

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

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Director and Directorate	Andrew Carruthers - Unscheduled Care Prince Philip Hospital (PPH)
Service Area	Minor Injuries Unit - Option 4a - Urgent care centre (SDUC type model) 12 hours

What is an Equality Impact Assessment (EqIA)?

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

Why do they have to be completed?

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

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

When should they be completed?

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

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

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

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

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

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

Support


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

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

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Section 1: Overview

1.	What are you Equality Impact assessing?	14-hour urgent care treatment centre (Same Day Urgent Care type model) - this would be open to the public for 12 hours with a further two hours to allow patients in the unit to be treated.
2.	Brief Aims and Description of the procedure/ proposal/ project/ policy:	Review of the role and function of Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) to meet local population needs within the new proposed times.
3.	Who is involved in undertaking this EqIA? (names/job titles)	Jon Morris (Clinical Lead MIU), Iona Evans (Interim Head of Nursing GGH & PPH USC), Meinir Williams (Deputy Head of Nursing PPH USC)
4.	Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	No
5.	Is this a new EqIA or an updated EqIA?	New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments – New template/additional information.
6.	Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	<ul style="list-style-type: none"> • Local Population using the MIU. • Staff working within the MIU / AMAU. • Patients using either GGH or Morriston. • Staff working in GGH & MGH due to increase demands from GGH site • Sample audit November 2022 – 11.45% from Swansea Bay area  <p>MIU%20attendance s%20from%20Swans</p> <p>Sample audit for 2 weeks Dec 2023</p>

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		https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=qvDbhgXnLqGN4SljtcDYK7c5IPyTculB&id=uChWuyjjgkCoVkM8ntyPrIqXtKx9OJBDim5W0Zv5x3tUMFRLVINLVEZITDhZVDZGNzhMOUFIUUFCWi4u
7.	<p>What might help/hinder the success of the procedure/ proposal/ project/ policy?</p>	<p>Help:</p> <ul style="list-style-type: none"> • HIW Inspection recommendations • Clinical Team support • Executive support including Core Delivery Group and the Operational Planning Governance and Performance Group • Communication and Engagement strategy • Trade Unions / HR • Welsh Government <p>Hinder:</p> <ul style="list-style-type: none"> • Public (and public representation groups) opposition/resistance to a reduced service. • Political opposition • Media

Section 2: Human Rights

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

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

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

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

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Section 3: Gathering of Evidence and Assessment of Potential Impact

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

Guidance Remove population data if not relevant to EqIA and upload relevant data.	Population Data				
	County	Carmarthenshire		Llanelli	
	Age	Value	%	Value	%
	Total: All usual residents	187,897	100	25,400	100
	Aged 4 years and under	9,057	4.8	1,422.4	5.6
	Aged 5 to 9 years	10,274	5.5	1,524	6
	Aged 10 to 19 years	20,879	11.2	3,048	12
	Aged 20 to 24 years	8,820	4.7	1,447.8	5.7
	Aged 25 to 34 years	20,692	11	3,225.8	11.8
	Aged 35 to 49 years	31,802	16.9	4,749.8	18.7
	Aged 50 to 64 years	40,906	21.8	5,054.6	19.9
	Aged 65 to 74 years	24,603	13.1	2,616.2	10.3
	Aged 75 to 84 years	15,247	8.1	1,600.2	6.3
Aged 85 years and over	5,617	3	711.2	2.8	
Build a custom area profile - Census 2021, ONS 03/07/2024					

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

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

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

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

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

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

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

Negative Impact

- Older and younger populations may be more dependent on public transport and or others to bring them to healthcare settings as they may be too young to have a drivers' license or are unable to drive due to age related fragilities.
- Restricting operating hours may result in service users having to travel further for treatment 'out of hours'.

Review of risk relating to older workforce and requirement to undertake a workforce plan for succession plan for sustainability of service.

Opportunities for improvement / mitigation

- Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently, therefore patients reliant on public transport are unlikely to be affected.
- Minor injuries rarely require immediate attention and can, in many instances, wait until the following morning to be seen and treated therefore they will not be required to travel further for treatment or be reliant on travelling when public transport is available.
- Educate the public on appropriate access of service in relation to the care that can be provided by MIU. This correspondence will need to be in accessible formats to ensure the elderly who may have sight loss, deteriorating mental capacity etc. are able to understand. Choose well posters within the reception area
- Working with HDUHB communication team and Welsh Ambulance Service / Police/NHS 111 Wales/Primary and Secondary services, Local Authority and volunteer/charity services.
- 3 ENP trainees currently in place re risk of older workforce, though further workforce modelling will be required to support this MIU/SDUC model (medical and nursing/ACP/ANP requirement).

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

Positive Impact

- MIU have an aging workforce, many are retired and returned, the work life balance result of this change would be welcome by them as they will no longer be required to work nightshifts. No previous concerns highlighted by staff in relation to this aspect.
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<p>How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p>		<p>Positive</p>																																																																																																									
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<p>Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p>Mental Health activity:</p> <table border="1"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="2">MIU Referrals</th> <th colspan="2">Ward Referrals</th> <th colspan="2">08:00 - 20:00 - 20:00 08:00</th> </tr> <tr> <th>18-70</th> <th>70+</th> <th>18-70</th> <th>70+</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Feb-24</td> <td>79</td> <td>0</td> <td>15</td> <td>9</td> <td>56</td> <td>47</td> </tr> <tr> <td>Jan-24</td> <td>76</td> <td>2</td> <td>14</td> <td>9</td> <td>58</td> <td>43</td> </tr> <tr> <td>Dec-23</td> <td>78</td> <td>2</td> <td>12</td> <td>12</td> <td>65</td> <td>39</td> </tr> <tr> <td>Nov-23</td> <td>71</td> <td>1</td> <td>13</td> <td>19</td> <td>71</td> <td>33</td> </tr> <tr> <td>Oct-23</td> <td>61</td> <td>2</td> <td>8</td> <td>19</td> <td>66</td> <td>24</td> </tr> <tr> <td>Sep-23</td> <td>39</td> <td>2</td> <td>11</td> <td>6</td> <td>43</td> <td>15</td> </tr> <tr> <td>Aug-23</td> <td>52</td> <td>2</td> <td>28</td> <td>11</td> <td>54</td> <td>39</td> </tr> <tr> <td>Jul-23</td> <td>54</td> <td>1</td> <td>19</td> <td>8</td> <td>52</td> <td>30</td> </tr> <tr> <td>Jun-23</td> <td>65</td> <td>2</td> <td>16</td> <td>4</td> <td>52</td> <td>35</td> </tr> <tr> <td>May-23</td> <td>63</td> <td>4</td> <td>13</td> <td>9</td> <td>55</td> <td>34</td> </tr> <tr> <td>Apr-23</td> <td>68</td> <td>0</td> <td>12</td> <td>11</td> <td>57</td> <td>34</td> </tr> <tr> <td>Mar-23</td> <td>42</td> <td>0</td> <td>1</td> <td>8</td> <td>30</td> <td>21</td> </tr> <tr> <td>Feb-23</td> <td>50</td> <td>1</td> <td>9</td> <td>8</td> <td>52</td> <td>16</td> </tr> </tbody> </table>			Month	MIU Referrals		Ward Referrals		08:00 - 20:00 - 20:00 08:00		18-70	70+	18-70	70+			Feb-24	79	0	15	9	56	47	Jan-24	76	2	14	9	58	43	Dec-23	78	2	12	12	65	39	Nov-23	71	1	13	19	71	33	Oct-23	61	2	8	19	66	24	Sep-23	39	2	11	6	43	15	Aug-23	52	2	28	11	54	39	Jul-23	54	1	19	8	52	30	Jun-23	65	2	16	4	52	35	May-23	63	4	13	9	55	34	Apr-23	68	0	12	11	57	34	Mar-23	42	0	1	8	30	21	Feb-23	50	1	9	8	52	16
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	TOTAL	798	19	171	133	711	410
Insert breakdown of staff with a disability who may be affected by your specific service/area of work.	<p>Staff data: No staff disabilities on record. No mental Health issues captured.</p>						
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	<p>Negative Impact</p> <ul style="list-style-type: none"> • Those with disabilities may be more dependent on public transport and or others to bring them to healthcare settings. • Restricting operating hours may result in service users having to travel further for treatment 'out of hours'. • Communicating the new hours may be difficult for people who have certain neuro-diverse conditions, learning disabilities or sensory loss. • It could be perceived that people needing attention for mental health concerns may be negatively impacted by the reduction hours, but mental health conditions are already outside the scope of MIU therefore should not be treated here. 			<p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected. • Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated. Opportunity to develop timed slots. • Review of appropriate MIU modelling and key education to the public on criteria of acceptances in MIU. • Ensure all communication regarding the changing of hours is available in accessible formats, easy read, braille etc. • 111 option 2 promotion. This has been a national campaign with NHS Wales and is available 24 hours a day. It is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage their symptoms. Posters displayed in MIU and patient advised on Triage to ring 			

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|--|--|---|
| | <ul style="list-style-type: none">• Parking – is there likely to be an increase of the use of disabled bays due to condensed hours? How many do we currently have? Is it sufficient from the patient data for disability?• Staff with certain disabilities may only be able to work night shift as they are reliant on family/ public transport for lifts to work etc.• Are there any scenarios where disabled staff need to work night shift? Menopause, ADHD etc?• Possibility of discriminating against this group due to having to call 111 in order to arrange access instead of just presenting at MIU. | <ul style="list-style-type: none">• There are 5 allocated bays outside MIU. There is also a drop off area outside the entrance. Current percentage in relation to spaces is 5% which fits into the 4-6% guidelines.• There aren't any staff within this category.• No scenarios at present. |
|--|--|---|

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How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.		Positive																															
		Negative																															
		No Impact	✓																														
Guidance Remove population data if not relevant to EqIA.	<table border="1" data-bbox="371 379 1523 783"> <thead> <tr> <th data-bbox="371 379 1050 419">County</th> <th data-bbox="1057 379 1296 419">Carmarthenshire</th> <th data-bbox="1303 379 1523 419"></th> </tr> <tr> <th data-bbox="371 424 1050 456">Gender</th> <th data-bbox="1057 424 1296 456">value</th> <th data-bbox="1303 424 1523 456">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 461 1050 493">All usual residents aged 16 and over</td> <td data-bbox="1057 461 1296 493">155,486</td> <td data-bbox="1303 461 1523 493">100</td> </tr> <tr> <td data-bbox="371 497 1050 529">Gender identity the same as sex registered at birth</td> <td data-bbox="1057 497 1296 529">144,924</td> <td data-bbox="1303 497 1523 529">93.2</td> </tr> <tr> <td data-bbox="371 534 1050 603">Gender identity different from sex registered at birth but no specific identity given</td> <td data-bbox="1057 534 1296 603">210</td> <td data-bbox="1303 534 1523 603">0.1</td> </tr> <tr> <td data-bbox="371 608 1050 639">Trans woman</td> <td data-bbox="1057 608 1296 639">93</td> <td data-bbox="1303 608 1523 639">0.1</td> </tr> <tr> <td data-bbox="371 644 1050 676">Trans man</td> <td data-bbox="1057 644 1296 676">90</td> <td data-bbox="1303 644 1523 676">0.1</td> </tr> <tr> <td data-bbox="371 681 1050 713">Non-binary</td> <td data-bbox="1057 681 1296 713">60</td> <td data-bbox="1303 681 1523 713">0.0</td> </tr> <tr> <td data-bbox="371 718 1050 750">All other gender identities</td> <td data-bbox="1057 718 1296 750">38</td> <td data-bbox="1303 718 1523 750">0.0</td> </tr> <tr> <td data-bbox="371 754 1050 786">Not answered</td> <td data-bbox="1057 754 1296 786">10,072</td> <td data-bbox="1303 754 1523 786">6.5</td> </tr> </tbody> </table> <p data-bbox="371 791 965 815">Data retrieved from Census 2021 data 24/06/2024</p>			County	Carmarthenshire		Gender	value	%	All usual residents aged 16 and over	155,486	100	Gender identity the same as sex registered at birth	144,924	93.2	Gender identity different from sex registered at birth but no specific identity given	210	0.1	Trans woman	93	0.1	Trans man	90	0.1	Non-binary	60	0.0	All other gender identities	38	0.0	Not answered	10,072	6.5
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Not answered	10,072	6.5																															
If you have determined no impact, please provide a brief explanation.	<p data-bbox="371 868 517 900">No Impact</p> <p data-bbox="371 904 2159 971">The current unit and its limited accommodation has a single unisex/disabled toilet and shower facilities. No additional impact in the context of gender reassignment with this service change.</p>																																

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

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

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

- Opportunities for improvement / mitigation**
- Flexible working policy.
 - Ability to request % of shifts within roster.
 - All rosters completed six weeks in advance.

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

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

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

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

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How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.					Positive																																																														
					Negative	✓																																																													
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Guidance Remove population data if not relevant to EqIA.	<table border="1" data-bbox="367 352 1375 874"> <thead> <tr> <th data-bbox="367 352 660 395">County</th> <th colspan="2" data-bbox="660 352 1048 395">Carms</th> <th colspan="2" data-bbox="1048 352 1375 395">Llanelli</th> </tr> <tr> <th data-bbox="367 395 660 438">Religion</th> <th data-bbox="660 395 860 438">Value</th> <th data-bbox="860 395 1048 438">%</th> <th data-bbox="1048 395 1211 438">Value</th> <th data-bbox="1211 395 1375 438">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="367 438 660 501">Total: All usual residents</td> <td data-bbox="660 438 860 501">187,899</td> <td data-bbox="860 438 1048 501">100</td> <td data-bbox="1048 438 1211 501">25,400</td> <td data-bbox="1211 438 1375 501">%</td> </tr> <tr> <td data-bbox="367 501 660 539">No religion</td> <td data-bbox="660 501 860 539">83,409</td> <td data-bbox="860 501 1048 539">44.4</td> <td data-bbox="1048 501 1211 539">12,395</td> <td data-bbox="1211 501 1375 539">48.8</td> </tr> <tr> <td data-bbox="367 539 660 577">Christian</td> <td data-bbox="660 539 860 577">89,378</td> <td data-bbox="860 539 1048 577">47.6</td> <td data-bbox="1048 539 1211 577">10,922</td> <td data-bbox="1211 539 1375 577">43</td> </tr> <tr> <td data-bbox="367 577 660 616">Buddhist</td> <td data-bbox="660 577 860 616">557</td> <td data-bbox="860 577 1048 616">0.3</td> <td data-bbox="1048 577 1211 616">76</td> <td data-bbox="1211 577 1375 616">0.3</td> </tr> <tr> <td data-bbox="367 616 660 654">Hindu</td> <td data-bbox="660 616 860 654">419</td> <td data-bbox="860 616 1048 654">0.2</td> <td data-bbox="1048 616 1211 654">51</td> <td data-bbox="1211 616 1375 654">0.2</td> </tr> <tr> <td data-bbox="367 654 660 692">Jewish</td> <td data-bbox="660 654 860 692">103</td> <td data-bbox="860 654 1048 692">0.1</td> <td data-bbox="1048 654 1211 692">25</td> <td data-bbox="1211 654 1375 692">0.1</td> </tr> <tr> <td data-bbox="367 692 660 730">Muslim</td> <td data-bbox="660 692 860 730">1,026</td> <td data-bbox="860 692 1048 730">0.5</td> <td data-bbox="1048 692 1211 730">229</td> <td data-bbox="1211 692 1375 730">0.9</td> </tr> <tr> <td data-bbox="367 730 660 769">Sikh</td> <td data-bbox="660 730 860 769">177</td> <td data-bbox="860 730 1048 769">0.1</td> <td data-bbox="1048 730 1211 769">25</td> <td data-bbox="1211 730 1375 769">0.1</td> </tr> <tr> <td data-bbox="367 769 660 807">Other religion</td> <td data-bbox="660 769 860 807">1,127</td> <td data-bbox="860 769 1048 807">0.6</td> <td data-bbox="1048 769 1211 807">153</td> <td data-bbox="1211 769 1375 807">0.6</td> </tr> <tr> <td data-bbox="367 807 660 845">Not answered</td> <td data-bbox="660 807 860 845">11,703</td> <td data-bbox="860 807 1048 845">6.2</td> <td data-bbox="1048 807 1211 845">1524</td> <td data-bbox="1211 807 1375 845">6</td> </tr> </tbody> </table> <p data-bbox="367 874 965 906">Data retrieved from Census 2021 data 03/07/2024</p>					County	Carms		Llanelli		Religion	Value	%	Value	%	Total: All usual residents	187,899	100	25,400	%	No religion	83,409	44.4	12,395	48.8	Christian	89,378	47.6	10,922	43	Buddhist	557	0.3	76	0.3	Hindu	419	0.2	51	0.2	Jewish	103	0.1	25	0.1	Muslim	1,026	0.5	229	0.9	Sikh	177	0.1	25	0.1	Other religion	1,127	0.6	153	0.6	Not answered	11,703	6.2	1524	6		
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Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the	Negative Impact <ul style="list-style-type: none"> Reduction of opening hours reduce flexibility within shift patterns for staff members during key religion or belief (non-belief) events. 		Opportunities for improvement / mitigation: <ul style="list-style-type: none"> Promotion of diversity and Inclusion within Health Board staff. Access to Religion and Beliefs Learning Resources for staff. Diversity Calendar promotion Flexible working policy Equality, Diversity and Inclusion Policy 																																																																

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

Guidance Remove population data if not relevant to EqIA.	<table border="1"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">County</th> <th colspan="2" style="background-color: #4F81BD; color: white;">Carms</th> <th colspan="2" style="background-color: #4F81BD; color: white;">Llanelli</th> </tr> <tr> <th style="background-color: #4F81BD; color: white;">Gender</th> <th style="background-color: #4F81BD; color: white;">Value</th> <th style="background-color: #4F81BD; color: white;">%</th> <th style="background-color: #4F81BD; color: white;">Value</th> <th style="background-color: #4F81BD; color: white;">%</th> </tr> </thead> <tbody> <tr> <td style="background-color: #4F81BD; color: white;">All persons</td> <td>187,897</td> <td>100</td> <td>25,400</td> <td>100</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Male</td> <td>91,685</td> <td>48.8</td> <td>12,421</td> <td>48.9</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Female</td> <td>96,212</td> <td>51.2</td> <td>13,979</td> <td>51.1</td> </tr> </tbody> </table> <p>Data retrieved from Census 2021 data 03/07/2024</p>				County	Carms		Llanelli		Gender	Value	%	Value	%	All persons	187,897	100	25,400	100	Male	91,685	48.8	12,421	48.9	Female	96,212	51.2	13,979	51.1
County	Carms		Llanelli																										
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If you have determined no impact, please provide a brief explanation.	<p>No Impact</p> <ul style="list-style-type: none"> Applies to both sexes equally. No discrimination in the context of sex. The current unit and its limited accommodation, with a single unisex/ disabled toilet and shower facilities.
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How will the procedure/ proposal/ project/ policy impact on Sexual Orientation							Positive		
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.							Negative		
							No Impact	✓	
Guidance Remove population data if not relevant to EqIA.	Population Data								
		County							
		Carms		Ceredigion		Pembs		Totals	
	Sexual Orientation	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0
	Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
	Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
	Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5
	Pansexual	120	0.1	150	0.2	80	0.1	350	0.2
	Asexual	79	0.1	140	0.2	52	0.1	271	0.1
Queer	23	0.0	49	0.1	12	0	84	0.0	
All other sexual orientations	100	0.1	90	0.1	75	0.1	265	0.1	
People, population and community - Office for National Statistics (ons.gov.uk)									
If you have determined no impact, please provide a brief explanation.	No Impact There is no discrimination identified based on sexual orientation								

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

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

<p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community.</p>	<p>Patient data – no information. Promotion of Armed Forces identification to be captured on WPAS.</p>
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<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Negative Impact</p> <ul style="list-style-type: none">• This populations may be more dependent on public transport and or others to bring them to healthcare settings.• Restricting operating hours may result in service users having to travel further for treatment 'out of hours'.	<p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none">• Impact due to public transport is likely to be minimal as there is limited public transport in the area between 8pm and 8am currently therefore patients reliant on public transport are unlikely to be affected.• Minor injuries rarely require immediate attention and can, in the vast majority of instances, wait until the following morning to be seen and treated.• SDUC type model will need to be determined to support and strengthen medical review (via SDEC) to reduce the need to re-direct.• Educate the public on criteria of acceptances in SDUC (type) model through communication supported by Choose Well NHS 111 Wales.• Awareness and reference to the All Wales Reserve Forces Training & Mobilisation policy.• Utilisation of the Hywel Dda Strategic Partnerships Diversity & Inclusion Armed Forces SharePoint page.
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<p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p>	Positive	
	Negative	✓
	No Impact	

Guidance

Remove population data if not relevant to EqIA.

Economic Factor	Carmarthenshire		Llanelli	
	Value	%	Value	%
Economically active – In employment (this includes full time students)	81,952	52.7	12,234	52.1
Economically active - Unemployed	3,922	2.5	914	3.6
Economically inactive	69,613	44.8	11,252	44.3

Data retrieved from Census 2021 data 24/06/2024

If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in table or free text format.

Patient data – no information to capture impact of change. Monitor through patient feedback.

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<p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation.</p>	<p>Staff data – no information to capture impact. Monitored via Managing attendance at work policy – ESR data.</p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • Staff unable to work night shifts means that they are not able to receive the enhanced allowances. • Patients needing to pay to take public transport. • The cost of childcare may increase if a household is sharing caring responsibilities around shift work. • Possibility of discriminating against this group due to having to call 111 in order to arrange access instead of just presenting at MIU. 	<p>Opportunities for improvement / mitigation:</p> <ul style="list-style-type: none"> • Consultation with staff • Communication – working with communication team regarding role and function of SDUC type model. • Promotion of staff benefits – such as childcare vouchers, discounts.

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Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		Positive											
		Negative											
		No Impact	✓										
Guidance Remove population data if not relevant to EqIA.	Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1139"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p>	Area	Percentage of people who can speak Welsh	Carmarthenshire	53.3	Pembrokeshire	25.2	Ceredigion	56.4	Hywel Dda	45		
Area	Percentage of people who can speak Welsh												
Carmarthenshire	53.3												
Pembrokeshire	25.2												
Ceredigion	56.4												
Hywel Dda	45												
If you have determined no impact, please provide a brief explanation.	No Impact identified												

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Additional considerations

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

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

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

Messages will be translated to the languages that are required.

Easy read versions of the communication will be made available.

Intersectionality

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

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

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

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

Not applicable

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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.

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

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

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.**

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

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

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

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

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

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

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

EqIA Completed by:	Name/s	Iona Evans/Jon Morris
	Title	Interim Head of Nursing GGH & PPH/ Clinical Lead MIU
	Team / Division	Unscheduled Care
	Contact details	iona.evans@wales.nhs.uk/jon.morris2@wales.nhs.uk
	Date	24/03/2025
EqIA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5 	Name	Sarah perry
	Title	GM Carmarthenshire System
	Team / Division	Unscheduled Care
	Contact details	Sarah.perry3@wales.nhs.uk
	Date	24/03/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity and Inclusion Officer
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Alan.winter@wales.nhs.uk
	Date	27/8/2025
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.