 | Minor | (Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities. |
| | 1 | Negligible | (Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities. |
| Neutral | 0 | Neutral | (Neutral): No effect, either positive or negative. |
| Negative | -1 | Negligible | (Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery. |
| | -2 | Minor | (Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery. |
| | -3 | Moderate | (Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery. |
| | -4 | Major | (Major): Major negative impact, major injury potential, and major negative impacts on service delivery. |
| | -5 | Catastrophic | (Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| LIKELIHOOD | | |
|------------|----------------|---|
| 1 | Rare | Not expected to occur for years. Will occur in exceptional circumstances. |
| 2 | Unlikely | Expected to occur at least annually. Unlikely to occur |
| 3 | Possible | Expected to occur at least monthly. Reasonable chance of occurring. |
| 4 | Likely | Expected to occur at least weekly. Likely to occur. |
| 5 | Almost Certain | Expected to occur at least daily. More than likely to occur. |

| | | OPPORTUNITY | | | | | | IMPACT | | | | |
|------------|---|-------------|----|----|----|---|----|--------|-----|-----|-----|-----|
| LIKELIHOOD | | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 |
| | 5 | 25 | 20 | 15 | 10 | 5 | 0 | -5 | -10 | -15 | -20 | -25 |
| | 4 | 20 | 16 | 12 | 8 | 4 | 0 | -4 | -8 | -12 | -16 | -20 |
| | 3 | 15 | 12 | 9 | 6 | 3 | 0 | -3 | -6 | -9 | -12 | -15 |
| | 2 | 10 | 8 | 6 | 4 | 2 | 0 | -2 | -4 | -6 | -8 | -10 |
| 1 | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 | |

| CATEGORY | | | |
|----------|-----------------------|--|---------------|
| | Excellent opportunity | | Extreme risk |
| | Good opportunity | | High risk |
| | Moderate opportunity | | Moderate risk |
| | Minor opportunity | | Low risk |

****To access the scoring table below you will need to double click on the table to open an editable version. The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Area | | | | | Opportunity / Consequence Rating* | *IIA Matrix | | |
|--|-----------------|----------------|-----------------|---------|-----------------------------------|-------------|------------|-------------|
| | Positive impact | Neutral impact | Negative impact | Unknown | | Consequence | Likelihood | Total Score |
| Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative | | | | | | | | |
| | | | | | | | | |
| Age | | | | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Disability | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Gender Reassignment | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Marriage and Civil Partnership | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -2 | 3 | -6 |
| Pregnancy and Maternity | | | | | ** positive rating | 4 | 2 | 8 |
| | | | | | ** negative rating | | | 0 |
| Race/Ethnicity or Nationality | | | | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Religion or Belief | | | | | ** Positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Sex | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Sexual Orientation | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Armed Forces | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Socio-economic Deprivation | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -4 | 3 | -12 |
| Welsh Language | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

| | |
|--|--|
| <p>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p> | <p>Process remains active re long term MIU Model</p> |
| <p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p> | |

| | Actions | Assigned to | Target Review Date | Completion Date | Comments/ Update |
|----|---|---|---------------------------|---------------------------|--|
| | <ul style="list-style-type: none"> Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. | | | | |
| 1. | <p>What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</p> <p>Audits – redirection policy Attendances (Major & Minor split) Incidents/ Risk register review Complaints Patient feedback – CIVICA 4- & 12-hour performance– breach data Workforce data review – sickness absence themes</p> | Jon Morris Iona Evans Meinir Williams | 3 months post closure | 13 th Feb 2025 | <p>Monthly review of data to determine impact of closure captured.</p> <p>Feedback provided within Quality, Safety & Experience Committee Meeting (13/02/2025)</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | | | | |
|----|---|---|-----------------------------------|--|--|
| 2. | MIU Project Group underway to scope long term modelling of the unit – series of options for delivery of the MIU in response to service fragilities’ and/or unsustainability – 4 options remain. | Sarah Perry Robin Ghosal Iona Evans Jon Morris | 27 th March 2025 | Pending Board Meeting outcome | Depending on Board outcome will determine next steps. |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

| | | |
|--|------------------------|--|
| EqlA Completed by: | Name/s | Iona Evans /Jon Morris |
| | Title | Interim HoN GGH & PPH/ Clinical Lead MIU |
| | Team / Division | Unscheduled Care |
| | Contact details | iona.evans@wales.nhs.uk/jon.morris2@wales.nhs.uk |
| | Date | 23/03/2025 |
| EqlA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5 | Name | Sarah Perry |
| | Title | GM Carmarthenshire System |
| | Team / Division | Unscheduled Care/Community |
| | Contact details | Sarah.Perry3@wales.nhs.uk |
| | Date | 23/03/2023 |
| Guidance has been provided by Diversity & Inclusion Team: | Name | Alan Winter |
| | Title | Senior Diversity and Inclusion Officer |
| | Team | Strategic Partnership Diversity & Inclusion |
| | Contact details | Alan.winter@wales.nhs.uk |
| | Date | 24/3/2025 |
| Diversity and Inclusion Team additional Comments: | | |

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

| | |
|---------------------------------|---|
| Director and Directorate | Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH) |
| Service Area | Minor Injuries Unit - Option 2 - Doctor-led 14 hours |

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support


For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

| | | |
|----|--|---|
| 1. | What are you Equality Impact assessing? | 16-hour doctor led unit – this would be open to the public for 14 hours, with a further two hours staffing to allow patients in the unit to be treated. |
| 2. | Brief Aims and Description of the procedure/ proposal/ project/ policy: | Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times. |
| 3. | Who is involved in undertaking this EqIA? (names/job titles) | Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC) |
| 4. | Is the procedure/ proposal/ project/ policy related to other policies/ areas of work? | No |
| 5. | Is this a new EqIA or an updated EqIA? | New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information. |
| 6. | Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees) | <ul style="list-style-type: none"> • Local Population using the MIU. • Staff working within the MIU / AMAU. • Patients using either GGH or Morriston. • Staff working in GGH & MGH due to increase demands from GGH site • Sample audit November 2022 – 11.45% from Swansea Bay area  <p>MIU%20attendance s%20from%20Swans</p> <p>Sample audit for 2 weeks Dec 2023</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | |
|---|---|
| | https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhgXnLqGN4SljtcDYK7c5lPyTculB&id=uChWuyjjgkCoVkM8ntyPrIqXtKx9OJBDim5W0Zv5x3tUMFRLVlNLVEZITDhZVDZGNzhMOUFIUUFcWi4u |
| <p>7. What might help/hinder the success of the procedure/ proposal/ project/ policy?</p> | <p>Help:</p> <ul style="list-style-type: none"> • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government <p>Hinder:</p> <ul style="list-style-type: none"> • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media |

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:

| | |
|-----|----|
| Yes | No |
|-----|----|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p> | ✓ | |
| <p>Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p> | ✓ | |
| <p>Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p> | ✓ | |
| <p>Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence</p> | ✓ | |
| <p>Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p> | ✓ | |
| <p>Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p> | ✓ | |

Section 3: Gathering of Evidence and Assessment of Potential Impact

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | | | | |
|---|--|--------------------|---------|-------------------|------|
| How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another? | | | | Positive ✓ | |
| | | | | Negative ✓ | |
| | | | | No Impact | |
| Guidance Remove population data if not relevant to EqIA and upload relevant data. | Population Data | | | | |
| | County | Carmarthenshire | | Llanelli | |
| | Age | Value | % | Value | % |
| | Total: All usual residents | 187,897 | 100 | 25,400 | 100 |
| | Aged 4 years and under | 9,057 | 4.8 | 1,422.4 | 5.6 |
| | Aged 5 to 9 years | 10,274 | 5.5 | 1,524 | 6 |
| | Aged 10 to 19 years | 20879 | 11.2 | 3,048 | 12 |
| | Aged 20 to 24 years | 8,820 | 4.7 | 1,447.8 | 5.7 |
| | Aged 25 to 34 years | 20,692 | 11 | 3,225.8 | 11.8 |
| | Aged 35 to 49 years | 31,802 | 16.9 | 4,749.8 | 18.7 |
| | Aged 50 to 64 years | 40,906 | 21.8 | 5,054.6 | 19.9 |
| | Aged 65 to 74 years | 24,603 | 13.1 | 2,616.2 | 10.3 |
| Aged 75 to 84 years | 15,247 | 8.1 | 1,600.2 | 6.3 | |
| Aged 85 years and over | 5,617 | 3 | 711.2 | 2.8 | |
| Build a custom area profile - Census 2021, ONS 03/07/2024 | | | | | |
| Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future. | Patient data – last 3 years (April 21- July 2024) | | | | |
| | Patient Age | Attendances | | | |
| | Age: 0-9 | 9,695 | | | |
| | Age: 10-19 | 16,094 | | | |
| | Age: 20-29 | 14,304 | | | |
| | Age: 30-39 | 14,004 | | | |
| | Age: 40-49 | 11,557 | | | |
| | Age: 50-59 | 12,689 | | | |
| | Age: 60-69 | 10,516 | | | |
| | Age: 70-79 | 9,503 | | | |
| | Age: 80-89 | 5,682 | | | |
| | Age: 90-99 | 1,072 | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | |
|--------------|----------------|
| Age: 100 + | 27 |
| TOTAL | 105,143 |

Insert breakdown of staff age in the specific service/ area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

Staff data- Emergency Nurse Practitioner (ENP) staff age range between 37- 63 years. Average age of 54 years with 4 ENP retire and return. Difficulty in recruiting into 3 wte ENP vacancy previously which resulted in the appointment of X3 ENP trainees to mitigate the fragility and risk within this workforce in the event of full retirement/leavers.

| GRADE | ACTUAL W.T.E | Age | COMMENTS |
|-------|--------------|--------|------------------------|
| 7 | 1.00 | 49 yrs | commencing 19th August |
| 7 ENP | 0.40 | 62yrs | Retire and return |
| 7 ENP | 0.80 | 54yrs | |
| 7 ENP | 0.20 | 63yrs | Retire and return |
| 7 ENP | 0.96 | 51yrs | |
| 7 ENP | 0.80 | 47yrs | |
| 7 ENP | 0.80 | 53yrs | |
| 7 ENP | 0.40 | 62yrs | |
| 7 ENP | 0.92 | 47yrs | |
| 7 ENP | 0.96 | 38yrs | |
| 7 ENP | 1.00 | 53yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 7 ENP | 0.40 | 49yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 6 ENP | 1.00 | 39yrs | Trainee ENP |
| 6 ENP | 1.00 | 53yrs | Trainee ENP |
| 6 ENP | 1.00 | 37yrs | Trainee ENP |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available. • Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area • Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services. |
| <p>Provide a brief summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> • MIU have an aging workforce, many are retired and returned, the work life balance result of this change would be welcome by them as they will no longer be required to work nightshifts. No previous concerns highlighted by staff in relation to this aspect. • | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p> | | <p>Positive</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|----------|-------|----------------|----------|---------------------------------|--------|-----------------------------|-------------------------------------|---------|--------|------------------|---------|--------|--|--------|-------|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|----|----|----|--------|----|---|---|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|---|---|----|----|--------|----|---|---|---|----|----|
| | | <p>Negative</p> | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>No Impact</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <table border="1"> <thead> <tr> <th></th> <th>Carms</th> <th>Llanelli</th> </tr> </thead> <tbody> <tr> <td>Disabled under the Equality Act</td> <td>43,152</td> <td>6,426</td> </tr> <tr> <td>Not Disabled under the Equality Act</td> <td>144,743</td> <td>18,974</td> </tr> <tr> <td>Total population</td> <td>187,895</td> <td>25,400</td> </tr> <tr> <td>Percentage of population with a disability</td> <td>23%</td> <td>25.3%</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | Carms | Llanelli | Disabled under the Equality Act | 43,152 | 6,426 | Not Disabled under the Equality Act | 144,743 | 18,974 | Total population | 187,895 | 25,400 | Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Carms | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Disabled under the Equality Act | 43,152 | 6,426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not Disabled under the Equality Act | 144,743 | 18,974 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total population | 187,895 | 25,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p> | <p>Mental Health activity:</p> <table border="1"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="2">MIU Referrals</th> <th colspan="2">Ward Referrals</th> <th colspan="2">08:00 - 20:00 - 20:00 08:00</th> </tr> <tr> <th>18-70</th> <th>70+</th> <th>18-70</th> <th>70+</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Feb-24</td> <td>79</td> <td>0</td> <td>15</td> <td>9</td> <td>56</td> <td>47</td> </tr> <tr> <td>Jan-24</td> <td>76</td> <td>2</td> <td>14</td> <td>9</td> <td>58</td> <td>43</td> </tr> <tr> <td>Dec-23</td> <td>78</td> <td>2</td> <td>12</td> <td>12</td> <td>65</td> <td>39</td> </tr> <tr> <td>Nov-23</td> <td>71</td> <td>1</td> <td>13</td> <td>19</td> <td>71</td> <td>33</td> </tr> <tr> <td>Oct-23</td> <td>61</td> <td>2</td> <td>8</td> <td>19</td> <td>66</td> <td>24</td> </tr> <tr> <td>Sep-23</td> <td>39</td> <td>2</td> <td>11</td> <td>6</td> <td>43</td> <td>15</td> </tr> <tr> <td>Aug-23</td> <td>52</td> <td>2</td> <td>28</td> <td>11</td> <td>54</td> <td>39</td> </tr> <tr> <td>Jul-23</td> <td>54</td> <td>1</td> <td>19</td> <td>8</td> <td>52</td> <td>30</td> </tr> <tr> <td>Jun-23</td> <td>65</td> <td>2</td> <td>16</td> <td>4</td> <td>52</td> <td>35</td> </tr> <tr> <td>May-23</td> <td>63</td> <td>4</td> <td>13</td> <td>9</td> <td>55</td> <td>34</td> </tr> <tr> <td>Apr-23</td> <td>68</td> <td>0</td> <td>12</td> <td>11</td> <td>57</td> <td>34</td> </tr> <tr> <td>Mar-23</td> <td>42</td> <td>0</td> <td>1</td> <td>8</td> <td>30</td> <td>21</td> </tr> <tr> <td>Feb-23</td> <td>50</td> <td>1</td> <td>9</td> <td>8</td> <td>52</td> <td>16</td> </tr> </tbody> </table> | | | Month | MIU Referrals | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | 18-70 | 70+ | 18-70 | 70+ | | | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | May-23 | 63 | 4 | 13 | 9 | 55 | 34 | Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 |
| | Month | MIU Referrals | | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 18-70 | 70+ | 18-70 | 70+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | May-23 | 63 | 4 | 13 | 9 | 55 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | TOTAL | 798 | 19 | 171 | 133 | 711 | 410 |
|---|---|-----|----|--|-----|-----|-----|
| Insert breakdown of staff with a disability who may be affected by your specific service/area of work. | <p>Staff data: No staff disabilities on record. No mental Health issues captured.</p> | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact. | <p>Negative Impact</p> <ul style="list-style-type: none"> Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here. | | | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|---|
| | <ul style="list-style-type: none">• Parking – is there likely to be an increase of the use of disabled bays due to condensed hours? How many do we currently have? Is it sufficient from the patient data for disability?• Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc.• Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc? | <p>their symptoms. Posters displayed in MIU and patient advised on Triage to ring</p> <ul style="list-style-type: none">• There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines.• There aren't any staff within this category.• No scenarios at present. |
|--|---|---|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|---|--------|-----------------|--|--------|-------|---|--------------------------------------|---------|-----|---|---------|------|---|-----|-----|-------------|----|-----|-----------|----|-----|------------|----|-----|-----------------------------|----|-----|--------------|--------|-----|
| | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="376 379 1525 783"> <thead> <tr> <th data-bbox="383 384 1055 416">County</th> <th data-bbox="1061 384 1294 416">Carmarthenshire</th> <th data-bbox="1301 384 1518 416"></th> </tr> <tr> <th data-bbox="383 421 1055 453">Gender</th> <th data-bbox="1061 421 1294 453">value</th> <th data-bbox="1301 421 1518 453">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 458 1055 489">All usual residents aged 16 and over</td> <td data-bbox="1061 458 1294 489">155,486</td> <td data-bbox="1301 458 1518 489">100</td> </tr> <tr> <td data-bbox="383 494 1055 526">Gender identity the same as sex registered at birth</td> <td data-bbox="1061 494 1294 526">144,924</td> <td data-bbox="1301 494 1518 526">93.2</td> </tr> <tr> <td data-bbox="383 531 1055 600">Gender identity different from sex registered at birth but no specific identity given</td> <td data-bbox="1061 531 1294 600">210</td> <td data-bbox="1301 531 1518 600">0.1</td> </tr> <tr> <td data-bbox="383 604 1055 636">Trans woman</td> <td data-bbox="1061 604 1294 636">93</td> <td data-bbox="1301 604 1518 636">0.1</td> </tr> <tr> <td data-bbox="383 641 1055 673">Trans man</td> <td data-bbox="1061 641 1294 673">90</td> <td data-bbox="1301 641 1518 673">0.1</td> </tr> <tr> <td data-bbox="383 678 1055 710">Non-binary</td> <td data-bbox="1061 678 1294 710">60</td> <td data-bbox="1301 678 1518 710">0.0</td> </tr> <tr> <td data-bbox="383 715 1055 746">All other gender identities</td> <td data-bbox="1061 715 1294 746">38</td> <td data-bbox="1301 715 1518 746">0.0</td> </tr> <tr> <td data-bbox="383 751 1055 783">Not answered</td> <td data-bbox="1061 751 1294 783">10,072</td> <td data-bbox="1301 751 1518 783">6.5</td> </tr> </tbody> </table> <p data-bbox="376 788 965 815">Data retrieved from Census 2021 data 24/06/2024</p> | | | County | Carmarthenshire | | Gender | value | % | All usual residents aged 16 and over | 155,486 | 100 | Gender identity the same as sex registered at birth | 144,924 | 93.2 | Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | Trans woman | 93 | 0.1 | Trans man | 90 | 0.1 | Non-binary | 60 | 0.0 | All other gender identities | 38 | 0.0 | Not answered | 10,072 | 6.5 |
| County | Carmarthenshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All usual residents aged 16 and over | 155,486 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity the same as sex registered at birth | 144,924 | 93.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans woman | 93 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans man | 90 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-binary | 60 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other gender identities | 38 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 10,072 | 6.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | <p data-bbox="376 868 517 900">No Impact</p> <p data-bbox="376 904 2159 975">The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership | | Positive | |
|---|---|-----------|---|
| | | Negative | ✓ |
| | | No Impact | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</p> | | |
| <p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> | <p>Patient data - no information available.</p> <p>This will require monitoring in relation to any childcare concerns raised by patients and the dependency on spouse to support MIU attendance, as well as transport to and from the MIU. Monitor through Patient feedback.</p> | | |
| <p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> | <p>No information available.</p> <p>Monitor any staff impact of amended hours on dependency/ability on spouse in relation to childcare needs as well as transport to and from MIU (if required). This can be mitigated by the flexible working policy and effective roster management. Capture staff who are working through flexible working request on ESR.</p> | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

- Staff may be reliant on their partners for lifts to and from work a change in working hours/ no opportunity to work a night shift may affect the staff members or their partners' employment (some households may need to change jobs to adapt to the new circumstances).
- Some households may be negatively impacted by this change due to shared childcare arrangements between shift work.

Opportunities for improvement / mitigation

- Flexible working policy.
- Ability to request % of shifts within roster.
- All rosters completed six weeks in advance.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave. | | Positive | ✓ |
|--|--|-----------|---|
| | | Negative | |
| | | No Impact | |
| If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format. | No information available, there aren't any gynaecological service in PPH. Capture of data relating to re-direction underway. Any adverse incidents are captured via Incident reporting (Datix). | | |
| Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work. | No information available: Leave and Pay For New and Existing Parent policy https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/leave-and-pay-for-new-and-existing-parents-policy/ Monitor through Managing attendance at work policy – ESR data. | | |
| Provide a summary of the positive impacts you have identified. | Positive Impact <ul style="list-style-type: none"> Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) will promote and highlight key criteria and will support signposting of patients to the right place first time. | | |

| How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality | | Positive | ✓ |
|--|--|-----------|---|
| People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship. | | Negative | ✓ |
| | | No Impact | |
| | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population</p> <table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carms</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Ethnicity</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents</td> <td>187,898</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>2,321</td> <td>1.2</td> <td>533</td> <td>2.1</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>455</td> <td>0.2</td> <td>51</td> <td>0.2</td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>1,756</td> <td>0.9</td> <td>279</td> <td>1.1</td> </tr> <tr> <td>White</td> <td>182,652</td> <td>97.2</td> <td>24,384</td> <td>96</td> </tr> <tr> <td>Another ethnic group</td> <td>714</td> <td>0.4</td> <td>1523</td> <td>0.6</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> <p>90.3% of Llanelli's population (22,936) were born in the UK.</p> | | | | | County | Carms | | Llanelli | | Ethnicity | Value | % | Value | % | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | White | 182,652 | 97.2 | 24,384 | 96 | Another ethnic group | 714 | 0.4 | 1523 | 0.6 |
|--|--|--|------|----------|-----|--------|-------|--|----------|--|-----------|-------|---|-------|---|----------------------------|---------|-----|--------|-----|-------------------------------------|-------|-----|-----|-----|---|-----|-----|----|-----|---------------------------------|-------|-----|-----|-----|-------|---------|------|--------|----|----------------------|-----|-----|------|-----|
| | County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ethnicity | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> It may be difficult to communicate this change with some hard-to-reach minority communities or those who speak a different language form English and Welsh. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Link in with Community Development Outreach Team (CDOT) to support key communication. engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method. Translation Services – ensure all communication is translated and in accessible formats, such as easy read format. Clear criteria for overseas visitors accessing MIU service. Working with Health Board communications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Provide a summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> Greater accessibility to support services e.g., translation services will always be available within the revised operating hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism. | | | | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------|---|------|-----------|--------|-------|--|----------|--|----------|-------|---|-------|---|----------------------------|---------|-----|--------|---|-------------|--------|------|--------|------|-----------|--------|------|--------|----|----------|-----|-----|----|-----|-------|-----|-----|----|-----|--------|-----|-----|----|-----|--------|-------|-----|-----|-----|------|-----|-----|----|-----|----------------|-------|-----|-----|-----|--------------|--------|-----|------|---|
| | | | | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="371 355 1377 874"> <thead> <tr> <th data-bbox="371 355 663 387">County</th> <th colspan="2" data-bbox="663 355 1048 387">Carms</th> <th colspan="2" data-bbox="1048 355 1377 387">Llanelli</th> </tr> <tr> <th data-bbox="371 387 663 435">Religion</th> <th data-bbox="663 387 860 435">Value</th> <th data-bbox="860 387 1048 435">%</th> <th data-bbox="1048 387 1211 435">Value</th> <th data-bbox="1211 387 1377 435">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 435 663 499">Total: All usual residents</td> <td data-bbox="663 435 860 499">187,899</td> <td data-bbox="860 435 1048 499">100</td> <td data-bbox="1048 435 1211 499">25,400</td> <td data-bbox="1211 435 1377 499">%</td> </tr> <tr> <td data-bbox="371 499 663 539">No religion</td> <td data-bbox="663 499 860 539">83,409</td> <td data-bbox="860 499 1048 539">44.4</td> <td data-bbox="1048 499 1211 539">12,395</td> <td data-bbox="1211 499 1377 539">48.8</td> </tr> <tr> <td data-bbox="371 539 663 579">Christian</td> <td data-bbox="663 539 860 579">89,378</td> <td data-bbox="860 539 1048 579">47.6</td> <td data-bbox="1048 539 1211 579">10,922</td> <td data-bbox="1211 539 1377 579">43</td> </tr> <tr> <td data-bbox="371 579 663 619">Buddhist</td> <td data-bbox="663 579 860 619">557</td> <td data-bbox="860 579 1048 619">0.3</td> <td data-bbox="1048 579 1211 619">76</td> <td data-bbox="1211 579 1377 619">0.3</td> </tr> <tr> <td data-bbox="371 619 663 659">Hindu</td> <td data-bbox="663 619 860 659">419</td> <td data-bbox="860 619 1048 659">0.2</td> <td data-bbox="1048 619 1211 659">51</td> <td data-bbox="1211 619 1377 659">0.2</td> </tr> <tr> <td data-bbox="371 659 663 699">Jewish</td> <td data-bbox="663 659 860 699">103</td> <td data-bbox="860 659 1048 699">0.1</td> <td data-bbox="1048 659 1211 699">25</td> <td data-bbox="1211 659 1377 699">0.1</td> </tr> <tr> <td data-bbox="371 699 663 738">Muslim</td> <td data-bbox="663 699 860 738">1,026</td> <td data-bbox="860 699 1048 738">0.5</td> <td data-bbox="1048 699 1211 738">229</td> <td data-bbox="1211 699 1377 738">0.9</td> </tr> <tr> <td data-bbox="371 738 663 778">Sikh</td> <td data-bbox="663 738 860 778">177</td> <td data-bbox="860 738 1048 778">0.1</td> <td data-bbox="1048 738 1211 778">25</td> <td data-bbox="1211 738 1377 778">0.1</td> </tr> <tr> <td data-bbox="371 778 663 818">Other religion</td> <td data-bbox="663 778 860 818">1,127</td> <td data-bbox="860 778 1048 818">0.6</td> <td data-bbox="1048 778 1211 818">153</td> <td data-bbox="1211 778 1377 818">0.6</td> </tr> <tr> <td data-bbox="371 818 663 874">Not answered</td> <td data-bbox="663 818 860 874">11,703</td> <td data-bbox="860 818 1048 874">6.2</td> <td data-bbox="1048 818 1211 874">1524</td> <td data-bbox="1211 818 1377 874">6</td> </tr> </tbody> </table> <p data-bbox="371 874 965 906">Data retrieved from Census 2021 data 03/07/2024</p> | | | | | County | Carms | | Llanelli | | Religion | Value | % | Value | % | Total: All usual residents | 187,899 | 100 | 25,400 | % | No religion | 83,409 | 44.4 | 12,395 | 48.8 | Christian | 89,378 | 47.6 | 10,922 | 43 | Buddhist | 557 | 0.3 | 76 | 0.3 | Hindu | 419 | 0.2 | 51 | 0.2 | Jewish | 103 | 0.1 | 25 | 0.1 | Muslim | 1,026 | 0.5 | 229 | 0.9 | Sikh | 177 | 0.1 | 25 | 0.1 | Other religion | 1,127 | 0.6 | 153 | 0.6 | Not answered | 11,703 | 6.2 | 1524 | 6 |
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: All usual residents | 187,899 | 100 | 25,400 | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion | 83,409 | 44.4 | 12,395 | 48.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian | 89,378 | 47.6 | 10,922 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | 557 | 0.3 | 76 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hindu | 419 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jewish | 103 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muslim | 1,026 | 0.5 | 229 | 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sikh | 177 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other religion | 1,127 | 0.6 | 153 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 11,703 | 6.2 | 1524 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work. | Staff data – No information relating to any impact. Consideration as applicable of religion and/or belief. Data collated via ESR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the | Negative Impact Reduction of opening hours reduce flexibility within shift patterns for staff members during key religion or belief (non-belief) events. | | Opportunities for improvement / mitigation: <ul data-bbox="1377 1153 2152 1393" style="list-style-type: none"> • Promotion of diversity and Inclusion within Health Board staff. • Access to Religion and Beliefs Learning Resources for staff. • Diversity Calendar promotion • Flexible working policy • Equality, Diversity and Inclusion Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | |
|---------------------------|--|--|
| relevant negative impact. | | |
|---------------------------|--|--|

| | | |
|---|------------------|---|
| How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other? | Positive | |
| | Negative | |
| | No Impact | ✓ |

| Guidance Remove population data if not relevant to EqIA. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070c0; color: white;">County</th> <th colspan="2" style="background-color: #0070c0; color: white;">Carms</th> <th colspan="2" style="background-color: #0070c0; color: white;">Llanelli</th> </tr> <tr> <th style="background-color: #0070c0; color: white;">Gender</th> <th style="background-color: #0070c0; color: white;">Value</th> <th style="background-color: #0070c0; color: white;">%</th> <th style="background-color: #0070c0; color: white;">Value</th> <th style="background-color: #0070c0; color: white;">%</th> </tr> </thead> <tbody> <tr> <td style="background-color: #0070c0; color: white;">All persons</td> <td>187,897</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td style="background-color: #0070c0; color: white;">Male</td> <td>91,685</td> <td>48.8</td> <td>12,421</td> <td>48.9</td> </tr> <tr> <td style="background-color: #0070c0; color: white;">Female</td> <td>96,212</td> <td>51.2</td> <td>13,979</td> <td>51.1</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> | | | | County | Carms | | Llanelli | | Gender | Value | % | Value | % | All persons | 187,897 | 100 | 25,400 | 100 | Male | 91,685 | 48.8 | 12,421 | 48.9 | Female | 96,212 | 51.2 | 13,979 | 51.1 |
|--|---|------|----------|------|--------|-------|--|----------|--|--------|-------|---|-------|---|-------------|---------|-----|--------|-----|------|--------|------|--------|------|--------|--------|------|--------|------|
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| All persons | 187,897 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 91,685 | 48.8 | 12,421 | 48.9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 96,212 | 51.2 | 13,979 | 51.1 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| If you have determined no impact, please provide a brief explanation. | <p>No Impact</p> <ul style="list-style-type: none"> Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities. |
|---|--|

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| How will the procedure/ proposal/ project/ policy impact on Sexual Orientation | | | | | | | Positive | | | |
|---|---|---------------|------|-------------------|------|--------------|-----------|---------------|-------|--|
| Whether a person's sexual attraction is towards their own sex, the opposite sex or either. | | | | | | | Negative | | | |
| | | | | | | | No Impact | | ✓ | |
| Guidance Remove population data if not relevant to EqIA. | Population Data | | | | | | | | | |
| | | County | | | | | | | | |
| | | Carms | | Ceredigion | | Pembs | | Totals | | |
| | Sexual Orientation | Value | % | Value | % | Value | % | Value | % | |
| | Total: All usual residents aged 16 years and over | 155,485 | 100 | 61,390 | 100 | 102,550 | 100 | 319,425 | 100.0 | |
| | Straight or Heterosexual | 139,511 | 89.7 | 51,998 | 84.7 | 92,094 | 89.8 | 283,603 | 88.1 | |
| | Gay or Lesbian | 1,845 | 1.2 | 941 | 1.5 | 1,093 | 1.1 | 3,879 | 1.3 | |
| | Bisexual | 1,500 | 1.0 | 1,617 | 2.6 | 1,050 | 1 | 4,167 | 1.5 | |
| | Pansexual | 120 | 0.1 | 150 | 0.2 | 80 | 0.1 | 350 | 0.2 | |
| | Asexual | 79 | 0.1 | 140 | 0.2 | 52 | 0.1 | 271 | 0.1 | |
| Queer | 23 | 0.0 | 49 | 0.1 | 12 | 0 | 84 | 0.0 | | |
| All other sexual orientations | 100 | 0.1 | 90 | 0.1 | 75 | 0.1 | 265 | 0.1 | | |
| People, population and community - Office for National Statistics (ons.gov.uk) | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact There is no discrimination identified based on sexual orientation | | | | | | | | | |

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| | | |
|---|------------------|---|
| <p>How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u></p> | Positive | |
| | Negative | ✓ |
| | No Impact | |

| | | | | | |
|--|------------------------|----------------------------|--------------------------|-----------------------|----------------------|
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | Population Data | | | | |
| | | Carmarthenshire (%) | Pembrokeshire (%) | Ceredigion (%) | Hywel Dda (%) |
| | Regular | 3.6 | 4.5 | 3 | 3.7 |
| | Reserve | 0.9 | 0.9 | 0.9 | 0.9 |
| | Both | 0.2 | 0.2 | 0.2 | 0.2 |
| | Total | 4.7 | 5.7 | 4.1 | 4.8 |
| <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | | |

| | |
|---|---|
| <p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.</p> | <p>Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.</p> |
|---|---|

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| | | |
|--|---|--|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none">• This populations may be more dependent on public transport and or others to bring them to healthcare settings.• Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected.• Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated.• Educate the public on criteria of acceptances in MIU through communication supported by Choose Well NHS 111 Wales.• Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy.• Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page. |
|--|---|--|

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| <p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p> | | <p>Positive</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|----------|-----------------|-----------------|--|----------|--|-------|---|-------|---|--|--------|------|--------|------|----------------------------------|-------|-----|-----|-----|-----------------------|--------|------|--------|------|
| | | <p>Negative</p> | <p>✓</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>No Impact</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1" data-bbox="369 555 1377 831"> <thead> <tr> <th rowspan="2">Economic Factor</th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Economically active – In employment (this includes full time students)</td> <td>81,952</td> <td>52.7</td> <td>12,234</td> <td>52.1</td> </tr> <tr> <td>Economically active - Unemployed</td> <td>3,922</td> <td>2.5</td> <td>914</td> <td>3.6</td> </tr> <tr> <td>Economically inactive</td> <td>69,613</td> <td>44.8</td> <td>11,252</td> <td>44.3</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 24/06/2024</p> | | | Economic Factor | Carmarthenshire | | Llanelli | | Value | % | Value | % | Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 |
| Economic Factor | Carmarthenshire | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | |
| | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.</p> | <p>Patient data – no information to capture impact of change. Monitor through patient feedback.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|--|--|
| <p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.</p> | <p>Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.</p> | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Staff unable to work night shifts means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Consultation with staff • Communication – working with communication team regarding role and function of MIU. • Promotion of staff benefits – such as childcare vouchers, discounts. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language. | | Positive | | | | | | | | | | | |
|--|---|-----------|--|-----------------|------|---------------|------|------------|------|-----------|----|--|--|
| | | Negative | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1189 1137"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | Area | Percentage of people who can speak Welsh | Carmarthenshire | 53.3 | Pembrokeshire | 25.2 | Ceredigion | 56.4 | Hywel Dda | 45 | | |
| Area | Percentage of people who can speak Welsh | | | | | | | | | | | | |
| Carmarthenshire | 53.3 | | | | | | | | | | | | |
| Pembrokeshire | 25.2 | | | | | | | | | | | | |
| Ceredigion | 56.4 | | | | | | | | | | | | |
| Hywel Dda | 45 | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact identified | | | | | | | | | | | | |

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Additional considerations

In addition to the above protected characteristics please consider impact on the following:

- Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)
- Unpaid Carers
- Individuals and communities who experience Digital Exclusion
- Rural and Urban communities
- More info about the comms package that will be required to inform the public about the scope of practice for each option
- More info about the comms package that will be required to inform the public about the specific opening times
- Different communication mechanisms for certain protected characteristics – how will we be promoting to our younger population/older population/LGBTQ+ population. I'm thinking specifically in terms of newspaper adds, social media ads
- Utilising the medical and nursing workforce to a 14(&2) model enhances the MIU skill set, reducing gaps within the roster and allows improved quality, safety and timely care to be delivered within these agreed hours.
- Reduction in staff anxiety, morale and in turn reduces staff sickness absence.
- Improved recruitment within the GP/Medical workforce due to reduced risk within the department.

As mentioned above the CDOT team and other key stakeholders will be used to communicate this change of hours.

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqlA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

Not applicable

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: a **likelihood score** and an **opportunity/impact score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Likelihood Score x opportunity/impact Score = Total Score)

| OPPORTUNITY AND IMPACT | | | |
|------------------------|-------|--------------|---|
| IMPACT | SCORE | | The proposed change is anticipated to lead to the following level of opportunity and/or impact: |
| Positive | 5 | Excellence | (Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence. |
| | 4 | Major | (Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements. |
| | 3 | Moderate | (Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements. |
| | 2 | Minor | (Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities. |
| | 1 | Negligible | (Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities. |
| Neutral | 0 | Neutral | (Neutral): No effect, either positive or negative. |
| Negative | -1 | Negligible | (Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery. |
| | -2 | Minor | (Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery. |
| | -3 | Moderate | (Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery. |
| | -4 | Major | (Major): Major negative impact, major injury potential, and major negative impacts on service delivery. |
| | -5 | Catastrophic | (Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| LIKELIHOOD | | |
|------------|----------------|---|
| 1 | Rare | Not expected to occur for years. Will occur in exceptional circumstances. |
| 2 | Unlikely | Expected to occur at least annually. Unlikely to occur |
| 3 | Possible | Expected to occur at least monthly. Reasonable chance of occurring. |
| 4 | Likely | Expected to occur at least weekly. Likely to occur. |
| 5 | Almost Certain | Expected to occur at least daily. More than likely to occur. |

| | | OPPORTUNITY | | | | | IMPACT | | | | | |
|------------|---|-------------|----|----|----|---|--------|----|-----|-----|-----|-----|
| LIKELIHOOD | | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 |
| | 5 | 25 | 20 | 15 | 10 | 5 | 0 | -5 | -10 | -15 | -20 | -25 |
| | 4 | 20 | 16 | 12 | 8 | 4 | 0 | -4 | -8 | -12 | -16 | -20 |
| | 3 | 15 | 12 | 9 | 6 | 3 | 0 | -3 | -6 | -9 | -12 | -15 |
| | 2 | 10 | 8 | 6 | 4 | 2 | 0 | -2 | -4 | -6 | -8 | -10 |
| 1 | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 | |

| CATEGORY | | | |
|----------|-----------------------|--|---------------|
| | Excellent opportunity | | Extreme risk |
| | Good opportunity | | High risk |
| | Moderate opportunity | | Moderate risk |
| | Minor opportunity | | Low risk |

****To access the scoring table below you will need to double click on the table to open an editable version. The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Area | | | | | Opportunity / Consequence Rating* | *IIA Matrix | | |
|--|-----------------|----------------|-----------------|---------|-----------------------------------|-------------|------------|-------------|
| | Positive impact | Neutral impact | Negative impact | Unknown | | Consequence | Likelihood | Total Score |
| Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative | | | | | | | | |
| | | | | | | | | |
| Age | | | | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Disability | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Gender Reassignment | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Marriage and Civil Partnership | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -2 | 3 | -6 |
| Pregnancy and Maternity | | | | | ** positive rating | 4 | 2 | 8 |
| | | | | | ** negative rating | | | 0 |
| Race/Ethnicity or Nationality | | | | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Religion or Belief | | | | | ** Positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Sex | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Sexual Orientation | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Armed Forces | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Socio-economic Deprivation | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -4 | 3 | -12 |
| Welsh Language | | | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

| | |
|--|--|
| <p>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p> | <p>Process remains active re long term MIU Model</p> |
| <p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p> | |

| | Actions | Assigned to | Target Review Date | Completion Date | Comments/ Update |
|----|---|---|---------------------------|---------------------------|--|
| | <ul style="list-style-type: none"> Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. | | | | |
| 1. | <p>What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</p> <p>Audits – redirection policy Attendances (Major & Minor split) Incidents/ Risk register review Complaints Patient feedback – CIVICA 4- & 12-hour performance– breach data Workforce data review – sickness absence themes</p> | Jon Morris Iona Evans Meinir Williams | 3 months post closure | 13 th Feb 2025 | <p>Monthly review of data to determine impact of closure captured.</p> <p>Feedback provided within Quality, Safety & Experience Committee Meeting (13/02/2025)</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | | | | |
|----|--|---|-----------------------------------|--|--|
| 2. | MIU Project Group underway to scope long term modelling of the unit – series of options for delivery of the MIU in response to service fragilities’ and/or unsustainability – 4 options remain. | Sarah Perry Robin Ghosal Iona Evans Jon Morris | 27 th March 2025 | Pending Board Meeting outcome | Depending on Board outcome will determine next steps. |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|------------------------|--|
| EqIA Completed by: | Name/s | Iona Evans /Jon Morris |
| | Title | Interim HoN GGH & PPH/ Clinical Lead MIU |
| | Team / Division | Unscheduled Care |
| | Contact details | iona.evans@wales.nhs.uk/jon.morris2@wales.nhs.uk |
| | Date | 23/03/2025 |
| EqIA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5 | Name | Sarah Perry |
| | Title | GM Carmarthenshire System |
| | Team / Division | Unscheduled Care/Community |
| | Contact details | Sarah.Perry3@wales.nhs.uk |
| | Date | 23/03/2025 |
| Guidance has been provided by Diversity & Inclusion Team: | Name | Alan Winter |
| | Title | Senior Diversity and Inclusion Officer |
| | Team | Strategic Partnership Diversity & Inclusion |
| | Contact details | Alan.winter@wales.nhs.uk |
| | Date | 24/3/2025 |
| Diversity and Inclusion Team additional Comments: | | |

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

| | |
|---------------------------------|--|
| Director and Directorate | Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH) |
| Service Area | Minor Injuries Unit - Option 3 - Doctor-led phased (12hours, 14hours, 24hours) |

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

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undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

| | |
|---|--|
| <p>1. What are you Equality Impact assessing?</p> | <p>Phased option, doctor-led from 12-hours up to 24-hours – this would initially be open to the public for the current 12 hours, plus two hours staffing, moving to 16 hours, inclusive of two hours staffing, and ultimately 24 hours overall.</p> |
| <p>2. Brief Aims and Description of the procedure/ proposal/ project/ policy:</p> | <p>Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times.</p> |
| <p>3. Who is involved in undertaking this EqIA? (names/job titles)</p> | <p>Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC)</p> |
| <p>4. Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</p> | <p>No</p> |
| <p>5. Is this a new EqIA or an updated EqIA?</p> | <p>New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information.</p> |
| <p>6. Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)</p> | <ul style="list-style-type: none"> • Local Population using the MIU. • Staff working within the MIU / AMAU. • Patients using either GGH or Morriston. • Staff working in GGH & MGH due to increase demands from GGH site Sample audit November 2022 – 11.45% from Swansea Bay area_Sample audit for 2 weeks Dec 2023 https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhqXnLqGN4SljtcDYK7c5IPyTculB&id=uChWuyjjgkCoVkM8ntyPrigXtKx9OJBDim5W0Zv5x3tUMFRLVlNLVEZITDhZVDZGNzhMOUFIUUFcWi4u |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|----|---|---|
| | | |
| 7. | <p>What might help/hinder the success of the procedure/ proposal/ project/ policy?</p> | <p>Help:</p> <ul style="list-style-type: none"> • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government <p>Hinder:</p> <ul style="list-style-type: none"> • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media |

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

| Consider, is the procedure/ proposal/ project/ policy relevant to: | Yes | No |
|---|-----|----|
| <p>Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p> | ✓ | |
| <p>Article 3: The right not to be tortured or treated in an inhuman or degrading way.</p> | ✓ | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p> | | |
| <p>Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p> | ✓ | |
| <p>Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence</p> | ✓ | |
| <p>Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p> | ✓ | |
| <p>Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p> | ✓ | |

Section 3: Gathering of Evidence and Assessment of Potential Impact

| | | |
|---|-----------|---|
| <p>How will the procedure/ proposal/ project/ policy impact on Age:</p> | Positive | ✓ |
| <p>Is it likely to affect older and younger people in different ways or affect one age group and not another?</p> | Negative | ✓ |
| | No Impact | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Guidance</p> <p>Remove population data if not relevant to EqIA and upload relevant data.</p> | <p>Population Data</p> <table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Age</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents</td> <td>187,897</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td>Aged 4 years and under</td> <td>9,057</td> <td>4.8</td> <td>1,422.4</td> <td>5.6</td> </tr> <tr> <td>Aged 5 to 9 years</td> <td>10,274</td> <td>5.5</td> <td>1,524</td> <td>6</td> </tr> <tr> <td>Aged 10 to 19 years</td> <td>20,879</td> <td>11.2</td> <td>3,048</td> <td>12</td> </tr> <tr> <td>Aged 20 to 24 years</td> <td>8,820</td> <td>4.7</td> <td>1,447.8</td> <td>5.7</td> </tr> <tr> <td>Aged 25 to 34 years</td> <td>20,692</td> <td>11</td> <td>3,225.8</td> <td>11.8</td> </tr> <tr> <td>Aged 35 to 49 years</td> <td>31,802</td> <td>16.9</td> <td>4,749.8</td> <td>18.7</td> </tr> <tr> <td>Aged 50 to 64 years</td> <td>40,906</td> <td>21.8</td> <td>5,054.6</td> <td>19.9</td> </tr> <tr> <td>Aged 65 to 74 years</td> <td>24,603</td> <td>13.1</td> <td>2,616.2</td> <td>10.3</td> </tr> <tr> <td>Aged 75 to 84 years</td> <td>15,247</td> <td>8.1</td> <td>1,600.2</td> <td>6.3</td> </tr> <tr> <td>Aged 85 years and over</td> <td>5,617</td> <td>3</td> <td>711.2</td> <td>2.8</td> </tr> </tbody> </table> <p>Build a custom area profile - Census 2021, ONS 03/07/2024</p> | | | | | County | Carmarthenshire | | Llanelli | | Age | Value | % | Value | % | Total: All usual residents | 187,897 | 100 | 25,400 | 100 | Aged 4 years and under | 9,057 | 4.8 | 1,422.4 | 5.6 | Aged 5 to 9 years | 10,274 | 5.5 | 1,524 | 6 | Aged 10 to 19 years | 20,879 | 11.2 | 3,048 | 12 | Aged 20 to 24 years | 8,820 | 4.7 | 1,447.8 | 5.7 | Aged 25 to 34 years | 20,692 | 11 | 3,225.8 | 11.8 | Aged 35 to 49 years | 31,802 | 16.9 | 4,749.8 | 18.7 | Aged 50 to 64 years | 40,906 | 21.8 | 5,054.6 | 19.9 | Aged 65 to 74 years | 24,603 | 13.1 | 2,616.2 | 10.3 | Aged 75 to 84 years | 15,247 | 8.1 | 1,600.2 | 6.3 | Aged 85 years and over | 5,617 | 3 | 711.2 | 2.8 |
|--|---|-----------------|---------|----------|------|-------------|-----------------|----------|----------|------------|--------|------------|--------|------------|--------|----------------------------|---------|------------|--------|------------|------------------------|------------|-------|------------|-------|-------------------|--------|------------|-------|--------------|---------------------|--------|------|-------|----|---------------------|-------|-----|---------|-----|---------------------|--------|----|---------|------|---------------------|--------|------|---------|------|---------------------|--------|------|---------|------|---------------------|--------|------|---------|------|---------------------|--------|-----|---------|-----|------------------------|-------|---|-------|-----|
| | County | Carmarthenshire | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: All usual residents | 187,897 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 4 years and under | 9,057 | 4.8 | 1,422.4 | 5.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 5 to 9 years | 10,274 | 5.5 | 1,524 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 10 to 19 years | 20,879 | 11.2 | 3,048 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 20 to 24 years | 8,820 | 4.7 | 1,447.8 | 5.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 25 to 34 years | 20,692 | 11 | 3,225.8 | 11.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 35 to 49 years | 31,802 | 16.9 | 4,749.8 | 18.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 50 to 64 years | 40,906 | 21.8 | 5,054.6 | 19.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aged 65 to 74 years | 24,603 | 13.1 | 2,616.2 | 10.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aged 75 to 84 years | 15,247 | 8.1 | 1,600.2 | 6.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aged 85 years and over | 5,617 | 3 | 711.2 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Insert an age breakdown of those affected. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p> | <p>Patient data – last 3 years (April 21- July 2024)</p> <table border="1"> <thead> <tr> <th>Patient Age</th> <th>Attendances</th> </tr> </thead> <tbody> <tr> <td>Age: 0-9</td> <td>9,695</td> </tr> <tr> <td>Age: 10-19</td> <td>16,094</td> </tr> <tr> <td>Age: 20-29</td> <td>14,304</td> </tr> <tr> <td>Age: 30-39</td> <td>14,004</td> </tr> <tr> <td>Age: 40-49</td> <td>11,557</td> </tr> <tr> <td>Age: 50-59</td> <td>12,689</td> </tr> <tr> <td>Age: 60-69</td> <td>10,516</td> </tr> <tr> <td>Age: 70-79</td> <td>9,503</td> </tr> <tr> <td>Age: 80-89</td> <td>5,682</td> </tr> <tr> <td>Age: 90-99</td> <td>1,072</td> </tr> <tr> <td>Age: 100 +</td> <td>27</td> </tr> <tr> <td>TOTAL</td> <td>105,143</td> </tr> </tbody> </table> | | | | | Patient Age | Attendances | Age: 0-9 | 9,695 | Age: 10-19 | 16,094 | Age: 20-29 | 14,304 | Age: 30-39 | 14,004 | Age: 40-49 | 11,557 | Age: 50-59 | 12,689 | Age: 60-69 | 10,516 | Age: 70-79 | 9,503 | Age: 80-89 | 5,682 | Age: 90-99 | 1,072 | Age: 100 + | 27 | TOTAL | 105,143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Age | Attendances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 0-9 | 9,695 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 10-19 | 16,094 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 20-29 | 14,304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 30-39 | 14,004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 40-49 | 11,557 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 50-59 | 12,689 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 60-69 | 10,516 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 70-79 | 9,503 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 80-89 | 5,682 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 90-99 | 1,072 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age: 100 + | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 105,143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Insert breakdown of staff age in the specific service/ area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

Staff data- Emergency Nurse Practitioner (ENP) staff age range between 37- 63 years. Average age of 54 years with 4 ENP retire and return. Difficulty in recruiting into 3 wte ENP vacancy previously which resulted in the appointment of X3 ENP trainees to mitigate the fragility and risk within this workforce in the event of full retirement/leavers.

Further recruitment of the GP/medical and nursing workforce would be required to be able to work towards the 24-hour option.

| GRADE | ACTUAL W.T.E | Age | COMMENTS |
|-------|--------------|--------|------------------------|
| 7 | 1.00 | 49 yrs | commencing 19th August |
| 7 ENP | 0.40 | 62yrs | Retire and return |
| 7 ENP | 0.80 | 54yrs | |
| 7 ENP | 0.20 | 63yrs | Retire and return |
| 7 ENP | 0.96 | 51yrs | |
| 7 ENP | 0.80 | 47yrs | |
| 7 ENP | 0.80 | 53yrs | |
| 7 ENP | 0.40 | 62yrs | |
| 7 ENP | 0.92 | 47yrs | |
| 7 ENP | 0.96 | 38yrs | |
| 7 ENP | 1.00 | 53yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 7 ENP | 0.40 | 49yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 6 ENP | 1.00 | 39yrs | Trainee ENP |
| 6 ENP | 1.00 | 53yrs | Trainee ENP |
| 6 ENP | 1.00 | 37yrs | Trainee ENP |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. • Due to transport concerns and unavailability of public transport, taxi costs, ambulance waits, may result in patients who do not meet the MIU criteria to attend the unit due to no other means of travel OOH or difficulty in accessing medical support. • The phased approach of returning to a 24-hour service, may impact on the work life balance of the GP/medical and nursing workforce to cover the night shift (of which has previously been difficult to source cover). • Risk of patients attending overnight (when 24 hours) who do not meet the criteria of the MIU, resulting in inappropriate patients being held, which in turn may increase the staff anxiety and risk due to working outside scope of practice. May impact on recruitment, retention and sickness absence. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available. • Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area • Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services. |
| <p>Provide a brief summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> • The 24 hour option may provide a more robust opportunity for flexible working which some staff groups may prefer to ensure a positive work life balance. | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes. | | Positive | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|----------------|-------|-----------------------------|----------|---------------------------------|--------|-----------------------------|-------------------------------------|---------|--------|------------------|---------|--------|--|--------|-------|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|----|----|----|--------|----|---|---|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|---|---|----|----|--------|----|---|---|---|----|----|
| | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data <table border="1" data-bbox="371 355 1290 592"> <thead> <tr> <th></th> <th>Carms</th> <th>Llanelli</th> </tr> </thead> <tbody> <tr> <td>Disabled under the Equality Act</td> <td>43,152</td> <td>6,426</td> </tr> <tr> <td>Not Disabled under the Equality Act</td> <td>144,743</td> <td>18,974</td> </tr> <tr> <td>Total population</td> <td>187,895</td> <td>25,400</td> </tr> <tr> <td>Percentage of population with a disability</td> <td>23%</td> <td>25.3%</td> </tr> </tbody> </table> <p data-bbox="371 595 1290 624">People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | Carms | Llanelli | Disabled under the Equality Act | 43,152 | 6,426 | Not Disabled under the Equality Act | 144,743 | 18,974 | Total population | 187,895 | 25,400 | Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Carms | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled under the Equality Act | 43,152 | 6,426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Disabled under the Equality Act | 144,743 | 18,974 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total population | 187,895 | 25,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future. | Mental Health activity: <table border="1" data-bbox="371 699 1126 1390"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="2">MIU Referrals</th> <th colspan="2">Ward Referrals</th> <th colspan="2">08:00 - 20:00 - 20:00 08:00</th> </tr> <tr> <th>18-70</th> <th>70+</th> <th>18-70</th> <th>70+</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Feb-24</td> <td>79</td> <td>0</td> <td>15</td> <td>9</td> <td>56</td> <td>47</td> </tr> <tr> <td>Jan-24</td> <td>76</td> <td>2</td> <td>14</td> <td>9</td> <td>58</td> <td>43</td> </tr> <tr> <td>Dec-23</td> <td>78</td> <td>2</td> <td>12</td> <td>12</td> <td>65</td> <td>39</td> </tr> <tr> <td>Nov-23</td> <td>71</td> <td>1</td> <td>13</td> <td>19</td> <td>71</td> <td>33</td> </tr> <tr> <td>Oct-23</td> <td>61</td> <td>2</td> <td>8</td> <td>19</td> <td>66</td> <td>24</td> </tr> <tr> <td>Sep-23</td> <td>39</td> <td>2</td> <td>11</td> <td>6</td> <td>43</td> <td>15</td> </tr> <tr> <td>Aug-23</td> <td>52</td> <td>2</td> <td>28</td> <td>11</td> <td>54</td> <td>39</td> </tr> <tr> <td>Jul-23</td> <td>54</td> <td>1</td> <td>19</td> <td>8</td> <td>52</td> <td>30</td> </tr> <tr> <td>Jun-23</td> <td>65</td> <td>2</td> <td>16</td> <td>4</td> <td>52</td> <td>35</td> </tr> <tr> <td>May-23</td> <td>63</td> <td>4</td> <td>13</td> <td>9</td> <td>55</td> <td>34</td> </tr> <tr> <td>Apr-23</td> <td>68</td> <td>0</td> <td>12</td> <td>11</td> <td>57</td> <td>34</td> </tr> <tr> <td>Mar-23</td> <td>42</td> <td>0</td> <td>1</td> <td>8</td> <td>30</td> <td>21</td> </tr> <tr> <td>Feb-23</td> <td>50</td> <td>1</td> <td>9</td> <td>8</td> <td>52</td> <td>16</td> </tr> </tbody> </table> | | | Month | MIU Referrals | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | 18-70 | 70+ | 18-70 | 70+ | | | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | May-23 | 63 | 4 | 13 | 9 | 55 | 34 | Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 |
| Month | MIU Referrals | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18-70 | 70+ | 18-70 | 70+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 63 | 4 | 13 | 9 | 55 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | TOTAL | 798 | 19 | 171 | 133 | 711 | 410 |
|---|---|-----|----|---|-----|-----|-----|
| Insert breakdown of staff with a disability who may be affected by your specific service/area of work. | <p>Staff data: No staff disabilities on record. No mental Health issues captured.</p> | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact. | <p>Negative Impact</p> <ul style="list-style-type: none"> • Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. • Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. Phased approach may lead to confusion within accessibility of unit. • It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here. | | | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. • Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. • Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. • 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage their symptoms. Posters displayed in MIU and patient advised on Triage to ring | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

- Parking – is there likely to be an increase of the use of disabled bays due to condensed hours (For 12 & 14 hour option)? How many do we currently have? Is it sufficient from the patient data for disability?
- Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc.
- Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc?

- There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines.
- No concerns re parking OOH (overnight).

Opportunity to support flexible working with a 24 hour model (as a phased approach) including night shift.

-

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| How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|---|--------|-----------------|--|--------|-------|---|--------------------------------------|---------|-----|---|---------|------|---|-----|-----|-------------|----|-----|-----------|----|-----|------------|----|-----|-----------------------------|----|-----|--------------|--------|-----|
| | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="376 379 1525 783"> <thead> <tr> <th data-bbox="383 384 1048 419">County</th> <th data-bbox="1055 384 1294 419">Carmarthenshire</th> <th data-bbox="1301 384 1518 419"></th> </tr> <tr> <th data-bbox="383 419 1048 454">Gender</th> <th data-bbox="1055 419 1294 454">value</th> <th data-bbox="1301 419 1518 454">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 454 1048 489">All usual residents aged 16 and over</td> <td data-bbox="1055 454 1294 489">155,486</td> <td data-bbox="1301 454 1518 489">100</td> </tr> <tr> <td data-bbox="383 489 1048 525">Gender identity the same as sex registered at birth</td> <td data-bbox="1055 489 1294 525">144,924</td> <td data-bbox="1301 489 1518 525">93.2</td> </tr> <tr> <td data-bbox="383 525 1048 598">Gender identity different from sex registered at birth but no specific identity given</td> <td data-bbox="1055 525 1294 598">210</td> <td data-bbox="1301 525 1518 598">0.1</td> </tr> <tr> <td data-bbox="383 598 1048 633">Trans woman</td> <td data-bbox="1055 598 1294 633">93</td> <td data-bbox="1301 598 1518 633">0.1</td> </tr> <tr> <td data-bbox="383 633 1048 668">Trans man</td> <td data-bbox="1055 633 1294 668">90</td> <td data-bbox="1301 633 1518 668">0.1</td> </tr> <tr> <td data-bbox="383 668 1048 703">Non-binary</td> <td data-bbox="1055 668 1294 703">60</td> <td data-bbox="1301 668 1518 703">0.0</td> </tr> <tr> <td data-bbox="383 703 1048 738">All other gender identities</td> <td data-bbox="1055 703 1294 738">38</td> <td data-bbox="1301 703 1518 738">0.0</td> </tr> <tr> <td data-bbox="383 738 1048 774">Not answered</td> <td data-bbox="1055 738 1294 774">10,072</td> <td data-bbox="1301 738 1518 774">6.5</td> </tr> </tbody> </table> <p data-bbox="376 788 965 815">Data retrieved from Census 2021 data 24/06/2024</p> | | | County | Carmarthenshire | | Gender | value | % | All usual residents aged 16 and over | 155,486 | 100 | Gender identity the same as sex registered at birth | 144,924 | 93.2 | Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | Trans woman | 93 | 0.1 | Trans man | 90 | 0.1 | Non-binary | 60 | 0.0 | All other gender identities | 38 | 0.0 | Not answered | 10,072 | 6.5 |
| County | Carmarthenshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All usual residents aged 16 and over | 155,486 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity the same as sex registered at birth | 144,924 | 93.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans woman | 93 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans man | 90 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-binary | 60 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other gender identities | 38 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 10,072 | 6.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | <p data-bbox="376 868 517 895">No Impact</p> <p data-bbox="376 900 2159 970">The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership | | Positive | ✓ |
|---|---|-----------|---|
| | | Negative | ✓ |
| | | No Impact | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</p> | | |
| <p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> | <p>Patient data - no information available.</p> <p>This will require monitoring in relation to any childcare concerns raised by patients and the dependency on spouse to support MIU attendance, as well as transport to and from the MIU. Monitor through Patient feedback.</p> | | |
| <p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> | <p>No information available.</p> <p>Monitor any staff impact of amended hours on dependency/ability on spouse in relation to childcare needs as well as transport to and from MIU (if required). This can be mitigated by the flexible working policy and effective roster management. Capture staff who are working through flexible working request on ESR.</p> <p>Working towards a 24 hour model will provide increased flexibility for staff to cover and work night shifts to support childcare and key marriage and civil partnership dependencies.</p> | | |

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Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

- Staff may be reliant on their partners for lifts to and from work a change in working hours (through the phased approach).
- .
- Working over a 24 hour period (nights) may not be suitable for all staff due to dependencies within child care and marriage/civil partnership constraints.
- Some households may be negatively impacted by this change due to shared childcare arrangements between shift work.

Opportunities for improvement / mitigation

- Flexible working policy.
- Ability to request % of shifts within roster.
- All rosters completed six weeks in advance.

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| How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave. | | Positive | ✓ |
|---|--|-----------|---|
| | | Negative | |
| | | No Impact | |
| If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format. | No information available, there aren't any gynaecological service in PPH. Capture of data relating to re-direction underway. Any adverse incidents are captured via Incident reporting (Datix). | | |
| Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work. | No information available: Leave and Pay For New and Existing Parent policy https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/leave-and-pay-for-new-and-existing-parents-policy/ Monitor through Managing attendance at work policy – ESR data. | | |
| Provide a summary of the positive impacts you have identified. | Positive Impact <ul style="list-style-type: none"> Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) will promote and highlight key criteria and will support signposting of patients to the right place first time. | | |

| How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality | | Positive | ✓ |
|--|--|-----------|---|
| People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship. | | Negative | ✓ |
| | | No Impact | |
| | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population</p> <table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carms</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Ethnicity</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents</td> <td>187,898</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>2,321</td> <td>1.2</td> <td>533</td> <td>2.1</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>455</td> <td>0.2</td> <td>51</td> <td>0.2</td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>1,756</td> <td>0.9</td> <td>279</td> <td>1.1</td> </tr> <tr> <td>White</td> <td>182,652</td> <td>97.2</td> <td>24,384</td> <td>96</td> </tr> <tr> <td>Another ethnic group</td> <td>714</td> <td>0.4</td> <td>1523</td> <td>0.6</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> <p>90.3% of Llanelli's population (22,936) were born in the UK.</p> | | | | | County | Carms | | Llanelli | | Ethnicity | Value | % | Value | % | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | White | 182,652 | 97.2 | 24,384 | 96 | Another ethnic group | 714 | 0.4 | 1523 | 0.6 |
|--|--|--|------|----------|-----|--------|-------|--|----------|--|-----------|-------|---|-------|---|----------------------------|---------|-----|--------|-----|-------------------------------------|-------|-----|-----|-----|---|-----|-----|----|-----|---------------------------------|-------|-----|-----|-----|-------|---------|------|--------|----|----------------------|-----|-----|------|-----|
| | County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ethnicity | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | White | 182,652 | 97.2 | 24,384 | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Another ethnic group | 714 | 0.4 | 1523 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> It may be difficult to communicate this change with some hard-to-reach minority communities or those who speak a different language from English and Welsh. Phased approach may cause confusion within the accessibility of the unit. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Link in with Community Development Outreach Team (CDOT) to support key communication. engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method. Translation Services – ensure all communication is translated and in accessible formats, such as easy read format. Clear criteria for overseas visitors accessing MIU service. Working with Health Board communications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Provide a summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> Greater accessibility to support services e.g., translation services will always be available within the revised operating hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism. | | | | | Positive | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------|---|------|-----------|--------|-------|--|----------|--|----------|-------|---|-------|---|----------------------------|---------|-----|--------|---|-------------|--------|------|--------|------|-----------|--------|------|--------|----|----------|-----|-----|----|-----|-------|-----|-----|----|-----|--------|-----|-----|----|-----|--------|-------|-----|-----|-----|------|-----|-----|----|-----|----------------|-------|-----|-----|-----|--------------|--------|-----|------|---|
| | | | | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="367 352 1375 874"> <thead> <tr> <th data-bbox="367 352 660 395">County</th> <th colspan="2" data-bbox="660 352 1048 395">Carms</th> <th colspan="2" data-bbox="1048 352 1375 395">Llanelli</th> </tr> <tr> <th data-bbox="367 395 660 438">Religion</th> <th data-bbox="660 395 860 438">Value</th> <th data-bbox="860 395 1048 438">%</th> <th data-bbox="1048 395 1211 438">Value</th> <th data-bbox="1211 395 1375 438">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="367 438 660 501">Total: All usual residents</td> <td data-bbox="660 438 860 501">187,899</td> <td data-bbox="860 438 1048 501">100</td> <td data-bbox="1048 438 1211 501">25,400</td> <td data-bbox="1211 438 1375 501">%</td> </tr> <tr> <td data-bbox="367 501 660 544">No religion</td> <td data-bbox="660 501 860 544">83,409</td> <td data-bbox="860 501 1048 544">44.4</td> <td data-bbox="1048 501 1211 544">12,395</td> <td data-bbox="1211 501 1375 544">48.8</td> </tr> <tr> <td data-bbox="367 544 660 587">Christian</td> <td data-bbox="660 544 860 587">89,378</td> <td data-bbox="860 544 1048 587">47.6</td> <td data-bbox="1048 544 1211 587">10,922</td> <td data-bbox="1211 544 1375 587">43</td> </tr> <tr> <td data-bbox="367 587 660 630">Buddhist</td> <td data-bbox="660 587 860 630">557</td> <td data-bbox="860 587 1048 630">0.3</td> <td data-bbox="1048 587 1211 630">76</td> <td data-bbox="1211 587 1375 630">0.3</td> </tr> <tr> <td data-bbox="367 630 660 673">Hindu</td> <td data-bbox="660 630 860 673">419</td> <td data-bbox="860 630 1048 673">0.2</td> <td data-bbox="1048 630 1211 673">51</td> <td data-bbox="1211 630 1375 673">0.2</td> </tr> <tr> <td data-bbox="367 673 660 716">Jewish</td> <td data-bbox="660 673 860 716">103</td> <td data-bbox="860 673 1048 716">0.1</td> <td data-bbox="1048 673 1211 716">25</td> <td data-bbox="1211 673 1375 716">0.1</td> </tr> <tr> <td data-bbox="367 716 660 759">Muslim</td> <td data-bbox="660 716 860 759">1,026</td> <td data-bbox="860 716 1048 759">0.5</td> <td data-bbox="1048 716 1211 759">229</td> <td data-bbox="1211 716 1375 759">0.9</td> </tr> <tr> <td data-bbox="367 759 660 802">Sikh</td> <td data-bbox="660 759 860 802">177</td> <td data-bbox="860 759 1048 802">0.1</td> <td data-bbox="1048 759 1211 802">25</td> <td data-bbox="1211 759 1375 802">0.1</td> </tr> <tr> <td data-bbox="367 802 660 845">Other religion</td> <td data-bbox="660 802 860 845">1,127</td> <td data-bbox="860 802 1048 845">0.6</td> <td data-bbox="1048 802 1211 845">153</td> <td data-bbox="1211 802 1375 845">0.6</td> </tr> <tr> <td data-bbox="367 845 660 874">Not answered</td> <td data-bbox="660 845 860 874">11,703</td> <td data-bbox="860 845 1048 874">6.2</td> <td data-bbox="1048 845 1211 874">1524</td> <td data-bbox="1211 845 1375 874">6</td> </tr> </tbody> </table> <p data-bbox="367 874 965 906">Data retrieved from Census 2021 data 03/07/2024</p> | | | | | County | Carms | | Llanelli | | Religion | Value | % | Value | % | Total: All usual residents | 187,899 | 100 | 25,400 | % | No religion | 83,409 | 44.4 | 12,395 | 48.8 | Christian | 89,378 | 47.6 | 10,922 | 43 | Buddhist | 557 | 0.3 | 76 | 0.3 | Hindu | 419 | 0.2 | 51 | 0.2 | Jewish | 103 | 0.1 | 25 | 0.1 | Muslim | 1,026 | 0.5 | 229 | 0.9 | Sikh | 177 | 0.1 | 25 | 0.1 | Other religion | 1,127 | 0.6 | 153 | 0.6 | Not answered | 11,703 | 6.2 | 1524 | 6 |
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: All usual residents | 187,899 | 100 | 25,400 | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion | 83,409 | 44.4 | 12,395 | 48.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian | 89,378 | 47.6 | 10,922 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | 557 | 0.3 | 76 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hindu | 419 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jewish | 103 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muslim | 1,026 | 0.5 | 229 | 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sikh | 177 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other religion | 1,127 | 0.6 | 153 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 11,703 | 6.2 | 1524 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work. | Staff data – No information relating to any impact. Consideration as applicable of religion and/or belief. Data collated via ESR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the | Negative Impact <ul style="list-style-type: none"> The phased approach will include the need to work towards a 24-hour roster – this may not support all staff groups relating to religion and beliefs. | | Opportunities for improvement / mitigation: <ul style="list-style-type: none"> Promotion of diversity and Inclusion within Health Board staff. Access to Religion and Beliefs Learning Resources for staff. Diversity Calendar promotion Flexible working policy Equality, Diversity and Inclusion Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|---------------------------|--|---|
| relevant negative impact. | | <ul style="list-style-type: none"> The 24-hour option may give further flexibility to support staff to maintain their religion/beliefs |
|---------------------------|--|---|

| | | |
|---|------------------|---|
| How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other? | Positive | |
| | Negative | |
| | No Impact | ✓ |

| Guidance Remove population data if not relevant to EqIA. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #1f4e79; color: white;">County</th> <th colspan="2" style="background-color: #1f4e79; color: white;">Carms</th> <th colspan="2" style="background-color: #1f4e79; color: white;">Llanelli</th> </tr> <tr> <th style="background-color: #1f4e79; color: white;">Gender</th> <th style="background-color: #1f4e79; color: white;">Value</th> <th style="background-color: #1f4e79; color: white;">%</th> <th style="background-color: #1f4e79; color: white;">Value</th> <th style="background-color: #1f4e79; color: white;">%</th> </tr> </thead> <tbody> <tr> <td style="background-color: #1f4e79; color: white;">All persons</td> <td>187,897</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td style="background-color: #1f4e79; color: white;">Male</td> <td>91,685</td> <td>48.8</td> <td>12,421</td> <td>48.9</td> </tr> <tr> <td style="background-color: #1f4e79; color: white;">Female</td> <td>96,212</td> <td>51.2</td> <td>13,979</td> <td>51.1</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> | | | | | County | Carms | | Llanelli | | Gender | Value | % | Value | % | All persons | 187,897 | 100 | 25,400 | 100 | Male | 91,685 | 48.8 | 12,421 | 48.9 | Female | 96,212 | 51.2 | 13,979 | 51.1 |
|--|---|------|----------|------|--|--------|-------|--|----------|--|--------|-------|---|-------|---|-------------|---------|-----|--------|-----|------|--------|------|--------|------|--------|--------|------|--------|------|
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All persons | 187,897 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 91,685 | 48.8 | 12,421 | 48.9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 96,212 | 51.2 | 13,979 | 51.1 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| If you have determined no impact, please provide a brief explanation. | <p>No Impact</p> <ul style="list-style-type: none"> Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities. |
|---|--|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either. | | Positive | | | | | | | |
|--|---|---------------|------|-------------------|------|--------------|------|---------------|-------|
| | | Negative | | | | | | | |
| | | No Impact | | ✓ | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data | | | | | | | | |
| | | County | | | | | | | |
| | | Carms | | Ceredigion | | Pembs | | Totals | |
| | Sexual Orientation | Value | % | Value | % | Value | % | Value | % |
| | Total: All usual residents aged 16 years and over | 155,485 | 100 | 61,390 | 100 | 102,550 | 100 | 319,425 | 100.0 |
| | Straight or Heterosexual | 139,511 | 89.7 | 51,998 | 84.7 | 92,094 | 89.8 | 283,603 | 88.1 |
| | Gay or Lesbian | 1,845 | 1.2 | 941 | 1.5 | 1,093 | 1.1 | 3,879 | 1.3 |
| | Bisexual | 1,500 | 1.0 | 1,617 | 2.6 | 1,050 | 1 | 4,167 | 1.5 |
| | Pansexual | 120 | 0.1 | 150 | 0.2 | 80 | 0.1 | 350 | 0.2 |
| | Asexual | 79 | 0.1 | 140 | 0.2 | 52 | 0.1 | 271 | 0.1 |
| Queer | 23 | 0.0 | 49 | 0.1 | 12 | 0 | 84 | 0.0 | |
| All other sexual orientations | 100 | 0.1 | 90 | 0.1 | 75 | 0.1 | 265 | 0.1 | |
| People, population and community - Office for National Statistics (ons.gov.uk) | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact There is no discrimination identified based on sexual orientation | | | | | | | | |

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| <p>How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u></p> | Positive | ✓ |
| | Negative | ✓ |
| | No Impact | |

| | | | | | |
|--|------------------------|----------------------------|--------------------------|-----------------------|----------------------|
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | Population Data | | | | |
| | | Carmarthenshire (%) | Pembrokeshire (%) | Ceredigion (%) | Hywel Dda (%) |
| | Regular | 3.6 | 4.5 | 3 | 3.7 |
| | Reserve | 0.9 | 0.9 | 0.9 | 0.9 |
| | Both | 0.2 | 0.2 | 0.2 | 0.2 |
| | Total | 4.7 | 5.7 | 4.1 | 4.8 |
| <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | | |

| | |
|---|---|
| <p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.</p> | <p>Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.</p> |
|---|---|

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| | | |
|--|---|---|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none">• This populations may be more dependent on public transport and or others to bring them to healthcare settings.• Restricting operating hours (on a 12 and 14 hour phase) may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected.• Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated.• Educate the public on criteria of acceptances in MIU through communication supported by Choose Well NHS 111 Wales.• Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy.• Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page.• Phased approach to 24 hours will support and minimise this impact. |
|--|---|---|

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| <p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p> | | <p>Positive</p> | <p>✓</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|----------|-----------------|-----------------|--|----------|--|-------|---|-------|---|--|--------|------|--------|------|----------------------------------|-------|-----|-----|-----|-----------------------|--------|------|--------|------|
| | | <p>Negative</p> | <p>✓</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>No Impact</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1" data-bbox="369 555 1377 831"> <thead> <tr> <th rowspan="2">Economic Factor</th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Economically active – In employment (this includes full time students)</td> <td>81,952</td> <td>52.7</td> <td>12,234</td> <td>52.1</td> </tr> <tr> <td>Economically active - Unemployed</td> <td>3,922</td> <td>2.5</td> <td>914</td> <td>3.6</td> </tr> <tr> <td>Economically inactive</td> <td>69,613</td> <td>44.8</td> <td>11,252</td> <td>44.3</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 24/06/2024</p> | | | Economic Factor | Carmarthenshire | | Llanelli | | Value | % | Value | % | Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 |
| Economic Factor | Carmarthenshire | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | |
| | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.</p> | <p>Patient data – no information to capture impact of change. Monitor through patient feedback.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.</p> | <p>Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.</p> | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Staff unable to work night shifts (12 & 14 hour phase) means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Consultation with staff • Communication – working with communication team regarding role and function of MIU and transition to a 24 hour service. • Promotion of staff benefits – such as childcare vouchers, discounts. |

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| Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language. | | Positive | | | | | | | | | | | |
|--|---|-----------|--|-----------------|------|---------------|------|------------|------|-----------|----|--|--|
| | | Negative | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1137"> <thead> <tr> <th data-bbox="371 903 640 978">Area</th> <th data-bbox="640 903 1187 978">Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 978 640 1018">Carmarthenshire</td> <td data-bbox="640 978 1187 1018">53.3</td> </tr> <tr> <td data-bbox="371 1018 640 1058">Pembrokeshire</td> <td data-bbox="640 1018 1187 1058">25.2</td> </tr> <tr> <td data-bbox="371 1058 640 1098">Ceredigion</td> <td data-bbox="640 1058 1187 1098">56.4</td> </tr> <tr> <td data-bbox="371 1098 640 1137">Hywel Dda</td> <td data-bbox="640 1098 1187 1137">45</td> </tr> </tbody> </table> <p data-bbox="371 1137 1288 1169">People, population and community - Office for National Statistics (ons.gov.uk)</p> | Area | Percentage of people who can speak Welsh | Carmarthenshire | 53.3 | Pembrokeshire | 25.2 | Ceredigion | 56.4 | Hywel Dda | 45 | | |
| Area | Percentage of people who can speak Welsh | | | | | | | | | | | | |
| Carmarthenshire | 53.3 | | | | | | | | | | | | |
| Pembrokeshire | 25.2 | | | | | | | | | | | | |
| Ceredigion | 56.4 | | | | | | | | | | | | |
| Hywel Dda | 45 | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact identified | | | | | | | | | | | | |

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Additional considerations

In addition to the above protected characteristics please consider impact on the following:

- Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)
- Unpaid Carers
- Individuals and communities who experience Digital Exclusion
- Rural and Urban communities
- more info about the comms package that will be required to inform the public about the scope of practice for each option
- more info about the comms package that will be required to inform the public about the specific opening times
- different communication mechanisms for certain protected characteristics – how will we be promoting to our younger population/older population/LGBTQ+ population. I'm thinking specifically in terms of newspaper adds, social media ads

As mentioned above the CDOT team and other key stakeholders will be used to communicate this change of hours.

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqlA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

Not applicable

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: a **likelihood score** and an **opportunity/impact score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Likelihood Score x opportunity/impact Score = Total Score)

| OPPORTUNITY AND IMPACT | | | |
|------------------------|-------|--------------|---|
| IMPACT | SCORE | | The proposed change is anticipated to lead to the following level of opportunity and/or impact: |
| Positive | 5 | Excellence | (Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence. |
| | 4 | Major | (Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements. |
| | 3 | Moderate | (Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements. |
| | 2 | Minor | (Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities. |
| | 1 | Negligible | (Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities. |
| Neutral | 0 | Neutral | (Neutral): No effect, either positive or negative. |
| Negative | -1 | Negligible | (Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery. |
| | -2 | Minor | (Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery. |
| | -3 | Moderate | (Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery. |
| | -4 | Major | (Major): Major negative impact, major injury potential, and major negative impacts on service delivery. |
| | -5 | Catastrophic | (Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| LIKELIHOOD | | |
|------------|----------------|---|
| 1 | Rare | Not expected to occur for years. Will occur in exceptional circumstances. |
| 2 | Unlikely | Expected to occur at least annually. Unlikely to occur |
| 3 | Possible | Expected to occur at least monthly. Reasonable chance of occurring. |
| 4 | Likely | Expected to occur at least weekly. Likely to occur. |
| 5 | Almost Certain | Expected to occur at least daily. More than likely to occur. |

| | | OPPORTUNITY | | | | | IMPACT | | | | | |
|------------|---|-------------|----|----|----|---|--------|----|-----|-----|-----|-----|
| LIKELIHOOD | | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 |
| | 5 | 25 | 20 | 15 | 10 | 5 | 0 | -5 | -10 | -15 | -20 | -25 |
| | 4 | 20 | 16 | 12 | 8 | 4 | 0 | -4 | -8 | -12 | -16 | -20 |
| | 3 | 15 | 12 | 9 | 6 | 3 | 0 | -3 | -6 | -9 | -12 | -15 |
| | 2 | 10 | 8 | 6 | 4 | 2 | 0 | -2 | -4 | -6 | -8 | -10 |
| 1 | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 | |

| CATEGORY | | | |
|----------|-----------------------|--|---------------|
| | Excellent opportunity | | Extreme risk |
| | Good opportunity | | High risk |
| | Moderate opportunity | | Moderate risk |
| | Minor opportunity | | Low risk |

****To access the scoring table below you will need to double click on the table to open an editable version. The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Area | | | | | Opportunity / Consequence Rating* | *IIA Matrix | | |
|--|-----------------|----------------|-----------------|---------|-----------------------------------|-------------|------------|-------------|
| | Positive impact | Neutral impact | Negative impact | Unknown | | Consequence | Likelihood | Total Score |
| Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative | | | | | | | | |
| Age | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 4 | -12 |
| Disability | ✓ | | ✓ | | ** positive rating | 2 | 3 | 6 |
| | | | | | ** negative rating | -2 | 3 | -6 |
| Gender Reassignment | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Marriage and Civil Partnership | ✓ | | ✓ | | ** positive rating | 2 | 3 | 6 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Pregnancy and Maternity | ✓ | | | | ** positive rating | 1 | 2 | 2 |
| | | | | | ** negative rating | | | 0 |
| Race/Ethnicity or Nationality | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Religion or Belief | ✓ | | ✓ | | ** Positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Sex | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Sexual Orientation | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Armed Forces | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Socio-economic Deprivation | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Welsh Language | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

| | |
|--|--|
| <p>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p> | <p>Process remains active re long term MIU Model</p> |
| <p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p> | |

| | Actions | Assigned to | Target Review Date | Completion Date | Comments/ Update |
|----|---|---|---------------------------|---------------------------|--|
| | <ul style="list-style-type: none"> Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. | | | | |
| 1. | <p>What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</p> <p>Audits – redirection policy Attendances (Major & Minor split) Incidents/ Risk register review Complaints Patient feedback – CIVICA 4- & 12-hour performance– breach data Workforce data review – sickness absence themes</p> | Jon Morris Iona Evans Meinir Williams | 3 months post closure | 13 th Feb 2025 | <p>Monthly review of data to determine impact of closure captured.</p> <p>Feedback provided within Quality, Safety & Experience Committee Meeting (13/02/2025)</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | | | | |
|----|--|---|-----------------------------------|--|--|
| 2. | MIU Project Group underway to scope long term modelling of the unit – series of options for delivery of the MIU in response to service fragilities’ and/or unsustainability – 4 options remain. | Sarah Perry Robin Ghosal Iona Evans Jon Morris | 27 th March 2025 | Pending Board Meeting outcome | Depending on Board outcome will determine next steps. |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

| | | |
|--|------------------------|---|
| EqlA Completed by: | Name/s | Iona Evans/Jon Morris |
| | Title | Interim Head of Nursing GGH & PPH / Clinical Lead MIU |
| | Team / Division | Unscheduled Care |
| | Contact details | iona.evans@wales.nhs.uk / jon.morris2@wales.nhs.uk |
| | Date | 24/03/2024 |
| EqlA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5 | Name | Sarah Perry |
| | Title | GM Carmarthenshire System |
| | Team / Division | USC |
| | Contact details | Sarah.perry3@wales.nhs.uk |
| | Date | 24/03/2025 |
| Guidance has been provided by Diversity & Inclusion Team: | Name | Alan Winter |
| | Title | Senior Diversity and Inclusion Officer |
| | Team | Strategic Partnership Diversity & Inclusion |
| | Contact details | Alan.winter@wales.nhs.uk |
| | Date | 24/3/2025 |
| Diversity and Inclusion Team additional Comments: | | |

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

| | |
|---------------------------------|--|
| Director and Directorate | Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH) |
| Service Area | Minor Injuries Unit - Option 4 - Urgent care centre (SDUC type model) 14 hours |

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

| | |
|---|---|
| <p>1. What are you Equality Impact assessing?</p> | <p>16-hour urgent care treatment centre (Same Day Urgent Care type model) - this would be open to the public for 14 hours with a further two hours to allow patients in the unit to be treated.</p> |
| <p>2. Brief Aims and Description of the procedure/ proposal/ project/ policy:</p> | <p>Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times.</p> |
| <p>3. Who is involved in undertaking this EqIA? (names/job titles)</p> | <p>Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC)</p> |
| <p>4. Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</p> | <p>No</p> |
| <p>5. Is this a new EqIA or an updated EqIA?</p> | <p>New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information.</p> |
| <p>6. Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)</p> | <ul style="list-style-type: none"> • Local Population using the MIU. • Staff working within the MIU / AMAU. • Patients using either GGH or Morriston. • Staff working in GGH & MGH due to increase demands from GGH site • Sample audit November 2022 – 11.45% from Swansea Bay area <p style="text-align: right;">Sample audit for 2 weeks Dec 2023</p> |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | |
|---|---|
| | https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhgXnLqGN4SljtcDYK7c5lPyTculB&id=uChWuyjjgkCoVkM8ntyPrIqXtKx9OJBDim5W0Zv5x3tUMFRLVlNLVEZITDhZVDZGNzhMOUFIUUFcWi4u |
| <p>7. What might help/hinder the success of the procedure/ proposal/ project/ policy?</p> | <p>Help:</p> <ul style="list-style-type: none"> • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government <p>Hinder:</p> <ul style="list-style-type: none"> • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media |

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:

| | |
|-----|----|
| Yes | No |
|-----|----|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|--|
| <p>Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p> | ✓ | |
| <p>Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p> | ✓ | |
| <p>Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p> | ✓ | |
| <p>Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence</p> | ✓ | |
| <p>Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p> | ✓ | |
| <p>Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p> | ✓ | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 3: Gathering of Evidence and Assessment of Potential Impact

| | | |
|---|------------------|---|
| How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another? | Positive | ✓ |
| | Negative | ✓ |
| | No Impact | |

| | | | | | |
|---|----------------------------|------------------------|----------|-----------------|----------|
| Guidance Remove population data if not relevant to EqIA and upload relevant data. | Population Data | | | | |
| | County | Carmarthenshire | | Llanelli | |
| | Age | Value | % | Value | % |
| | Total: All usual residents | 187,897 | 100 | 25,400 | 100 |
| | Aged 4 years and under | 9,057 | 4.8 | 1,422.4 | 5.6 |
| | Aged 5 to 9 years | 10,274 | 5.5 | 1,524 | 6 |
| | Aged 10 to 19 years | 20879 | 11.2 | 3,048 | 12 |
| | Aged 20 to 24 years | 8,820 | 4.7 | 1,447.8 | 5.7 |
| | Aged 25 to 34 years | 20,692 | 11 | 3,225.8 | 11.8 |
| | Aged 35 to 49 years | 31,802 | 16.9 | 4,749.8 | 18.7 |
| | Aged 50 to 64 years | 40,906 | 21.8 | 5,054.6 | 19.9 |
| | Aged 65 to 74 years | 24,603 | 13.1 | 2,616.2 | 10.3 |
| | Aged 75 to 84 years | 15,247 | 8.1 | 1,600.2 | 6.3 |
| Aged 85 years and over | 5,617 | 3 | 711.2 | 2.8 | |
| Build a custom area profile - Census 2021, ONS 03/07/2024 | | | | | |

| | | |
|---|--|--------------------|
| Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future. | Patient data – last 3 years (April 21- July 2024) | |
| | Patient Age | Attendances |
| | Age: 0-9 | 9,695 |
| | Age: 10-19 | 16,094 |
| | Age: 20-29 | 14,304 |
| | Age: 30-39 | 14,004 |
| | Age: 40-49 | 11,557 |
| | Age: 50-59 | 12,689 |
| | Age: 60-69 | 10,516 |
| | Age: 70-79 | 9,503 |
| Age: 80-89 | 5,682 | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | |
|--------------|----------------|
| Age: 90-99 | 1,072 |
| Age: 100 + | 27 |
| TOTAL | 105,143 |

Insert breakdown of staff age in the specific service/ area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

Staff data- Emergency Nurse Practitioner (ENP) staff age range between 37- 63 years. Average age of 54 years with 4 ENP retire and return. Difficulty in recruiting into 3 wte ENP vacancy previously which resulted in the appointment of X3 ENP trainees to mitigate the fragility and risk within this workforce in the event of full retirement/leavers.

| GRADE | ACTUAL W.T.E | Age | COMMENTS |
|-------|--------------|--------|------------------------|
| 7 | 1.00 | 49 yrs | commencing 19th August |
| 7 ENP | 0.40 | 62yrs | Retire and return |
| 7 ENP | 0.80 | 54yrs | |
| 7 ENP | 0.20 | 63yrs | Retire and return |
| 7 ENP | 0.96 | 51yrs | |
| 7 ENP | 0.80 | 47yrs | |
| 7 ENP | 0.80 | 53yrs | |
| 7 ENP | 0.40 | 62yrs | |
| 7 ENP | 0.92 | 47yrs | |
| 7 ENP | 0.96 | 38yrs | |
| 7 ENP | 1.00 | 53yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 7 ENP | 0.40 | 49yrs | |
| 7 ENP | 0.50 | 56yrs | Retire and return |
| 6 ENP | 1.00 | 39yrs | Trainee ENP |
| 6 ENP | 1.00 | 53yrs | Trainee ENP |
| 6 ENP | 1.00 | 37yrs | Trainee ENP |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|---|---|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none">• Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities.• Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. <p>Review of risk relating to older workforce and requirement to undertake a workforce plan for succession plan for sustainability of service.</p> | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected.• Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available.• Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area• Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services.• 3 ENP trainees currently in place re risk of older workforce, though further workforce modelling will be required to support this MIU/SDUC model (medical and nursing/ACP/ANP requirement). |
|--|---|---|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Provide a brief summary of the positive impacts you have identified.

Positive Impact

- MIU have an aging workforce, many are retired and returned, the work life balance result of this change would be welcome by them as they will no longer be required to work nightshifts. No previous concerns highlighted by staff in relation to this aspect.
-

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p> | | <p>Positive</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|----------|-------|----------------|----------|---------------------------------|--------|-----------------------------|-------------------------------------|---------|--------|------------------|---------|--------|--|--------|-------|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|----|----|----|--------|----|---|---|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|---|----|----|--------|----|---|----|----|----|----|--------|----|---|---|---|----|----|--------|----|---|---|---|----|----|
| | | <p>Negative</p> | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>No Impact</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <table border="1"> <thead> <tr> <th></th> <th>Carms</th> <th>Llanelli</th> </tr> </thead> <tbody> <tr> <td>Disabled under the Equality Act</td> <td>43,152</td> <td>6,426</td> </tr> <tr> <td>Not Disabled under the Equality Act</td> <td>144,743</td> <td>18,974</td> </tr> <tr> <td>Total population</td> <td>187,895</td> <td>25,400</td> </tr> <tr> <td>Percentage of population with a disability</td> <td>23%</td> <td>25.3%</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p> | | | | Carms | Llanelli | Disabled under the Equality Act | 43,152 | 6,426 | Not Disabled under the Equality Act | 144,743 | 18,974 | Total population | 187,895 | 25,400 | Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Carms | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Disabled under the Equality Act | 43,152 | 6,426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not Disabled under the Equality Act | 144,743 | 18,974 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total population | 187,895 | 25,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of population with a disability | 23% | 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p> | <p>Mental Health activity:</p> <table border="1"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="2">MIU Referrals</th> <th colspan="2">Ward Referrals</th> <th colspan="2">08:00 - 20:00 - 20:00 08:00</th> </tr> <tr> <th>18-70</th> <th>70+</th> <th>18-70</th> <th>70+</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Feb-24</td> <td>79</td> <td>0</td> <td>15</td> <td>9</td> <td>56</td> <td>47</td> </tr> <tr> <td>Jan-24</td> <td>76</td> <td>2</td> <td>14</td> <td>9</td> <td>58</td> <td>43</td> </tr> <tr> <td>Dec-23</td> <td>78</td> <td>2</td> <td>12</td> <td>12</td> <td>65</td> <td>39</td> </tr> <tr> <td>Nov-23</td> <td>71</td> <td>1</td> <td>13</td> <td>19</td> <td>71</td> <td>33</td> </tr> <tr> <td>Oct-23</td> <td>61</td> <td>2</td> <td>8</td> <td>19</td> <td>66</td> <td>24</td> </tr> <tr> <td>Sep-23</td> <td>39</td> <td>2</td> <td>11</td> <td>6</td> <td>43</td> <td>15</td> </tr> <tr> <td>Aug-23</td> <td>52</td> <td>2</td> <td>28</td> <td>11</td> <td>54</td> <td>39</td> </tr> <tr> <td>Jul-23</td> <td>54</td> <td>1</td> <td>19</td> <td>8</td> <td>52</td> <td>30</td> </tr> <tr> <td>Jun-23</td> <td>65</td> <td>2</td> <td>16</td> <td>4</td> <td>52</td> <td>35</td> </tr> <tr> <td>May-23</td> <td>63</td> <td>4</td> <td>13</td> <td>9</td> <td>55</td> <td>34</td> </tr> <tr> <td>Apr-23</td> <td>68</td> <td>0</td> <td>12</td> <td>11</td> <td>57</td> <td>34</td> </tr> <tr> <td>Mar-23</td> <td>42</td> <td>0</td> <td>1</td> <td>8</td> <td>30</td> <td>21</td> </tr> <tr> <td>Feb-23</td> <td>50</td> <td>1</td> <td>9</td> <td>8</td> <td>52</td> <td>16</td> </tr> </tbody> </table> | | | Month | MIU Referrals | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | 18-70 | 70+ | 18-70 | 70+ | | | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | May-23 | 63 | 4 | 13 | 9 | 55 | 34 | Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 |
| | Month | MIU Referrals | | | Ward Referrals | | 08:00 - 20:00 - 20:00 08:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 18-70 | 70+ | 18-70 | 70+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Feb-24 | 79 | 0 | 15 | 9 | 56 | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jan-24 | 76 | 2 | 14 | 9 | 58 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec-23 | 78 | 2 | 12 | 12 | 65 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nov-23 | 71 | 1 | 13 | 19 | 71 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Oct-23 | 61 | 2 | 8 | 19 | 66 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sep-23 | 39 | 2 | 11 | 6 | 43 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aug-23 | 52 | 2 | 28 | 11 | 54 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jul-23 | 54 | 1 | 19 | 8 | 52 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jun-23 | 65 | 2 | 16 | 4 | 52 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | May-23 | 63 | 4 | 13 | 9 | 55 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 68 | 0 | 12 | 11 | 57 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 42 | 0 | 1 | 8 | 30 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 50 | 1 | 9 | 8 | 52 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | TOTAL | 798 | 19 | 171 | 133 | 711 | 410 |
|---|---|-----|----|---|-----|-----|-----|
| Insert breakdown of staff with a disability who may be affected by your specific service/area of work. | <p>Staff data: No staff disabilities on record. No mental Health issues captured.</p> | | | | | | |
| Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact. | <p>Negative Impact</p> <ul style="list-style-type: none"> Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here. | | | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage their symptoms. Posters displayed in MIU and patient advised on Triage to ring | | | |

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| | | |
|--|---|---|
| | <ul style="list-style-type: none">• Parking – is there likely to be an increase of the use of disabled bays due to condensed hours? How many do we currently have? Is it sufficient from the patient data for disability?• Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc.• Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc? | <ul style="list-style-type: none">• There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines.• There aren't any staff within this category.• No scenarios at present. |
|--|---|---|

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| How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|---|--------|-----------------|--|--------|-------|---|--------------------------------------|---------|-----|---|---------|------|---|-----|-----|-------------|----|-----|-----------|----|-----|------------|----|-----|-----------------------------|----|-----|--------------|--------|-----|
| | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | <table border="1" data-bbox="371 379 1523 785"> <thead> <tr> <th data-bbox="371 379 1048 419">County</th> <th data-bbox="1057 379 1294 419">Carmarthenshire</th> <th data-bbox="1303 379 1523 419"></th> </tr> <tr> <th data-bbox="371 426 1048 458">Gender</th> <th data-bbox="1057 426 1294 458">value</th> <th data-bbox="1303 426 1523 458">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 464 1048 496">All usual residents aged 16 and over</td> <td data-bbox="1057 464 1294 496">155,486</td> <td data-bbox="1303 464 1523 496">100</td> </tr> <tr> <td data-bbox="371 502 1048 534">Gender identity the same as sex registered at birth</td> <td data-bbox="1057 502 1294 534">144,924</td> <td data-bbox="1303 502 1523 534">93.2</td> </tr> <tr> <td data-bbox="371 541 1048 604">Gender identity different from sex registered at birth but no specific identity given</td> <td data-bbox="1057 541 1294 604">210</td> <td data-bbox="1303 541 1523 604">0.1</td> </tr> <tr> <td data-bbox="371 611 1048 643">Trans woman</td> <td data-bbox="1057 611 1294 643">93</td> <td data-bbox="1303 611 1523 643">0.1</td> </tr> <tr> <td data-bbox="371 649 1048 681">Trans man</td> <td data-bbox="1057 649 1294 681">90</td> <td data-bbox="1303 649 1523 681">0.1</td> </tr> <tr> <td data-bbox="371 687 1048 719">Non-binary</td> <td data-bbox="1057 687 1294 719">60</td> <td data-bbox="1303 687 1523 719">0.0</td> </tr> <tr> <td data-bbox="371 726 1048 758">All other gender identities</td> <td data-bbox="1057 726 1294 758">38</td> <td data-bbox="1303 726 1523 758">0.0</td> </tr> <tr> <td data-bbox="371 764 1048 796">Not answered</td> <td data-bbox="1057 764 1294 796">10,072</td> <td data-bbox="1303 764 1523 796">6.5</td> </tr> </tbody> </table> <p data-bbox="371 791 965 815">Data retrieved from Census 2021 data 24/06/2024</p> | | | County | Carmarthenshire | | Gender | value | % | All usual residents aged 16 and over | 155,486 | 100 | Gender identity the same as sex registered at birth | 144,924 | 93.2 | Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | Trans woman | 93 | 0.1 | Trans man | 90 | 0.1 | Non-binary | 60 | 0.0 | All other gender identities | 38 | 0.0 | Not answered | 10,072 | 6.5 |
| County | Carmarthenshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All usual residents aged 16 and over | 155,486 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity the same as sex registered at birth | 144,924 | 93.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender identity different from sex registered at birth but no specific identity given | 210 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans woman | 93 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans man | 90 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-binary | 60 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other gender identities | 38 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 10,072 | 6.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | <p data-bbox="371 868 517 900">No Impact</p> <p data-bbox="371 906 2159 970">The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership | | Positive | |
|---|---|-----------|---|
| | | Negative | ✓ |
| | | No Impact | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population Data</p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</p> | | |
| <p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> | <p>Patient data - no information available.</p> <p>This will require monitoring in relation to any childcare concerns raised by patients and the dependency on spouse to support MIU attendance, as well as transport to and from the MIU. Monitor through Patient feedback.</p> | | |
| <p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> | <p>No information available.</p> <p>Monitor any staff impact of amended hours on dependency/ability on spouse in relation to childcare needs as well as transport to and from MIU (if required). This can be mitigated by the flexible working policy and effective roster management. Capture staff who are working through flexible working request on ESR.</p> | | |

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| | | |
|--|--|---|
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none">• Staff may be reliant on their partners for lifts to and from work a change in working hours/ no opportunity to work a night shift may affect the staff members or their partners' employment (some households may need to change jobs to adapt to the new circumstances).• Some households may be negatively impacted by this change due to shared childcare arrangements between shift work. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Flexible working policy.• Ability to request % of shifts within roster.• All rosters completed six weeks in advance. |
|--|--|---|

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| How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave. | | Positive | ✓ |
|--|--|-----------|---|
| | | Negative | |
| | | No Impact | |
| If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format. | No information available, there aren't any gynaecological service in PPH. Capture of data relating to re-direction underway. Any adverse incidents are captured via Incident reporting (Datix). | | |
| Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work. | No information available: Leave and Pay For New and Existing Parent policy https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/leave-and-pay-for-new-and-existing-parents-policy/ Monitor through Managing attendance at work policy – ESR data. | | |
| Provide a summary of the positive impacts you have identified. | <p>Positive Impact</p> <ul style="list-style-type: none"> Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) will promote and highlight key criteria and will support signposting of patients to the right place first time. | | |

| How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship. | | Positive | ✓ |
|--|--|-----------|---|
| | | Negative | ✓ |
| | | No Impact | |
| | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <p>Population</p> <table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carms</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Ethnicity</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents</td> <td>187,898</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>2,321</td> <td>1.2</td> <td>533</td> <td>2.1</td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>455</td> <td>0.2</td> <td>51</td> <td>0.2</td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>1,756</td> <td>0.9</td> <td>279</td> <td>1.1</td> </tr> <tr> <td>White</td> <td>182,652</td> <td>97.2</td> <td>24,384</td> <td>96</td> </tr> <tr> <td>Another ethnic group</td> <td>714</td> <td>0.4</td> <td>1523</td> <td>0.6</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p> <p>90.3% of Llanelli's population (22,936) were born in the UK.</p> | | | | | County | Carms | | Llanelli | | Ethnicity | Value | % | Value | % | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | White | 182,652 | 97.2 | 24,384 | 96 | Another ethnic group | 714 | 0.4 | 1523 | 0.6 |
|--|--|--|------|----------|-----|--------|-------|--|----------|--|-----------|-------|---|-------|---|----------------------------|---------|-----|--------|-----|-------------------------------------|-------|-----|-----|-----|---|-----|-----|----|-----|---------------------------------|-------|-----|-----|-----|-------|---------|------|--------|----|----------------------|-----|-----|------|-----|
| | County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ethnicity | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: All usual residents | 187,898 | 100 | 25,400 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Asian, Asian British or Asian Welsh | 2,321 | 1.2 | 533 | 2.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Black, Black British, Black Welsh, Caribbean or African | 455 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mixed or Multiple ethnic groups | 1,756 | 0.9 | 279 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White | 182,652 | 97.2 | 24,384 | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Another ethnic group | 714 | 0.4 | 1523 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> It may be difficult to communicate this change with some hard-to-reach minority communities or those who speak a different language from English and Welsh. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> Link in with Community Development Outreach Team (CDOT) to support key communication. engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method. Translation Services – ensure all communication is translated and in accessible formats, such as easy read format. Clear criteria for overseas visitors accessing MIU service. Working with Health Board communications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Provide a summary of the positive impacts you have identified.</p> | <p>Positive Impact</p> <ul style="list-style-type: none"> Greater accessibility to support services e.g., translation services will always be available within the revised operating hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism. | | | | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------|--|------|-----------|--------|-------|--|----------|--|----------|-------|---|-------|---|----------------------------|---------|-----|--------|---|-------------|--------|------|--------|------|-----------|--------|------|--------|----|----------|-----|-----|----|-----|-------|-----|-----|----|-----|--------|-----|-----|----|-----|--------|-------|-----|-----|-----|------|-----|-----|----|-----|----------------|-------|-----|-----|-----|--------------|--------|-----|------|---|
| | | | | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1" data-bbox="369 352 1375 874"> <thead> <tr> <th data-bbox="369 352 660 391">County</th> <th colspan="2" data-bbox="660 352 1048 391">Carms</th> <th colspan="2" data-bbox="1048 352 1375 391">Llanelli</th> </tr> <tr> <th data-bbox="369 391 660 432">Religion</th> <th data-bbox="660 391 860 432">Value</th> <th data-bbox="860 391 1048 432">%</th> <th data-bbox="1048 391 1211 432">Value</th> <th data-bbox="1211 391 1375 432">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="369 432 660 499">Total: All usual residents</td> <td data-bbox="660 432 860 499">187,899</td> <td data-bbox="860 432 1048 499">100</td> <td data-bbox="1048 432 1211 499">25,400</td> <td data-bbox="1211 432 1375 499">%</td> </tr> <tr> <td data-bbox="369 499 660 537">No religion</td> <td data-bbox="660 499 860 537">83,409</td> <td data-bbox="860 499 1048 537">44.4</td> <td data-bbox="1048 499 1211 537">12,395</td> <td data-bbox="1211 499 1375 537">48.8</td> </tr> <tr> <td data-bbox="369 537 660 576">Christian</td> <td data-bbox="660 537 860 576">89,378</td> <td data-bbox="860 537 1048 576">47.6</td> <td data-bbox="1048 537 1211 576">10,922</td> <td data-bbox="1211 537 1375 576">43</td> </tr> <tr> <td data-bbox="369 576 660 614">Buddhist</td> <td data-bbox="660 576 860 614">557</td> <td data-bbox="860 576 1048 614">0.3</td> <td data-bbox="1048 576 1211 614">76</td> <td data-bbox="1211 576 1375 614">0.3</td> </tr> <tr> <td data-bbox="369 614 660 652">Hindu</td> <td data-bbox="660 614 860 652">419</td> <td data-bbox="860 614 1048 652">0.2</td> <td data-bbox="1048 614 1211 652">51</td> <td data-bbox="1211 614 1375 652">0.2</td> </tr> <tr> <td data-bbox="369 652 660 691">Jewish</td> <td data-bbox="660 652 860 691">103</td> <td data-bbox="860 652 1048 691">0.1</td> <td data-bbox="1048 652 1211 691">25</td> <td data-bbox="1211 652 1375 691">0.1</td> </tr> <tr> <td data-bbox="369 691 660 729">Muslim</td> <td data-bbox="660 691 860 729">1,026</td> <td data-bbox="860 691 1048 729">0.5</td> <td data-bbox="1048 691 1211 729">229</td> <td data-bbox="1211 691 1375 729">0.9</td> </tr> <tr> <td data-bbox="369 729 660 767">Sikh</td> <td data-bbox="660 729 860 767">177</td> <td data-bbox="860 729 1048 767">0.1</td> <td data-bbox="1048 729 1211 767">25</td> <td data-bbox="1211 729 1375 767">0.1</td> </tr> <tr> <td data-bbox="369 767 660 805">Other religion</td> <td data-bbox="660 767 860 805">1,127</td> <td data-bbox="860 767 1048 805">0.6</td> <td data-bbox="1048 767 1211 805">153</td> <td data-bbox="1211 767 1375 805">0.6</td> </tr> <tr> <td data-bbox="369 805 660 874">Not answered</td> <td data-bbox="660 805 860 874">11,703</td> <td data-bbox="860 805 1048 874">6.2</td> <td data-bbox="1048 805 1211 874">1524</td> <td data-bbox="1211 805 1375 874">6</td> </tr> </tbody> </table> <p data-bbox="369 874 965 906">Data retrieved from Census 2021 data 03/07/2024</p> | | | | | County | Carms | | Llanelli | | Religion | Value | % | Value | % | Total: All usual residents | 187,899 | 100 | 25,400 | % | No religion | 83,409 | 44.4 | 12,395 | 48.8 | Christian | 89,378 | 47.6 | 10,922 | 43 | Buddhist | 557 | 0.3 | 76 | 0.3 | Hindu | 419 | 0.2 | 51 | 0.2 | Jewish | 103 | 0.1 | 25 | 0.1 | Muslim | 1,026 | 0.5 | 229 | 0.9 | Sikh | 177 | 0.1 | 25 | 0.1 | Other religion | 1,127 | 0.6 | 153 | 0.6 | Not answered | 11,703 | 6.2 | 1524 | 6 |
| County | Carms | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total: All usual residents | 187,899 | 100 | 25,400 | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion | 83,409 | 44.4 | 12,395 | 48.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian | 89,378 | 47.6 | 10,922 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | 557 | 0.3 | 76 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hindu | 419 | 0.2 | 51 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jewish | 103 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muslim | 1,026 | 0.5 | 229 | 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sikh | 177 | 0.1 | 25 | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other religion | 1,127 | 0.6 | 153 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not answered | 11,703 | 6.2 | 1524 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work.</p> | <p>Staff data – No information relating to any impact. Consideration as applicable of religion and/or belief. Data collated via ESR.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the</p> | <p>Negative Impact</p> <ul data-bbox="421 1182 1314 1278" style="list-style-type: none"> Reduction of opening hours reduce flexibility within shift patterns for staff members during key religion or belief (non-belief) events. | | <p>Opportunities for improvement / mitigation:</p> <ul data-bbox="1375 1150 2188 1390" style="list-style-type: none"> Promotion of diversity and Inclusion within Health Board staff. Access to Religion and Beliefs Learning Resources for staff. Diversity Calendar promotion Flexible working policy Equality, Diversity and Inclusion Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | |
|---------------------------|--|--|
| relevant negative impact. | | |
|---------------------------|--|--|

| | | |
|---|------------------|---|
| How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other? | Positive | |
| | Negative | |
| | No Impact | ✓ |

| | | | | | |
|---|---|---------|------|----------|------|
| Guidance | | | | | |
| Remove population data if not relevant to EqIA. | County | Carms | | Llanelli | |
| | Gender | Value | % | Value | % |
| | All persons | 187,897 | 100 | 25,400 | 100 |
| | Male | 91,685 | 48.8 | 12,421 | 48.9 |
| | Female | 96,212 | 51.2 | 13,979 | 51.1 |
| | Data retrieved from Census 2021 data 03/07/2024 | | | | |

| | |
|---|--|
| If you have determined no impact, please provide a brief explanation. | <p>No Impact</p> <ul style="list-style-type: none"> Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities. |
|---|--|

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either. | | Positive | | | | | | | |
|--|---|---------------|------|-------------------|------|--------------|------|---------------|-------|
| | | Negative | | | | | | | |
| | | No Impact | | ✓ | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data | | | | | | | | |
| | | County | | | | | | | |
| | | Carms | | Ceredigion | | Pembs | | Totals | |
| | Sexual Orientation | Value | % | Value | % | Value | % | Value | % |
| | Total: All usual residents aged 16 years and over | 155,485 | 100 | 61,390 | 100 | 102,550 | 100 | 319,425 | 100.0 |
| | Straight or Heterosexual | 139,511 | 89.7 | 51,998 | 84.7 | 92,094 | 89.8 | 283,603 | 88.1 |
| | Gay or Lesbian | 1,845 | 1.2 | 941 | 1.5 | 1,093 | 1.1 | 3,879 | 1.3 |
| | Bisexual | 1,500 | 1.0 | 1,617 | 2.6 | 1,050 | 1 | 4,167 | 1.5 |
| | Pansexual | 120 | 0.1 | 150 | 0.2 | 80 | 0.1 | 350 | 0.2 |
| | Asexual | 79 | 0.1 | 140 | 0.2 | 52 | 0.1 | 271 | 0.1 |
| Queer | 23 | 0.0 | 49 | 0.1 | 12 | 0 | 84 | 0.0 | |
| All other sexual orientations | 100 | 0.1 | 90 | 0.1 | 75 | 0.1 | 265 | 0.1 | |
| People, population and community - Office for National Statistics (ons.gov.uk) | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact There is no discrimination identified based on sexual orientation | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

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| <p>How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u></p> | Positive | ✓ |
| | Negative | ✓ |
| | No Impact | |

| | | | | | |
|--|------------------------|----------------------------|--------------------------|-----------------------|----------------------|
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | Population Data | | | | |
| | | Carmarthenshire (%) | Pembrokeshire (%) | Ceredigion (%) | Hywel Dda (%) |
| | Regular | 3.6 | 4.5 | 3 | 3.7 |
| | Reserve | 0.9 | 0.9 | 0.9 | 0.9 |
| | Both | 0.2 | 0.2 | 0.2 | 0.2 |
| | Total | 4.7 | 5.7 | 4.1 | 4.8 |
| <p><u>People, population and community - Office for National Statistics (ons.gov.uk)</u></p> | | | | | |

| | |
|---|---|
| <p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.</p> | <p>Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.</p> |
|---|---|

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| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • This populations may be more dependent on public transport and or others to bring them to healthcare settings. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. | <p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. • SDUC type model will need to be determined to support and strengthen medical review (via SDEC) to reduce the need to re-direct. • Educate the public on criteria of acceptances in SDUC (type) model through communication supported by Choose Well NHS 111 Wales. • Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy. • Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page. |
|--|--|---|

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| <p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p> | | Positive | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|----------|-----------------|-----------------|--|----------|--|-------|---|-------|---|--|--------|------|--------|------|----------------------------------|-------|-----|-----|-----|-----------------------|--------|------|--------|------|
| | | Negative | ✓ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No Impact | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p> | <table border="1" data-bbox="369 555 1377 831"> <thead> <tr> <th rowspan="2">Economic Factor</th> <th colspan="2">Carmarthenshire</th> <th colspan="2">Llanelli</th> </tr> <tr> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Economically active – In employment (this includes full time students)</td> <td>81,952</td> <td>52.7</td> <td>12,234</td> <td>52.1</td> </tr> <tr> <td>Economically active - Unemployed</td> <td>3,922</td> <td>2.5</td> <td>914</td> <td>3.6</td> </tr> <tr> <td>Economically inactive</td> <td>69,613</td> <td>44.8</td> <td>11,252</td> <td>44.3</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 24/06/2024</p> | | | Economic Factor | Carmarthenshire | | Llanelli | | Value | % | Value | % | Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 |
| Economic Factor | Carmarthenshire | | Llanelli | | | | | | | | | | | | | | | | | | | | | | | | |
| | Value | % | Value | % | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active – In employment (this includes full time students) | 81,952 | 52.7 | 12,234 | 52.1 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically active - Unemployed | 3,922 | 2.5 | 914 | 3.6 | | | | | | | | | | | | | | | | | | | | | | | |
| Economically inactive | 69,613 | 44.8 | 11,252 | 44.3 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.</p> | <p>Patient data – no information to capture impact of change. Monitor through patient feedback.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | |
|--|--|--|
| <p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.</p> | <p>Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.</p> | |
| <p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p> | <p>Negative Impact</p> <ul style="list-style-type: none"> • Staff unable to work night shifts means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. | <p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Consultation with staff • Communication – working with communication team regarding role and function of SDUC type model. • Promotion of staff benefits – such as childcare vouchers, discounts. |

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| Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language. | | Positive | | | | | | | | | | | |
|--|---|-----------|--|-----------------|------|---------------|------|------------|------|-----------|----|--|--|
| | | Negative | | | | | | | | | | | |
| | | No Impact | ✓ | | | | | | | | | | |
| Guidance Remove population data if not relevant to EqIA. | Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1137"> <thead> <tr> <th data-bbox="371 903 640 976">Area</th> <th data-bbox="640 903 1187 976">Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 976 640 1018">Carmarthenshire</td> <td data-bbox="640 976 1187 1018">53.3</td> </tr> <tr> <td data-bbox="371 1018 640 1059">Pembrokeshire</td> <td data-bbox="640 1018 1187 1059">25.2</td> </tr> <tr> <td data-bbox="371 1059 640 1101">Ceredigion</td> <td data-bbox="640 1059 1187 1101">56.4</td> </tr> <tr> <td data-bbox="371 1101 640 1137">Hywel Dda</td> <td data-bbox="640 1101 1187 1137">45</td> </tr> </tbody> </table> <p data-bbox="371 1137 1285 1169">People, population and community - Office for National Statistics (ons.gov.uk)</p> | Area | Percentage of people who can speak Welsh | Carmarthenshire | 53.3 | Pembrokeshire | 25.2 | Ceredigion | 56.4 | Hywel Dda | 45 | | |
| Area | Percentage of people who can speak Welsh | | | | | | | | | | | | |
| Carmarthenshire | 53.3 | | | | | | | | | | | | |
| Pembrokeshire | 25.2 | | | | | | | | | | | | |
| Ceredigion | 56.4 | | | | | | | | | | | | |
| Hywel Dda | 45 | | | | | | | | | | | | |
| If you have determined no impact, please provide a brief explanation. | No Impact identified | | | | | | | | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Additional considerations

In addition to the above protected characteristics please consider impact on the following:

- Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)
- Unpaid Carers
- Individuals and communities who experience Digital Exclusion
- Rural and Urban communities
- more info about the comms package that will be required to inform the public about the scope of practice for each option
- more info about the comms package that will be required to inform the public about the specific opening times
- different communication mechanisms for certain protected characteristics – how will we be promoting to our younger population/older population/LGBTQ+ population. I'm thinking specifically in terms of newspaper adds, social media ads
- Utilising the medical and nursing workforce to a 14(&2) model enhances the MIU/SDUC skill set, reducing gaps within the roster and allows improved quality, safety and timely care to be delivered within these agreed hours.
- Reduction in staff anxiety, morale and in turn reduces staff sickness absence.
- Improved recruitment within the GP/Medical workforce due to reduced risk within the department.

As mentioned above the CDOT team and other key stakeholders will be used to communicate this change of hours.

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

Not applicable

Please note – All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: a **likelihood score** and an **opportunity/impact score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Likelihood Score x opportunity/impact Score = Total Score)

| OPPORTUNITY AND IMPACT | | | |
|------------------------|-------|--------------|---|
| IMPACT | SCORE | | The proposed change is anticipated to lead to the following level of opportunity and/or impact: |
| Positive | 5 | Excellence | (Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence. |
| | 4 | Major | (Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements. |
| | 3 | Moderate | (Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements. |
| | 2 | Minor | (Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities. |
| | 1 | Negligible | (Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities. |
| Neutral | 0 | Neutral | (Neutral): No effect, either positive or negative. |
| Negative | -1 | Negligible | (Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery. |
| | -2 | Minor | (Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery. |
| | -3 | Moderate | (Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery. |
| | -4 | Major | (Major): Major negative impact, major injury potential, and major negative impacts on service delivery. |
| | -5 | Catastrophic | (Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery. |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| LIKELIHOOD | | |
|------------|----------------|---|
| 1 | Rare | Not expected to occur for years. Will occur in exceptional circumstances. |
| 2 | Unlikely | Expected to occur at least annually. Unlikely to occur |
| 3 | Possible | Expected to occur at least monthly. Reasonable chance of occurring. |
| 4 | Likely | Expected to occur at least weekly. Likely to occur. |
| 5 | Almost Certain | Expected to occur at least daily. More than likely to occur. |

| | | OPPORTUNITY | | | | | IMPACT | | | | | |
|------------|---|-------------|----|----|----|---|--------|----|-----|-----|-----|-----|
| LIKELIHOOD | | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 |
| | 5 | 25 | 20 | 15 | 10 | 5 | 0 | -5 | -10 | -15 | -20 | -25 |
| | 4 | 20 | 16 | 12 | 8 | 4 | 0 | -4 | -8 | -12 | -16 | -20 |
| | 3 | 15 | 12 | 9 | 6 | 3 | 0 | -3 | -6 | -9 | -12 | -15 |
| | 2 | 10 | 8 | 6 | 4 | 2 | 0 | -2 | -4 | -6 | -8 | -10 |
| 1 | 5 | 4 | 3 | 2 | 1 | 0 | -1 | -2 | -3 | -4 | -5 | |

| CATEGORY | | | |
|----------|-----------------------|--|---------------|
| | Excellent opportunity | | Extreme risk |
| | Good opportunity | | High risk |
| | Moderate opportunity | | Moderate risk |
| | Minor opportunity | | Low risk |

****To access the scoring table below you will need to double click on the table to open an editable version. The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| Area | | | | | Opportunity / Consequence Rating* | *IIA Matrix | | |
|--|-----------------|----------------|-----------------|---------|-----------------------------------|-------------|------------|-------------|
| | Positive impact | Neutral impact | Negative impact | Unknown | | Consequence | Likelihood | Total Score |
| Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative | | | | | | | | |
| Age | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Disability | | | ✓ | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Gender Reassignment | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Marriage and Civil Partnership | | | ✓ | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -2 | 3 | -6 |
| Pregnancy and Maternity | ✓ | | | | ** positive rating | 4 | 2 | 8 |
| | | | | | ** negative rating | | | 0 |
| Race/Ethnicity or Nationality | ✓ | | ✓ | | ** positive rating | 3 | 3 | 9 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Religion or Belief | | | ✓ | | ** Positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Sex | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Sexual Orientation | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |
| Armed Forces | | | ✓ | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -3 | 3 | -9 |
| Socio-economic Deprivation | | | ✓ | | ** positive rating | | | 0 |
| | | | | | ** negative rating | -4 | 3 | -12 |
| Welsh Language | | ✓ | | | ** positive rating | | | 0 |
| | | | | | ** negative rating | | | 0 |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

| | |
|--|--|
| <p>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p> | <p>Process remains active re long term MIU Model</p> |
| <p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p> | |

| | <p>Actions</p> <ul style="list-style-type: none"> Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. | <p>Assigned to</p> | <p>Target Review Date</p> | <p>Completion Date</p> | <p>Comments/ Update</p> |
|----|---|--|----------------------------------|---------------------------------|--|
| 1. | <p>What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</p> <p>Audits – redirection policy Attendances Incidents Complaints</p> | <p>Jon Morris Iona Evans Meinir Williams</p> | <p>3 months post closure</p> | <p>13th feb 2025</p> | <p>Monthly review of data to determine impact of closure captured.</p> <p>Feedback provided within Quality, Safety & Experience Committee Meeting (13/02/2025)</p> |

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| | | | | | |
|----|---|--|-----------------------------------|-----------------------------|--|
| 2. | MIU Project Group underway to scope long term modelling of the unit – series of options for delivery of the MIU in response to service fragilities’ and/or unsustainability – 4 options remain. | Sarah Perry Jon Morris Iona Evans Meinir Williams | 27 th March 2025 | Pending Board Meeting | pending on Board outcome will determine next steps. |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

| | | |
|--|------------------------|--|
| EqIA Completed by: | Name/s | Iona Evans/Jon Morris |
| | Title | Interim Head of Nursing GGH & PPH/ Clinical Lead MIU |
| | Team / Division | Unscheduled Care |
| | Contact details | iona.evans@wales.nhs.uk/jon.morris2@wales.nhs.uk |
| | Date | 24/03/2025 |
| EqIA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5 | Name | Sarah perry |
| | Title | GM Carmarthenshire System |
| | Team / Division | Unscheduled Care |
| | Contact details | Sarah.perry3@wales.nhs.uk |
| | Date | 24/03/2025 |
| Guidance has been provided by Diversity & Inclusion Team: | Name | Alan Winter |
| | Title | Senior Diversity and Inclusion Officer |
| | Team | Strategic Partnership Diversity & Inclusion |
| | Contact details | Alan.winter@wales.nhs.uk |
| | Date | 24/3/2025 |
| Diversity and Inclusion Team additional Comments: | | |

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.