



**PWYLLGOR STRATEGAETH A CHYNLLUNIO  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Targeted Estates Fund (TEF) Projects: Provision of Second Generators at Glangwili and Withybush Hospitals
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Simon Chiffi, Head of Operations

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report sets out the position with regards to the proposed Second Generators provision and associated electrical installations, groundworks and controls works at Glangwili Hospital (GGH) and Withybush Hospital (WGH).

Funded by Welsh Government (WG) support (Targeted Estates Funding (TEF)), approval is sought to award the contracts to deliver the main contract works, in line WG guidance.

**Cefndir / Background**

Hywel Dda University Health Board (HDdUHB) has received WG funding to support the provision of Second Generators at GGH and WGH to significantly improve site resilience and continuity of our healthcare services in the event of a network power-outage and support alignment with the requirements of WHTM 06-01.

WG confirmed a commitment totalling £5.269m of Infrastructure funding to HDdUHB on 21 March 2025, with the provision of the Second Generators being a key element of the programme. This investment will support the purchase of second generators and associated infrastructure upgrading to improve site resilience, reflecting our dedication to sustaining healthcare services for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and WG, we are ensuring these improvements align with wider efforts to strengthen estate resilience and ensure service continuity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

**Asesiad / Assessment**

These Contract Awards are in line with Section 10 of the NHS Wales Infrastructure Investment Guidance. Paragraph 13 (3) of Schedule 2 to the National Health Service (Wales) Act 2006 requires Local Health Boards to obtain Welsh Ministers' consent to acquire and dispose of property and enter into contracts. Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required.

The Contracts will be funded via the £5.269m WG funding and HDdUHB Discretionary Capital match-funding, and are in line with NWSSP's Construction Framework West: HDdUHB - £200k to £2m compliant with UK/EU procurement legislation. This framework included several potential providers who had achieved inclusion on the framework following a qualification process.

The HDdUHB Estates and Facilities directorate seeks to establish a single call-off contract for the provision of Second Generators and associated infrastructure works at GGH and WGH. The Call-off Contracts will be actioned by HDdUHB, utilising standard Joint Contracts Tribunal (JCT) contract templates (Intermediate Form of Contract and Agreements in place by Legal Team - Bevan Brittan). The framework is structured by awarding contracts on a rotational basis. The Call-Off option of direct award is available subject to supplier being next on rotation.

This multi-supplier framework agreement covers the provision of qualified construction contractors to undertake various packages of minor/intermediate and major works which meets HDdUHB's requirements. All suppliers have been added to the framework following a robust and compliant tendering process, enabling the inclusion of suppliers both willing and able to provide customers with the construction related works required to meet the Health Board's strategic objective.

The tenders were assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates from previous phases of works to confirm acceptance and value for money. The tenders are in line with the NWSSP construction framework - award and call off procedures:

- NWSSP Procurement Services Tender Reference CAP-OJEU-91888
- Region B: Lot 4 Projects from £200k to £2m - HDdUHB
- Rotational – Direct Award with T. Richard Jones (Betws) Ltd

For the 2024/25 Discretionary Capital Projects, the Capital Systems Final Internal Audit Report concluded a **\*\*substantial audit rating\*\*** for both the selection and appointment processes and the value for money and award considerations. This outcome reflects the robust stewardship and financial control exercised by the Discretionary Capital Design Team at HDdUHB, in line with NHS Wales standards. By leveraging the direct award mechanism within an approved framework, we have streamlined procurement, reduced costs, and maintained transparency, ensuring the selection of suitable suppliers based on objective criteria. This approach not only prioritises the Health Board's service needs but also frees up valuable clinical and estates resources, delivering measurable efficiency gains. The substantial rating affirms our commitment to achieving economy, efficiency, and effectiveness, reinforcing public trust in our management of taxpayer funds. This success positions us well to advance our "spend to save" objectives, delivering long-term value for the organisation.

HDdUHB and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:

1. Framework Requirements – Award and Call off Procedure
2. Quoted Price / Commercial Arrangements - 100%
3. Social Value in Construction in-line with Framework Lot 4
4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (WBoFG) (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing (Social Value) of the local area through its activities.

The budget for the contract works at **GGH** is £1,115,292.09 (exc. VAT):

Element	Cost
TRJ Construction Contract Sum (excl. VAT)	<b>£1,115,292.09</b>
Fees and Survey Costs as DAF (excl. VAT)	£97,273.44
Non-Works Costs as DAF (excl. VAT)	£9,496.30
Equipment Costs as DAF (excl. VAT)	£0.00
<b>Total Project Costs excluding Contingency and VAT</b>	<b>£1,222,061.83</b>
Contingency as DAF	£49,400.00
Total Project Costs including Contingency (excl. VAT)	<b>£1,271,461.83</b>
VAT (20%)	£254,292.37
<b>Sub Total</b>	<b>£1,525,754.20</b>
Less Recoverable VAT	-£19,454.69
<b>Forecast Project Out-Turn Cost</b>	<b>£1,506,299.51</b>

The budget for the contract works at **WGH** is £1,197,845.51 (exc. VAT):

Element	Cost
TRJ Construction Contract Sum (excl. VAT)	<b>£1,197,845.51</b>
Fees and Survey Costs as DAF (excl. VAT)	£89,263.53
Non-Works Costs as DAF (excl. VAT)	£8,357.00
Equipment Costs as DAF (excl. VAT)	£0.00
<b>Total Project Costs excluding Contingency and VAT</b>	<b>£1,295,466.04</b>
Contingency as DAF	£35,500.00
Total Project Costs including Contingency (excl. VAT)	<b>£1,330,966.04</b>
VAT (20%)	£266,193.21
<b>Sub Total</b>	<b>£1,597,159.25</b>
Less Recoverable VAT	-£17,852.71
<b>Forecast Project Out-Turn Cost</b>	<b>£1,579,306.54</b>

The outcome of the suppliers' bids based on their written response resulted in a recommendation to award the contracts to 'T Richard Jones (Betws) Ltd' for the works in the sums of £1,115,292.09 (exc.VAT) for GGH and £1,197,845.51 (exc.VAT) for WGH, as their bids offered the best fit with the key criteria, could meet the required timescales and offered the best overall value for money.

## Argymhelliad / Recommendation

The Committee is requested to:

- **RECOMMEND**, for onward ratification by Board on **29 January 2026**, award of the contracts at £1,115,292.09 (exc. VAT) for Glangwili General Hospital and £1,197,845.51 (exc.VAT) for Withybush General Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16.Review capital (excluding digital) business cases, prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Glangwili General Hospital: Datix Risk Register Reference: 1049 Current risk score: 10 (high)  Withybush General Hospital: Datix Risk Register Reference: 2014 Current risk score: 12 (high)
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Within report
Rhestr Termiau: Glossary of Terms:	Within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	TEF Project Group Business Executive Team meeting – 10 December 2025

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Capital Funding in place to deliver the works. Refer to Integrated Impact Assessment Template (Appendix 1).
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Direct impact on patient environment. Refer to Integrated Impact Assessment Template.
<b>Gweithlu: Workforce:</b>	No direct impact. Refer to Integrated Impact Assessment Template.
<b>Risg: Risk:</b>	The risk is identified on the corporate risk register. Business continuity plans in place for project period. Refer to Integrated Impact Assessment Template.
<b>Cyfreithiol: Legal:</b>	Not applicable.
<b>Enw Da: Reputational:</b>	Unlikely due to temporary/limited nature of disruption during installation period. Refer to Integrated Impact Assessment Template.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	Potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation. <ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes, refer to Appendix 1</li> <li>• Has a full EqIA been undertaken? Yes, refer to Appendix 2</li> </ul>

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
<b>Financial/Service Impacts</b>				
<p>1. Has the new proposal/service model been costed? If so, by whom?</p>	<b>Y</b>	<p>The discretionary capital team and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:</p> <ol style="list-style-type: none"> <li>1. Framework Requirements – Award and Call off Procedure</li> <li>2. Quoted Price / Commercial Arrangements - 100%</li> <li>3. Social Value in Construction in-line with Framework Lot 4</li> <li>4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing ('Social Value) of the local area through its activities.</li> </ol>	<b>SD/DB</b>	
<p>2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?</p>	<b>Y</b>	<p>WG has committed funding for the purchase of second generators and associated works together with DCP match-funding . The HDdUHB Estates &amp; Facilities directorate seeks to establish a single call-off contract for the provision of second</p>	<b>SD/DB</b>	

		generators & associated works work at Glangwili & Witybush General Hospitals		
3. Is the new proposal/service model affordable from within existing budgets?	<b>Y</b>	WG funding secured and DC funding committed	<b>SD/DB</b>	
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	<b>N</b>		<b>SD/DB</b>	
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	<b>N</b>		<b>SD/DB</b>	
6. What is the financial or efficiency payback (prudency), if any?	<b>N</b>		<b>SD/DB</b>	
7. Are there risks if the new proposal/service model is not put into effect?	<b>Y</b>	There is a serious risk to patients & service-delivery of power-outage at these acute sites from network or existing (aged) generator failure if these projects are not implemented	<b>SD/DB</b>	
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	<b>N</b>		<b>SD/DB</b>	
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	<b>Y</b>	There are significant lead-in times for manufacture & delivery of the generator sets, thus the need to proceed to contract and orders as swiftly as possible	<b>SD/DB</b>	
10. Are capital requirements identified or funded?	<b>Y</b>	WG funding approved & DC funding committed.	<b>SD/DB</b>	
11. Will capital projects need to be completed in time to support any service change proposed?	<b>N</b>		<b>SD/DB</b>	
12. Has a Project Board been identified to manage the implementation?	<b>N</b>		<b>SD/DB</b>	

13. Is there an implementation plan with timescales to performance manage the process and risks?	<b>Y</b>	Project working group have defined and monitor programme for implementation	<b>SD/DB</b>	
14. Is there a post project evaluation planned for the new proposal/service model?	<b>Y</b>	On completion, with NWSSP	<b>SD/DB</b>	
15. Are there any other constraints which would prevent progress to implementation?	<b>N</b>		<b>SD/DB</b>	
<b>Quality/Patient Care Impacts</b>			<b>SD/DB</b>	
16. Could there be an impact on patient outcome/care?	<b>Y</b>	As 7 above	<b>SD/DB</b>	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	<b>N</b>		<b>SD/DB</b>	
18. Is there any potential for inconsistency in approach across the Health Board?	<b>N</b>		<b>SD/DB</b>	
19. Is there are potential for postcode lottery/commissioning?	<b>N</b>		<b>SD/DB</b>	
20. Is there a need to consider exceptional circumstances?	<b>N</b>		<b>SD/DB</b>	
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required)?	<b>N</b>		<b>SD/DB</b>	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	<b>N</b>		<b>SD/DB</b>	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	<b>N</b>	Infrastructure projects	<b>FSD/DB</b>	

24. Are there any population health impacts?	<b>N</b>		<b>SD/DB</b>	
<b>Workforce Impact</b>			<b>SD/DB</b>	
25. Has the impact on the existing staff/WTE been determined?	<b>N</b>	N/A	<b>SD/DB</b>	
26. Is it deliverable without the need for premium workforce?	<b>Y</b>		<b>SD/DB</b>	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	<b>N</b>		<b>SD/DB</b>	
28. Is there potential for professional body/college/union involvement?	<b>N</b>		<b>SD/DB</b>	
29. Could there be any perceived interference with clinical freedom?	<b>N</b>		<b>SD/DB</b>	
30. Is there potential for front line staff conflict with the public?	<b>N</b>		<b>SD/DB</b>	
31. Could there be challenge from the 'industries' involved?	<b>N</b>		<b>SD/DB</b>	
32. Is there a communication plan to inform staff of the new arrangements?	<b>N</b>	Engagement with service-leads in advance of any works if considered to be disruptive	<b>SD/DB</b>	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	<b>N</b>	N/A	<b>SD/DB</b>	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	<b>Y</b>	Estates-team specific induction/training on project handover to ensure future management & maintenance of installation	<b>SD/DB</b>	
<b>Risk Impact</b>			<b>SD/DB</b>	
32. Has a risk assessment been completed?	<b>N</b>		<b>SD/DB</b>	

33. Is there a plan to mitigate the risks identified?	<b>Y</b>	Business continuity plans in place for project period.	<b>SD/DB</b>	
<b>Legal Impact</b>			<b>SD/DB</b>	
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	<b>Y</b>		<b>SD/DB</b>	
35. Is there a likelihood of legal challenge?	<b>N</b>		<b>SD/DB</b>	
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	<b>N</b>		<b>SD/DB</b>	
37. Is there any existing contract and/or notice periods?	<b>N</b>		<b>SD/DB</b>	
<b>Reputational Impact</b>			<b>SD/DB</b>	
38. Is there a likelihood of public/patient opposition?	<b>N</b>		<b>SD/DB</b>	
39. Is there a likelihood of political activity?	<b>N</b>		<b>SD/DB</b>	
40. Is there a likelihood of media interest?	<b>N</b>		<b>SD/DB</b>	
41. Is there the potential for an adverse effect on recruitment?	<b>N</b>		<b>SD/DB</b>	
42. Is there the likelihood of an adverse effect on staff morale?	<b>N</b>		<b>SD/DB</b>	
43. Potential for judicial review?	<b>N</b>		<b>SD/DB</b>	

<b>Privacy Impact</b>			<b>SD/DB</b>	
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to be undertaken?	<b>N</b>		<b>SD/DB</b>	
45. Has a full DPIA been undertaken – Please contact <a href="mailto:Information.Governance3@wales.nhs.uk">Information.Governance3@wales.nhs.uk</a> for the template.	<b>N</b>		<b>SD/DB</b>	
<b>Equality Impact (unless otherwise completed as part of the accompanying SBAR)</b>			<b>SD/DB</b>	
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>	<b>Y</b>		<b>SD/DB</b>	<b>Appendix 2 EqIA</b>
47. Has a full EqIA been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>	<b>Y</b>		<b>SD/DB</b>	<b>Appendix 2 EqIA</b>
48. Have any negative/positive impacts been identified in the EqIA documentation?	<b>Y</b>	<p>Refer to EqIA (embedded)</p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>The second generators will provide improved resilience to the 2no. acute sites, ensuring continuity of healthcare service provision in the event of a network power outage</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Temporary disruption for patients &amp; services during installation period</li> </ul>	<b>SD/DB</b>	

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

**Hywel Dda University Health Board  
Equality Impact Assessment (EqIA)**

<b>Director and Directorate</b>	James Severs, Executive Director of Allied Health Professions & Health Science
<b>Service Area</b>	Estates & Facilities

**What is an Equality Impact Assessment (EqIA)?**

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

**Why do they have to be completed?**

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

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

**When should they be completed?**

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

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

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

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

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

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

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

### **Support**

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

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

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

**Section 1: Overview**

1.	<b>What are you Equality Impact assessing?</b>	Proposed Second Generator provision and associated infrastructure work at Glangwili General Hospital (GGH) & Withybush General Hospital (WGH) sites.
2.	<b>Brief Aims and Description of the procedure/ proposal/ project/ policy:</b>	Funded by Welsh Government support (Targeted Estates Funding – TEF), approval is sought to award the contracts to deliver the main contract works, in line with Welsh Government guidance
3.	<b>Who is involved in undertaking this EqIA? (names/job titles)</b>	Simon Day – Head of Maintenance & Engineering Darrel Barnes – Design Manager
4.	<b>Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</b>	No
5.	<b>Is this a new EqIA or an updated EqIA?</b>	New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments.
6.	<b>Who will be affected by the procedure/ proposal/ project/ policy development?</b> (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	Staff Patients
7.	<b>What might help/hinder the success of the procedure/ proposal/ project/ policy?</b>	Communication with staff

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

## Section 2: Human Rights

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

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

Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
<b>Article 2: The right to life.</b> <b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
<b>Article 3: The right not to be tortured or treated in an inhuman or degrading way.</b> <b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		✓
<b>Article 5: The right to liberty</b> <b>Example:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
<b>Article 6: The right to a fair trial</b> <b>Example:</b> issues of patient choice, control, empowerment and independence		✓
<b>Article 8: The right to respect for private and family life, home and correspondence.</b> <b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life		✓
<b>Article 11: The right to freedom of thought, conscience and religion</b> <b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		✓

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

### Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?									Positive	✓	
									Negative		
									No Impact		
<b>Guidance</b>  Remove population data if not relevant to EqIA and upload relevant data.	<b>Population Data</b>									All three regions that comprise the Hywel Dda area have seen an increase in the average age of their population between the last two population censuses, Ceredigion (has seen an increase by 5 years to 47), Pembrokeshire (increase by 3 years to 48) and Carmarthenshire (increase by 2 years to 42). <a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>	
	County	Carms		Cere		Pembs		Total			Summary
	Age	value	%	value	%	value	%	value	%		
	Total: All usual residents	187,897	100	71,474	100	123,360	100	382,731	100.0		
	Aged 4 years and under	9,057	4.8	2,709	3.8	5,583	4.5	17,349	4.4		
	Aged 5 to 9 years	10,274	5.5	3,288	4.6	6,731	5.5	20,293	5.2		
	Aged 10 to 15 years	13,080	7	4,086	5.7	8,495	6.9	25,661	6.5		
	Aged 16 to 19 years	7,799	4.2	4,129	5.8	4,889	4	16,817	4.7		
	Aged 20 to 24 years	8,820	4.7	6,366	8.9	5,621	4.6	20,807	6.1		
	Aged 25 to 34 years	20,692	11	7,107	9.9	12,907	10.5	40,706	10.5		
	Aged 35 to 49 years	31,802	16.9	10,145	14.2	19,461	15.8	61,408	15.6		
	Aged 50 to 64 years	40,906	21.8	15,256	21.3	27,331	22.2	83,493	21.8		
	Aged 65 to 74 years	24,603	13.1	9,942	13.9	17,445	14.1	51,990	13.7		
	Aged 75 to 84 years	15,247	8.1	6,097	8.5	10,855	8.8	32,199	8.5		
Aged 85 years and over	5,617	3	2,349	3.3	4,042	3.3	12,008	3.2			

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

<p>Insert an age breakdown of those affected. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p><b>Patient data</b></p>
<p>Insert breakdown of staff age in the specific service/ area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>

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

<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>• Temporary disruption for patients &amp; services during installation period</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>• Disruption period, to form supply connections, will be limited &amp; controlled with service areas informed well in advance of works</li> </ul>
<p>Provide a brief summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>• The second generators will provide improved resilience to the 2no. acute sites, ensuring continuity of service provision in the event of a network power-outage</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p>	

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How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.		Positive	✓		
		Negative			
		No Impact			
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>				
		Carms	Cere	Pembs	Total
	Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463
	Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499
	Total with a disability	43152	15637	27173	85,963
	Total population	187,895	71,474	123,366	382,735
	Percentage of population with a disability	23%	22%	22%	22%
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>					
Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)  If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	<b>Patient data</b>				
Insert breakdown of staff with a disability who may be affected	<b>Staff data</b>				

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

<p>by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>• Temporary disruption for patients &amp; services during installation period</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>• Disruption period, to form supply connections, will be limited &amp; controlled with service areas informed well in advance of works</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>• The second generators will provide improved resilience to the 2no. acute sites, ensuring continuity of service provision in the event of a network power-outage</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p>	

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<b>How will the procedure/ proposal/ project/ policy impact on Gender Reassignment:</b> Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.							<b>Positive</b>	✓	
							<b>Negative</b>		
							<b>No Impact</b>		
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>								
	County	Carms		Cere		Pembs		Total	
	Gender	value	%	value	%	value	%	value	%
	Gender identity the same as sex registered at birth	144,924	93.2	55,874	91.02	95,794	93.41	296,592	92.54
	Gender identity different from sex registered at birth but no specific identity given	210	0.14	84	0.14	121	0.12	415	0.13
	Trans woman	93	0.06	73	0.12	58	0.06	224	0.08
	Trans man	90	0.06	62	0.1	66	0.06	218	0.73
	Non-binary	60	0.04	143	0.23	40	0.04	243	0.1
	All other gender identities	38	0.02	66	0.11	32	0.03	136	0.05
	Not answered	10,072	6.48	5,087	8.29	6,438	6.28	21,597	7.01
<a href="https://www.ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any	<b>Patient data</b>								

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<p>identified data gaps in the future.</p>		
<p>Insert breakdown of staff gender reassignment information affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>• Temporary disruption for patients &amp; services during installation period</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>• Disruption period, to form supply connections, will be limited &amp; controlled with service areas informed well in advance of works</li> </ul>

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

<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"><li>• The second generators will provide improved resilience to the 2no. acute sites, ensuring continuity of service provision in the event of a network power-outage</li></ul>
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p>

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

How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	✓
<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<p><b>Population Data</b></p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</a></p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</a></p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</a></p>		
<p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any</p>	<p><b>Patient data</b></p>		

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

<p>identified data gaps in the future.</p>		
<p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive</p>	<p><b>Positive Impact</b></p>	

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impacts you have identified.	
If you have determined no impact, please provide a brief explanation.	<b>No Impact</b> There will be no impact on patients relating to marriage or civil partnership in respect of these projects.

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

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Positive	✓
		Negative	
		No Impact	
<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<p><b>Population Data (Wales)</b></p> <p><a href="https://ons.gov.uk/births-in-england-and-wales">Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)</a></p>		
<p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p><b>Patient data</b></p>		
<p>Insert breakdown of staff marriage / civil partnership information affected</p>	<p><b>Staff data</b></p>		

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

<p>by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>• Temporary disruption for patients &amp; services during installation period</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>• Disruption period, to form supply connections, will be limited &amp; controlled with service areas informed well in advance of works</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>• The second generators will provide improved resilience to the 2no. acute sites, ensuring continuity of service provision in the event of a network power-outage</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p>	

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<b>How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality</b> People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.								Positive																																																																																	
								Negative																																																																																	
								No Impact	✓																																																																																
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b> <table border="1" data-bbox="371 419 2036 973"> <thead> <tr> <th data-bbox="371 419 656 454">County</th> <th colspan="2" data-bbox="656 419 1008 454">Carms</th> <th colspan="2" data-bbox="1008 419 1344 454">Cere</th> <th colspan="2" data-bbox="1344 419 1688 454">Pembs</th> <th colspan="2" data-bbox="1688 419 2036 454">Total</th> </tr> <tr> <th data-bbox="371 454 656 489"><b>Ethnicity</b></th> <th data-bbox="656 454 869 489">Value</th> <th data-bbox="869 454 1008 489">%</th> <th data-bbox="1008 454 1198 489">Value</th> <th data-bbox="1198 454 1344 489">%</th> <th data-bbox="1344 454 1547 489">Value</th> <th data-bbox="1547 454 1688 489">%</th> <th data-bbox="1688 454 1901 489">Value</th> <th data-bbox="1901 454 2036 489">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 489 656 558">Total: All usual residents</td> <td data-bbox="656 489 869 558">187,898</td> <td data-bbox="869 489 1008 558">100</td> <td data-bbox="1008 489 1198 558">71,473</td> <td data-bbox="1198 489 1344 558">100</td> <td data-bbox="1344 489 1547 558">123,359</td> <td data-bbox="1547 489 1688 558">100</td> <td data-bbox="1688 489 1901 558">382,730</td> <td data-bbox="1901 489 2036 558">100</td> </tr> <tr> <td data-bbox="371 558 656 627">Asian, Asian British or Asian Welsh</td> <td data-bbox="656 558 869 627">2,321</td> <td data-bbox="869 558 1008 627">1.2</td> <td data-bbox="1008 558 1198 627">1,096</td> <td data-bbox="1198 558 1344 627">1.5</td> <td data-bbox="1344 558 1547 627">1,159</td> <td data-bbox="1547 558 1688 627">0.9</td> <td data-bbox="1688 558 1901 627">4,576</td> <td data-bbox="1901 558 2036 627">1.2</td> </tr> <tr> <td data-bbox="371 627 656 762">Black, Black British, Black Welsh, Caribbean or African</td> <td data-bbox="656 627 869 762">455</td> <td data-bbox="869 627 1008 762">0.2</td> <td data-bbox="1008 627 1198 762">366</td> <td data-bbox="1198 627 1344 762">0.5</td> <td data-bbox="1344 627 1547 762">244</td> <td data-bbox="1547 627 1688 762">0.2</td> <td data-bbox="1688 627 1901 762">1,065</td> <td data-bbox="1901 627 2036 762">0.3</td> </tr> <tr> <td data-bbox="371 762 656 831">Mixed or Multiple ethnic groups</td> <td data-bbox="656 762 869 831">1,756</td> <td data-bbox="869 762 1008 831">0.9</td> <td data-bbox="1008 762 1198 831">867</td> <td data-bbox="1198 762 1344 831">1.2</td> <td data-bbox="1344 762 1547 831">1,162</td> <td data-bbox="1547 762 1688 831">0.9</td> <td data-bbox="1688 762 1901 831">3,785</td> <td data-bbox="1901 762 2036 831">1</td> </tr> <tr> <td data-bbox="371 831 656 866">White</td> <td data-bbox="656 831 869 866">182,652</td> <td data-bbox="869 831 1008 866">97.2</td> <td data-bbox="1008 831 1198 866">68,776</td> <td data-bbox="1198 831 1344 866">96.2</td> <td data-bbox="1344 831 1547 866">120,375</td> <td data-bbox="1547 831 1688 866">97.6</td> <td data-bbox="1688 831 1901 866">371,803</td> <td data-bbox="1901 831 2036 866">97</td> </tr> <tr> <td data-bbox="371 866 656 901">Gypsy or Traveller</td> <td data-bbox="656 866 869 901">450</td> <td data-bbox="869 866 1008 901">0.2</td> <td data-bbox="1008 866 1198 901">55</td> <td data-bbox="1198 866 1344 901">0.08</td> <td data-bbox="1344 866 1547 901">585</td> <td data-bbox="1547 866 1688 901">0.5</td> <td data-bbox="1688 866 1901 901">1,090</td> <td data-bbox="1901 866 2036 901">0.3</td> </tr> <tr> <td data-bbox="371 901 656 973">Another ethnic group</td> <td data-bbox="656 901 869 973">714</td> <td data-bbox="869 901 1008 973">0.4</td> <td data-bbox="1008 901 1198 973">368</td> <td data-bbox="1198 901 1344 973">0.5</td> <td data-bbox="1344 901 1547 973">419</td> <td data-bbox="1547 901 1688 973">0.3</td> <td data-bbox="1688 901 1901 973">1,501</td> <td data-bbox="1901 901 2036 973">0.4</td> </tr> </tbody> </table> <p data-bbox="371 973 1285 1005"><a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a></p>								County	Carms		Cere		Pembs		Total		<b>Ethnicity</b>	Value	%	Value	%	Value	%	Value	%	Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100	Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2	Black, Black British, Black Welsh, Caribbean or African	455	0.2	366	0.5	244	0.2	1,065	0.3	Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1	White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97	Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3	Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4
County	Carms		Cere		Pembs		Total																																																																																		
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Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

<p>identified data gaps in the future.</p>		
<p>Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

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

Provide a summary of the positive impacts you have identified.	<b>Positive Impact</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
If you have determined no impact, please provide a brief explanation.	<b>No Impact</b> <p>There will be no impact on patients relating to race/ethnicity or nationality in respect of these projects.</p>

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

How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief)								Positive	
The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.								Negative	
								No Impact	✓
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>								
	County	Carms		Cere		Pembs		Total	
	<b>Religion</b>	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100
	No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
	Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
	Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
	Hindu	419	0.2	158	0.2	161	0.1	738	0.2
	Jewish	103	0.1	75	0.1	58	0	236	0.1
	Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
	Sikh	177	0.1	35	0	32	0	244	0.0
	Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8	
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any	<b>Patient data</b>								

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

<p>identified data gaps in the future.</p>		
<p>Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	

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If you have determined no impact, please provide a brief explanation.

**No Impact**

There will be no impact on patients relating to Religion or Belief (or non-belief) in respect of these projects.

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

<b>How will the procedure/ proposal/ project/ policy impact on Sex</b> Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?								Positive		
								Negative		
								No Impact		✓
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>									
	County	Carms		Cere		Pembs		Total		
	Gender	Value	%	Value	%	Value	%	Value	%	
	All persons	187,897	100	71,475	100	123,360	100	382,732	100.0	
	Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8	
	Female	96,212	51.2	36,512	51.1	63,289	51.3	196,013	51.2	
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>										
If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	<b>Patient data</b>									
Insert breakdown of the Sex of staff affected by your specific service/area of work.	<b>Staff data</b>									

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

<p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <ul style="list-style-type: none"> <li>• There will be no impact on patients relating to Sex in respect of these projects.</li> </ul>	

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How will the procedure/ proposal/ project/ policy impact on Sexual Orientation							Positive		
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.							Negative		
							No Impact		✓
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>								
		<b>County</b>							
		<b>Carms</b>		<b>Ceredigion</b>		<b>Pembs</b>		<b>Totals</b>	
	Sexual Orientation	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0
	Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
	Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
	Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5
	Pansexual	120	0.1	150	0.2	80	0.1	350	0.2
	Asexual	79	0.1	140	0.2	52	0.1	271	0.1
Queer	23	0.0	49	0.1	12	0	84	0.0	
All other sexual orientations	100	0.1	90	0.1	75	0.1	265	0.1	
<a href="https://www.ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	<b>Patient data</b>								

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

<p>Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <ul style="list-style-type: none"> <li>• There will be no impact on patients relating to Sexual orientation in respect of these projects.</li> </ul>	

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<p><b>How will the procedure/ proposal/ project/ policy impact on Armed Forces</b>          Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  <a href="#"><u>Armed-Forces-Covenant-duty-statutory-guidance</u></a></p>					Positive																									
					Negative																									
					No Impact	✓																								
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<p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any</p>	<p><b>Patient data</b></p>																													

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<p>identified data gaps in the future.</p>		
<p>Insert data to show the proportion of staff affected by your specific service/area of work that are a member of the Armed Forces community. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	

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If you have determined no impact, please provide a brief explanation.

**No Impact**

- There will be no impact on patients relating to Armed Forces in respect of these projects

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<p><b>Socio-economic Deprivation</b>          Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: <a href="https://gov.wales/more-equal-wales-socio-economic-duty">https://gov.wales/more-equal-wales-socio-economic-duty</a></p>								Positive																																																						
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<p>table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>		
<p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

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clear which mitigation actions align with the relevant negative impact.		
Provide a summary of the positive impacts you have identified.	<b>Positive Impact</b> <ul style="list-style-type: none"><li>•</li></ul>	
If you have determined no impact, please provide a brief explanation.	<b>No Impact</b> <ul style="list-style-type: none"><li>• There will be no impact on patients relating to Socio-Economic Deprivation in respect of these projects</li></ul>	

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

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<p>recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>		
<p>If data is available insert evidence of what proportion of staff affected by your specific service/area of work use the Welsh Language. This data can be recorded in table or free text format. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

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relevant negative impact.		
Provide a summary of the positive impacts you have identified.	<b>Positive Impact</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
If you have determined no impact, please provide a brief explanation.	<b>No Impact</b> <ul style="list-style-type: none"> <li>• There will be no impact on patients relating to Welsh Language in respect of these projects</li> </ul>	

**Additional considerations**

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

- **Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)**
- **Unpaid Carers**
- **Individuals and communities who experience Digital Exclusion**
- **Rural and Urban communities**

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### **Intersectionality**

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

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

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

No

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

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**Section 4: Assessment of Scale of Impact**

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

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

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

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

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

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

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

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

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**Section 5: Outcome and Actions**

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

<p><b>Will the procedure/ proposal/ project/ policy be adopted?</b>  <b>If no, please give reasons and any alternative action(s) agreed.</b></p>	Pending approval.
<p><b>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</b></p>	

	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified.</li> <li>• Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.</li> </ul>	<p><b>Assigned to</b></p>	<p><b>Target Review Date</b></p>	<p><b>Completion Date</b></p>	<p><b>Comments/ Update</b></p>
1.	<p><b>What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?</b>                      Resilience management &amp; monitoring</p>	Simon Day	12/2027		
2.	<p><b>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment and action plan as appropriate?</b>                      On completion of the project – annual testing/monitoring</p>	Simon Day	12/2027		
3.	<p><b>This EqIA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.</b></p>	Simon Day	12/2027		
4.					

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

5.					
6.					

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**Section 6: Authorisation**

Ensure that the details for the person completing, as well as the person authorising/owning the EqIA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqIA and if required provided guidance.

<b>EqIA Completed by:</b>	<b>Name/s</b>	Darrel Barnes
	<b>Title</b>	Design Manager
	<b>Team / Division</b>	Design Team – Strategy & Planning
	<b>Contact details</b>	darrel.barnes@wales.nhs.uk
	<b>Date</b>	04/12/2025
<b>EqIA Authorised by/Owned by:</b> <ul style="list-style-type: none"> <li>Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy</li> <li>Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5</li> </ul>	<b>Name</b>	Simon Day
	<b>Title</b>	Head of Maintenance & Engineering
	<b>Team / Division</b>	Estates & Facilities
	<b>Contact details</b>	simon.day@wales.nhs.uk
	<b>Date</b>	04/12/2025
<b>Guidance has been provided by Diversity &amp; Inclusion Team:</b> (to be completed by Diversity and Inclusion team only)	<b>Name</b>	
	<b>Title</b>	
	<b>Team</b>	
	<b>Contact details</b>	
	<b>Date</b>	
<b>Diversity and Inclusion Team additional Comments:</b>		

**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.**