

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Critical Care

Title of Procedure, Project, Proposal, Policy being screened:	Option 246 (formerly known as option B)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Critical Care, as described in the table below, is delivered across the four acutes sites within the Health Board. The bed base, staff resources and physical resources required to deliver care are flexible to the needs of the patient. The table below indicates an outline of the funded bed plan for Critical Care service in the Health Board is allocated.

Location	Bed spaces	Funded level 3	Funded Level 2	L2/L3 Total
Bronglais Hospital	5	2	2	4
Glangwili Hospital	18	7	6	13
Prince Philip Hospital	6	1	4	5
Withybush Hospital	9	2	4	6
	38	<i>or a configuration of, within staff base</i>		28

Future status:

Withybush:

- Guideline for the provision of Intensive Care Services (GPICS) Rural Critical Care, L2 & L3 (contingent on WGH acute service) with Critical Care outreach team
- Centralise ICU consultant rota.

Glangwili:

- Critical Care up to L3
- Centralise ICU consultant rota.

Prince Philip:

- Development of enhanced care medicine/surgery - Critical Care support anaesthetics to stabilise and ACCTS to transfer up to 24/7.
- Enhanced care outreach team.
- Post op care unit.

Bronglais:

- GPICS Rural Critical Care, L2 & L3 with Critical Care outreach team
- Centralise ICU consultant rota.

Community Sites:

- Current configuration – no activity at community sites.

Opportunity for increased virtual model (within HDdUHB) 1-3 years Facilitate cross site working. Working closer with neighbouring Health Boards - longer term, standardisation of policies and protocols (HDdUHB)

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓	✓	
Disability		✓	✓	
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty		✓		
Welsh Language				✓

Age
Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact	✓	Negative Impact	✓	No Impact	✓
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Justification of impact identified:

Currently, access to Level 2 and 3 care will remain unchanged and so there will be **no impact**.

Positive:

- Positive impact for those patients and carers/family living closer to those sites offering proposed services.

Negatives:

- Potential negative impact on all ages with regards to Carers and the additional travel required.
- Negative impact on older patients who could often be frail and would now need additional time to transfer to appropriate site.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above, along with other services affected by change.
- Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- A specialist transport team would be in place to make patient journeys as comfortable as possible.
- Prompt repatriation to local areas

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	✓
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Justification of impact identified:

There would be **no impact** for patients, admission criteria would not change and the only negatives identified below would be for family, carers and any visitors.

Negatives:

- Potential negative impact on all ages with regards to patients Carers and the additional travel required.
- This would bring additional challenges with regards to access for anyone with mobility issues now having to travel further. There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.
- Disabled Parking/ visitors parking for family/Carers is limited within those sites offering Services within this Option.
- If waiting areas are to get busier due to centralised services then consideration may need to be made with regards to ease of access, crowded and noisy environments and if some patients/carers/families will find that unsettling. Mitigation could be to assign designated quiet rooms/zones.
- Toilet within visitor's room will need to be assessed as to whether it is wheelchair friendly.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
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- Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- Carry out assessment of areas with regards to suitability for disabilities.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

Currently no impact on staff unless there are movements to other sites as part of the centralisation.

Potential positive for pregnant patients as they could be moved to a site, (Glangwili), that offers full maternity services.

Potential negatives

- A potential increase in discomfort for pregnant patients and/or carers/family members having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
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- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative impacts:					
<ul style="list-style-type: none"> Families and visitors would be impacted by additional travel burden if relatives need to be moved to a site further away. Recovery time can be impacted adversely by this; however, this needs to be considered in line with the improved quality of care. Staff impact on work life balance if they need to travel between sites. By following the OCP process it will engage with the staff to bring them along with the option. Service to be prepared for a degree of pay protection and a potential increase in travel expenses. Potential negative impact, if staff are utilised elsewhere, such as additional childcare needs if travelling further for work. This could also come with additional reliance on spouse/ partner/ family, etc. to travel to place of work. Additional travel could have negative impact on household finances with additional travel costs. 					
Mitigations: staff					
<ul style="list-style-type: none"> Utilise the nursery in Glangwili to support staff with the above. Flexibility can also be made around staff rotas and/or job plans to ease those pressures. 					
Mitigations: visitors					
<ul style="list-style-type: none"> Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. 					

Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.

- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above along with other services affected by change.
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- Prompt repatriation to local areas

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board

Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Critical Care								
Grand Total	80	39	15	8	9	17	2	170
%	47%	23%	9%	5%	5%	10%	1%	100%

Additional Comments:

Positives:

- Staffing – opportunities to develop skills and share knowledge with colleagues.
- Patients treated in specialist unit adhering to CC standards.
- Ability to be able to apply the GPICs standards relating to smaller and remote Rural CC units that will give us flexibility to apply a more collaborative approach to governance processes in ICU.
- No cost saving from a therapy's lens.

Negative:

- By centralising the service there is a risk that staff may not choose to change their work base as this may also have an impact on their work life balance and therefore maybe leave their role to maintain their work life status quo. By following the OCP process it will engage with the staff to bring them along with the option.
- The option doesn't address the shortfall in therapies services within Critical Care, also risk of losing skills where there is a reduction of levels of care within units.
- **Critical Care has independent services that have been part of the options development and due consideration will need to be given to these services as part of the decision making.**

Centralisation of services to one location would give higher concentration of clinical expertise. This would bring the opportunity to centralise equipment and the potential to lower maintenance costs.

Opportunity for increased virtual model (within HDdUHB) 1-3 years Facilitate cross site working. Working closer with neighbouring Health Boards - longer term, standardisation of policies and protocols (HDdUHB)

Screening Completed by:	Name	Rian Furlong
	Title	Project Manager
	Contact details	rian.furlong@wales.nhs.uk
	Date	09/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Diane Knight
	Title	Service Delivery Manager for Theatres
	Contact details	diane.knight2@wales.nhs.uk
	Date	09/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	10/12/2025
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.

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Support

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Tel: 01554 899055

Director and Directorate	CSP
Service Area	Critical Care

Title of Procedure, Project, Proposal, Policy being screened:	Option A (formerly known as Option 1)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Critical Care, as described in the table below, is delivered across the four acutes sites within the Health Board. The bed base, staff resources and physical resources required to deliver care are flexible to the needs of the patient. The table below indicates an outline of the funded bed plan for Critical Care service in the Health Board.

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Future status:

Withybush:

Development of enhanced care medicine/surgery.
 Critical Care support anaesthetics to stabilise and transfer up to 24/7.
 Enhanced care outreach team.

Glangwili:

Critical Care up to L3

Prince Philip:

Development of enhanced care medicine/surgery.
 Critical Care support anaesthetics to stabilise and transfer up to 24/7.
 Enhanced care outreach team.
 Post op care unit.

Bronglais:

Guideline for the provision of Intensive Care Services (GPICS) Rural Critical Care, L2 & L3

Community Sites:

No change.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓	✓	
Disability		✓	✓	
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity	✓	✓	✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty		✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	✓	Negative Impact	✓	No Impact	✓
Justification of impact identified:					
Currently, access to Level 2 and 3 care will remain unchanged and so there will be no impact .					
Positive:					
Positive impact for those patients and carers/family living closer to those sites offering proposed services.					
Negatives:					
<ul style="list-style-type: none"> Potential negative impact on all ages with regards to Carers and the additional travel required. Negative impact on older patients who could often be frail and would now need additional time to transfer to appropriate site. 					
Mitigations					
<ul style="list-style-type: none"> Won't impact more Ceredigion patients/visitors as there is no change to Bronglais 					

- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
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- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	✓
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Justification of impact identified:

There would be **no impact** for patients with regards to the admission criteria as this would not change.

Negatives:

- Potential negative impact on all ages with regards to patients Carers and the additional travel required.
- This would bring additional challenges with regards to access for anyone with mobility issues now having to travel further. There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.
- Disabled Parking/ visitors parking for family/Carers is limited within those sites offering Services within this Option.
- If waiting areas are to get busier due to centralised services then consideration may need to be made with regards to ease of access, crowded and noisy environments and if some patients/carers/families will find that unsettling.
- Toilet within visitor's room will need to be assessed as to whether it is wheelchair friendly.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
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- Carry out assessment of areas with regards to suitability for disabilities.

- Assign designated quiet rooms/zones for waiting areas if required.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	✓	Negative Impact	✓	No Impact	✓
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Justification of impact identified:

Currently **no impact** on staff unless there are movements to other sites as part of the centralisation.

Potential positive for pregnant patients as they could be moved to a site, (Glangwili), that offers full maternity services.

Potential negative impact of there being a potential increase in discomfort for pregnant patients and/or carers/family members having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
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- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts:

- Families and visitors would be impacted by additional travel burden if relatives need to be moved to a site further away. Recovery time can be impacted adversely by this, however this needs to be considered in line with the improved quality of care.
- Staff impact on work life balance if they need to travel between sites. By following the OCP process it will engage with the staff to bring them along with the option. Service to be prepared for a degree of pay protection and a potential increase in travel expenses.
- Potential negative impact, if staff are utilised elsewhere, such as additional childcare needs if travelling further for work. This could also come with additional reliance on spouse/ partner/ family, etc. to travel to place of work. Additional travel could have negative impact on household finances with additional travel costs.

Mitigations: staff

- Utilise the nursery in Glangwili to support staff with the above. Would need to assess the capacity of the nursery to determine the limit of its service. Staff discount available.
- Flexibility can also be made around staff rotas and/or job plans to ease those pressures.

Mitigations: visitors

- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above along with other services affected by change.
- Improve visitors' spaces across sites to ensure visits are more comfortable with additional sign age and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board

Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfiedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Critical Care								
Grand Total	80	39	15	8	9	17	2	170
%	47%	23%	9%	5%	5%	10%	1%	100%

Additional Comments:

Intensivist expertise available in a hub setting - standards

The option doesn't address the shortfall in therapies services within Critical Care, also risk of losing skills where there is a reduction of levels of care within units.

By centralising the service there is a risk that staff may not choose to change their work base as this may also have an impact on their work life balance and therefore maybe leave their role to maintain their work life status quo. By following the OCP process it will engage with the staff in the hope to bring them along with the option.

Centralisation of services to one location would give higher concentration of clinical expertise. This would bring the opportunity to centralise equipment and the potential to lower maintenance costs.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager
	Contact details	julian.blewitt@wales.nhs.uk
	Date	11/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Stephanie Hire
	Title	General Manager Planned Care
	Contact details	stephanie.hire@wales.nhs.uk
	Date	11/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
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.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Critical Care

Title of Procedure, Project, Proposal, Policy being screened:	Option B (formerly known as option 2)
--	---------------------------------------

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Critical Care, as described in the table below, is delivered across the four acutes sites within the Health Board. The bed base, staff resources and physical resources required to deliver care are flexible to the needs of the patient. The table below indicates an outline of the funded bed plan for Critical Care service in the Health Board is allocated.

Location	Bed spaces	Funded level 3	Funded Level 2	L2/L3 Total
Bronglais Hospital	5	2	2	4
Glangwili Hospital	18	7	6	13
Prince Philip Hospital	6	1	4	5
Withybush Hospital	9	2	4	6
	38	<i>or a configuration of, within staff base</i>		28

Future status:

Withybush:

- Guideline for the provision of Intensive Care Services (GPICS) Rural Critical Care, L2 & L3 (contingent on WGH acute service) with Critical Care outreach team
- Centralise ICU consultant rota.

Glangwili:

- Critical Care up to L3
- Centralise ICU consultant rota.

Prince Philip:

- Development of enhanced care medicine/surgery - Critical Care support anaesthetics to stabilise and ACCTS to transfer up to 24/7.
- Enhanced care outreach team.
- Post op care unit.

Bronglais:

- GPICS Rural Critical Care, L2 & L3 with Critical Care outreach team
- Centralise ICU consultant rota.

Community Sites:

- Current configuration – no activity at community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓	✓	
Disability		✓	✓	
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty		✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	✓	Negative Impact	✓	No Impact	✓
Justification of impact identified:					
Currently, access to Level 2 and 3 care will remain unchanged and so there will be no impact .					
Positive:					
<ul style="list-style-type: none"> • Positive impact for those patients and carers/family living closer to those sites offering proposed services. 					
Negatives:					
<ul style="list-style-type: none"> • Potential negative impact on all ages with regards to Carers and the additional travel required. • Negative impact on older patients who could often be frail and would now need additional time to transfer to appropriate site. 					

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above, along with other services affected by change.
- Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- A specialist transport team would be in place to make patient journeys as comfortable as possible.
- Prompt repatriation to local areas

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	✓
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Justification of impact identified:

There would be **no impact** for patients, admission criteria would not change and the only negatives identified below would be for family, carers and any visitors.

Negatives:

- Potential negative impact on all ages with regards to patients Carers and the additional travel required.
- This would bring additional challenges with regards to access for anyone with mobility issues now having to travel further. There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.
- Disabled Parking/ visitors parking for family/Carers is limited within those sites offering Services within this Option.
- If waiting areas are to get busier due to centralised services then consideration may need to be made with regards to ease of access, crowded and noisy environments and if some patients/carers/families will find that unsettling. Mitigation could be to assign designated quiet rooms/zones.
- Toilet within visitor's room will need to be assessed as to whether it is wheelchair friendly.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.
- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above along with other services affected by change.
- Improve visitors' spaces across sites to ensure visits are more comfortable

- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas
- Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- Carry out assessment of areas with regards to suitability for disabilities.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

Currently no impact on staff unless there are movements to other sites as part of the centralisation.

Potential positive for pregnant patients as they could be moved to a site, (Glangwili), that offers full maternity services.

Potential negatives

- A potential increase in discomfort for pregnant patients and/or carers/family members having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigations

- Won't impact more Ceredigion patients/visitors as there is no change to Bronglais
- Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options.

Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement.

- Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods.
- Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above along with other services affected by change.
- Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors.
- A specialist transport team would be in place to make patient journeys as comfortable as possible
- Prompt repatriation to local areas

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative impacts:					
<ul style="list-style-type: none"> Families and visitors would be impacted by additional travel burden if relatives need to be moved to a site further away. Recovery time can be impacted adversely by this; however, this needs to be considered in line with the improved quality of care. Staff impact on work life balance if they need to travel between sites. By following the OCP process it will engage with the staff to bring them along with the option. Service to be prepared for a degree of pay protection and a potential increase in travel expenses. Potential negative impact, if staff are utilised elsewhere, such as additional childcare needs if travelling further for work. This could also come with additional reliance on spouse/ partner/ family, etc. to travel to place of work. Additional travel could have negative impact on household finances with additional travel costs. 					
Mitigations: staff					
<ul style="list-style-type: none"> Utilise the nursery in Glangwili to support staff with the above. Flexibility can also be made around staff rotas and/or job plans to ease those pressures. 					
Mitigations: visitors					
<ul style="list-style-type: none"> Consideration needs to be given to improve transport links between hospital sites. We could do this by exploring a public/private partnership to ensure suitable and timely transport options. Partner with local transport companies to arrange a shuttle bus service between sites. Explore options with Procurement. Partner with local transport companies to offer discount/travel vouchers for set journeys/time periods. Explore options to support travel/taxi costs. We do not currently provide this. Could be part of a solution for above bullet point around more suitable travel options. Consider this with the above along with other services affected by change. Improve visitors' spaces across sites to ensure visits are more comfortable with additional signage and ensuring it is wheelchair friendly where possible. The location needs to be reconsidered as the current size of the visitor's space is currently too small. Changes would bring additional visitors. A specialist transport team would be in place to make patient journeys as comfortable as possible Prompt repatriation to local areas 					
Welsh Language					
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Critical Care								
Grand Total	80	39	15	8	9	17	2	170
%	47%	23%	9%	5%	5%	10%	1%	100%

Additional Comments:

Positives:

- Staffing – opportunities to develop skills and share knowledge with colleagues.
- Patients treated in specialist unit adhering to CC standards.
- Ability to be able to apply the GPICs standards relating to smaller and remote Rural CC units that will give us flexibility to apply a more collaborative approach to governance processes in ICU.
- No cost saving from a therapy's lens.

Negative:

- By centralising the service there is a risk that staff may not choose to change their work base as this may also have an impact on their work life balance and therefore maybe leave their role to maintain their work life status quo. By following the OCP process it will engage with the staff to bring them along with the option.
- The option doesn't address the shortfall in therapies services within Critical Care, also risk of losing skills where there is a reduction of levels of care within units.

Centralisation of services to one location would give higher concentration of clinical expertise. This would bring the opportunity to centralise equipment and the potential to lower maintenance costs.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager
	Contact details	julian.blewitt@wales.nhs.uk
	Date	11/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Stephanie Hire
	Title	General Manager Planned Care
	Contact details	stephanie.hire@wales.nhs.uk
	Date	11/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
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.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Critical Care

Title of Procedure, Project, Proposal, Policy being screened:	Option C (formerly known as Options 3 & 4)
--	---

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Critical Care, as described in the table below, is delivered across the four acutes sites within the Health Board. The bed base, staff resources and physical resources required to deliver care are flexible to the needs of the patient. The table below indicates an outline of the funded bed plan for Critical Care service in the Health Board is allocated.

Location	Bed spaces	Funded level 3	Funded Level 2	Total
Bronglais Hospital	5	2	2	4
Glangwili Hospital	18	8	6	14
Prince Philip Hospital	6	1	4	5
Withybush Hospital	9	3	4	7
	38	<i>or a configuration of, within staff base</i>		30

Future status:

Withybush:

- Rural Critical Care.

Glangwili:

- Level 3 Critical Care centre.

Prince Philip:

- Make permanent current configuration.
- Level 2 and transfer.
- Level 3 to Glangwili.

Bronglais:

- Rural Critical Care.

Community Sites:

- Current configuration – no activity at community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact		No Impact
				✓
Justification of impact identified:				
None foreseen for this protected group.				
This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.				
Mitigations				
The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact		No Impact
				✓

Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations
The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Gender Reassignment
Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations
The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations
The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations

The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations

The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations

The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

This option makes permanent the current arrangements and therefore the impacts identified in current EqlA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.

Mitigations

The mitigation for this option would be to implement Option 2 in which case those EqlA impacts would be applicable.

Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
This option makes permanent the current arrangements and therefore the impacts identified in current EqIA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.					
Mitigations					
The mitigation for this option would be to implement Option 2 in which case those EqIA impacts would be applicable.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
This option makes permanent the current arrangements and therefore the impacts identified in current EqIA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.					
Mitigations					
The mitigation for this option would be to implement Option 2 in which case those EqIA impacts would be applicable.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
This option makes permanent the current arrangements and therefore the impacts identified in current EqIA are applicable. Current configuration is not sustainable for those patients located within Carmarthenshire.					
Mitigations					

The mitigation for this option would be to implement Option 2 in which case those EqIA impacts would be applicable.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards’ specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board’s commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Mitigations

The mitigation for this option would be to implement Option 2 in which case those EqIA impacts would be applicable.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Critical Care								
Grand Total	80	39	15	8	9	17	2	170
%	47%	23%	9%	5%	5%	10%	1%	100%

Additional Comments:

Positive:

- Staffing – opportunities to develop skills and share knowledge with colleagues.
- Patients treated in specialist unit adhering to GPICS 2 standards and recommendations.
- Ability to be able to apply the GPICs standards relating to smaller and remote Rural CC units that will give us flexibility to apply a more collaborative approach to governance processes in ICU.

Negative:

- By centralising the service there is a risk that staff may not chose to change their work base as this may also have an impact on their work life balance and therefore maybe leave their role to maintain their work life status quo. The option doesn't address the shortfall in therapies services within Critical Care, also risk of losing skills where there is a reduction of levels of care within units.
- Staff impact on work life balance if they need to travel between sites. By following the OCP process it will engage with the staff to bring them along with the option.
- Socio economic – additional travel times for patients, visitors and staff

Mitigations

- By following the OCP process it will engage with the staff to bring them along with the option.
- Service to be prepared for a degree of pay protection and a potential increase in travel expenses.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager
	Contact details	julian.blewitt@wales.nhs.uk
	Date	11/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Stephanie Hire
	Title	General Manager Planned Care
	Contact details	stephanie.hire@wales.nhs.uk
	Date	11/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
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.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Dermatology

Title of Procedure, Project, Proposal, Policy being screened:	Option A (Formerly Option 1)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush: No clinics

Glangwili: Yes; one clinic per week

Prince Philip: Yes

Bronglais: No clinics

Community sites: Cardigan Integrated Care Centre and South Pembrokeshire Hospital

Future status:

Withybush: No clinics

Glangwili: No clinics

Prince Philip: The Dermatology service will be centralised to run from Prince Philip Hospital

Bronglais: No clinics

Community sites: Cardigan Integrated Care Centre and Amman Valley Hospital will provide some nurse led clinics

The impact for Option 1 would be that clinics will be displaced from Glangwili Hospital. Up to eight patients per week would now have to be seen in Prince Philip Hospital. Clinics from South Pembrokeshire Hospital will also be displaced, impacting up to 22 patients that will now have to be seen in Prince Philip Hospital and not in a Pembrokeshire setting.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Negatives:				
<ul style="list-style-type: none"> • Patients of all ages that are unable to drive will be impacted so will therefore be dependent on family members / guardians / carers to bring them to hospital appointments, which may now be further away • Patients of all ages may have the additional challenge of needing a relative, friend or carer to attend secondary care appointments with them, which may now be further away • It is possible that patients whose appointments would have taken place in Glangwili or South Pembrokeshire hospitals will now have to travel further • Older patients are more likely to have mobility issues. Therefore, they are more likely to rely upon transport either from hospital transport services or relatives • Hospital transport services are unavailable to transport patients during evenings and weekends • Patients of all ages may have issues walking around the hospital and may be required to be dropped off at the hospital entrance as there may not be enough parking spaces close to the hospital entrance • Working age patients are more likely to require flexible clinics or virtual clinics to work around their jobs, or have to take time off work to attend clinics further away from their homes 				
Positives and Mitigations:				

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Non-emergency Patient Transport Services (NEPTS) are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive assistance from NEPTS
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- There are wheelchairs widely available at hospital entrances for patients to use
- There are various virtual clinics for inflammatory conditions for patients to use, if they meet the criteria for a virtual follow up
- Evening clinics are available weekly for patients with skin lesions

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Negatives:

Patients with disabilities can possibly have issues with the following:

- Locating the building / service within the building
- Accessing areas physically – ramps, steps etc.
- Accessing accessible transport
- Difficulty walking long distances

Positives and Mitigations:

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Porters in the acute hospital sites are available to support patients who are unable to walk long distances
- Wheelchairs are available at the entrance of acute hospitals for those who are unable to walk long distances
- All hospitals and community hospitals adhere to minimum accessibility standards
- There are drop off points at the entrance of the hospitals and community centres, for patients to be dropped off closer to the entrance, avoiding parking in the car parks and walking long distances
- Non-emergency Patient Transport services are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive non-emergency patient transport
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- Wide trolleys and chairs are available for bariatric patients
- There are facilities in the Outpatient's Department for the patients to come in on hospital trolleys
- There is appropriate moving and handling equipment available on acute sites

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender Reassignment on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Marital status on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Pregnancy and Maternity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Race / Ethnicity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Religion or Belief on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on Sexual Orientation on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on the Armed Forces community on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Staff:					
Negatives:					
<ul style="list-style-type: none"> Some staff will be affected due to relocation to Prince Philip Hospital 					
Mitigations:					
<ul style="list-style-type: none"> A consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency 					
Patients:					
Negatives:					
<ul style="list-style-type: none"> Some patients will be negatively impacted due to the additional travel costs because of the removal of cancer clinics at South Pembrokeshire Hospital, and inflammatory clinics at Glangwili Hospital 					
Positives and Mitigations:					
<ul style="list-style-type: none"> Patient care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities There will be an opportunity for some patients to receive care in the community as the existing provision at Cardigan Integrated Care Centre will remain, with some nurse led clinics also taking place at Amman Valley Hospital 					

- Some patients could be entitled to help with transport costs depending on their circumstances

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Dermatology								
Grand Total	12	4	2	1	3	2		24
%	50%	17%	8%	4%	13%	8%	0%	100%

Additional Comments:

Positive:

- Consolidating the service on one acute site will make the service clinically safer for all patients. It will enable the service to provide a safer service, with better continuity of care, better communication, and better decision making due to the improved working of the multidisciplinary team
- All patients will receive a first-class, patient centric service via an optimised care facility
- There will be an opportunity for some patients to receive care in the community, via Cardigan Integrated Care Centre and Amman Valley Hospital

Negative:

- Some **staff** will be affected due to relocation to Prince Philip Hospital; however, a consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency
- Some **patients** will be negatively impacted due to the removal of cancer clinics at South Pembrokeshire Hospital, and inflammatory clinics at Glangwili Hospital. Their care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities. In addition, there will be an opportunity for some patients to receive care in the community as the existing provision at Cardigan Integrated Care Centre will remain, with some nurse led clinics also taking place at Amman Valley Hospital.

Screening Completed by:	Name	Colette Poole
	Title	Service Manager
	Contact details	Colette.Poole@wales.nhs.uk
	Date	24/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Ceri Wisdom
	Title	Service Delivery Manager
	Contact details	Ceri.Wisdom@wales.nhs.uk
	Date	24/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Dermatology

Title of Procedure, Project, Proposal, Policy being screened:	Option B (Formerly Option 2)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush: No clinics

Glangwili: Yes; one clinic per week

Prince Philip: Yes

Bronglais: No clinics

Community sites: Cardigan Integrated Care Centre and South Pembrokeshire Hospital

Future status:

Withybush: No clinics

Glangwili: No clinics

Prince Philip: The Dermatology service will be centralised to run from Prince Philip Hospital

Bronglais: No clinics

Community sites: In the community, South Pembrokeshire Hospital will provide some nurse led clinics. Across the Health Board, GPs with an Extended Role in Dermatology (these are GPs that have undertaken specialist training in the diagnosis of skin lesions) will remove some minor skin cancers from GP practices

The impact for Option 2 would be that clinics will be displaced from Glangwili Hospital. Up to eight patients per week would now have to be seen in Prince Philip Hospital. Clinics from Cardigan Integrated Care centre will also be displaced, impacting up to 20 patients that will now have to be seen in Prince Philip Hospital and not in Cardigan Integrated Care Centre. However, some patients will be able to go to a GP practice closer to home to have a minor operation procedure, if their procedure meets the eligibility criteria.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Negatives:				
<ul style="list-style-type: none"> • Patients of all ages that are unable to drive will be impacted so will therefore be dependent on family members / guardians / carers to bring them to hospital appointments, which may now be further away • Patients of all ages may have the additional challenge of needing a relative, friend or carer to attend secondary care appointments with them, which may now be further away • It is possible that patients whose appointments would have taken place in Glangwili Hospital or Cardigan Integrated Care Centre will now have to travel further • Older patients are more likely to have mobility issues. Therefore, they are more likely to rely upon transport either from hospital transport services or relatives • Hospital transport services are unavailable to transport patients during evenings and weekends • Patients of all ages may have issues walking around the hospital and may be required to be dropped off at the hospital entrance as there may not be enough parking spaces close to the hospital entrance • Working age patients are more likely to require flexible clinics or virtual clinics to work around their jobs, or have to take time off work to attend clinics further away from their homes 				
Positives and Mitigations:				

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Non-emergency Patient Transport Services (NEPTS) are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive assistance from NEPTS
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- There are wheelchairs widely available at hospital entrances for patients to use
- There are various virtual clinics for inflammatory conditions for patients to use, if they meet the criteria for a virtual follow up
- Evening clinics are available weekly for patients with skin lesions
- Some patients will be able to go to a GP practice closer to home to have a minor operation procedure, if their procedure meets the eligibility criteria

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Negatives:

Patients with disabilities can have issues with the following:

- Locating the building / service within the building
- Accessing areas physically – ramps, steps etc.
- Accessing accessible transport
- Difficulty walking long distances

Positives and Mitigations:

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Porters in the acute hospital sites are available to support patients who are unable to walk long distances
- Wheelchairs are available at the entrance of acute hospitals for those who are unable to walk long distances
- All hospitals and community hospitals adhere to minimum accessibility standards
- There are drop off points at the entrance of the hospitals and community centres, for patients to be dropped off closer to the entrance, avoiding parking in the car parks and walking long distances
- Non-emergency Patient Transport services are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive non-emergency patient transport
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- Wide trolleys and chairs are available for bariatric patients
- There are facilities in the Outpatient's Department for the patients to come in on hospital trolleys
- There is appropriate moving and handling equipment available on acute sites
- Some patients will be able to go to a GP practice closer to home to have a minor operation procedure, if their procedure meets the eligibility criteria

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender Reassignment on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Marital status on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Pregnancy and Maternity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Race / Ethnicity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Religion or Belief on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on Sexual Orientation on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on the Armed Forces community on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Staff:					
Negatives:					
<ul style="list-style-type: none"> Some staff will be affected due to relocation to Prince Philip Hospital 					
Mitigations:					
<ul style="list-style-type: none"> A consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency 					
Patients:					
Negatives:					
<ul style="list-style-type: none"> Some patients will be negatively impacted due to the additional travel costs because of the removal of cancer clinics at Cardigan Integrated Care Centre, and inflammatory clinics at Glangwili Hospital Some patients may be negatively impacted due to the lack of Non-emergency Patient Transport Service to Primary Care (GP practices) if receiving non-USC treatment from a GP with an Extended Role in Dermatology (BCC minor op. scheme) 					
Positives and Mitigations:					
<ul style="list-style-type: none"> Patient care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities 					

- There will be an opportunity for some patients to receive care in the community, via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), and some outpatient clinics at South Pembrokeshire Hospital
- Some patients could be entitled to help with transport costs depending on their circumstances

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Dermatology								
Grand Total	12	4	2	1	3	2		24
%	50%	17%	8%	4%	13%	8%	0%	100%

Additional Comments:

Positive:

- Consolidating the service on one acute site will make the service clinically safer for all patients. It will enable the service to provide a safer service, with better continuity of care, better communication, and better decision making due to the improved working of the multidisciplinary team
- All patients will receive a first-class, patient centric service via an optimised care facility
- Equity of access will be improved for some patients via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), in addition to access to community provision at South Pembrokeshire Hospital

Negative:

- Some **staff** will be affected due to relocation to Prince Philip Hospital; however, a consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency
- Some **patients** will be negatively impacted due to the removal of clinics at Cardigan Integrated Care Centre, and inflammatory clinics at Glangwili Hospital. Their care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities. In addition, there will be an opportunity for some patients to receive care in the community, via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), and some outpatient clinics at South Pembrokeshire Hospital
- Some **patients** may be negatively impacted due to the lack of Non-emergency Patient Transport Services (NEPTS) to Primary Care (GP practices) if receiving non-USC treatment from a GP with an Extended Role in Dermatology (BCC minor op. scheme). This is mitigated by the potential for these patients to receive their care closer to home (via a GP practice)

Screening Completed by:	Name	Colette Poole
	Title	Service Manager
	Contact details	Colette.Poole@wales.nhs.uk
	Date	24/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Ceri Wisdom
	Title	Service Delivery Manager
	Contact details	Ceri.Wisdom@wales.nhs.uk
	Date	24/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Dermatology

Title of Procedure, Project, Proposal, Policy being screened:	Option C (Formerly Option 3)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush: No clinics

Glangwili: Yes; one clinic per week

Prince Philip: Yes

Bronglais: No clinics

Community sites: Cardigan Integrated Care Centre and South Pembrokeshire Hospital

Future status:

Withybush: No clinics

Glangwili: No clinics

Prince Philip: The Dermatology service will be centralised to run from Prince Philip Hospital

Bronglais: No clinics

Community sites: In the community, South Pembrokeshire Hospital and Cardigan Integrated Care Centre will provide some nurse led clinics, and Cross Hands Health Centre will provide nurse led paediatric clinics. Across the Health Board, GPs with an Extended Role in Dermatology (these are GPs that have undertaken specialist training in the diagnosis of skin lesions) will remove some minor skin cancers from GP practices

The impact for Option 3 would be that clinics will be displaced from Glangwili Hospital. Up to eight patients per week would now have to be seen in Prince Philip Hospital.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Negatives:				
<ul style="list-style-type: none"> Patients of all ages that are unable to drive will be impacted so will therefore be dependent on family members / guardians / carers to bring them to hospital appointments, which may now be further away Patients of all ages may have the additional challenge of needing a relative, friend or carer to attend secondary care appointments with them, which may now be further away It is possible that patients whose appointments would have taken place in Glangwili Hospital will now have to travel further Older patients are more likely to have mobility issues. Therefore, they are more likely to rely upon transport either from hospital transport services or relatives Hospital transport services are unavailable to transport patients during evenings and weekends Patients of all ages may have issues walking around the hospital and may be required to be dropped off at the hospital entrance as there may not be enough parking spaces close to the hospital entrance Working age patients are more likely to require flexible clinics or virtual clinics to work around their jobs, or have to take time off work to attend clinics further away from their homes 				
Positives and Mitigations:				
<ul style="list-style-type: none"> A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly 				

- Non-emergency Patient Transport Services (NEPTS) are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive assistance from NEPTS
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- There are wheelchairs widely available at hospital entrances for patients to use
- There are various virtual clinics for inflammatory conditions for patients to use, if they meet the criteria for a virtual follow up
- Evening clinics are available weekly for patients with skin lesions
- Some patients will be able to go to a GP practice closer to home to have a minor operation procedure, if their procedure meets the eligibility criteria
- There is an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre)

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Negatives:

Patients with disabilities can have issues with the following:

- Locating the building / service within the building
- Accessing areas physically – ramps, steps etc.
- Accessing accessible transport
- Difficulty walking long distances

Positives and Mitigations:

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Porters in the acute hospital sites are available to support patients who are unable to walk long distances
- Wheelchairs are available at the entrance of acute hospitals for those who are unable to walk long distances
- All hospitals and community hospitals adhere to minimum accessibility standards
- There are drop off points at the entrance of the hospitals and community centres, for patients to be dropped off closer to the entrance, avoiding parking in the car parks and walking long distances
- Non-emergency Patient Transport services are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive non-emergency patient transport
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- Wide trolleys and chairs are available for bariatric patients
- There are facilities in the Outpatient's Department for the patients to come in on hospital trolleys
- There is appropriate moving and handling equipment available on acute sites
- Some patients will be able to go to a GP practice closer to home to have a minor operation procedure, if their procedure meets the eligibility criteria

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender Reassignment on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Marital status on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Pregnancy and Maternity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Race / Ethnicity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Religion or Belief on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on Sexual Orientation on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on the Armed Forces community on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Staff:					
Negatives:					
<ul style="list-style-type: none"> Some staff will be affected due to relocation to Prince Philip Hospital 					
Mitigations:					
<ul style="list-style-type: none"> A consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency 					
Patients:					
Negatives:					
<ul style="list-style-type: none"> Some patients will be negatively impacted due to the additional travel costs because of the removal of inflammatory clinics at Glangwili Hospital Some patients may be negatively impacted due to the lack of Non-emergency Patient Transport Service to Primary Care (GP practices) if receiving non-USC treatment from a GP with an Extended Role in Dermatology (BCC minor op. scheme) 					
Positives and Mitigations:					
<ul style="list-style-type: none"> Patient care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities 					

- There will be an opportunity for some patients to receive care in the community, via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), some outpatient clinics at Cardigan Integrated Care Centre and South Pembrokeshire Hospital, and an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre)
- Some patients could be entitled to help with transport costs depending on their circumstances

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Dermatology								
Grand Total	12	4	2	1	3	2		24
%	50%	17%	8%	4%	13%	8%	0%	100%

Additional Comments:

Positive:

- Consolidating the service on one acute site will make the service clinically safer for all patients. It will enable the service to provide a safer service, with better continuity of care, better communication, and better decision making due to the improved working of the multidisciplinary team
- All patients will receive a first-class, patient centric service via an optimised care facility
- Equity of access will be improved for some patients via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), in addition to access to community provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital

Negative:

- Some **staff** will be affected due to relocation to Prince Philip Hospital; however, a consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency
- Some **patients** will be negatively impacted due to the removal of inflammatory clinics at Glangwili Hospital. Their care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities. In addition, there will be an opportunity for some patients to receive care in the community, via the utilisation of Primary Care capacity for some non-USC patients (BCC minor op. scheme), some outpatient clinics at Cardigan Integrated Care Centre and South Pembrokeshire Hospital, and an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre)
- Some **patients** may be negatively impacted due to the lack of Non-emergency Patient Transport Services (NEPTS) to Primary Care (GP practices) if receiving non-USC treatment from a GP with an Extended Role in Dermatology (BCC minor op. scheme). This is mitigated by the potential for these patients to receive their care closer to home (via a GP practice)

Screening Completed by:	Name	Colette Poole
	Title	Service Manager
	Contact details	Colette.Poole@wales.nhs.uk
	Date	24/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Ceri Wisdom
	Title	Service Delivery Manager
	Contact details	Ceri.Wisdom@wales.nhs.uk
	Date	24/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Dermatology

Title of Procedure, Project, Proposal, Policy being screened:	Option D (Formerly Option 4)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush: No clinics

Glangwili: Yes; one clinic per week

Prince Philip: Yes

Bronglais: No clinics

Community sites: Cardigan Integrated Care Centre and South Pembrokeshire Hospital

Future status:

Withybush: No clinics

Glangwili: No clinics

Prince Philip: The Dermatology service will be centralised to run from Prince Philip Hospital

Bronglais: No clinics

Community sites: In the community, South Pembrokeshire Hospital and Cardigan Integrated Care Centre will provide some nurse led clinics, and Cross Hands Health Centre will provide nurse led paediatric clinics

The impact for Option 4 would be that clinics will be displaced from Glangwili Hospital. Up to eight patients per week would now have to be seen in Prince Philip Hospital.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Negatives:				
<ul style="list-style-type: none"> Patients of all ages that are unable to drive will be impacted so will therefore be dependent on family members / guardians / carers to bring them to hospital appointments, which may now be further away Patients of all ages may have the additional challenge of needing a relative, friend or carer to attend secondary care appointments with them, which may now be further away It is possible that patients whose appointments would have taken place in Glangwili Hospital will now have to travel further Older patients are more likely to have mobility issues. Therefore, they are more likely to rely upon transport either from hospital transport services or relatives Hospital transport services are unavailable to transport patients during evenings and weekends Patients of all ages may have issues walking around the hospital and may be required to be dropped off at the hospital entrance as there may not be enough parking spaces close to the hospital entrance Working age patients are more likely to require flexible clinics or virtual clinics to work around their jobs, or have to take time off work to attend clinics further away from their homes 				

Positives and Mitigations:

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Non-emergency Patient Transport Services (NEPTS) are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive assistance from NEPTS
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- There are wheelchairs widely available at hospital entrances for patients to use
- There are various virtual clinics for inflammatory conditions for patients to use, if they meet the criteria for a virtual follow up
- Evening clinics are available weekly for patients with skin lesions
- There is an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre)

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Negatives:

Patients with disabilities can have issues with the following:

- Locating the building / service within the building
- Accessing areas physically – ramps, steps etc.
- Accessing accessible transport
- Difficulty walking long distances

Positives and Mitigations:

- A consolidated service will be developed to highest, most up to date specification – it would be age / disability / child friendly
- Porters in the acute hospital sites are available to support patients who are unable to walk long distances
- Wheelchairs are available at the entrance of acute hospitals for those who are unable to walk long distances
- All hospitals and community hospitals adhere to minimum accessibility standards
- There are drop off points at the entrance of the hospitals and community centres, for patients to be dropped off closer to the entrance, avoiding parking in the car parks and walking long distances
- Non-emergency Patient Transport services are available for those that meet the eligibility criteria
- Community and voluntary transport services are available for patients that do not meet the eligibility criteria to enable them to receive non-emergency patient transport
- Patient transport advice and information is readily available to allow patients to plan their journey ahead of their appointment [Patient transport - Hywel Dda University Health Board](#)
- Wide trolleys and chairs are available for bariatric patients
- There are facilities in the Outpatient’s Department for the patients to come in on hospital trolleys
- There is appropriate moving and handling equipment available on acute sites

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact currently foreseen based on Gender Reassignment on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impact currently foreseen based on Marital status on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impact currently foreseen based on Pregnancy and Maternity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impact currently foreseen based on Race / Ethnicity on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impact currently foreseen based on Religion or Belief on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impact currently foreseen based on Gender on a person's ability to access the service. However, this will be continually reviewed throughout the process.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on Sexual Orientation on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact currently foreseen based on the Armed Forces community on a person's ability to access the service. However, this will be continually reviewed throughout the process.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Staff:					
Negatives:					
<ul style="list-style-type: none"> Some staff will be affected due to relocation to Prince Philip Hospital 					
Mitigations:					
<ul style="list-style-type: none"> A consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency 					
Patients:					
Negatives:					
<ul style="list-style-type: none"> Some patients will be negatively impacted due to the additional travel costs because of the removal of inflammatory clinics at Glangwili Hospital 					
Positives and Mitigations:					
<ul style="list-style-type: none"> Patient care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities There will be an opportunity for some patients to receive care in the community as the existing provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital will remain. In addition, there is an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre) 					

- Some patients could be entitled to help with transport costs depending on their circumstances

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Dermatology								
Grand Total	12	4	2	1	3	2		24
%	50%	17%	8%	4%	13%	8%	0%	100%

Additional Comments:

Positive:

- Consolidating the service on one acute site will make the service clinically safer for all patients. It will enable the service to provide a safer service, with better continuity of care, better communication, and better decision making due to the improved working of the multidisciplinary team
- All patients will receive a first-class, patient centric service via an optimised care facility
- Access to existing community provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital will remain

Negative:

- Some **staff** will be affected due to relocation to Prince Philip Hospital; however, a consolidated site will bring the multidisciplinary team together which would boost morale, provide peer support for all staff groups, and improve service efficiency
- Some **patients** will be negatively impacted due to the removal of inflammatory clinics at Glangwili Hospital. Their care will be transferred to Prince Philip Hospital (where the majority of the service is already delivered) – overall the waiting times will decrease, patient outcomes and experience will improve, there will be better continuity of care and access to enhanced and improved care and facilities. In addition, there will be an opportunity for some patients to receive care in the community as the existing provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital will remain, along with an opportunity for paediatric Dermatology to take place in a location suitable for children and young people (via Cross Hands Health Centre)

Screening Completed by:	Name	Colette Poole
	Title	Service Manager
	Contact details	Colette.Poole@wales.nhs.uk
	Date	24/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Ceri Wisdom
	Title	Service Delivery Manager
	Contact details	Ceri.Wisdom@wales.nhs.uk
	Date	24/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Emergency General Surgery

Title of Procedure, Project, Proposal, Policy being screened:	EGS Option 155
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor non-resident 2100 – 0800, seven days a week
- 0830 – 2100 on call first year Junior Doctor (F1), seven days a week
- 0900 – 2200 on call second year Junior Doctor (F2) or Speciality/Core trainee Doctor (CT), seven days a week
- 2030 – 0900 on call F2 or CT, seven days a week
- Surgical Assessment Unit in the Emergency Department

Glangwili:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor on site 0800 – 2030 and 2000 – 0830 7 days a week
- 0800 – 2030 on call F1, F2 and CT Doctor, 7 days a week
- 2000 – 0830 on call F1 doctor, seven days a week

Prince Philip:

- No Emergency General Surgery activity

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week
- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week

Community Sites:

- No Emergency General Surgery activity

Future status:

Withybush:

- Merge rotas with Glangwili into one site at Glangwili.
- Maintain SDEC (Same Day Emergency Care)

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week
- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week
- Create SDEC

Prince Philip:

- No Clinics

Glangwili:

- Merge rotas with Withybush into Glangwili.
- Create SDEC

Community Sites:

- No clinics

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

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Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified: The largest patient cohort admitted (43% of patients admitted between August 2018 and July 2023 were over the age of 65) for EGS are older adults, so it's anticipated that they will be impacted more than any other age group. Patients will be transferred between sites by ambulance, so the impact will largely be felt by family/visitors.					
Positive Impact:					
<ul style="list-style-type: none"> All patient groups will receive a more efficient and improved level of care because of centralisation. However, as over 40% of patients admitted are over the age of 65, this will be a particular benefit for older people. Inclusion of an SDEC in BGH will be a benefit to patients attending the site 					
Negative Impacts:					
<ul style="list-style-type: none"> Disabled car parking at Glangwili hospital is frequently full. Elderly relatives may need to rely on other people for lifts to and from visiting the patient. It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy, and the public transport provision is not reliable. 					
Mitigations:					
<ul style="list-style-type: none"> Prompt post-surgical repatriation for suitable patients to Withybush and regular post-surgical specialist review. This will reduce the time additional travel is required. 					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: Patients will be transferred between sites by ambulance, so the impact will largely be felt by visitors with a disability and/or their Carers.					
Negative Impacts:					
<ul style="list-style-type: none"> Disabled car parking at Glangwili hospital is frequently full. It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy and the public transport provision is not reliable. Inclusion of an SDEC in BGH will be a benefit to patients attending the site 					
Mitigations:					
<ul style="list-style-type: none"> Prompt post-surgical repatriation for suitable patients to Withybush and regular post-surgical specialist review. This will reduce the time additional travel is required. 					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:					
No impact foreseen					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impacts:					
<ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant visitors having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). 					
Mitigations:					
<ul style="list-style-type: none"> No mitigations identified 					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Armed Forces Community
Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Socio Economic Duty
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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impacts:

- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site to visit the patient.
- Staff living (up to 4 consultants) in Pembrokeshire will have additional travel cost and time.
- There will be an additional cost to some patients and visitors for further travel costs.

Mitigation:

- Additional reimbursement for staff for relocation costs over a fixed period will ease some financial challenges.
- Prompt post-surgical repatriation for suitable patients to Withybush and regular post-surgical specialist review. This will reduce the time additional travel is required.

Welsh Language
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
EGS								
Grand Total	46	7	1	2	3	3	4	66
%	70%	11%	2%	3%	5%	5%	6%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager

	Contact details	Michael.e.langford@wales.nhs.uk
	Date	02/12/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Andrew Burns
	Title	Consultant Surgeon/WGH Hospital Director
	Contact details	andrew.burns@wales.nhs.uk
	Date	16/12/25
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Emergency General Surgery

Title of Procedure, Project, Proposal, Policy being screened:	EGS Option 222
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor non-resident 2100 – 0800, seven days a week
- 0830 – 2100 on call first year Junior Doctor (F1), seven days a week
- 0900 – 2200 on call second year Junior Doctor (F2) or Speciality/Core trainee Doctor (CT), seven days a week
- 2030 – 0900 on call F2 or CT, seven days a week
- Surgical Assessment Unit in the Emergency Department

Glangwili:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor on site 0800 – 2030 and 2000 – 0830 7 days a week
- 0800 – 2030 on call F1, F2 and CT Doctor, 7 days a week
- 2000 – 0830 on call F1 doctor, seven days a week

Prince Philip:

- No Emergency General Surgery activity

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week
- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week

Community Sites:

- No Emergency General Surgery activity

Future status:

Withybush:

- Rehab beds

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week

- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week

Prince Philip:

- Rehab beds

Glangwili:

- Merge rotas with Withybush into Glangwili.
- Create SDEC

Community Sites:

- No clinics

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	

Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified: The largest patient cohort admitted (43% of patients admitted between August 2018 and July 2023 were over the age of 65) for EGS are older adults, so it is anticipated that they will be impacted more than any other age group. Patients will be transferred between sites by ambulance, so the impact will largely be felt by family/visitors.				
Positive Impact:				
<ul style="list-style-type: none"> All patient groups will receive a more efficient and improved level of care because of centralisation. However, as over 40% of patients admitted are over the age of 65, this will be a particular benefit for older people. A dedicated rehab bed closer to patients living in Llanelli and Pembrokeshire staffed by POPs will benefit this group of people and their families. This will result in increased specialised care, reduced length of stay and burden on visitors. 				
Negative Impacts:				
<ul style="list-style-type: none"> Disabled car parking at Glangwili hospital is frequently full. Elderly relatives may need to rely on other people for lifts to and from visiting the patient. It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy, and the public transport provision is not reliable. There will be reduced surgical consultant cover available in Glangwili on the weeks the service is operating in Worthybush as there is no paediatric service in Worthybush, which will have an impact on families, and children and young people. Substantial number of patients having to be transferred and be taken to GGH for their assessment and treatment. This will result on considerable pressure on GGH emergency department staffing, space surgical staff and radiology services. This will impact on all patients attending GGH, not just EGS patients. 				
Mitigations:				
<ul style="list-style-type: none"> No mitigations identified 				

Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact	✓	No Impact
Justification of impact identified: Patients will be transferred between sites by ambulance, so the impact will largely be felt by visitors with a disability and/or their Carers.				
Negative Impacts:				
<ul style="list-style-type: none"> Disabled car parking at Glangwili hospital is frequently full. It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy and the public transport provision is not reliable. Substantial number of patients having to be transferred and be taken to GGH for their assessment and treatment. This will result on considerable pressure on GGH emergency department staffing, 				

space surgical staff and radiology services. This will impact on all patients attending GGH, not just EGS patients.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impacts:

- There might be a potential increase in discomfort for pregnant visitors having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).
- Substantial number of patients having to be transferred and be taken to GGH for their assessment and treatment. This will result on considerable pressure on GGH emergency department staffing, space surgical staff and radiology services. This will impact on all patients attending GGH, not just EGS patients.

Mitigations:

- No mitigations identified

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:					
No impact foreseen					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impacts:					
<ul style="list-style-type: none"> There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site to visit the patient. 					

- Staff living (up to 4 consultants) in Pembrokeshire will have additional travel cost and time.
- There will be an additional cost to some patients and visitors for further travel costs.
- Substantial number of patients having to be transferred and be taken to GGH for their assessment and treatment. This will result on considerable pressure on GGH emergency department staffing, space surgical staff and radiology services. This will impact on all patients attending GGH, not just EGS patients.
- A dedicated rehab bed closer to patients living in Llanelli and Pembrokeshire staffed by POPs will benefit this group of people and their families. This will result in increased specialised care, reduced length of stay and burden on visitors.

Mitigation:

- Additional reimbursement for staff for relocation costs over a fixed period will ease some financial challenges.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be

identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
EGS								
Grand Total	46	7	1	2	3	3	4	66
%	70%	11%	2%	3%	5%	5%	6%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	02/12/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Andrew Burns
	Title	Consultant Surgeon/WGH Hospital Director
	Contact details	andrew.burns@wales.nhs.uk
	Date	02/12/25
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Emergency General Surgery

Title of Procedure, Project, Proposal, Policy being screened:	EGS Option A (formerly known as Option 1)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor non-resident 2100 – 0800, seven days a week
- 0830 – 2100 on call first year Junior Doctor (F1), seven days a week
- 0900 – 2200 on call second year Junior Doctor (F2) or Speciality/Core trainee Doctor (CT), seven days a week
- 2030 – 0900 on call F2 or CT, seven days a week
- Surgical Assessment Unit in the Emergency Department

Glangwili:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor on site 0800 – 2030 and 2000 – 0830 7 days a week
- 0800 – 2030 on call F1, F2 and CT Doctor, 7 days a week
- 2000 – 0830 on call F1 doctor, seven days a week

Prince Philip:

- No Emergency General Surgery activity

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week
- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week

Community Sites:

- No Emergency General Surgery activity

Future status:

Withybush:

- Merge rotas with Glangwili into one site at Glangwili.
- Maintain SDEC (Same Day Emergency Care)

Bronglais:

- No clinics.

Prince Philip:

- No Clinics

Glangwili:

- Merge rotas with Withybush into Glangwili.
- Create SDEC

Community Sites:

- No clinics

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact

✓

Negative Impact

✓

No Impact

Justification of impact identified:

The largest patient cohort admitted (43% of patients admitted between August 2018 and July 2023 were over the age of 65) for EGS are older adults, so it's anticipated that they will be impacted more than any other age group. Patients will be transferred between sites by ambulance, so the impact will largely be felt by family/visitors.

Positive Impact:

- All patient groups will receive a more efficient and improved level of care because of centralisation. However, as over 40% of patients admitted are over the age of 65, this will be a particular benefit for older people.

Negative Impacts:

- Disabled car parking at Glangwili hospital is frequently full.
- Elderly relatives may need to rely on other people for lifts to and from visiting the patient.
- It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy, and the public transport provision is not reliable.

Mitigations:

- No mitigations identified

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Patients will be transferred between sites by ambulance, so the impact will largely be felt by visitors with a disability and/or their Carers.

Negative Impacts:

- Disabled car parking at Glangwili hospital is frequently full.
- It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy and the public transport provision is not reliable.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:					
No impact foreseen					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impacts:					
<ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant visitors having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). 					
Mitigations:					
<ul style="list-style-type: none"> No mitigations identified 					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Armed Forces Community					
Consider whether this impacts on 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.’

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					

Socio Economic Duty
 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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impacts:					
<ul style="list-style-type: none"> • There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site to visit the patient. • Staff living (up to 4 consultants) in Pembrokeshire will have additional travel cost and time. • There will be an additional cost to some patients and visitors for further travel costs. 					
Mitigation:					
<ul style="list-style-type: none"> • Additional reimbursement for staff for relocation costs over a fixed period will ease some financial challenges. 					

Welsh Language
 Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
Justification of impact identified:					
Impacts considered - unknown at this stage:					
<p>Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.</p> <p>The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work</p>					

closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
EGS								
Grand Total	46	7	1	2	3	3	4	66
%	70%	11%	2%	3%	5%	5%	6%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	08/10/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Karen Howarth
	Title	Senior Nurse Manager
	Contact details	Karen.Howarth@wales.nhs.uk
	Date	08/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Emergency General Surgery

Title of Procedure, Project, Proposal, Policy being screened:	EGS Option B (formerly known as Option 2)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor non-resident 2100 – 0800, seven days a week
- 0830 – 2100 on call first year Junior Doctor (F1), seven days a week
- 0900 – 2200 on call second year Junior Doctor (F2) or Speciality/Core trainee Doctor (CT), seven days a week
- 2030 – 0900 on call F2 or CT, seven days a week
- Surgical Assessment Unit in the Emergency Department

Glangwili:

- Weekdays, on call consultant 0800 – 2000 Monday to Thursday
- On call consultant non-resident cover 2000 – 0800 Monday to Thursday
- On call consultant non-resident cover 0800 – 0800 Friday to Monday
- SAS Doctor on site 0800 – 2030 and 2000 – 0830 7 days a week
- 0800 – 2030 on call F1, F2 and CT Doctor, 7 days a week
- 2000 – 0830 on call F1 doctor, seven days a week

Prince Philip:

- No Emergency General Surgery activity

Bronglais:

- On call Consultant, 1900 – 0900 seven days a week
- SAS Doctor non-resident, 2100 – 0900 seven days a week
- 0900 – 2130 F1, F2 or Clinical Fellow seven days a week
- 2100 – 0930 F1, F2 or Clinical Fellow from Surgery Medicine or Trauma and Orthopaedics, providing a 'Hospital at night' service, seven days a week

Community Sites:

- No Emergency General Surgery activity

Future status:

Withybush:

- Merge rotas with Glangwili into one site at Glangwili.
- Maintain SDEC (Same Day Emergency Care)

Bronglais:

- No clinics.

Prince Philip:

- No Clinics

Glangwili:

- Merge rotas with Withybush into Glangwili.
- Create SDEC

Community Sites:

- No clinics

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

The largest patient cohort admitted (43% of patients admitted between August 2018 and July 2023 were over the age of 65) for EGS are older adults, so it is anticipated that they will be impacted more than any other age group. Patients will be transferred between sites by ambulance, so the impact will largely be felt by family/visitors.

Positive Impact:

- All patient groups will receive a more efficient and improved level of care because of centralisation. However, as over 40% of patients admitted are over the age of 65, this will be a particular benefit for older people.

Negative Impacts:

- Disabled car parking at Glangwili hospital is frequently full.
- Elderly relatives may need to rely on other people for lifts to and from visiting the patient.
- It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy, and the public transport provision is not reliable.
- There will be reduced surgical consultant cover available in Glangwili on the weeks the service is operating in Witybush as there is no paediatric service in Witybush, which will have an impact on families, and children and young people.

Mitigations:

- No mitigations identified

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Patients will be transferred between sites by ambulance, so the impact will largely be felt by visitors with a disability and/or their Carers.

Negative Impacts:

- Disabled car parking at Glangwili hospital is frequently full.
- It can prove challenging for people with age related disabilities to move between Pembrokeshire and Carmarthen. The road network is often very busy and the public transport provision is not reliable.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impacts:					
There might be a potential increase in discomfort for pregnant visitors having to travel further, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).					
Mitigations:					
<ul style="list-style-type: none"> No mitigations identified 					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact foreseen					

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impacts:

- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site to visit the patient.
- Staff living (up to 4 consultants) in Pembrokeshire will have additional travel cost and time.
- There will be an additional cost to some patients and visitors for further travel costs.

Mitigation:

- Additional reimbursement for staff for relocation costs over a fixed period will ease some financial challenges.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort,

we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

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The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
EGS								
Grand Total	46	7	1	2	3	3	4	66
%	70%	11%	2%	3%	5%	5%	6%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	08/10/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Karen Howarth
	Title	Senior Nurse Manager
	Contact details	Karen.Howarth@wales.nhs.uk
	Date	08/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Endoscopy

Title of Procedure, Project, Proposal, Policy being screened:	Option A formerly Option 1 and 2
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Bronglais Hospital:

The following services are offered in Bronglais:

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

Bowel screening services are also provided from this site.

Glangwili Hospital:

The following services are offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Prince Philip Hospital:

The following services are offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Withybush Hospital:

The following services are offered in Withybush:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy

Bowel screening services are also provided from this site.

Community Sites:

No activity at community sites

Future status:

Bronglais Hospital:

No changes - the same services will continue to be offered in Bronglais.

Glangwili Hospital:

Gastrointestinal services will continue to be offered in Glangwili:

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Prince Philip Hospital:

Expansion of unit to include 1 new theatre.

Gastrointestinal services will continue to be offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy

Bowel screening services will continue to be provided from this site.

Respiratory and Urology services will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Withybush Hospital:

No change - the same services will continue to be offered in Withybush.

Community Sites:

No activity at community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				

<p>Is it likely to affect those who either:</p> <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.</p>					

Positive Impact		Negative Impact		No Impact	✓
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Armed Forces Community Consider whether this impacts on 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.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
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Socio Economic Duty 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. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	
Impacts considered - unknown at this stage: Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh. The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work					

closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

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Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Endoscopy								
Grand Total	41	17	9	10	11	14		102
%	40%	17%	9%	10%	11%	14%	0%	100%

Additional Comments:

Positive:

Getting treatment in a timelier manner, more capacity if additional procedure rooms are made available due to proposed expansion at Prince Philip Hospital.

Potential Negative:

This suggested change will be captured in Urology EqIA:

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Mitigation:

For those patients that need to travel further for treatment and are in receipt of certain benefits, there is a Hospital Travel Cost Scheme in place across the NHS Wales, the claim form and supporting information is available from the Welsh Government website [Claim a refund for travel costs to receive NHS treatment: form HC5W\(T\) | GOV.WALES](#) and returned to the address on the form, alternatively, in some instances, reimbursement could be made from the Hospital's General Office.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk

	Date	13 December 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sara Edwards
	Title	Service Delivery Manager, Endoscopy
	Contact details	sara.edwards@wales.nhs.uk
	Date	13 December 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Endoscopy

Title of Procedure, Project, Proposal, Policy being screened:	Option 228 (alternative to Option B)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Bronglais Hospital:

The following services are offered in Bronglais:

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

Bowel screening services (BSW) are also provided from this site.

Glangwili Hospital:

The following services are offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Prince Philip Hospital:

The following services are offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Withybush Hospital:

The following services are offered in Withybush:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy

Bowel screening services are also provided from this site.

Community Sites:

No activity at community sites

Future status:

Bronglais Hospital:

Gastrointestinal services will continue to be offered in Bronglais.

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

All Bowel Screening Services will be withdrawn from Bronglais and centralised at a Community Site (location yet to be determined).

Glangwili Hospital:

Gastrointestinal, Urology and Respiratory services will continue to be offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy

All Bowel Screening Services will be withdrawn from Glangwili and centralised at a Community Site (location yet to be determined).

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Prince Philip Hospital:

Gastrointestinal, Urology and Respiratory services will continue to be offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

All Bowel Screening Services will be withdrawn from Prince Phillip and centralised at a Community Site (location yet to be determined).

Withybush Hospital – No change:

The same services will continue to be offered in Withybush.

- Colonoscopy
- Gastrointestinal
- Flexible Sigmoidoscopy

Community Sites:

With the exception of Withybush, all Bowel Screening Services will be centralised at a Community Site (location yet to be determined).

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age		✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty		✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact	✓	No Impact
Justification of impact identified:				
Negative:				
There is a potential negative impact on working age people who may need to take time off work to travel to the agreed community site location.				
Mitigation:				

The mitigation would be that centralisation should result in fewer individual visits to hospital & job planning can be used to consider the age profile of staff members so that adaptations can be made to working hours where required (in line with service needs).

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive:

- A dedicated facility for BSW would avoid the need for patients to travel to busy hospital sites, where parking & access to the endoscopy unit may be more difficult – particularly for patients with disabilities.
- Having the service co-located in a single unit within the hospital will make moving around the department easier for patients.

Negative:

- There is the potential that there might not be the correct required transport to take patients to the community location where the BSW service is delivered (wheelchair friendly vehicles) where they might have had local services that they could accessed previously.
- Any staff with disabilities required to work at an alternative site to their current arrangements will require their working arrangements to be considered to accommodate their individual disability.

Mitigations:

- For Patients, the Transport Department within the Health Board has undertaken an exercise with independent transport providers and has a directory of available resources of suitably adapted vehicle for Services to provide patients with contact numbers to arrange suitable transport.
- For Staff, a risk assessment would need to be completed by the Service to ensure any appropriate adaptations would need to be made to the working environment.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community
Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative:

- Some patients/staff may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.

Mitigations include:

- Hospital transport / WAST transport services
- Appointment times already take distance/travel into consideration.
- Public transport
- Family members potentially having to time off work to take patients to appointment – relevant for any patients who have sedation during their procedure.
- For those patients that need to travel further for treatment and are in receipt of certain benefits, there is a Hospital Travel Cost Scheme in place across the NHS Wales, the claim form and supporting information is available from the Welsh Government website [Claim a refund for travel costs to receive NHS treatment: form HC5W\(T\) | GOV.WALES](#) and returned to the address on the form, alternatively, in some instances, reimbursement could be made from the Hospital’s General Office.
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.
- The mitigation would be that centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work

closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Endoscopy								
Grand Total	41	17	9	10	11	14		102
%	40%	17%	9%	10%	11%	14%	0%	100%

Additional Comments:

Positives:

- Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways & standards of care. **The chosen option will have to consider key interdependencies (they have been part of the Options Development Group as part of the process). These would include Critical Care, Radiology and HSDU just as examples.**
- Improved productivity to improve waiting times and access for patients.
- Improved staff support/morale through collaborative working in co-located service.

Potential Negative:

This suggested change will be captured in Urology EqIA:

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Mitigation:

For those patients that need to travel further for treatment and are in receipt of certain benefits, there is a Hospital Travel Cost Scheme in place across the NHS Wales, the claim form and supporting information is available from the Welsh Government website [Claim a refund for travel costs to receive NHS treatment:](#)

[form HC5W\(T\) | GOV.WALES](#) and returned to the address on the form, alternatively, in some instances, reimbursement could be made from the Hospital's General Office.

Unknown impact:

Depending which community service is chosen for the bowel screening service will determine who might be impacted due to travel. Some will benefit with it being closer and it will be a positive but for others it might require further travel and would be a negative impact – relying on public transport, family, friends, carers, etc to transport them depending on their age or disability.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sara Edwards
	Title	Service Delivery Manager, Endoscopy
	Contact details	Sara.edwards@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	3/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Endoscopy

Title of Procedure, Project, Proposal, Policy being screened:	Option B Formerly Option 3
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Bronglais Hospital:

The following services are offered in Bronglais:

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

Bowel screening services (BSW) are also provided from this site.

Glangwili Hospital:

The following services are offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Prince Philip Hospital:

The following services are offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Withybush Hospital:

The following services are offered in Withybush:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy

Bowel screening services are also provided from this site.

Community Sites:

No activity at community sites

Future status:

Bronglais Hospital:

Gastrointestinal services will continue to be offered in Bronglais.

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

All Bowel Screening Services will be withdrawn from Bronglais and centralised at a Community Site (location yet to be determined).

Glangwili Hospital:

Gastrointestinal, Urology and Respiratory services will continue to be offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy

All Bowel Screening Services will be withdrawn from Glangwili and centralised at a Community Site (location yet to be determined).

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Prince Philip Hospital:

Gastrointestinal, Urology and Respiratory services will continue to be offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

All Bowel Screening Services will be withdrawn from Prince Phillip and centralised at a Community Site (location yet to be determined).

Withybush Hospital:

The same services will continue to be offered in Withybush.

- Colonoscopy
- Gastrointestinal
- Flexible Sigmoidoscopy

All Bowel Screening Services will be withdrawn from Withybush and centralised at a Community Site (location yet to be determined).

Community Sites:

All Bowel Screening Services will be centralised at a Community Site (location yet to be determined).

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age		✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty		✓		
Welsh Language				✓

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact		Negative Impact	✓	No Impact	
-----------------	--	-----------------	---	-----------	--

Justification of impact identified:

Negative:

There is a potential negative impact on working age people who may need to take time off work to travel to the agreed community site location.

Mitigation:

The mitigation would be that centralisation should result in fewer individual visits to hospital & job planning can be used to consider the age profile of staff members so that adaptations can be made to working hours where required (in line with service needs).

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
-----------------	---	-----------------	---	-----------	--

Justification of impact identified:**Positive:**

- A dedicated facility for BSW would avoid the need for patients to travel to busy hospital sites, where parking & access to the endoscopy unit may be more difficult – particularly for patients with disabilities.
- Having the service co-located in a single unit within the hospital will make moving around the department easier for patients.

Negative:

- There is the potential that there might not be the correct required transport to take patients to the community location where the BSW service is delivered (wheelchair friendly vehicles) where they might have had local services that they could accessed previously.
- Any staff with disabilities required to work at an alternative site to their current arrangements will require their working arrangements to be considered to accommodate their individual disability.

Mitigations:

- For Patients, the Transport Department within the Health Board has undertaken an exercise with independent transport providers and has a directory of available resources of suitably adapted vehicle for Services to provide patients with contact numbers to arrange suitable transport.
- For Staff, a risk assessment would need to be completed by the Service to ensure any appropriate adaptations would need to be made to the working environment.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

None foreseen for this protected group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact	✓	No Impact	
-----------------	--	-----------------	---	-----------	--

Justification of impact identified:

Negative:

- Some patients/staff may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.

Mitigations include:

- Hospital transport / WAST transport services
- Appointment times already take distance/travel into consideration.
- Public transport
- Family members potentially having to time off work to take patients to appointment – relevant for any patients who have sedation during their procedure.
- For those patients that need to travel further for treatment and are in receipt of certain benefits, there is a Hospital Travel Cost Scheme in place across the NHS Wales, the claim form and supporting information is available from the Welsh Government website [Claim a refund for travel costs to receive NHS treatment: form HC5W\(T\) | GOV.WALES](#) and returned to the address on the form, alternatively, in some instances, reimbursement could be made from the Hospital’s General Office.
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.
- The mitigation would be that centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment

documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Endoscopy								
Grand Total	41	17	9	10	11	14		102
%	40%	17%	9%	10%	11%	14%	0%	100%

Additional Comments:

Positives:

- Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways & standards of care.
- Improved productivity to improve waiting times and access for patients.
- Improved staff support/morale through collaborative working in co-located service.

Potential Negative:

This suggested change will be captured in Urology EqIA:

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Mitigation:

For those patients that need to travel further for treatment and are in receipt of certain benefits, there is a Hospital Travel Cost Scheme in place across the NHS Wales, the claim form and supporting information is

available from the Welsh Government website [Claim a refund for travel costs to receive NHS treatment: form HC5W\(T\) | GOV.WALES](#) and returned to the address on the form, alternatively, in some instances, reimbursement could be made from the Hospital's General Office.

Unknown impact:

Depending which community service is chosen for the bowel screening service will determine who might be impacted due to travel. Some will benefit with it being closer and it will be a positive but for others it might require further travel and would be a negative impact – relying on public transport, family, friends, carers, etc to transport them depending on their age or disability.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	13 December 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sara Edwards
	Title	Service Delivery Manager, Endoscopy
	Contact details	Sara.edwards@wales.nhs.uk
	Date	13 December 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Endoscopy

Title of Procedure, Project, Proposal, Policy being screened:	Option C Formerly Option 4
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Bronglais Hospital:

The following services are offered in Bronglais:

- Colonoscopy
- Gastroscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy

Bowel screening services are also provided from this site.

Glangwili Hospital:

The following services are offered in Glangwili:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Prince Philip Hospital:

The following services are offered in Prince Phillip:

- Colonoscopy
- Gastroscopy
- Endoscopic Ultrasound (EUS Radial/Linear)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Bronchoscopy/Endobronchial Ultrasound (EBUS)

Bowel screening services are also provided from this site.

Withybush Hospital:

The following services are offered in Withybush:

- Colonoscopy
- Gastroscopy
- Flexible Sigmoidoscopy

Bowel screening services are also provided from this site.

Community Sites:

No activity at community sites

Future status:**Bronglais Hospital:**

- The same services will continue to be offered in Bronglais, **under enhanced operating hours (evenings or weekends).**

Glangwili Hospital:

- Gastrointestinal services will continue to be offered in Glangwili, **under enhanced operating hours (evenings or weekends).**
- Respiratory and Urology services will be centralised at Prince Phillip:
 - Bronchoscopy/Endobronchial Ultrasound (EBUS)
 - Flexible Cystoscopy

Prince Philip Hospital:

- Gastrointestinal services will continue to be offered in Prince Phillip, **under enhanced operating hours (evenings or weekends).**
- Respiratory and Urology services will be centralised at Prince Phillip:
 - Bronchoscopy/Endobronchial Ultrasound (EBUS)
 - Flexible Cystoscopy

Withybush Hospital:

The same services will continue to be offered in Withybush, **under enhanced operating hours (evenings or weekends).**

Community Sites:

No change - No activity at community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability		✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	

Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Negative Impact:					
<ul style="list-style-type: none"> Staff with disabilities or staff that have Caring responsibilities for persons with a disability may not be able to work evenings or weekends. 					
The mitigation to this is that staff will need to be identified and consulted with as part of the service change so that alternative working arrangements can be sought to accommodate any disabilities.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: None foreseen for this protected group.					

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
None foreseen for this protected group.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive impact:

For staff that wish to work “unsociable hours” there is the opportunity for more pay

Negative Impact:

- Staff who are required to change their working hours/arrangements may be affected. This could possibly result in additional costs due to childcare arrangements.
- Staff might be reliant on public transport to get to work which might not be possible if their hours are changed to align with enhanced operating hours.

Mitigation:

The mitigation to this is that staff will be consulted through support from HR so that individual needs can be accommodated where possible.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards’ specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully

assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Endoscopy								
Grand Total	41	17	9	10	11	14		102
%	40%	17%	9%	10%	11%	14%	0%	100%

Additional Comments:

Unknown impact

Consultation with staff involved in the extended services will be required to identify any impact.

Positive Impact

Improved waiting times and access to services for patients.

Potential Negative:

- Enhanced working hours (evenings or weekends) could impact upon members of staff – due to the 'anti-social' hours.
- Staff may have childcare and/or caring responsibilities that might be impacted due to enhanced hours.

Mitigation:

The mitigation to this is that staff will be consulted (with support from HR) during the process of introducing the services. Any staff with noted concerns will be counselled and any requested amendments to working hours will be noted for consideration.

This suggested change will be captured in Urology EqIA:

Respiratory and Urology services will be withdrawn from Glangwili & will be centralised at Prince Phillip:

- Bronchoscopy/Endobronchial Ultrasound (EBUS)
- Flexible Cystoscopy

Screening Completed by:	Name	Sara Edwards
	Title	Service Delivery Manager, Endoscopy
	Contact details	Sara.edwards@wales.nhs.uk
	Date	13 December 2024
Screening Authorised by:	Name	Sara Edwards
	Title	Service Delivery Manager, Endoscopy

(Directorate level owner of the procedures/ proposals/ projects/ policy)	Contact details	Sara.edwards@wales.nhs.uk
	Date	13 December 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 167 (a)
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**Description of the Procedure/ Project/ Proposal/ Policy being screened
(including key aims and objectives)**

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Aberaeron Integrated Care Centre to become an Optometry hub

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.
- Staff used within the optometry hub will be recruited from high street primary care opticians. This could have an impact on the availability of services within the community to carry out home visits etc

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.
- Staff used within the optometry hub will be recruited from high street primary care opticians. This could have an impact on the availability of services within the community to carry out home visits etc

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: Negative Impact: <ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). Mitigations: <ul style="list-style-type: none"> Centralisation should result in fewer individual visits to hospital. 					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.
- Staff used within the optometry hub will be recruited from high street primary care opticians. This could have an impact on the availability of services within the community to carry out home visits etc. People living outside of Aberaeron will have to travel further.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the

current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	02/12/2025
	Name	Alan Winter

Guidance has been provided by Diversity & Inclusion Team:	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option A (formerly known as Option 1, 3 and 4)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impact:

- There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e.

train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	4/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	4/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 95 (a)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:

All sites working 7 days, 12 hours

Withybush:

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> • If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. • Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. • Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments 				
Negative Impacts:				

- There is a potential negative impact on working age people who may need to take time off work to travel to site.
- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments

-

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: Negative Impact: <ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). Mitigations: <ul style="list-style-type: none"> Centralisation should result in fewer individual visits to hospital. 					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments, or who have to take time off work to attend.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the

current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	02/12/2025
	Name	Alan Winter

Guidance has been provided by Diversity & Inclusion Team:	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 99 (a)
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**Description of the Procedure/ Project/ Proposal/ Policy being screened
(including key aims and objectives)**

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Amman Valley to maintain OPD IVT and Cataract services

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impact:

- There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e.

train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

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Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	02/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

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On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 227 (a)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only.

IVT injections are carried out as an Out-Patient appointment. **WGH only working 7 days a week, 12 hours a day**

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> • If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. • Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. • Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments 				

Negative Impacts:

- There is a potential negative impact on working age people who may need to take time off work to travel to site.
- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: Negative Impact: <ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). Mitigations: <ul style="list-style-type: none"> Centralisation should result in fewer individual visits to hospital. 					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments, or who have to take time off work to attend.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the

current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	4/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	4/10/2024
	Name	Alan Winter

Guidance has been provided by Diversity & Inclusion Team:	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option B (formerly known as Option 2)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:

Withybush:

As per current Configuration – outpatient services only

Bronglais:

As per current configuration – day case and inpatient services

Prince Philip:

Centralise and expand in PPH with support for out of hours emergencies & evening theatre on-call staff.

Operate until 20:30.

Glangwili:

Remove everything from Glangwili to PPH, with expansion of theatre hours into the evening and support for emergency clinic and procedure room overnight.

Community Sites:

Move to a single site in Carmarthenshire and a single site in Pembrokeshire, tbc.

North Road Clinic - Non-emergency (other community sites for anything remaining)

Cardigan - Current configuration.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
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Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> • If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. • Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> • There is a potential negative impact on working age people who may need to take time off work to travel to site. • Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children. 				
Mitigations:				
<ul style="list-style-type: none"> • Centralisation should result in fewer individual visits to hospital. 				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				

Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified: Positive Impact: <ul style="list-style-type: none"> People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier. Negative Impact: <ul style="list-style-type: none"> There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously. Mitigations: <ul style="list-style-type: none"> Centralisation should result in fewer individual visits to hospital. 					
Gender Reassignment					
Is it likely to affect those who either: <ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	
Justification of impact identified: Unknown Impacts: <ul style="list-style-type: none"> Not known if there will be gender neutral facilities. With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally). 					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified: Negative Impact: <ul style="list-style-type: none"> There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). Mitigations: <ul style="list-style-type: none"> Centralisation should result in fewer individual visits to hospital. 					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Socio Economic Duty 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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Positive Impact:					
<ul style="list-style-type: none"> Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make. 					
Negative Impacts:					
<ul style="list-style-type: none"> Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of 					

deprivation within the health board, so the increased travel could potentially be an additional burden.

- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards’ specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board’s commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total

Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	4/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	4/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 263 (b)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:

All sites working 7 days a week, 12 hours a day

Withybush:

As per current Configuration – outpatient services only

Bronglais:

As per current configuration – day case and inpatient services

Prince Philip:

Centralise and expand in PPH with support for out of hours emergencies & evening theatre on-call staff.

Operate until 20:30.

Glangwili:

Remove everything from Glangwili to PPH, with expansion of theatre hours into the evening and support for emergency clinic and procedure room overnight.

Community Sites:

Move to a single site in Carmarthenshire and a single site in Pembrokeshire, tbc.

North Road Clinic - Non-emergency (other community sites for anything remaining)

Cardigan - Current configuration.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
-------	-----------------	-----------------	-----------	----------------

Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> • If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. • Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. • Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments 				
Negative Impacts:				
<ul style="list-style-type: none"> • There is a potential negative impact on working age people who may need to take time off work to travel to site. • Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children. 				
Mitigations:				

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
-----------------	---	-----------------	---	-----------	--

Justification of impact identified:

Positive Impact:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments

Negative Impact:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
-----------------	--	-----------------	---	-----------	--

Justification of impact identified:

Negative Impact:

- There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e.

train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.
- Increased capacity within the service (as a result of increased working hours) will enable greater flexibility to when patients could attend appointments. This would benefit those who rely on others to travel to appointments, or who have to take time off work to attend.

Negative Impacts:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users’ language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards’ specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language

Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	02/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option C
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative Impact:

- There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e.

train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
-----------------	---	-----------------	---	-----------	--

Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	4/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	4/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Ophthalmology

Title of Procedure, Project, Proposal, Policy being screened:	Ophthalmology Option 173 (c)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

- Intravitreal treatments
- Laser clinics
- Orthoptist clinics
- Botulinum services
- General eye services
- Diabetic retinopathy clinics

Glangwili:

- Glaucoma services
- Cataract services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Emergency eye clinic
- Botulinum services
- General eye services
- Orthoptist clinics

Prince Philip:

- Glaucoma services
- Oculoplastic services
- Laser clinics
- Paediatric ophthalmology
- Vitreoretinal services
- Botulinum services
- General eye services
- Orthoptist clinics
- Contact lens clinics

Bronglais:

- Glaucoma surgery
- Cataract surgery
- Oculoplastic surgery

Community Sites;

Amman Valley Hospital:

- Cataract services
- Intravitreal treatments

Cardigan Integrated Care Centre:

- Intravitreal treatments
- General eye services
- Orthoptist clinics

Aberaeron Integrated Care Centre:

- General eye services

South Pembrokeshire Hospital:

- Diabetic Retinopathy

North Road Clinic:

- Glaucoma services
- Intravitreal treatments
- Laser clinics
- Emergency eye clinic
- General eye services
- Cataract services
- Paediatric ophthalmology
- Orthoptist clinics

Future status:**Withybush:**

Withybush will continue to carry out the IVT (intravitreal injections) only. IVT injections are carried out as an Out-Patient appointment.

Bronglais:

Withdraw Service from BGH to centralise in Glangwili

Prince Philip:

Withdraw from site to centralise in Glangwili

Glangwili:

Surgery is in Day Surgery Unit.

Include Cataract and Intravitreal injection (IVT) services.

Emergency eyecare (RACE) to be co-located to another department.

Possible option for SDEC to run RACE.

Community Sites:

Undertake Intravitreal injection (IVT) services only.

"Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients.

Withdraw service from South Pembs Hospital.

Remove IVT from Amman Valley OPD. Cataract to remain.

Aberaeron Integrated Care Centre to carry out diagnostic services

Maintain existing services in other community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impacts:				
<ul style="list-style-type: none"> If cataracts can be done sooner, this will have a positive impact on older people. Shorter waiting times. One long journey for some patients depending on geographical location rather than multiple journeys to different sites. Although all patients will benefit, the single largest cohort of patients in the service are older adults, so a more efficient service and timely access to care will benefit this group. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- Paediatric clinics centralised in Carmarthenshire – parents having to take time off work to take patients to appointment / issues for caring for other children.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- People with complex disabilities go to Glangwili now with better access, lifts etc. Having the service co-located in a single unit within the hospital will make moving around the department easier.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- No mitigations identified

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Unknown Impacts:

- Not known if there will be gender neutral facilities.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
-----------------	--	-----------------	---	-----------	--

Justification of impact identified:

Negative Impact:

- There might be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e.

train + bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Mitigations:

- Centralisation should result in fewer individual visits to hospital.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:
None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impact:

- Increased centralised sessions will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, having more efficient patient pathways should reduce the number of single visits to an acute site they would need to otherwise make.

Negative:

- Some may need to travel further, which could be difficult for some protected characteristic groups e.g. older people, young families. Residents in Llanelli and Haverfordwest live in areas of deprivation within the health board, so the increased travel could potentially be an additional burden.
- Paediatric clinics centralised in Carmarthenshire – parents having to time off work to take patients to appointment / issues for caring for other children
- There is a potential negative impact on working age people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations:

- Hospital transport and WAST transport services can help bring patients to and from appointments
- Option to stay in local accommodation before an operation
- Appointment times already take distance/travel into consideration
- Public transport flowing into Carmarthen is reasonably good from Llanelli
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Ophthalmology								
Grand Total	35	23	4	5	6	7	1	81
%	43%	28%	5%	6%	7%	9%	1%	100%

Additional Comments:

Centralising services will promote Multi-Disciplinary Team (MDT) working, which will allow improved patient pathways.

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.E.Langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Marta Barreiro Martins
	Title	Senior Nurse Manager
	Contact details	Marta.barreiro.martins@wales.nhs.uk
	Date	02/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option 129 (alternative to Option A to D)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Bronglais Hospital

No change. (Increased inpatients and day cases at Bronglais)

Glangwili Hospital

No change.

Prince Philip Hospital

No change. (Additional beds and investment outlined at PPH)

Withybush Hospital

No change. (Extend hours at Withybush if it extends capacity)

Community Sites

No change.

Alternative Options - A,B,C,D - Combination of options:

- Increased inpatients and day cases at Bronglais (Option D) But cannot comment on prioritisation of one service over another (understand orthopaedic can only increase if ophthalmology activity comes out?)
- Extend hours at Withybush if it extends capacity (option B)
- Additional beds and investment outlined at PPH (Option C) – but as part of a regional working approach (Option A, B and D)
- Increase capacity at Neath Port Talbot (Swansea Bay UHB) for regional working across South West Wales.
- A regional / local hybrid surgical hubs network with Neath Port Talbot (A, B and D).

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	

Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact		Negative Impact		No Impact ✓

Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Armed Forces Community
Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Socio Economic Duty
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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option 178 (alternative to Option B)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital (BGH) provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital (GGH) provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital (PPH) provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital (WGH) provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Option B

PPH would carry out more complex planned care, for local and regional patients. More day cases would be carried out at Withybush Hospital (achieved by focusing on less-complex cases) and longer working hours.

Alternative Option

Option B, only with the extended hours at Prince Philip rather than Withybush

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Race / Ethnicity				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Religion or Belief				

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Armed Forces Community Consider whether this impacts on 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.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Socio Economic Duty 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. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.				
Positive Impact		Negative Impact		No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option 179 (alternative to Option D)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital (BGH) provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital (GGH) provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital (PPH) provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital (WGH) provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Option D - PPH would carry out more complex planned care, for local and regional patients. More day cases would be delivered at WGH (achieved by focusing on less-complex cases). An increased service would be delivered at Bronglais Hospital, to provide surgery to more patients.

Alternative Option

Option D plus:

Elective Orthopaedics should increase activity at Bronglais to address regional pressures in Powys, reducing patient transfers to NHSE Trusts and supporting the mid Wales community.

Glangwili should not have elective procedures, while Prince Philip should focus on regional pathways with SBUHB, supported by a Medical ECU and increased ward availability.

Orthopaedic inpatient care should be retained but aligned with Neath Port Talbot, and a single regional patient tracking list should be developed.

Withybush should become an optimised day surgery site, shifting more procedures from Prince Philip and reallocating EGS theatre sessions. Workforce plans include reviewing job plans for optimal procedure flow and developing a regional orthopaedic rota.

Orthopaedics should reduce face-to-face Outpatients sessions, delivering more virtual assessments and utilizing community X-ray to keep services local. dependency - the flow and increased activity on Prince Philip will require additional Beds.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Armed Forces Community Consider whether this impacts on 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 Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Socio Economic Duty 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 resources please see: more-equal-wales-socio-economic-duty</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
<p>Justification of impact identified: Impacts considered - unknown at this stage:</p>					

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

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Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
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%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option 268 (alternative to Option D)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital (BGH) provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital (GGH) provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital (PPH) provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital (WGH) provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

PPH would carry out more complex planned care, for local and regional patients. More day cases would be delivered at WGH (achieved by focusing on less-complex cases). An increased service would be delivered at Bronglais Hospital, to provide surgery to more patients.

Alternative Option:

Option D, but with the additional beds and investment of C but as a regional / local surgical hub model. Option D with some of the ideas of Option C, therefore, is perhaps most likely to achieve results.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Gender Reassignment Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
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Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓

<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Armed Forces Community Consider whether this impacts on 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 Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Socio Economic Duty 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 resources please see: more-equal-wales-socio-economic-duty</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
<p>Justification of impact identified: Impacts considered - unknown at this stage:</p>					

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The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
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%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option 52/113 (alternative to Option C)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital (BGH) provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital (GGH) provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital (PPH) provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital (WGH) provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

In Option C - PPH would carry out more complex planned care, prioritising higher need Hywel Dda patients, rather than regional patients. More day-case activity would be delivered at WGH (achieved by focusing on less-complex cases). Subject to funding, this option would increase orthopaedic activity by providing additional beds at PPH.

Alternative Option:

52 - Query hip/knee procedure basket at Withybush

113 - Option C - Arthroplasty at Withybush - this would mean Inpatient work in Withybush.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: Older patients are predominantly the cohort requiring hip and/or knee procedures then this would be seen as a positive impact for Hywel Dda patients in this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Race / Ethnicity				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Religion or Belief				

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Sex				
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Sexual Orientation				
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Armed Forces Community				
Consider whether this impacts on 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.'				
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Socio Economic Duty				
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.				
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	02 December 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	03 December 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

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If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
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Support

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Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option A Formerly Option 1
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

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Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Bronglais Hospital
No change.

Glangwili Hospital
No change.

Prince Philip Hospital

No change.

Withybush Hospital

No change.

Community Sites

No change.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
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<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
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Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
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Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Religion or Belief				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Armed Forces Community Consider whether this impacts on 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.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
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Socio Economic Duty 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. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
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%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	11 December 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	09 October 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option B Formerly Option 2
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Bronglais Hospital
No change.

Glangwili Hospital
No change.

Prince Philip Hospital

No change.

Withybush Hospital

No change.

Community Sites

No change.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Race / Ethnicity				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Religion or Belief				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact		Negative Impact		No Impact ✓

Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	--------------------------

Justification of impact identified:
Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	09 October 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	09 October 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option C Formerly Option 3
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Bronglais Hospital
No change.

Glangwili Hospital
No change.

Prince Philip Hospital

No change.

Withybush Hospital

No change.

Community Sites

No change.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Race / Ethnicity				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact ✓
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.				
Religion or Belief				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact		Negative Impact		No Impact ✓

Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	--------------------------

Justification of impact identified:
Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO

	Contact details	conrad.hancock@wales.nhs.uk
	Date	09 October 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	09 October 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Orthopaedics

Title of Procedure, Project, Proposal, Policy being screened:	Option D Formerly Option 4
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status (Temporary Changes since the Covid Pandemic):

Bronglais Hospital provides emergency (trauma) orthopaedic services, as well as planned Inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Glangwili Hospital provides emergency (trauma) orthopaedic services, and planned outpatient clinics, planned overnight hospital care or surgery is provided at the other three acute hospitals.

Prince Philip Hospital provides inpatient and day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle.

Withybush Hospital provides emergency (trauma) orthopaedic services and low complex planned day case procedures for hip and knee, shoulder and elbow, hand and wrist, foot and ankle within the Day Surgery Unit by admitting and discharging patients on the same day, which means that patients will not stay in hospital overnight. The hospital also provides outpatient services.

Prior to 2020, inpatient procedures were performed at Withybush Hospital however these were stopped as a result of the updated BOASTs (British Orthopaedic Association Standards for Trauma & Orthopaedics) and the lack of bed base to accommodate this cohort of patients and have not been reinstated. Day case procedures only remain at this site. Any Pembrokeshire patients requiring an inpatient procedure will be treated in Prince Philip or Bronglais hospital.

Community Sites - Cardigan Integrated Care Centre and Tenby Hospital provide outpatient clinics in the community. Supporting regional work, Prince Philip Hospital is working in partnership with Swansea Bay University Health Board to reduce the number of patients waiting for treatment across West Wales. Tywyn Hospital (based in Betsi Cadwaladr University Health Board) provides outpatient clinics for their patients.

Future status (Making the Temporary Changes Permanent):

Bronglais Hospital
No change.

Glangwili Hospital
No change.

Prince Philip Hospital

No change.

Withybush Hospital

No change.

Community Sites

No change.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age			✓	
Disability			✓	
Gender Reassignment			✓	
Marriage / Civil Partnership (staff only)			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty			✓	
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Armed Forces Community Consider whether this impacts on 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 Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Socio Economic Duty 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 resources please see: more-equal-wales-socio-economic-duty</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
<p>Justification of impact identified: As the proposed changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to this protected group.</p>					
<p>Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.</p>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
<p>Justification of impact identified: Impacts considered - unknown at this stage:</p>					

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Orthopaedics								
Grand Total	109	44	10	18	14	22	16	233
%	47%	19%	4%	8%	6%	9%	7%	100%

Additional Comments:

All the proposals look to make the temporary changes following the covid pandemic to make these permanent. There are some minor changes in the ways some sites will work such as increased sessions or extended days but these changes will be a positive impact for all protected groups.

Screening Completed by:	Name	Conrad Hancock
	Title	Senior Project Manager, TPO
	Contact details	conrad.hancock@wales.nhs.uk
	Date	09 October 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lianne Gregory
	Title	Service Delivery Manager
	Contact details	Lianne.Gregory@wales.nhs.uk
	Date	09 October 2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option 103 (Combination of elements from Option A and B)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandoverly	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

This option is a combination of consultation Option A and B.

Option proposes the removal of X-ray services at Llandoverly and South Pembrokeshire hospitals, so patients living closer to these hospitals would have further to travel for their x-rays than they do now. X-ray services stay at Cardigan Integrated Care Centre and Tenby Hospital in all our options.

In all our options for radiology, we keep emergency diagnostic radiology 24/7 at all four acute hospitals and this is not listed in the tables below as part of current services or options for change.

Option 103 proposes:

Bronglais:

Planned diagnostic / day case interventional services (Mon-Fri, daytime)

Glangwili:

Inpatient interventional services (Mon-Fri, daytime)

Prince Philip:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Withybush:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Community:

Imaging in outpatient sessions in a Medical Administration HUB / Regional Diagnostic Centre.

Community X-ray – Tenby Hospital & Cardigan Integrated Care Centre

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community	✓			
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
Positive Impacts					
<ul style="list-style-type: none"> • A significant proportion of the Health Board population are over 50 years old. The Health Board population is an ageing population and this is projected to continue in the immediate future. • Increase in services will provide flexibility for older patients who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments – this is preferable to working age patients and for older patient who might rely on relatives to transport them. 					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Positive impacts					
<ul style="list-style-type: none"> • Increase in services will provide flexibility for patients with mobility issues who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments will make it easier for patients to attend appointments who might rely on relatives to transport them. 					
Potential negative impact					
<ul style="list-style-type: none"> • If waiting areas are to get busier due to increased services then consideration may need to be made with regards to ease of access, crowded and noisy environments if some patients will find that unsettling. 					
Mitigation					
<ul style="list-style-type: none"> • Mitigation could be to assign designated quiet rooms/zones. • Offering appointments during quieter time for those that would prefer. Currently offer morning appointments for those with neurodiversity requirements to avoid busy waiting rooms and less waiting times. 					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: None foreseen for this protected group.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: The majority of sonographers are female and dependant on examination we may not be able to provide a choice of gender for patients on some occasions. Currently the majority of Service users are female which aligns with the gender split of Service staff. If increase in staff affects the alignment of this split then there would be a negative impact.					
Mitigation					
<ul style="list-style-type: none"> Mitigation would be the offer of a chaperone in line with Health Board policy. 					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant.

If their injury or illness is attributable to their military service, then they are eligible for priority treatment.

If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.

An increase in services will reduce waiting lists which means those armed forces patients would experience shorter waiting times compared to those they would experience in the current configuration of services.

Currently, due to longer waiting lists, armed forces and their families may struggle to be seen and must re-join waiting lists at other locations. Increased services across sites will have positive impact on this.

Many military spouses reliant on public transport to get around, so more availability closer to home will have a positive impact on them.

Socio Economic Duty
 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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive impact

- Less staff travel costs due to community site being removed.

Negative impacts

- Patients in North Carmarthenshire may have to travel further for Xray due to closure of Llandovery. This will also impact those on lower income from the area having to travel further requiring additional costs for fuel, public transport, taxi etc.
- Potential additional childcare considerations if additional travel time is needed resulting in more expense for patients.
- Potential negatives depending on exact services offered at Hub and the chosen location. Could result in increased travel and travel costs for patients.
- Staff travel – additional childcare considerations (including costs) if additional travel time is needed as well as overall longer hours.

- Additional wear & tear on vehicles.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Would be the offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	Negative Impact	No Impact
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board

Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:
<p>Positives</p> <ul style="list-style-type: none"> Extension of services will have positive impact on all groups as more services will be available and those services will be closer to home. Increased services likely to reduce waiting times resulting in better quality care for patients. Multiple interventions could be done in one day, on one site increasing efficiency in service and therefore improving quality of care. For better work life balance can also offer flexible working options. <p>Potential negative</p> <ul style="list-style-type: none"> Depending on exact services offered at Hub and the chosen location it could result in increased travel for patients. Other potential mitigations highlighted through the consultation phase include: <ul style="list-style-type: none"> introduce mobile or satellite radiography units for rural areas and peaks in demand. <ul style="list-style-type: none"> improve electronic sharing of scans across sites and with other health boards. expand use of AI-assisted reporting to reduce reporting times and support consistency. strengthen regional collaboration with Swansea Bay University Health Board to manage demand and share capacity. <p>Potential Mitigations</p> <ul style="list-style-type: none"> Other potential mitigations highlighted through the consultation phase include: <ul style="list-style-type: none"> introduce mobile or satellite radiography units for rural areas and peaks in demand. <ul style="list-style-type: none"> improve electronic sharing of scans across sites and with other health boards. expand use of AI-assisted reporting to reduce reporting times and support consistency. strengthen regional collaboration with Swansea Bay University Health Board to manage demand and share capacity.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager, TPO
	Contact details	Julian.blewitt@wales.nhs.uk
	Date	11/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/12/2025

Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option 122
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:									
Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandovery	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST CT, Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal	LUMEN CHEST, CT/Plain film clinical trials, Coronary	LUMEN CHEST	LUMEN CHEST	N	N	N

			Surveys (NAI)	Angiogr aphy					
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In all our options for radiology, keep emergency diagnostic radiology 24/7 at all four acute hospitals and this is not listed below as part of current services or options for change.

Option proposes extending X-ray services stay at Cardigan Integrated Care Centre to match opening hours. All other aspects are as current

Option 122 proposes:

Bronglais:

Planned diagnostic / inpatient and day case interventional services (MonFri, daytime)

Glangwili:

Planned diagnostic / inpatient and day case interventional services (MonFri, daytime)

Prince Philip:

Planned diagnostic / inpatient and day case interventional services (MonFri, daytime)

Withybush:

Planned diagnostic / inpatient and day case interventional services (MonFri, daytime)

Community:

X-ray services at Llandovery Hospital, South Pembrokeshire Hospital, Tenby Hospital. Extended X-ray services at CICC to match opening hours (current 5 days, extend to 7)

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	

Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Potential positive impact				
<ul style="list-style-type: none"> As the largest cohort of patients in the service are older, a more efficient service and timely access to care will benefit this group that live closer to community site. 				
Negative impacts				
By keeping all community sites and extending hours the challenges that come with the spread of staff remains. Staff from acute sites may be required to cover additional community hours to cover absence. This will impact on availability of services for all patients.				
Mitigation				
Some cover for absences has been included within the workforce assessment for this option.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact	✓	No Impact
Justification of impact identified:				
Negative impacts				
By keeping all community sites and extending hours the challenges that come with the spread of staff remains. Staff from acute sites may be required to cover additional community hours to cover absence. This will impact on availability of services for all patients.				
Mitigation				
Some cover for absences has been included within the workforce assessment for this option.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact

Justification of impact identified:

Unknown impact for this protected group.

- Gender neutral facilities currently available within Service.

Negative impacts

By keeping all community sites and extending hours the challenges that come with the spread of staff remains. Staff from acute sites may be required to cover additional community hours to cover absence. This will impact on availability of services for all patients.

Mitigation

Some cover for absences has been included within the workforce assessment for this option.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group at this time.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

- By keeping all community sites and extending hours the challenges that come with the spread of staff remains. Staff from acute sites may be required to cover additional community hours to cover absence. This will impact on availability of services for all patients.

Mitigation

- Some cover for absences has been included within the workforce assessment for this option.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: None foreseen for this protected group.					
Socio Economic Duty 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. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified: Positive: <ul style="list-style-type: none"> For better work life balance can also offer flexible working options for those at the community site. Negative: By keeping all community sites and extending hours the challenges that come with the spread of staff remains. Staff from acute sites may be required to cover additional community hours to cover absence. This will impact on availability of services for all patients. <ul style="list-style-type: none"> Staff travel – additional childcare considerations if additional travel time is needed as well as overall longer hours. Additional wear & tear on vehicles. There is a potential negative impact on working aged people and those lower down on the socio-economic scale who may need to take time off work to travel to site. Mitigation <ul style="list-style-type: none"> Some cover for absences has been included within the workforce assessment for this option. Mitigation could be the use of pool cars and car sharing. 					

- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Possibility of offering the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%

Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager, TPO
	Contact details	Julian.blewitt@wales.nhs.uk
	Date	11/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option A (formerly Option 1)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:									
Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandoverly	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Option 1 - In Radiology, Bronglais, Glangwili, Prince Philip and Withybush hospitals will continue to provide Emergency Diagnostic Radiology. Bronglais, Prince Philip and Withybush hospitals will also provide Planned Diagnostic Radiology and Interventional services, which are treatments that include a surgical element, but Glangwili Hospital will not. Withybush Hospital will also continue to provide Nuclear Medicine, which is a medical specialty involving the application of radioactive substances in the diagnosis and treatment of disease. In the community, Cardigan Integrated Care Centre and Tenby Hospital will continue to provide X-Ray services.

Withybush:

Elective diagnostic/ intervention and emergency daytime only.
Nuclear medicine

Bronglais:

Elective diagnostic/ intervention and emergency daytime only

Prince Philip:

Elective diagnostic/ intervention and emergency daytime only

Glangwili:

Emergency diagnostic/ intervention services only

Community Sites:

X-Ray services in Cardigan Integrated Care Centre and Tenby Hospital Only

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified:					
Potential positive impact					
<ul style="list-style-type: none"> As the largest cohort of patients in the service are older, a more efficient service and timely access to care will benefit this group. 					
Negative impacts					
<ul style="list-style-type: none"> May have to travel to other sites for electives. Older people are more likely to need elective & intervention, if they live near Glangwili they will have to travel further. Reliance on public transport links to other sites. Other age groups may be negatively affected when considering the impact on carers. As older people are more likely to need elective & intervention then the likelihood of them having a carer will be higher, therefore affecting wider age groups. 					
Mitigation					
<ul style="list-style-type: none"> Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised. To support the existing transport service a coordinator role could be put in place – a member of staff coordinating transport requests. This role doesn't currently exist and so work would need to be carried out internally with workforce. Offering flexibility for appointments, providing options with regards to appointment times. 					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified:					
Negative impact					
<ul style="list-style-type: none"> Reliance on public transport links to other sites - this would bring additional challenges with regards to access for anyone with mobility issues now having to travel further. There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously. 					
Mitigation					
<ul style="list-style-type: none"> Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised. To support the existing transport service a coordinator role could be put in place – a member of staff coordinating transport requests. This role doesn't currently exist and so work would need to be carried out internally with workforce. Offering flexibility for appointments, providing options with regards to appointment times. 					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>

Justification of impact identified:

Unknown impact for this protected group.

- Gender neutral facilities currently available within Service.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group at this time.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Potential negative impacts

- There could be a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). Unlikely this would be impacted by the option as Intervention would normally be delayed when pregnant.
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigation

- Mitigation would be to offer some flexibility with appointments to utilise equipment closer to home. Offering flexibility for appointments, providing options with regards to appointment times.
- Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised and would make journey more comfortable and potentially quicker.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:
None foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive:

- For better work life balance can also offer flexible working options.
- Centralised services will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients.

Negative:

- This will also impact those on lower income from Glangwili area having to travel further requiring additional costs for fuel, public transport, taxi etc.
- Staff travel – additional childcare considerations if additional travel time is needed as well as overall longer hours. Additional wear & tear on vehicles.
- There is a potential negative impact on working aged people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

- If staff in GGH are utilised elsewhere, additional childcare needs if travelling further for work. This could also come with additional reliance on spouse/partner to travel to place of work. Additional travel could have negative impact on household finances with additional travel costs.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Possibility of offering the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Removal of community sites will also result in the above impacts for those living and working in and around those sites being removed.

For better work life balance can also offer flexible working options.

Screening Completed by:	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/10/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Gail Roberts-Davies
	Title	Head of Radiology
	Contact details	gail.roberts-davies2@wales.nhs.uk
	Date	11/10/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option B (formerly Option 2)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandovery	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Bronglais, Prince Philip, Withybush and Glangwili hospitals will continue to provide Emergency Diagnostic Radiology.

Glangwili will provide Emergency Interventional Services.

Bronglais, Prince Philip and Withybush hospitals will continue to provide Planned Diagnostic Radiology and Interventional services, which are treatments that include a surgical element.

Planned Diagnostics will be extended to a seven day service, and Interventional services extended to a five day service (Monday-Friday).

Prince Philip and Withybush hospitals will provide Cancer focused services.

In the community, services will be centralised within a Regional Diagnostics Centre and X-Ray services will also be provided from Cardigan Integrated Care Centre and Tenby Hospital.

Withybush:

Interventional (biopsies)
 5 days Monday to Friday
 Radiology general services expand to 7-day service
 Cancer focus

Bronglais:

Interventional (biopsies)
 5 days Monday to Friday
 Radiology general services expand to 7-day service

Prince Philip:

Interventional (biopsies)
 5 days Monday to Friday
 Radiology general services expand to 7-day service
 Cancer focus

Glangwili:

Interventional (biopsies)
 5 days Monday to Friday
 Radiology general services expand to 7-day service
 Infrastructure issues at Glangwili

New pathway for
 OOH cases

Community Sites:

Imaging in outpatient sessions in a Medical Administration HUB / Regional Diagnostic Centre.
 Community X-ray – Tenby Hospital & Cardigan Integrated Care Centre

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	

Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community	✓			
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact		No Impact
Justification of impact identified:				
Positive Impacts				
<ul style="list-style-type: none"> • A significant proportion of the Health Board population are over 50 years old. The Health Board population is an ageing population and this is projected to continue in the immediate future. • Increase in services will provide flexibility for older patients who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments – this is preferable to working age patients and for older patient who might rely on relatives to transport them. 				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive impacts				
<ul style="list-style-type: none"> • Increase in services will provide flexibility for patients with mobility issues who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments will make it easier for patients to attend appointments who might rely on relatives to transport them. 				
Potential negative impact				
<ul style="list-style-type: none"> • If waiting areas are to get busier due to increased services then consideration may need to be made with regards to ease of access, crowded and noisy environments if some patients will find that unsettling. 				
Mitigation				
<ul style="list-style-type: none"> • Mitigation could be to assign designated quiet rooms/zones. • Offering appointments during quieter time for those that would prefer. Currently offer morning appointments for those with neurodiversity requirements to avoid busy waiting rooms and less waiting times. 				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. 				

<ul style="list-style-type: none"> Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
The majority of sonographers are female and dependant on examination we may not be able to provide a choice of gender for patients on some occasions. Currently the majority of Service users are female which aligns with the gender split of Service staff. If increase in staff affects the alignment of this split then there would be a negative impact.					
Mitigation <ul style="list-style-type: none"> Mitigation would be the offer of a chaperone in line with Health Board policy. 					

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant.

If their injury or illness is attributable to their military service, then they are eligible for priority treatment.

If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.

An increase in services will reduce waiting lists which means those armed forces patients would experience shorter waiting times compared to those they would experience in the current configuration of services.

Currently, due to longer waiting lists, armed forces and their families may struggle to be seen and must re-join waiting lists at other locations. Increased services across sites will have positive impact on this.

Many military spouses reliant on public transport to get around, so more availability closer to home will have a positive impact on them.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive impact

- Less staff travel costs due to community site being removed.

Negative impacts

- Patients in North Carmarthenshire may have to travel further for Xray due to closure of Llandovery. This will also impact those on lower income from the area having to travel further requiring additional costs for fuel, public transport, taxi etc.
- Potential additional childcare considerations if additional travel time is needed resulting in more expense for patients.
- Potential negatives depending on exact services offered at Hub and the chosen location. Could result in increased travel and travel costs for patients.
- Staff travel – additional childcare considerations (including costs) if additional travel time is needed as well as overall longer hours.
- Additional wear & tear on vehicles.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Would be the offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Positives

- Extension of services will have positive impact on all groups as more services will be available and those services will be closer to home. Increased services likely to reduce waiting times resulting in better quality care for patients.
- Multiple interventions could be done in one day, on one site increasing efficiency in service and therefore improving quality of care.
- For better work life balance can also offer flexible working options.

Potential negative

- Depending on exact services offered at Hub and the chosen location it could result in increased travel for patients.

Screening Completed by:	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/10/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Gail Roberts-Davies
	Title	Head of Radiology
	Contact details	gail.roberts-davies2@wales.nhs.uk
	Date	11/10/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk

	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option 24 (Option B with no hub)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandoverly	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Bronglais, Prince Philip, Withybush and Glangwili hospitals will continue to provide Emergency Diagnostic Radiology.

Glangwili will provide Emergency Interventional Services.

Bronglais, Prince Philip and Withybush hospitals will continue to provide Planned Diagnostic Radiology and Interventional services, which are treatments that include a surgical element.

Planned Diagnostics will be extended to a seven day service, and Interventional services extended to a five day service (Monday-Friday).

Prince Philip and Withybush hospitals will provide Cancer focused services.

Centre and X-Ray services will also be provided from Cardigan Integrated Care Centre and Tenby Hospital.

Option 24 proposes:

Bronglais:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime)

Glangwili:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime)

Prince Philip:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Withybush:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Community:

X-ray services at Cardigan Integrated Care Centre and Tenby Hospital.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community	✓			
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
Positive Impacts					
<ul style="list-style-type: none"> A significant proportion of the Health Board population are over 50 years old. The Health Board population is an ageing population and this is projected to continue in the immediate future. Increase in services will provide flexibility for older patients who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. Offering evening and weekend appointments – this is preferable to working age patients and for older patient who might rely on relatives to transport them. 					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Positive impacts					
<ul style="list-style-type: none"> Increase in services will provide flexibility for patients with mobility issues who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. Offering evening and weekend appointments will make it easier for patients to attend appointments who might rely on relatives to transport them. 					
Potential negative impact					
<ul style="list-style-type: none"> If waiting areas are to get busier due to increased services then consideration may need to be made with regards to ease of access, crowded and noisy environments if some patients will find that unsettling. 					
Mitigation					
<ul style="list-style-type: none"> Mitigation could be to assign designated quiet rooms/zones. Offering appointments during quieter time for those that would prefer. Currently offer morning appointments for those with neurodiversity requirements to avoid busy waiting rooms and less waiting times. 					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: None foreseen for this protected group.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: The majority of sonographers are female and dependant on examination we may not be able to provide a choice of gender for patients on some occasions. Currently the majority of Service users are female which aligns with the gender split of Service staff. If increase in staff affects the alignment of this split then there would be a negative impact.					
Mitigation					
<ul style="list-style-type: none"> Mitigation would be the offer of a chaperone in line with Health Board policy. 					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant.

If their injury or illness is attributable to their military service, then they are eligible for priority treatment.

If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.

An increase in services will reduce waiting lists which means those armed forces patients would experience shorter waiting times compared to those they would experience in the current configuration of services.

Currently, due to longer waiting lists, armed forces and their families may struggle to be seen and must re-join waiting lists at other locations. Increased services across sites will have positive impact on this.

Many military spouses reliant on public transport to get around, so more availability closer to home will have a positive impact on them.

Socio Economic Duty
 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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
-----------------	---	-----------------	---	-----------	--

Justification of impact identified:

Positive impact

- Less staff travel costs due to community site being removed.

Negative impacts

- Patients in North Carmarthenshire may have to travel further for Xray due to closure of Llandovery. This will also impact those on lower income from the area having to travel further requiring additional costs for fuel, public transport, taxi etc.
- Potential additional childcare considerations if additional travel time is needed resulting in more expense for patients.
- Staff travel – additional childcare considerations (including costs) if additional travel time is needed as well as overall longer hours.
- Additional wear & tear on vehicles.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Would be the offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%

Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Positives

- Extension of services will have positive impact on all groups as more services will be available and those services will be closer to home. Increased services likely to reduce waiting times resulting in better quality care for patients.
- Multiple interventions could be done in one day, on one site increasing efficiency in service and therefore improving quality of care.
- For better work life balance can also offer flexible working options.

Potential negative

- Potential of increased travel for patients due to closure of community sites

Potential mitigations

- Other potential mitigations highlighted through the consultation phase include:
 - introduce mobile or satellite radiography units for rural areas and peaks in demand.
 - improve electronic sharing of scans across sites and with other health boards.
 - expand use of AI-assisted reporting to reduce reporting times and support consistency.
 - strengthen regional collaboration with Swansea Bay University Health Board to manage demand and share capacity.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager, TPO
	Contact details	Julian.blewitt@wales.nhs.uk
	Date	11/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option 25 (Option B with smaller hub)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandovery	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Bronglais, Prince Philip, Withybush and Glangwili hospitals will continue to provide Emergency Diagnostic Radiology.

Glangwili will provide Emergency Interventional Services.

Bronglais, Prince Philip and Withybush hospitals will continue to provide Planned Diagnostic Radiology and Interventional services, which are treatments that include a surgical element.

Planned Diagnostics will be extended to a seven day service, and Interventional services extended to a five day service (Monday-Friday).

Prince Philip and Withybush hospitals will provide Cancer focused services.

In the community, services will be centralised within a Regional Diagnostics Centre and X-Ray services will also be provided from Cardigan Integrated Care Centre and Tenby Hospital.

Option 25 proposes:

Bronglais:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime)

Glangwili:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime)

Prince Philip:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Withybush:

Planned diagnostic services (7 days, daytime). Inpatient and day case interventional services (Mon-Fri, daytime). Cancer focus

Community:

X-ray services at Cardigan Integrated Care Centre and Tenby Hospital. New smaller regional hub for planned diagnostic radiology (site to be confirmed)

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community	✓			
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified:					
Positive Impacts					
<ul style="list-style-type: none"> • A significant proportion of the Health Board population are over 50 years old. The Health Board population is an ageing population and this is projected to continue in the immediate future. • Increase in services will provide flexibility for older patients who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments – this is preferable to working age patients and for older patient who might rely on relatives to transport them. 					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified:					
Positive impacts					
<ul style="list-style-type: none"> • Increase in services will provide flexibility for patients with mobility issues who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments will make it easier for patients to attend appointments who might rely on relatives to transport them. 					
Potential negative impact					
<ul style="list-style-type: none"> • If waiting areas are to get busier due to increased services then consideration may need to be made with regards to ease of access, crowded and noisy environments if some patients will find that unsettling. 					
Mitigation					
<ul style="list-style-type: none"> • Mitigation could be to assign designated quiet rooms/zones. • Offering appointments during quieter time for those that would prefer. Currently offer morning appointments for those with neurodiversity requirements to avoid busy waiting rooms and less waiting times. 					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
None foreseen for this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

None foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

None foreseen for this protected group.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

None foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

None foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

The majority of sonographers are female and dependant on examination we may not be able to provide a choice of gender for patients on some occasions. Currently the majority of Service users are female which aligns with the gender split of Service staff. If increase in staff affects the alignment of this split then there would be a negative impact.

Mitigation

- Mitigation would be the offer of a chaperone in line with Health Board policy.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

None foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant.

If their injury or illness is attributable to their military service, then they are eligible for priority treatment.

If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.

An increase in services will reduce waiting lists which means those armed forces patients would experience shorter waiting times compared to those they would experience in the current configuration of services.

Currently, due to longer waiting lists, armed forces and their families may struggle to be seen and must re-join waiting lists at other locations. Increased services across sites will have positive impact on this.

Many military spouses reliant on public transport to get around, so more availability closer to home will have a positive impact on them.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive impact

- Less staff travel costs due to community site being removed.

Negative impacts

- Patients in North Carmarthenshire may have to travel further for Xray due to closure of Llandovery. This will also impact those on lower income from the area having to travel further requiring additional costs for fuel, public transport, taxi etc.

- Potential additional childcare considerations if additional travel time is needed resulting in more expense for patients.
- Potential negatives depending on exact services offered at Hub and the chosen location. Could result in increased travel and travel costs for patients.
- Staff travel – additional childcare considerations (including costs) if additional travel time is needed as well as overall longer hours.
- Additional wear & tear on vehicles.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Would be the offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be

identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Positives

- Extension of services will have positive impact on all groups as more services will be available and those services will be closer to home. Increased services likely to reduce waiting times resulting in better quality care for patients.
- Multiple interventions could be done in one day, on one site increasing efficiency in service and therefore improving quality of care.
- For better work life balance can also offer flexible working options.

Potential negative

- Depending on exact services offered at Hub and the chosen location it could result in increased travel for patients.

Potential Mitigations

- Other potential mitigations highlighted through the consultation phase include:
 - introduce mobile or satellite radiography units for rural areas and peaks in demand.
 - improve electronic sharing of scans across sites and with other health boards.
 - expand use of AI-assisted reporting to reduce reporting times and support consistency.
 - strengthen regional collaboration with Swansea Bay University Health Board to manage demand and share capacity.

Screening Completed by:	Name	Julian Blewitt
	Title	Project Manager, TPO
	Contact details	Julian.blewitt@wales.nhs.uk
	Date	11/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/12/2025
	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer

Guidance has been provided by Diversity & Inclusion Team:	Contact details	Alan.winter@wales.nhs.uk
	Date	11/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option C (formerly Option 3)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybus h	Cardigan	Tenby	Llandover y	South Pembrokeshir e
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Bronglais, Prince Philip, Withybus h and Glangwili hospital will continue to provide Emergency Diagnostic Radiology.
Bronglais, Prince Philip and Withybus h hospitals will continue to provide Planned Diagnostic Radiology.

Bronglais and Glangwili hospitals will provide Interventional services, which are treatments that include a surgical element.
 In the community, Cardigan Integrated Care Centre and Tenby Hospital will continue to provide X-Ray services.

Withybush:

Diagnostics (CT MRI & US)

All interventional procedures to be undertaken at BGH & GGH

Bronglais:

Diagnostics (CT MRI & US) and interventional procedures

Prince Philip:

Diagnostics (CT MRI & US)

All interventional procedures to be undertaken at BGH & GGH

Glangwili:

Diagnostics (CT MRI & US) and interventional procedures

Community Sites:

Remove services from Llandovery and South Pembrokeshire hospital

X-Ray services in Tenby and Cardigan

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓ WGH & PPH patients		
Disability		✓ WGH & PPH patients		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				

Armed Forces Community			✓	
Socio Economic Duty	✓	✓ WGH & PPH patients		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Potential positive impact				
<ul style="list-style-type: none"> As the largest cohort of patients in the service are older, a more efficient service and timely access to care will benefit this group. 				
Negative impacts				
<ul style="list-style-type: none"> May have to travel to other sites for electives. Older people are more likely to need elective & intervention, if they live near Glangwili they will have to travel further. Reliance on public transport links to other sites. Other age groups may be negatively affected when considering the impact on carers. As older people are more likely to need elective & intervention then the likelihood of them having a carer will be higher, therefore affecting wider age groups. 				
Mitigation				
<ul style="list-style-type: none"> Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised. To support the existing transport service a coordinator role could be put in place – a member of staff coordinating transport requests. This role doesn't currently exist and so work would need to be carried out internally with workforce. Non-emergency WAST capability needs to be considered and the impact of increased requirements. Offering flexibility for appointments, providing options with regards to appointment times. 				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact		Negative Impact	✓	No Impact
Justification of impact identified:				
Negative impact				
<ul style="list-style-type: none"> Travel from Worthybush and Prince Philip to other sites for intervention. Older people are more likely to need elective & intervention, if they live near Glangwili they will have to travel further. Reliance on public transport links to other sites. This would bring additional challenges with regards to access for anyone with mobility issues now having to travel further. There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously. 				
Mitigation				
<ul style="list-style-type: none"> Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised. 				

- To support the existing transport service a coordinator role could be put in place – a member of staff coordinating transport requests. This role doesn't currently exist and so work would need to be carried out internally with workforce.
- Non-emergency WAST capability needs to be considered and the impact of increased requirements.
- Offering flexibility for appointments, providing options with regards to appointment times.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown impact for this protected group.

- Gender neutral facilities currently available within Service.
- With the service moving locations, this might affect the individuals having to travel on Public Transport – Anxiety, being stared at or facing abuse (physically or verbally).

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

None foreseen for this protected group at this time.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Potential negative impact

- Potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).

Unlikely this would be impacted by the option as Intervention would normally be delayed when pregnant.

Mitigation

- Mitigation would be to offer some flexibility with appointments to utilise equipment closer to home. Offering flexibility for appointments, providing options with regards to appointment times.
- Mitigation would be the availability of non-emergency patient travel system. This is a current service that could be utilised and would make journey more comfortable and potentially quicker.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	

Justification of impact identified:

Minimising sites may bring positives from a staff perspective, making the role more appealing with less travelling to do between sites.

Positive:

- For better work life balance can also offer flexible working options.
- Centralised services will lead to greater patient throughput and productivity. This will in turn lead to reduced waiting times for patients.

Negative:

- This will also impact those on lower income from Glangwili area having to travel further requiring additional costs for fuel, public transport, taxi etc.
- Staff travel – additional childcare considerations if additional travel time is needed as well as overall longer hours. Additional wear & tear on vehicles – mitigation could be the use of pool cars and car sharing.
- Potential negative impact, if staff in GGH are utilised elsewhere, such as additional childcare needs if travelling further for work. This could also come with additional reliance on spouse/partner to travel to place of work. Additional travel could have negative impact on household finances with additional travel costs.
- There is a potential negative impact on working aged people and those lower down on the socio-economic scale who may need to take time off work to travel to site.

Mitigations

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Centralisation should result in fewer individual visits to hospital.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards

99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Removal of community sites will also result in the above impacts for those living and working in and around those sites being removed.

Minimising sites may bring positives from a staff perspective, making the role more appealing with less travelling to do between sites.

For better work life balance can also offer flexible working options.

Screening Completed by:	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/10/24
Screening Authorised by:	Name	Gail Roberts-Davies
	Title	Head of Radiology
	Contact details	gail.roberts-davies2@wales.nhs.uk

(Directorate level owner of the procedures/ proposals/ projects/ policy)	Date	11/10/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Radiology

Title of Procedure, Project, Proposal, Policy being screened:	Option D (formerly Option 4)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Pathway	Modality	Sites							
		Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandovery	South Pembrokeshire
All	CT	Y	Y	Y	Y	N	N	N	N
All	FLUOROSCOPY	Y	Y	Y	Y	N	N	N	N
All	INTERVENTIONAL	Y	Y	Y	Y	N	N	N	N
All	MAMMOGRAPHY	Y	N	Y	Y	N	N	N	N
All	MR	Y	Y	Y	Y	N	N	N	N
All	NUCLEAR MEDICINE	N	N	N	Y	N	N	N	N
All	OBSTETRIC US	Y	Y	Y	Y	N	N	N	N
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa	Y	N	N	N	N	N	N	N
All	Dental	N	Y	N	Y	Y	N	N	N
All	ULTRASOUND	Y	Y	Y	Y	N	N	N	N
Other	GP Direct Access (for Plain X-Ray)	NA	Y 9.30am - 4.30am Monday - Sunday	Y 8am - 5pm Monday - Friday	Y CXR only	N	N	N	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, Cardiac CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST	N	N	N

Future status:

Bronglais, Glangwili, Prince Philip and Withybush hospitals will continue to provide Emergency Diagnostics Radiology, Planned Diagnostics Radiology and Interventional services, which are procedures that include a surgical element. Planned Diagnostics will be extended to a 7 day service with Interventional services extended to a 5 day service (Monday to Friday). In the community, Cardigan Integrated Care Centre and Tenby Hospital will continue to provide X-Ray services.

Withybush:

Interventional (biopsies)
5 days Monday to Friday
radiology general services expand to 7-day service

Bronglais:

Interventional (biopsies)
 5 days Monday to Friday (not available every day)
 Radiology general services expand to 7-day service

Prince Philip:

Interventional (biopsies)
 5 days Monday to Friday
 radiology performed here due to airflow systems
 radiology general services expand to 7-day service

Glangwili:

Interventional (more complex)
 24/7
 radiology general services expand to 7-day service

Community Sites:

Remove service from South Pembs and Llandovery Hospitals due to small number of inpatients, most come to Withybush.

X-ray only in Tenby Hospitals

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓			
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity	✓			
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex		✓		
Sexual Orientation			✓	
Additional Determinants				

Armed Forces Community	✓			
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact		No Impact
Justification of impact identified:				
Positive Impacts				
<ul style="list-style-type: none"> • A significant proportion of the Health Board population are over 50 years old. The Health Board population is an ageing population and this is projected to continue in the immediate future. • Increase in services will provide flexibility for older patients who may rely on other people for transport. • Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments – this is preferable to working age patients and for older/younger patients who might rely on relatives to transport them. 				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive impacts				
<ul style="list-style-type: none"> • Increase in services will provide flexibility for patients with mobility issues who may rely on other people for transport. Increased services across sites will allow patients to be seen closer to home which will have positive effect on carers and/or family members. • Offering evening and weekend appointments will make it easier for patients to attend appointments who might rely on relatives to transport them. 				
Potential negative impact				
<ul style="list-style-type: none"> • If waiting areas are to get busier due to increased services then consideration may need to be made with regards to ease of access, crowded and noisy environments if some patients will find that unsettling. 				
Mitigation				
<ul style="list-style-type: none"> • Mitigation could be to assign designated quiet rooms/zones. • Offering appointments during quieter times for those that would prefer. • Currently offer morning appointments for those with neurodiversity requirements to avoid busy waiting rooms and less waiting times. 				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact		Negative Impact		No Impact
				✓

Justification of impact identified:					
None foreseen for this protected group.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact	✓	No Impact	
Justification of impact identified:					
Potential Negative impact					
<ul style="list-style-type: none"> The majority of sonographers are female and dependant on examination we may not be able to provide a choice of gender for patients on some occasions. Currently the majority of Service users are female which aligns with the gender split of Service staff. If increase in staff affects the alignment of this split then there would be a negative impact. 					
Mitigation					
<ul style="list-style-type: none"> Mitigation would be the offer of a chaperone in line with Health Board policy. 					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
None foreseen for this protected group.					
Armed Forces Community Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
Some armed forces individuals are eligible for priority treatment, provided they adhere to the specific criteria as noted within the Welsh Government Armed Forces Covenant.					
If their injury or illness is attributable to their military service, then they are eligible for priority treatment.					
If they were on a waiting list in another Health Board or even in England and they get posted (moved) to our Health Board area, then they are entitled to join the Health Board waiting list at the same point as when they left the previous location e.g. they had been waiting for an operation for two years and they join the waiting list here at the same point as someone who has been waiting two years and don't join at the end of the queue.					
An increase in services will reduce waiting lists which means those armed forces patients would experiences shorter waiting times compared to those they would experience in the current configuration of services.					
Currently, due to longer waiting lists, armed forces and their families may struggle to be seen and must re-join waiting lists at other locations. Increased services across sites will have positive impact on this.					
Many military spouses reliant on public transport to get around so more availability closer to home will have a positive impact on them.					
Socio Economic Duty 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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Positive impact <ul style="list-style-type: none"> Less staff travel costs due to community site being removed. 					
Negative impacts <ul style="list-style-type: none"> Patients in North Carmarthenshire may have to travel further for Xray due to closure of Llandovery. This will also impact those on lower income from the area having to travel further requiring additional costs for fuel, public transport, taxi etc. 					

- Potential additional childcare considerations if additional travel time is needed resulting in more expense for patients.
- Potential negatives depending on exact services offered and the chosen location. Could result in increased travel and travel costs for patients.
- Staff travel – additional childcare considerations (including costs) if additional travel time is needed as well as overall longer hours.
- Additional wear & tear on vehicles.

Mitigation

- Mitigation could be the use of pool cars and car sharing.
- Having a transport service and a coordinator in place – a member of staff coordinating transport requests.
- Offering flexibility for appointments around emergency workload.
- Would be the offering of the nurse within the Health Board to ease childcare pressures. Staff discount for use of this.
- Mitigation would be that centralisation should result in fewer individual visits to hospital

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Radiology								
Grand Total	135	76	23	28	24	26	4	316
%	43%	24%	7%	9%	8%	8%	1%	100%

Additional Comments:

Positives

- Extension of services will have positive impact on all groups as more services will be available and those services will be closer to home. Increased services likely to reduce waiting times resulting in better quality care for patients.
- Multiple interventions could be done in one day, on one site increasing efficiency in service and therefore improving quality of care.
- For better work life balance can also offer flexible working options.

Potential negative

- Depending on exact services offered and the chosen location it could result in increased travel for patients.

Screening Completed by:	Name	Sarah Procter
	Title	Deputy Head of Radiology
	Contact details	sarah.procter@wales.nhs.uk
	Date	11/10/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Gail Roberts-Davies
	Title	Head of Radiology
	Contact details	gail.roberts-davies2@wales.nhs.uk
	Date	11/10/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Stroke

Title of Procedure, Project, Proposal, Policy being screened:	New option – alternative option 210
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

A full Stroke services provided.
Early Supported Discharge provided also.

Glangwili:

Full Stroke services provided.

Prince Philip:

Full Stroke services provided.

Bronglais:

Full Stroke services provided.

Community Sites:

No service provided.

Future status:

Withybush:

Treat & Transfer

Bronglais:

Stroke Unit (12/7) with Acute Stroke Rehab

Prince Philip:

Treat & Transfer

Glangwili:

Stroke Unit (24/7)
(inc Acute Stroke Rehab)

24/7 unit merged with SBUHB once CRC agreed.at which point Bronglais becomes Stroke Unit 12/7 with Rehab

Community Sites:

Current Configuration – No activity at community sites

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive impacts -				
<ul style="list-style-type: none"> It is hoped that by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay. Most patients are aged 65+ (although younger personnel can have a stroke), by centralising the service there will be a greater collective of experts in an area to treat the patients. 				
Negative impacts –				
<ul style="list-style-type: none"> Due to patients' families having to travel further and financial implication. Access for relatives to support regular rehab and/or end of life care. There is no direct public transport between sites. Patient stay could increase if unable to access transport once fit for discharge. Age and frailty may have an impact on having to travel further and/or use public transport to visit patients. Older people may have mobility equipment they rely on (problematic on public transport). Some patients may struggle to adjust to the use of technology for virtual contact with family. Patients currently being seen and treated in Glangwili and Bronglais will have to travel further (PPH or WGH). No Stroke or TIA clinics will be held in Glangwili, Bronglais however will retain the outpatient element of the stroke service. This would impact older and more frail patients. 				

Mitigations

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel especially with some of the older families.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

Due to patients' families having to travel further and financial implication (increased distance to travel and availability of public transport to coincide with visiting times) may result in a reduction in the number of visitors and the frequency of their visits. This will reflect as noted below:

- With the additional travel for families to visit it could impact patient physical and psychological recovery.
- Disability may have an impact on having to travel further and/or use public transport to visit patients. They may have mobility equipment they rely on (problematic on public transport)
- If there is a cognitive problem (patient), relatives may not be able to visit as frequently to help alleviate distress.
- If a relative has cognitive problems, they may not be able to negotiate travelling further afield.

Mitigation – It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.
- For outpatients, telephone or attend anywhere follow ups could be used.
- Linking up with relatives to support patients before appointments to help preparation.
- Work closely with Stroke Association to provide support pre appointments.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown impact:

- Availability of gender-neutral facilities
- By use of public transport this could increase anxiety due to potential staring and name calling.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impacts are foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

- Potential negative impact of there being a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigations

- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impacts are foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impacts are foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impacts are foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:

No impacts are foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
-----------------	-------------------------------------	-----------------	-------------------------------------	-----------	--------------------------

Justification of impact identified:

Patients

Positive impact

- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay, which would reduce financial burden of visiting costs.
- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.

Negative impact

- Due to patients' families having to travel further it will have a financial implication. Timing and availability of public transport may impact visiting times.

Mitigations

- Overnight accommodation may need to be considered for families that have to travel a long distance.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.

Staff

Positive Impact

- Consideration will need to be given to transport services available to staff that will change their base e.g. car sharing.

Negative impact

- Centralising teams to a different site may mean that some staff members incur additional time and cost to travel to work. Timing and availability of public transport may impact shift times.
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.
- Potential need for additional caring arrangements where staff members also have caring responsibilities with the additional travel to work time.

Mitigations

- An improved work environment for staff by locating the service on two sites as opposed to four in its current form.
- More stable and sustainable work environment by implementing a 2-site model.
- Organisational Change Process (Workforce, Trade Union, Staff) will allow staff the opportunity to be able to discuss their issues and find a resolution.
- Loan pool cars if having to travel to alternative sites.
- Nursery on sites for staff use with staff discount.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be

identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Stroke								
Grand Total	87	42	13	13	14	21	9	199
%	44%	21%	7%	7%	7%	11%	5%	100%

Additional Comments:

Due to staff having to travel further and financial implication plus working on an unfamiliar site and patient pathway.

Positive

- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.
- Within Option this follows a more intensive 7 day service cover with 24 hour service at Glangwili which will improve outcomes for patients who require the first 72 hours of Stroke Care from admission.
- For Option 1,2,106 & 210 this consolidates a skilled workforce to fewer sites offering increased resilience and cover for the workforce during absences. This will ensure that both patients and staff are operating safely with timely and immediate access to appropriate supervision and patient outcomes will likely improve as a result.

Negative:

- Bronglais will continue to have a 12 hour Stroke Unit however this is not a feasible or sustainable option due to the lack of resources available in that unit. There is a further risk on the ability to recruit at that site
- Patients currently being seen and treated in Withybush & Prince Philip will have to travel further.
- Timing and availability of public transport may impact visiting times.
- Longer work hours with travel times added to the working day.
- Some patients may struggle to adjust to the use of technology for virtual contact with family. Stroke patients can be left with cognitive and physical disabilities that may make the use of technology more difficult.

Mitigation –

- The option will also require effective commissioning of inter hospital services.
- Consideration will need to be given to transport services available to families visiting patients and supporting patient discharge.
- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

	Name	Rian furlong
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Screening Completed by:	Title	Project Manager
	Contact details	transformation.mailbox@wales.nhs.uk
	Date	09/12/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sentil Kumar, Bethan Andrews & Louise Coombe
	Title	Stroke Team
	Date	09/12/25
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	10/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Stroke

Title of Procedure, Project, Proposal, Policy being screened:	Option A (formerly known as Options 1, 3 & 4)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

<p>Current status:</p> <p>Withybush: A full Stroke services provided. Early Supported Discharge provided also.</p> <p>Glangwili: Full Stroke services provided.</p> <p>Prince Philip: Full Stroke services provided.</p> <p>Bronglais: Full Stroke services provided.</p> <p>Community Sites: No service provided.</p> <p>Future status:</p> <p>Withybush: Acute Stroke Unit. Rehab beds. (specialist cover 12-hours a day)</p> <p>Bronglais: Treat and transfer to Appropriate Acute Stroke Unit.</p> <p>Prince Philip: Acute Stroke Unit. Rehab beds. (specialist cover 12-hours a day)</p> <p>Glangwili: Treat and transfer to appropriate Acute stroke Unit.</p> <p>Community Sites: Current Configuration – No activity at community sites</p>

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive impacts -				
<ul style="list-style-type: none"> It is hoped that by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay. Most patients are aged 65+ (although younger personnel can have a stroke), by centralising the service there will be a greater collective of experts in an area to treat the patients. 				
Negative impacts –				
<ul style="list-style-type: none"> Due to patients' families having to travel further and financial implication. Access for relatives to support regular rehab and/or end of life care. There is no direct public transport between sites. Patient stay could increase if unable to access transport once fit for discharge. Age and frailty may have an impact on having to travel further and/or use public transport to visit patients. Older people may have mobility equipment they rely on (problematic on public transport). Some patients may struggle to adjust to the use of technology for virtual contact with family. Patients currently being seen and treated in Glangwili and Bronglais will have to travel further (PPH or WGH). No Stroke or TIA clinics will be held in Glangwili, Bronglais however will retain the outpatient element of the stroke service. This would impact older and more frail patients. 				

Mitigations

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel especially with some of the older families.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

Due to patients' families having to travel further and financial implication (increased distance to travel and availability of public transport to coincide with visiting times) may result in a reduction in the number of visitors and the frequency of their visits. This will reflect as noted below:

- With the additional travel for families to visit it could impact patient physical and psychological recovery.
- Disability may have an impact on having to travel further and/or use public transport to visit patients. They may have mobility equipment they rely on (problematic on public transport)
- If there is a cognitive problem (patient), relatives may not be able to visit as frequently to help alleviate distress.
- If a relative has cognitive problems, they may not be able to negotiate travelling further afield.

Mitigation – It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.
- For outpatients, telephone or attend anywhere follow ups could be used.
- Linking up with relatives to support patients before appointments to help preparation.
- Work closely with Stroke Association to provide support pre appointments.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

- Availability of gender-neutral facilities
- By use of public transport this could increase anxiety due to potential staring and name calling.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

Negative impacts

- Potential negative impact of there being a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances).
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.

Mitigations

- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

No impacts are foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

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Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:

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Socio Economic Duty

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.

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Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

Patients

Positive impact

- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay, which would reduce financial burden of visiting costs.
- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.

Negative impact

- Due to patients' families having to travel further it will have a financial implication. Timing and availability of public transport may impact visiting times.

Mitigations

- Overnight accommodation may need to be considered for families that have to travel a long distance.
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- Flexibility with regards to appointment times.
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Staff

Positive Impact

- Consideration will need to be given to transport services available to staff that will change their base e.g. car sharing.

Negative impact

- Centralising teams to a different site may mean that some staff members incur additional time and cost to travel to work. Timing and availability of public transport may impact shift times.
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Mitigations

- An improved work environment for staff by locating the service on two sites as opposed to four in its current form.
- More stable and sustainable work environment by implementing a 2-site model.
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- Nursery on sites for staff use with staff discount.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be

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Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
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%	40%	22%	9%	7%	8%	11%	3%	100%
Stroke								
Grand Total	87	42	13	13	14	21	9	199
%	44%	21%	7%	7%	7%	11%	5%	100%

Additional Comments:

Due to staff having to travel further and financial implication plus working on an unfamiliar site and patient pathway.

Positive

Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.

Negative:

- Patients currently being seen and treated in Glangwili will have to travel further (PPH or WGH).
- Timing and availability of public transport may impact visiting times.
- Longer work hours with travel times added to the working day.
- Some patients may struggle to adjust to the use of technology for virtual contact with family. Stroke patients can be left with cognitive and physical disabilities that may make the use of technology more difficult.

Mitigation –

- The option will also require effective commissioning of inter hospital services.
- Consideration will need to be given to transport services available to families visiting patients and supporting patient discharge.
- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

Screening Completed by:	Name	Rian furlong
	Title	Project Manager
	Contact details	transformation.mailbox@wales.nhs.uk
	Date	28/06/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sentil Kumar, Bethan Andrews & Louise Coombe
	Title	Stroke Team
	Date	28/06/24
	Name	Alan Winter

Guidance has been provided by Diversity & Inclusion Team:	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
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Support

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Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Stroke

Title of Procedure, Project, Proposal, Policy being screened:	Option A + (106) (formerly known as Option A)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

<p>Current status:</p> <p>Withybush: A full Stroke services provided. Early Supported Discharge provided also.</p> <p>Glangwili: Full Stroke services provided.</p> <p>Prince Philip: Full Stroke services provided.</p> <p>Bronglais: Full Stroke services provided.</p> <p>Community Sites: No service provided.</p> <p>Future status:</p> <p>Withybush: Stroke Unit 12/7 (Acute Stroke Rehab)</p> <p>Bronglais: Stroke rehab unit with Treat & Transfer</p> <p>Prince Philip: Stroke Unit 12/7 (Acute Stroke Rehab)</p> <p>Glangwili: Treat and transfer to appropriate Acute stroke Unit.</p> <p>Community Sites: Current Configuration – No activity at community sites</p>
--

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
--------------	------------------------	------------------------	------------------	-----------------------

Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age			
Is it likely to affect older and younger people in different ways or affect one age group and not another?			
Positive Impact	✓	Negative Impact	✓
		No Impact	
Justification of impact identified:			
Positive impacts -			
<ul style="list-style-type: none"> It is hoped that by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay. Most patients are aged 65+ (although younger personnel can have a stroke), by centralising the service there will be a greater collective of experts in an area to treat the patients. 			
Negative impacts –			
<ul style="list-style-type: none"> Due to patients' families having to travel further and financial implication. Access for relatives to support regular rehab and/or end of life care. There is no direct public transport between sites. Patient stay could increase if unable to access transport once fit for discharge. Age and frailty may have an impact on having to travel further and/or use public transport to visit patients. Older people may have mobility equipment they rely on (problematic on public transport). Some patients may struggle to adjust to the use of technology for virtual contact with family. Patients currently being seen and treated in Glangwili and Bronglais will have to travel further. Stroke or TIA clinics will be held in Glangwili, Bronglais however will retain the outpatient element of the stroke service. This would impact older and more frail patients. 			
Mitigations			
<ul style="list-style-type: none"> Tablets available for virtual contact between patients and their families which would reduce the requirement for travel especially with some of the older families. 			

- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

Due to patients’ families having to travel further and financial implication (increased distance to travel and availability of public transport to coincide with visiting times) may result in a reduction in the number of visitors and the frequency of their visits. This will reflect as noted below:

- With the additional travel for families to visit it could impact patient physical and psychological recovery.
- Disability may have an impact on having to travel further and/or use public transport to visit patients. They may have mobility equipment they rely on (problematic on public transport)
- If there is a cognitive problem (patient), relatives may not be able to visit as frequently to help alleviate distress.
- If a relative has cognitive problems, they may not be able to negotiate travelling further afield.

Mitigation – It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.
- For outpatients, telephone or attend anywhere follow ups could be used.
- Linking up with relatives to support patients before appointments to help preparation.
- Work closely with Stroke Association to provide support pre appointments.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Unknown impact:

- Availability of gender-neutral facilities
- By use of public transport this could increase anxiety due to potential staring and name calling.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No impacts are foreseen for this protected group.				
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact <input type="checkbox"/>
Justification of impact identified: Negative impacts				
<ul style="list-style-type: none"> • Potential negative impact of there being a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer distances). • Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently. 				
Mitigations				
<ul style="list-style-type: none"> • Non-emergency transport system for patients/relatives. • Potential shuttle bus operating providing direct link between sites to support travel. • Flexibility with regards to appointment times. • Flexible visiting times for patients to support the challenges brought with extra travel distances. 				
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No impacts are foreseen for this protected group.				
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No impacts are foreseen for this protected group.				
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No impacts are foreseen for this protected group.				
Sexual Orientation				

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:

No impacts are foreseen for this protected group.

Armed Forces Community

Consider whether this impacts on 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.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: [Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:

No impacts are foreseen for this protected group.

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

Patients

Positive impact

- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay, which would reduce financial burden of visiting costs.
- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.

Negative impact

- Due to patients' families having to travel further it will have a financial implication. Timing and availability of public transport may impact visiting times.

Mitigations

- Overnight accommodation may need to be considered for families that have to travel a long distance.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.

Staff

Positive Impact

- Consideration will need to be given to transport services available to staff that will change their base e.g. car sharing.

Negative impact

- Centralising teams to a different site may mean that some staff members incur additional time and cost to travel to work. Timing and availability of public transport may impact shift times.
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.
- Potential need for additional caring arrangements where staff members also have caring responsibilities with the additional travel to work time.

Mitigations

- An improved work environment for staff by locating the service on two sites as opposed to four in its current form.
- More stable and sustainable work environment by implementing a 2-site model.
- Organisational Change Process (Workforce, Trade Union, Staff) will allow staff the opportunity to be able to discuss their issues and find a resolution.
- Loan pool cars if having to travel to alternative sites.
- Nursery on sites for staff use with staff discount.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact

Negative Impact

No Impact

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board

Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Stroke								
Grand Total	87	42	13	13	14	21	9	199
%	44%	21%	7%	7%	7%	11%	5%	100%

Additional Comments:

Due to staff having to travel further and financial implication plus working on an unfamiliar site and patient pathway.

Positive

Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and also reduce distress between patients and their loved ones. Not reliant on visiting times.

Negative:

- Patients currently being seen and treated in Glangwili will have to travel further.
- Timing and availability of public transport may impact visiting times.
- Longer work hours with travel times added to the working day.
- Some patients may struggle to adjust to the use of technology for virtual contact with family. Stroke patients can be left with cognitive and physical disabilities that may make the use of technology more difficult.

Mitigation –

- The option will also require effective commissioning of inter hospital services.
- Consideration will need to be given to transport services available to families visiting patients and supporting patient discharge.
- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

Screening Completed by:	Name	Rian furlong
	Title	Project Manager
	Contact details	rianfurlong@wales.nhs.uk
	Date	09/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sentil Kumar, Bethan Andrews & Louise Coombe
	Title	Stroke Team
	Date	09/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	10/12/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Stroke

Title of Procedure, Project, Proposal, Policy being screened:	Option B (formerly known as Option 2)
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**Description of the Procedure/ Project/ Proposal/ Policy being screened
(including key aims and objectives)**

Current status:

Withybush

A full Stroke services provided.
Early Supported Discharge provided also.

Glangwili

A full Stroke services provided.

Prince Philip

A full Stroke services provided.

Bronglais

A full Stroke services provided.

Community Sites

No service provided.

Future status:

Withybush

Acute Stroke Unit and rehab beds. (specialist cover 12-hours a day)
Treat and transfer to Appropriate Acute Stroke Unit.

Bronglais

Treat and transfer to Appropriate Acute Stroke Unit.

Prince Philip

Acute Stroke Unit and rehab beds. (specialist cover 24-hours a day)

Glangwili

Treat and transfer to appropriate Acute stroke Unit.

Community Sites

Current Configuration – No activity at community sites.

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability		✓		
Gender Reassignment				✓
Marriage / Civil Partnership			✓	
Pregnancy and Maternity		✓		
Race / Ethnicity			✓	
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive impacts -				
<ul style="list-style-type: none"> It is hoped that by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay. Most patients are aged 65+ (although younger personnel can have a stroke), by centralising the service there will be a greater collective of experts in an area to treat the patients. 				
Negative impacts –				
<ul style="list-style-type: none"> Due to patients' families having to travel further and financial implication. Access for relatives to support regular rehab and/or end of life care. There is no direct public transport between sites. Patient stay could increase if unable to access transport once fit for discharge. Age and frailty may have an impact on having to travel further and/or use public transport to visit patients. Older people may have mobility equipment they rely on (problematic on public transport). Some patients may struggle to adjust to the use of technology for virtual contact with family. 				

- Patients currently being seen and treated in Withybush, Glangwili & Bronglais would receive their 1st 72 hours of care in Prince Philip and rehabilitation being provided at Prince Philip & Withybush for the rest of their stroke journey. Therefore, patients from Withybush, Glangwili & Bronglais will have to travel further. No Stroke or TIA clinics will be held in Glangwili or Withybush, Bronglais however will retain the outpatient element of the stroke service. This would impact older and more frail patients.

Mitigations

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel especially with some of the older families.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact	✓	No Impact	
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Justification of impact identified:

Negative impacts

Due to patients' families having to travel further and financial implication (increased distance to travel and availability of public transport to coincide with visiting times) may result in a reduction in the number of visitors and the frequency of their visits. This will reflect as noted below:

- With the additional travel for families to visit it could impact patient physical and psychological recovery.
- Disability may have an impact on having to travel further and/or use public transport to visit patients. They may have mobility equipment they rely on (problematic on public transport)
- If there is a cognitive problem (patient), relatives may not be able to visit as frequently to help alleviate distress.
- If a relative has cognitive problems, they may not be able to negotiate travelling further afield.

Mitigation – It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

- Tablets available for virtual contact between patients and their families which would reduce the requirement for travel especially with some of the older families.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.
- Laundry service for patients to ease pressure on visitors bringing clean clothing etc or clothing provided for patients.
- For outpatients, telephone or attend anywhere follow ups could be used.
- Linking up with relatives to support patients before appointments to help preparation.
- Work closely with Stroke Association to provide support pre appointments.

Gender Reassignment

<p>Is it likely to affect those who either:</p> <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact		Negative Impact		No Impact	
<p>Justification of impact identified: Unknown impact:</p> <ul style="list-style-type: none"> • Availability of gender-neutral facilities • By use of public transport this could increase anxiety due to potential staring and name calling. 					
<p>Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.</p>					
Positive Impact		Negative Impact		No Impact	✓
<p>Justification of impact identified: No impacts are foreseen for this protected group.</p>					
<p>Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>					
Positive Impact		Negative Impact	✓	No Impact	
<p>Justification of impact identified: Negative impacts</p> <ul style="list-style-type: none"> • Potential negative impact of there being a potential increase in discomfort for pregnant patients having to travel further to access care, particularly towards the end of the third trimester (increased difficulty in using public transport for longer; potentially needing to access multiple forms of transport for one journey, i.e. train and bus; needing to access toilet facilities more frequently; increase pain/discomfort if having to sit for long periods of time or walk longer. distances). • Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently. <p>Mitigations</p> <ul style="list-style-type: none"> • Non-emergency transport system for patients/relatives. • Potential shuttle bus operating providing direct link between sites to support travel. • Flexibility with regards to appointment times. • Flexible visiting times for patients to support the challenges brought with extra travel distances. 					
<p>Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?</p>					
Positive Impact		Negative Impact		No Impact	✓
<p>Justification of impact identified: No impacts are foreseen for this protected group.</p>					
<p>Religion or Belief</p>					

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impacts are foreseen for this protected group.					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impacts are foreseen for this protected group.					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impacts are foreseen for this protected group.					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impacts are foreseen for this protected group.					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	
Justification of impact identified:					
Patients					
Positive impacts					
<ul style="list-style-type: none"> It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay, which would reduce financial burden of visiting costs. 					
Negative impacts					

- Due to patients' families having to travel further it will have a financial implication. Timing and availability of public transport may impact visiting times.
- Overnight accommodation may need to be considered for families that have to travel a long distance.

Mitigations

- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and reduce distress between patients and their loved ones. Not reliant on visiting times.
- Overnight accommodation may need to be considered for families that have to travel a long distance.
- Non-emergency transport system for patients/relatives.
- Potential shuttle bus operating providing direct link between sites to support travel.
- Flexibility with regards to appointment times.
- Flexible visiting times for patients to support the challenges brought with extra travel distances.

Staff

Positive Impact

- Consideration will need to be given to transport services available to staff that will change their base e.g. car sharing.

Negative impacts

- Centralising teams to a different site may mean that some staff members incur additional time and cost to travel to work. Timing and availability of public transport may impact shift times.
- Potential need for additional childcare arrangements for those with parenting commitments with the need to travel further than they would currently.
- Potential need for additional caring arrangements where staff members also have caring responsibilities with the additional travel to work time.

Mitigations

- An improved work environment for staff by locating the service on two sites as opposed to four in its current form.
- More stable and sustainable work environment by implementing a 2-site model.
- Organisational Change Process (Workforce, Trade Union, Staff) will allow staff the opportunity to be able to discuss their issues and find a resolution.
- Loan pool cars if having to travel to alternative sites.
- Nursery on sites for staff use with staff discount.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to

continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Stroke								
Grand Total	87	42	13	13	14	21	9	199
%	44%	21%	7%	7%	7%	11%	5%	100%

Additional Comments:

Due to staff having to travel further and financial implication plus working on an unfamiliar site and patient pathway.

Positive

- Tablets available for virtual contact between patients and their families which could increase contact and reduce financial costs of visiting and reduce distress between patients and their loved ones. Not reliant on visiting times.

Negatives:

- Patients currently being seen and treated in Glangwili, Bronglais & Withybush and their families will have to travel further.
- Timing and availability of public transport may impact visiting times.
- Longer work hours with travel times added to the working day.
- Some patients may struggle to adjust to the use of technology for virtual contact with family. Stroke patients can be left with cognitive and physical disabilities that may make the use of technology more difficult.

Mitigation –

- The option will also require effective commissioning of inter hospital services.
- Consideration will need to be given to transport services available to families visiting patients and supporting patient discharge.
- It is anticipated by adopting the new option there will be better quality care and outcomes for patients as well as reducing inpatient stay.

Screening Completed by:	Name	Rian furlong
	Title	Project Manager
	Contact details	transformation.mailbox@wales.nhs.uk
	Date	28/06/24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sentil Kumar, Bethan Andrews & Louise Coombe
	Title	Stroke Team
	Contact details	
	Date	28/06/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Urology

Title of Procedure, Project, Proposal, Policy being screened:	Urology Option 194/197
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

Outpatient Services & Day Surgery

Glangwili:

Outpatient Services & Emergency and Elective Surgery.

Prince Philip:

Outpatient Services & Day Surgery

Bronglais:

Outpatient Services

Community Sites:

No activity

Future status:

Withybush:

Bronglais and Withybush Hospital to continue with Outpatient Services

Bronglais:

Bronglais and Withybush Hospital to continue with Outpatient Services

Prince Philip:

Centralise elective urology in Prince Philip Hospital.

Glangwili:

Outpatient services and emergency urology in Glangwili Hospital

Community Sites:

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity	✓			
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impact:				
<ul style="list-style-type: none"> The majority of Urology patients are older males, having a more efficient centralised unit will provide better outcomes in terms of rapid access to treatment, symptom relief and quality of treatment. Holding some outpatient appointments in Glangwili will be easier to get to for some patients living around Carmarthen. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. 				

- It can prove challenging for older adults moving around the health board. The road network is often very busy and the public transport provision is not reliable.
- Elderly patients may need to rely on other people for lifts to and from visiting the patient.

Mitigations:

- Centralisation should result in fewer individual visits to hospital.
- Increased use of Non-Emergency Patient Transport Service (NEPTS) run by Welsh Ambulance Service Trust.
- Virtual clinics reduce the need for travel in some areas.
- **Introduce a shuttle bus service between hospital sites**

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- A more compact unit that is more accessible will be a positive impact for age and disability
- Access to the hospital is improved
- Access within the hospital is easier than at Glangwili
- Disabled parking access is improved in Prince Philip than Glangwili
- TWOC services are to be delivered in the community which will have a positive impact to those who have mobility difficulties.
- Holding some outpatient appointments in Glangwili will be easier to get to for some patients living around Carmarthen.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- Virtual clinics reduce the need for travel in some areas.
- Community nurses can perform TWOC services in local health centres.
- **Introduce a shuttle bus service between hospital sites**

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Positive Impacts:

A specialist unit will improve privacy and dignity in consultations for people that fall into the gender reassignment group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified: No impact foreseen					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: Positive Impact: <ul style="list-style-type: none"> Expanding services in Prince Philip will enable faster treatment to prostate cancer services, which disproportionately affects black men (27% vs 12% likelihood) 					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: Positive Impact: <ul style="list-style-type: none"> As a result of current high waiting lists, fewer males on transurethral resection of the prostate (TURP) list will feel the need to go private. 					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Armed Forces Community Consider whether this impacts on 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.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No impact foreseen

Socio Economic Duty

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.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: [more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- Llanelli is a generally more deprived area than Carmarthen, so having a centralised site in Llanelli will be easier for the local population
- Up to 9 members of staff will have decreased travel expenses working in Llanelli
- Holding some outpatient appointments in Glangwili will be easier to get to for some patients living around Carmarthen.

Negative Impacts:

- Up to 9 members of staff will have increased travel expenses working in Llanelli.
- Centralisation does remove some local services.
- Centralisation to Prince Philip will still rely on patients traveling further for some treatment.

Mitigations:

- Additional reimbursement for relocation costs over a fixed period.
- The service will work with the Non-Emergency Patient Transport Service (NEPTS) run by Welsh Ambulance Service Trust.
- Leaving some services in Bronlais and Wityhush helps with patients who would otherwise need to travel further on a more regular basis.
- Introduce a shuttle bus service between hospital sites
- Introduce a reimbursement scheme, or a scheme which supports patients to pay costs upfront or allows them to claim for transport costs subsequently.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
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Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

The Health Board has always taken its statutory duties towards the Welsh language very seriously. We recognise that as an organisation we have always tried to deliver our services in the service users' language of need; however, we have not consistently achieved this. We are committed to delivering the current Welsh Language Standards. While clear in our commitment, to deliver our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture needs to continue to change for us to deliver a seamless bilingual service to our service users. As part of this effort, we conform to the Welsh language standards 99-102, such as providing staff with employment

documents, should they indicate that they prefer to receive the documents in Welsh. We work proactively with teams where there is a lack of Welsh speakers and encourage staff to learn Welsh. This is done by offering courses for all skill levels, as well as opportunities to practice the language informally. We work closely with the National Centre for Learning Welsh who tailor courses and tutors to health boards' specific needs.

The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board's commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Urology								
Grand Total	17	6	2	2	1	3	3	34
%	50%	18%	6%	6%	3%	9%	9%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	02/12/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Neil Griffiths
	Title	Service Delivery Manager(Urology)
	Contact details	Neil.griffiths@wales.nhs.uk
	Date	16/12/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/12/2025

Diversity and Inclusion Team additional Comments:	
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Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	CSP
Service Area	Urology

Title of Procedure, Project, Proposal, Policy being screened:	Urology Option A (formerly known as Option 1)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Current status:

Withybush:

Outpatient Services & Day Surgery

Glangwili:

Outpatient Services & Emergency and Elective Surgery.

Prince Philip:

Outpatient Services & Day Surgery

Bronglais:

Outpatient Services

Community Sites:

No activity

Future status:

Withybush:

Bronglais and Withybush Hospital to continue with Outpatient Services

Bronglais:

Bronglais and Withybush Hospital to continue with Outpatient Services

Prince Philip:

Centralise elective urology in Prince Philip Hospital.

Glangwili:

Emergency urology in Glangwili Hospital

Community Sites:

Trial Without Catheter (TWOC) to revert back to Primary Care

Assess which protected characteristics will potentially be affected by the option in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

Group	Positive Impact	Negative Impact	No Impact	Unknown Impact
Age	✓	✓		
Disability	✓	✓		
Gender Reassignment			✓	
Marriage / Civil Partnership			✓	
Pregnancy and Maternity			✓	
Race / Ethnicity	✓			
Religion or Belief			✓	
Sex			✓	
Sexual Orientation			✓	
Additional Determinants				
Armed Forces Community			✓	
Socio Economic Duty	✓	✓		
Welsh Language				✓

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact	✓	No Impact
Justification of impact identified:				
Positive Impact:				
<ul style="list-style-type: none"> The majority of Urology patients are older males, having a more efficient centralised unit will provide better outcomes in terms of rapid access to treatment, symptom relief and quality of treatment. 				
Negative Impacts:				
<ul style="list-style-type: none"> There is a potential negative impact on working age people who may need to take time off work to travel to site. It can prove challenging for older adults moving around the health board. The road network is often very busy and the public transport provision is not reliable. Elderly patients may need to rely on other people for lifts to and from visiting the patient. 				

Mitigations:

- Centralisation should result in fewer individual visits to hospital.
- Increased use of Non-Emergency Patient Transport Service (NEPTS) run by Welsh Ambulance Service Trust.
- Virtual clinics reduce the need for travel in some areas.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact	✓	No Impact	
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Justification of impact identified:

Positive Impacts:

- A more compact unit that is more accessible will be a positive impact for age and disability
- Access to the hospital is improved
- Access within the hospital is easier than at Glangwili
- Disabled parking access is improved in Prince Philip than Glangwili
- TWOC services are to be delivered in the community which will have a positive impact to those who have mobility difficulties.

Negative Impacts:

- There is the potential that there might not be the correct required transport to take patients to the different locations (wheelchair friendly vehicles) where they might have had local services that they could access previously.

Mitigations:

- Virtual clinics reduce the need for travel in some areas.
- Community nurses can perform TWOC services in local health centres.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

Positive Impacts:

A specialist unit will improve privacy and dignity in consultations for people that fall into the gender reassignment group.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

No impact foreseen

Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: Positive Impact:					
<ul style="list-style-type: none"> Expanding services in Prince Philip will enable faster treatment to prostate cancer services, which disproportionately affects black men (27% vs 12% likelihood) 					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: Positive Impact:					
<ul style="list-style-type: none"> As a result of current high waiting lists, fewer males on transurethral resection of the prostate (TURP) list will feel the need to go private. 					
Sexual Orientation					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Armed Forces Community					
Consider whether this impacts on 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.'					
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact foreseen					
Socio Economic Duty					
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.					
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact	✓	No Impact	

Justification of impact identified:

Positive Impacts:

- Llanelli is a generally more deprived area than Carmarthen, so having a centralised site in Llanelli will be easier for the local population
- Up to 9 members of staff will have decreased travel expenses working in Llanelli

Negative Impacts:

- Up to 9 members of staff will have increased travel expenses working in Llanelli.
- Centralisation does remove some local services.
- Centralisation to Prince Philip will still rely on patients traveling further for some treatment.

Mitigations:

- Additional reimbursement for relocation costs over a fixed period.
- The service will work with the Non-Emergency Patient Transport Service (NEPTS) run by Welsh Ambulance Service Trust.
- Leaving some services in Bronglais and Withybush helps with patients who would otherwise need to travel further on a more regular basis.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	
-----------------	--	-----------------	--	-----------	--

Justification of impact identified:

Impacts considered - unknown at this stage:

Hywel Dda University Health Board acknowledges and celebrates that in our communities in West Wales, we have a high proportion of our population – whether patients, service users, carers or volunteers - who wish to, and have a need to, communicate with the health service using their first language - Welsh.

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The Health Board has recorded the Welsh Language Skills Levels of 97% of our workforce. Work will continue to assess the language impact, if any, of all the options within the CSP. The Welsh Language Services team will work closely with the Workforce and Organisational Development team to assess ongoing service needs in relation to Welsh language provision.

The impact of any change can only be measured through the assessment of the availability and skills of individuals who are able to speak Welsh. Until specific options for the future of the services are confirmed, and we carry out necessary Organisational Change Policies with staff teams affected, the specific impacts on Welsh language skills amongst the workforce involved in the reconfigured services cannot be fully assessed. However, this would be monitored and any risks to Welsh language service provision will be identified with mitigations and an action plan to address and improve. The Health Board’s commitment to providing information regarding services and sites bilingual will not be impacted by the service change/s.

Health Board								
Proficiency Levels (headcount)	No Skills /Dim Sgiliau	Entry / Mynediad	Foundation /Sylfaen	Intermediate / Canolradd	Higher /Uwch	Proficiency /Hyfedredd	Not yet recorded on ESR	Grand Total
Grand Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40%	22%	9%	7%	8%	11%	3%	100%
Urology								
Grand Total	17	6	2	2	1	3	3	34
%	50%	18%	6%	6%	3%	9%	9%	100%

Additional Comments:

Screening Completed by:	Name	Michael Langford
	Title	Project Manager
	Contact details	Michael.e.langford@wales.nhs.uk
	Date	10/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lisa O'Malley
	Title	Clinical Nurse Specialist (Urology)
	Contact details	Lisa.O'Malley@wales.nhs.uk
	Date	10/10/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	4/4/2025
Diversity and Inclusion Team additional Comments:		