

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

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 please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Form 1: Overview

1.	What are you equality impact assessing?	<p>This Equality Impact Assessment covers Option 2 being developed as part of the options appraisal process being undertaken as part of the Acute Paediatric Review.</p> <p>Option 2 builds on the 2016 model with a Monday to Friday Paediatric Ambulatory Care Unit (PACU) between the hours of 10am – 6pm, with non-emergency activity (outpatients, day cases/ tertiary care) also provided from WH on a 9am – 5pm basis on the same days.</p> <p>What is unique or new:</p> <ul style="list-style-type: none">• Planned and same day urgent paediatric day case reviews (any potential admissions would still go to GH) - No overnight or weekend activity• Some new restrictions on admission criteria, to mitigate some of the risks identified in the 2016 model• Look to maximise the building footprint (Puffin Ward)• The model would look to incorporate Option 1 (non-emergency activity) into the model with Day Care provision - but potential to be restricted by PACU requirements <p>Opportunities to:</p> <ul style="list-style-type: none">• Develop role of Advanced Paediatric Nurse Practitioners and Physicians Associates - non-medical staffing supplementary workforce• Revise the PACU model at GH and invest in substantive staffing to permanently support WH flow• Upgrade current child health centre to support admin/ office and base requirements for clinical staff MDT
----	--	--

<p>2.</p>	<p>Brief Aims and Description</p>	<p>As part of the Acute Paediatric Review a series of options were put forward at a longlisting stage. The options considered were the last permanent service change agreed in 2014 and the temporary changes which took place in 2016 and 2020. Additional options were also developed which were based on the 2016 and 2020 models but with variation.</p> <p>These options were not fully worked up and only had to have sufficient information to be assessed against hurdle criteria, while also considering the EqlA of the current service delivery, to understand what the benefit or impacts may be.</p> <p>Following consensus of the longlist appraisal attendees, the 2014 model was not taken further to shortlist stage. Option 1 (a merger of options formerly referenced as Option C and C2) has been taken forward and is an enhancement of the 2020 model. Option 2 and Option 3 (previously referenced as Option B and Option B2) have also been taken forward and are variations of the 2016 model.</p> <p>The purpose of this EqlA is to highlight the potential benefits, impacts, opportunities, and mitigations that specifically apply to this option.</p>
<p>3.</p>	<p>Who is involved in undertaking this EqlA?</p>	<p>This EqlA is an iterative document and will be developed and refreshed throughout the period of option development and design as stakeholders become involved in the process.</p> <p>Initial impact assessment work has been undertaken by members of the project team and the service. This has been further reviewed by a multidisciplinary working group containing members of the public and third sector organisations.</p> <p>Key contributors include:</p>

		<p>Nick Williams-Davies - Service Delivery Manager Acute Paediatric & Neonatal/ Acute Paediatric Review Working Group Chair Alex Martin – Principal Programme Manager Kathryn Cobley – Diversity and Inclusion Manager Eiddan Harries – Senior Diversity and Inclusion Officer</p>
4.	<p>Is the Policy related to other policies/areas of work?</p>	<p>This EqIA is related to the Acute Paediatric Review being undertaken to provide an interim service between now and the development of the proposed new Urgent and Planned Care Hospital.</p> <p>Additional considerations include: Agile Working (consideration) Redeployment Visiting 692 - Admission of Children to the Paediatric Units within HDUHB 818 - Paediatric Escalation Procedure 2014 EqIA of the last permanent change to Acute Paediatric Service https://www.webarchive.org.uk/wayback/en/archive/20181106143456mp/http://www.wales.nhs.uk/sitesplus/documents/862/AttachmentEEqualityImpactAssessmentReconfigurationofServiceProvisionWomenandChildrenService.pdf</p>
5.	<p>Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)</p>	<p>The following groups have been identified as being directly or indirectly impacted:</p> <p><u>Staff – (Socio-economic duty)</u></p> <ul style="list-style-type: none"> • WH staff who have been relocated to GH as part of temporary change • Staff who may be relocated or displaced to support the option or may no longer be needed as part of this option • Fewer paediatric nurse career opportunities from WH as the option has a reduced nurse staffing requirement

		<ul style="list-style-type: none"> • Certainty for staff once a model has been identified and implemented <p><u>Patients – (Socio-economic duty/ age)</u></p> <ul style="list-style-type: none"> • Children and young people who frequently attend services due to medical needs and reside in Pembrokeshire, South Ceredigion and Carmarthenshire • Children and young people who may need urgent or emergency medical care and reside in Pembrokeshire, South Ceredigion and Carmarthenshire • Children and young people who may need urgent or emergency medical care while visiting Pembrokeshire, South Ceredigion or Carmarthenshire, but not residents of the area <p><u>Public – (Gender/ Socio-economic duty/ age/ pregnancy and maternity)</u></p> <ul style="list-style-type: none"> • Parents/ guardians/ carers of children and young people who require support and transport to frequently attend services due to medical needs and reside in Pembrokeshire, South Ceredigion and Carmarthenshire • Parents/ guardians/ carers of children and young people who may require support and transport to access urgent or emergency medical care and reside in Pembrokeshire, South Ceredigion and Carmarthenshire • Parents/ guardians/ carers of children and young people who may require support and transport to access urgent or emergency medical care while visiting Pembrokeshire, South Ceredigion or Carmarthenshire but are not residents of the area • People who are expecting or are likely to give birth and may need to use the service during the interim period
--	--	---

6.	<p>What might help/hinder the success of the Policy?</p>	<p>Help:</p> <ul style="list-style-type: none"> • All Health Board policies, procedures and guidelines are available to staff on the Health Board’s intranet website • All staff are contractually obliged to abide by Health Board policies • It is the responsibility of Managers to ensure staff have access to the guidelines • Clear and appropriate communications to Public, Staff & Stakeholders via the medium of radio, video, and social media publications • Information leaflets available and distributed to the population of Pembrokeshire and South Ceredigion • The formation of a Control Group with representation from all priority stakeholders involved in the care of children and young people • Consultant and Service Lead support to monitor and review the guidelines • A full system review of the temporary service change to report back to the Public Health Board in Autumn 2022 <p>Hinder:</p> <ul style="list-style-type: none"> • Inability to circulate advice to reach non-resident population (esp. holiday makers) • Lack of sufficient public communication and signposting • Lack of sufficient/ effective communication with Staff and Stakeholders • Lack of awareness of the guidelines by Staff and Stakeholders • Lack of “buy in” from Staff, Stakeholders and Service Users • Circulation of misinformation via social media • Inability to influence all patient/ relative behaviours when accessing services
----	---	---

		<p>There is no evidence to suggest that any groups will be discriminated against as a result of the service change.</p> <p>Disadvantages arise for people required to travel further to access care, however this is as a result of needing to centralise a service to ensure that care remains available for the whole of the south area of Hywel Dda.</p> <p>The benefit of this work is that for Children and Young People in the south of Hywel Dda, it is possible to provide a sustainable and safe acute, critical care service which is able to meet their urgent needs, while follow up care can be delivered closer to home.</p>
--	--	--

Form 2: Human Rights

<p>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.</p> <p>Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.</p>		
Consider, is the Policy relevant to:	Yes	No
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	✓	
Article 3 : The right not 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	✓	
Article 5 : The right to liberty	✓	

<p>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</p> <p>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; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; 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</p> <p>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>	✓	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
<p>Age Is it likely to affect older and younger people in different ways or affect one age group and not another?</p>	✓	✓		<p>The temporary paediatric pathway and associated protocols are directed at children and young people (and their parents/ guardians) who reside within the Pembrokeshire/ South Ceredigion region and applies to children and young people under the age of 16 years.</p> <p>Between the period of 2016 – 2022 admissions of children up to age 16 has generally remained between 11,000 and 12,000 across WH and GH with GH receiving the larger proportion. Of these attendances the majority have been for emergency treatment. The largest patient cohorts are aged 0-4 years and 5-9 years.</p> <p>The guidelines are devised to ensure children and young people receive the most appropriate level of care at the right time and in the correct environment leading to effective outcome/ recovery.</p> <p>The benefit for children and young people is that they are able to receive the best accident and emergency care possible through a centralised and sustainable rota.</p>	<p>Alongside a Dedicated Ambulance Vehicle (DAV) which can support acute paediatric transfers (taking children from WH to GH), there is a policy in place to support families with travel to and from GH to mitigate the impact of travelling.</p> <p>The benefit of centralising the service in a single location is that it has been possible to retain paediatric services in the south of Hywel Dda covering Pembrokeshire, Carmarthenshire and South Ceredigion. By merging rotas which were not sustainable it has been possible to ensure that a consistent service can be provided at all times for those needing acute care, while remote outpatient care can continue to be delivered from existing sites.</p> <p>As the current service is a temporary change, opportunities can be taken during the review of Acute Paediatric Services to mitigate the impact of travelling on younger people and their families and carers.</p> <p>We will look to sense check as part of action planning to ensure that options</p>

			<p>The unintended consequences are that acute services have needed to be centralised and delivered from a single site, which has increased travel time for children and young people of Pembrokeshire and South Ceredigion and their parents and carers, increasing the time it takes for them to receive their care.</p> <p>Option 2 will not return acute services to WH, however it will enable more care to be delivered in Pembrokeshire between Monday to Friday between 10am – 6pm.</p> <p>While some unwell children may continue to be sent directly to GH for care or admission, WH will be able to provide a greater level of treatment than currently offered, providing children and young people greater access to care closer to home.</p> <p>This evidence is largely anecdotal coming from survey responses of parents, carers, and guardians, but was identified as a key theme also recognised by staff in a smaller survey cohort, however analysis of where Pembrokeshire residents have gone to receive care has demonstrated an increase in the use of GH services while the level of overall activity remains the same, demonstrating a need for travel.</p>	<p>being developed and proposed are reflective of wider groups who may be unable to attend events organised by the health board within traditional working hours.</p>
--	--	--	--	---

			<p>The increase in travel time and the movement of services from WH to GH is likely to have an impact on parent carers of disabled children who are likely to require more frequent attendance and have parents who are typically older and may be less resilient when needing to arrange transportation.</p> <p>This evidence is anecdotal but also picks up broader EqlA work undertaken for the Programme Business Case for the new Urgent and Planned Care Hospital which identified the impact that age has on travelling.</p> <p>Option 2 would enable same day urgent paediatric day case reviews, follow up appointments at WH for those who previously visited GH for emergency treatment or follow up appointments for Pembrokeshire residents if they used the Paediatric services.</p> <p>Option 2 also aspires to develop a hub approach to outpatient and day care provision further enabling people to spend less time travelling, while also receiving integrated care.</p> <p>This mitigates some of the impact by reducing travel times on parents and carers, while allowing children and young people to access follow up care closer to home, however as the service is not available 24 hours over 7 days</p>	
--	--	--	---	--

			and cannot accept all cases, does not fully mitigate travel impact.	
<p>UPDATE 06.10.2023 Theme was raised during paediatric consultation and highlighted within the ORS report.</p>		✓	<p>Staff agreed that changes to services should improve access to paediatric care. Factors such as journey times, lack of transport, and deprivation can act as barriers to children receiving the appropriate paediatric care, and having more accessible services closer to home could, it was said, help alleviate some difficulties.</p> <p>Some Carmarthenshire residents noted the unique tourism factor in areas like Pembrokeshire. The influx of family tourism was thought to be an important consideration when considering paediatric provision, as the number of children in the area significantly increases in the summer months. It was suggested that tourists may be especially confused about where and when to access services.</p>	<p>Transport and travel theme addressed under Socio-economic Deprivation section of EqIA.</p> <p>Designated Ambulance Vehicle (DAV) may also be able to support parents transfer (urgent cases). A demand analysis carried out by WAST and HDdUHB has indicated the vehicle undertakes approximately 4-5 calls on average in a 24-hour period and so there is sufficient capacity to manage ongoing demands.</p> <p>Communications package regularly released to best advise both residents and tourists as to where and when to best access care in Hywel Dda.</p> <p>Communications package specifically used to signpost Pembrokeshire residents in terms of Emergency Pathway (at GH), Minor Injuries (WH) and any seasonal communications deemed necessary - to include the summer tourism population with the aim to mitigate risks arising from walk ins. As part of any implementation plan, communications and patient signposting will be revisited and adjusted</p>

				<p>as necessary - to include seasonal activities with a focus on holiday makers.</p> <p>No further age impacts or mitigations were identified.</p>
<p>Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	✓	✓	<p>The Paediatric guidelines are specific to children and young people inclusive of those who have disabilities and live in Pembrokeshire and South Ceredigion. The service change has not been identified to have any discriminatory impact on those with disabilities.</p> <p>Children with disabilities which impact on their physical health on an acute basis are more likely to be impacted by the need to travel to GH, to either access care on a routine basis or if they require open ward access due to increased health needs. Those who require outpatient services will not be impacted as these will remain in WH.</p> <p>Option 2 would still have an impact on those who are unwell needing to attend GH for open access or emergency care, however the benefit of Option 2 is that more day care, outpatient care and follow up care could be provided from WH than in the current service offering, reducing the travel impacts in terms of cost, and effect on daily life (work, education, etc.), as well as being able to view same day urgent paediatric day cases via the PACU which could reduce travelling greatly.</p>	<p>For those with physical disabilities that may attend on a frequent basis or may have sudden changes in health needs and require urgent treatment, open ward access is available to ensure that people can receive treatment faster.</p> <p>For those with disabilities that impact on people's ability to understand the changes made to the service, the communication needs/ expectations of affected parents/ family and carers will need to be addressed appropriately about how and where to access care and signage at hospital sites.</p> <p>The benefit of centralising the service is that there is a dedicated staffing rota to ensure that an open ward can be consistently staffed without need for transfer between locations. This also provides greater certainty for children and young people with disabilities and their families about where and when care is available when needed.</p>

			<p>While the majority of the activity analysed demonstrates care is required on an emergency basis irrespective of disability, further work is needed to quantify what the impact is on disabled children.</p> <p>Anecdotal evidence from parent responses have indicated that children with disabilities and their families are required to travel more frequently over longer distances which has a negative impact.</p>	<p>There is no evidence to suggest that people with disabilities are discriminated against as a result of these changes.</p> <p>Hywel Dda University Health Board have signed up to the Learning Disability charter which seeks to treat people with learning disabilities in mainstream settings with reasonable adjustments, therefore where they may need reasonable adjustments these will be considered to ensure they are not disadvantaged further, i.e. communications from GH ward in easy read format.</p>
<p>UPDATE 06.10.2023 Theme was raised during paediatric consultation and highlighted within the ORS report.</p>	✓	✓	<p>Several groups were highlighted as being particularly vulnerable to these impacts, including:</p> <ul style="list-style-type: none"> • Children and young people with additional/ complex needs (such as neurodivergence and learning disabilities) and their families • Children and young people with longer term conditions requiring repeat appointments 	<p>Children and young people (CYP) with complex needs and other disability are able to access the ward systems at Glangwili when admission is indicated. Transfers are supported by ambulance service or non-emergency patient transport as required.</p> <p>Routine care (OPD) would be provided at Withybush for Pembrokeshire residents, minimising disruption/ travel/ expense especially in relation to follow up (planned care) activity.</p>

			<p>The need for proper pathways for disabled children was also considered essential.</p> <p>Additionally, accessing appropriate care for children with disabilities at Glangwili was mentioned as an issue for some parents. <i>“We had to get a taxi and had to leave her wheelchair there and then had to come back for it in the morning after attending A&E in Glangwili via ambulance (Haverfordwest).”</i></p> <p>One parent at the Goodwick event highlighted that having to travel to Carmarthen could prove problematic for their disabled child as, <i>“what might be normal for a kid, mine will be deteriorate quicker than most kids [and] with</i></p>	<p>There is a Standard Operating Procedure (SOP) in place to support all attendances at Withybush Hospital (WH) Emergency Department (ED) (not Minor Injuries Unit [MIU]) - the SOP provides direct access to Glangwili Hospital (GH) Paediatric Ambulatory Care Unit (PACU) (bypassing GH ED) for those children who are seen at WH</p> <p>Currently, all GH ED attendances need referral to GH Paeds. where clinically indicated.</p> <p>No disabled-specific pathways, all pathways are for all children and young people (CYP) and incorporate access to care for any disability.</p> <p>Need to consider provision of wheelchair accessible taxi services as part of hospital taxi contract system.</p> <p>Mandatory training and practice development updates will help educate staff to be better prepared for such situations - but triage tools and transport prioritisation would be based on clinical</p>
--	--	--	--	--

			<p><i>nonverbal kids it's sometimes difficult to get any early notification that they are poorly"</i> (Haverfordwest).</p>	<p>presentation. It should be noted that the mandatory training would be delivered in all options enhancement and extras would be limited to Option 3 only.</p> <p>No further disability impacts or mitigations were identified.</p>
<p>Gender Reassignment Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. 		<p>✓</p>	<p>Understanding the proportion of the population who identify as trans is difficult. The Gender Identity Research and Education Society (GIREs) estimates the overall percentage of 'gender variant' people in the UK is 1% but growing. A small proportion of teenagers covered by this guideline may identify as non-binary/trans or be exploring their gender identity.</p> <p>This may or may not be known to the parents of children and young people and such issues will need to be addressed sensitively with individuals and in a confidential manner.</p> <p>The Paediatric guidelines are specific to children and young people inclusive of those who have undergone, intend to undergo or are currently undergoing gender reassignment or do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.</p> <p>Option 2 does not have any additional positive or negative impact.</p>	<p>A proportion of GP Practices in each of the 3 county areas have agreed to provide local enhanced transgender services for children and young people. GPs are able to advice children and young people and their parents/guardians on the most appropriate healthcare pathways, e.g. referral to Welsh Gender Service. Staff also have access to specialised transgender awareness training to help them work with transgender patients.</p>

Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.			✓	Not applicable – even if patient groups are subject to marriage or civil partnership, this temporary change will not impact on this protected group. Option 2 does not have any additional positive or negative impact.	
--	--	--	---	--	--

<p>Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>	✓	✓	<p>Any infant requiring hospital admission after birth (and not requiring Special Care Baby Unit) will be treated under this pathway and Parents will be supported to stay with the infant during admission.</p> <p>For children who require admission following birth by caesarean, additional travel time to GH from those in Pembrokeshire or South Ceredigion is likely to have a greater impact on mothers who may be unable to travel while recovering, particularly when shortly following surgery.</p> <p>Women who have given birth may be suffering from post-natal depression which can impact their ability to understand on how and where to access care for both of themselves and their children. Mothers will be able to access care from the ward or signposted out to mental health services.</p> <p>This evidence is anecdotal and is not apparent in analysis how frequently this occurs. Responses from surveys indicate this is a greater impact when having to travel on rural roads following surgery which can cause greater pain and discomfort due to longer travel times and lack of nearby services for the care required.</p> <p>While Option 2 will not change the delivery of birthing services, it will mean that same day</p>	<p>As the current service is a temporary change, opportunities can be taken during the review of Acute Paediatric Services to mitigate the impact of travelling on women recovering during maternity.</p> <p>The benefit of centralisation for mothers is that there are also obstetrics and gynaecology services available on site as part of the 2014 strategy, along with mental health services available to support women with post-natal depression.</p>
--	---	---	---	--

			urgent paediatric day cases could prevent additional travelling and follow up appoints following attendance at GH A&E will require less travelling, which would reduce the impact on those who shared experiences of travelling post caesarean, but not mitigate completely due to limited-service hours.	
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.		✓	For many patients and families from minority ethnic groups, rituals and traditions become more important in times of ill health. It would be important for families to be spoken to in their first language when conveying information during the implementation of this guideline and the training required wherever possible. The UHB approved translation services will help to facilitate this. Option 2 does not have any additional positive or negative impact.	Translation and communication needs of affected parents/family and carers will need to be addressed appropriately through communications about how and where to access care and signage at hospital sites. Sense checking will also be carried out, which will be part of action planning, through community outreach teams to access communities and groups and seek their views on what has been considered. Documents for targeted engagement have been translated into commonly used languages (Arabic, Polish, Russian and Ukrainian) to increase responses, while an engagement plan looks to engage with gypsy/ traveller communities within the areas.
Theme was raised during paediatric consultation and highlighted within the ORS report.		✓	In considering equalities issues, concern was raised around explaining pathways to families who do not speak English as their first language.	We will provide information in other languages as requested to ensure that all service users understand the pathways available.

				Where there is an identified communication barrier, the Health Board will utilise approved interpretation and translation services (including BSL). No further Race/Ethnicity or Nationality impacts or mitigations were identified.
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.		✓	This interim system change applies equally to all religions and beliefs- to include those who have no belief. Option 2 does not have any additional positive or negative impact.	Patients and their families of all faiths can access spiritual care and support from our Chaplaincy Services which are available on all of hospital sites.
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?		✓	While the service model does not have an impact due to the patients' gender, current engagement to date around service changes have highlighted that women are generally more likely to be the primary carer, and so changes to how and where services are delivered are likely to have a greater impact on women than men. As Option 2 will allow for same day urgent day cases and more outpatient activity and follow up appointments to be undertaken from WH, it is expected that this will benefit women who are predominantly primary carers as it will have a reduced impact on their lives through closer access to care, however they will still need to travel to GH if emergency care or admission is required.	As the current service is a temporary change, opportunities can be taken during the review of Acute Paediatric Services to mitigate the impact of travelling on women who are likely to be the primary carer.

			<p>In the survey sent to patients/ parents/ carers, of the 201 responses received with demographic information, 190 identified as female.</p> <p>More work is needed to hear from male parents and patients.</p>	
<p>Theme was raised during paediatric consultation and highlighted within the ORS report.</p>		<p>✓</p>	<p>Several groups were highlighted as being particularly vulnerable to these impacts, including:</p> <ul style="list-style-type: none"> • Single parents, especially those with no support network. • Parents, especially single parents, with other children to care for. <p>Parents/guardians reported difficulties accessing care for a child at a hospital some distance away when they have other children to care for. This issue was considered especially acute for single parents. While it was acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/guardians anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries.</p> <p>It was also said that the apparent inappropriateness of the A&E departments at both Glangwili and Withybush for children and</p>	<p>Single parents' disruption would be present in all options (including those with other children to care for) regardless of location of service provision – acknowledging that there may be additional transport difficulties for single parents (see response to transport and travel themes recorded under the Socio-economic Deprivation section p.22).</p> <p>Option 2 and 3 – Pembs services could possibly increase provision with the reintroduction of a PACU alongside OPD and Rapid Access activities. This may reduce disruption relating to urgent care needs (with the exception of admissions) reducing the need for transport (and time to travel).</p> <p>Single parent theme addressed above. Transport and travel themes addressed in Socio-economic Deprivation section.</p> <p>All requests for accommodation/childcare provision would be considered on a case-by-case basis but (aside from visiting</p>

			<p>young people can be especially difficult for single parents, who must care for their sick child at the same time as keeping their other children occupied.</p> <p>In terms of positive equalities impacts, participants felt that improved accessibility for those in Pembrokeshire and some parts of Ceredigion could help people with other important responsibilities, such as having to care for other children. This was considered particularly applicable to single parents or parents whose partners are unable to share caring duties due to work commitments or illness.</p>	<p>hours), it would not be encouraged for children to stay due to other demands within the unit.</p> <p>Dedicated waiting area for C&YP in WH ED. This has been removed in GH to manage wider demands. All options would mean less children from Pemb and Ceredigion travelling to GH.</p> <p>Single parent theme addressed above. Transport and travel themes addressed in Socio-economic Deprivation section.</p> <p>No further Sex impacts or mitigations were identified.</p>
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>		✓	<p>A proportion of teenagers who access services via this temporary pathway may identify as lesbian / gay / bisexual (LGB).</p> <p>They may or may not be “out” at home and issues around their sexual orientation will need to be addressed sensitively and confidentially.</p> <p>This interim system change applies equally to all regardless of sexual orientation.</p> <p>In the survey sent to patients/ parents/ carers, of the 201 responses received with demographic information, 195 identified as heterosexual or straight, 3 as bisexual, 2 as other and 1 preferring not to say.</p>	<p>Staff are routinely offered a variety of LGBTQ+ related training session to help them gain a better understanding of the barriers and challenges experienced by LGBTQ+ persons.</p>

			<p>There has been no indication that the service change discriminates towards those of non-heterosexual children and young people, their parents or carers.</p> <p>Option 2 does not have any additional positive or negative impact.</p>	
<p>Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</p>		✓	<p>The transfer of children and young people from WH to GH could incur additional transport and accommodation costs for the families / carers.</p> <p>A dedicated vehicle (DAV) has been ring-fenced specifically for Paediatric use.</p> <p>Eligible families will be advised of the process to claim back costs, however, will require funding in the first instance to travel to access care before being able to reclaim funding.</p> <p>The areas of Pembrokeshire (Haverfordwest, Milford Haven), South Ceredigion (Cardigan) and Carmarthenshire (Llanelli) have pockets of severe overall deprivation which covers all domains within the Welsh Index of Multiple Deprivation which includes income, employment, access to GP/ Pharmacy services, etc.</p> <p>Although the numbers of people living within these areas are small in comparison to the</p>	<p>Further work is being undertaken to consider transport / accommodation options, however as the review is focusing on the acute element of service delivery, some options such as community/ public transport may not be viable where emergency attendance is required during bank holidays/ overnight, etc.</p> <p>This procedure will have the same impact across this category equally and transport is available on request.</p>

			<p>rest of the region, changes which reduce access or increase cost burden will have a greater impact.</p> <p>Option 2 will still require families to travel to GH if emergency care is required, or repeated visits if open access to ward or overnight stays are needed, and accommodation is not available.</p> <p>This is partially mitigated and improved by being able to have same day urgent paediatric day cases seen in WH during core hours, follow up appointments in WH as well as the aspiration for enhanced outpatient services, reducing the impact of travel costs as well as missed employment/ education.</p>	
<p>UPDATE 06.10.2023 Theme was raised during paediatric consultation and highlighted within the ORS report.</p>	✓	✓	<p>Most concerns around equalities impacts centred on travel and access, focusing on the ease with which patients are able to travel to access paediatric care at Glangwili Hospital.</p> <p>Several groups were highlighted as being particularly vulnerable to these impacts, including:</p> <ul style="list-style-type: none"> • Families on lower incomes and/or without access to private transport. • Families living in rural isolation. <p>Families living in west Pembrokeshire, and some parts of Ceredigion.</p>	<p>All proposed options increase the provision of care closer to home, reducing the impact of transportation requirements. Each option incrementally increases the levels of care that would be available at WH reducing need to travel to GH and reducing the level of activity at GH.</p> <p>Need to consider cost of travel and times of travel (even less public transport at weekends/ overnight etc, taxi costs increased at weekends). This point is relevant to both the public and staff.</p>

			<p>Ultimately, while it was widely acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/caregivers anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries. Moreover, visitors were also said to be incredibly important for children and young people during a hospital stay, and there was concern that having inpatient paediatrics only at Glangwili impacts the ability of family members and others (especially those living in west Pembrokeshire) to visit to visit their loved ones, potentially to the detriment of their recovery.</p> <p>In terms of travel and transport, access to Glangwili was said to be particularly difficult for Pembrokeshire families without access to private transport.</p> <p>Groups mentioned in the context of equalities (especially the complexities and cost of</p>	<p>Option 2 This option provides more access and services for Pembrokeshire and South Ceredigion patients and reduce the travelling time for carers as more patient services will come back to Withybush as outpatients and limited hours in PACU at the site. Those requiring an overnight assessment.</p> <p>Transport and travel themes addressed above. DAV dedicated Paramedic ambulance for deployment to Pembrokeshire 999 calls for Women and Childrens service users. Use of public transport encouraged. Hospital contracted Taxi services.</p> <p>Ability to claim expenses where appropriate (receipt of benefit etc- NHS guidance)</p> <p>Transport & travel theme has been addressed above.</p>
--	--	--	---	---

			<p>travel) were those who are economically disadvantaged and those without access to private transport. Moreover, those in rural areas with poor internet coverage were thought to be at a disadvantage in as much as they cannot access opportunities.</p> <p>Other groups mentioned in the context of equalities (and especially the complexities</p>	<p>The digital inclusion team are currently engaging with the Paediatrics team to aid the development of digital skills and confidence and through they are signposting to their device loaning scheme as well as how to access social tariffs etc.</p> <p>To date the digital inclusion team have,</p> <ul style="list-style-type: none"> • carried out a Skills Audit to identify areas to target. • Spent several days on the ward to allow for drop-in sessions to support staff whilst on shift. • Support is targeted for both personal and profession digital skills development. <p>The Regional Digital Inclusion Group is in the process of developing a Digital Divide Research Project that will help identify areas and pockets within the region that experience difficulties with connectivity. The research will allow for an understanding of the exclusion faced due to poor connectivity and will allow for the Digital Inclusion Steering Group, in collaboration, to explore and develop the solutions required to ensure equity of access for all.</p> <p>Transport and travel theme addressed above.</p>
--	--	--	---	--

			<p>and cost of travel) were those who are economically disadvantaged and those without access to private transport.</p> <p>Other groups mentioned in the context of equalities (and especially the complexities and cost of travel) were those without access to private transport.</p> <p>Having more services closer (to home) would also benefit those without support networks and/or access to private transport – as well as those on lower incomes who cannot afford travel costs or overnight stays close to <u>Glangwili</u> (or even further afield in some cases).</p>	<p>Transport and travel theme addressed above.</p> <p>Transport and travel theme addressed above.</p>
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>		✓	<p>This interim system change applies equally to all regardless of whether they choose to communicate in English or Welsh.</p> <p>The language needs of the child/young person and their family/carers are respected in accordance with HB policy.</p> <p>All letters and forms are available in Welsh, and recruitment undertaken in line with Welsh Language Skills requirements.</p> <p>Welsh language usage was not a question as part of the surveys, however the majority of the respondents identified as Welsh (133, 67%). Welsh responses were also received</p>	<p>All of the engagement materials have been developed bilingually.</p> <p>Due to the timescales of the work being set, it has not been possible to provide all documentation bilingually, such as the issues report which was submitted to board or the output documents which have been developed after engagement activities.</p> <p>Welsh speaking staff are available at events to respond to queries if people wish to use Welsh, and staff wear lanyards to show that they are able to communicate in Welsh.</p>

			<p>as part of the surveys which were translated and included as part of the issues report.</p> <p>Option 2 does not have any additional positive or negative impact.</p>	
<p>UPDATE 06.10.2023 Theme was raised during paediatric consultation and highlighted within the ORS report.</p>			<p>It was said that although Welsh language provision has improved in recent years, more can be done to offer this within paediatric services to improve understanding of symptoms and diagnosis.</p> <p>A couple of participants in the Ceredigion group highlighted the importance of Welsh language provision within paediatric children's services. Without this, it was said, there is a barrier in terms of staff communicating with children about their health. This is particularly prevalent in Ceredigion, where many children are first language Welsh speakers.</p>	<p>There will be a proactive drive to ensure patient information leaflets, signposting, maternity services health board page are bilingual in line with the Welsh Language Act</p> <p>The health board will continue to implement monitor progress against the actions within its bilingual skills strategy, the Welsh Language Standards and the 'More than Just Words' Strategic Framework. Progress will be detailed in the annual monitoring procedures.</p> <p>They health board will continue to contribute to the wider implementation of 'Cymraeg 2050: Welsh Language Strategy', which is Welsh Government's vision for reaching a million Welsh speakers in Wales by 2050. The health boards will take action to promote and increase the use of Welsh in the workplace and across different service areas which should have a positive impact on both our service users and our staff.</p>

					<p>The health board will continue to increase training opportunities for staff to improve Welsh language skills and will expand the current practice for staff to display the 'iaith gwaith' logo to identify themselves as Welsh speakers.</p> <p>Welsh Language Champions will continue to promote bilingualism and Welsh language initiatives across the organisations.</p>
--	--	--	--	--	--

Intersectionality

It may be important to break the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'.

Intersectional disadvantage (a phrase used to describe the relationship between overlapping social identities and protected characteristics) and at-risk groups, such as homeless people and carers. The Health Board recognises that increasingly, it is understood that inequality is intersectional. People's characteristics interact in a complex way to give a unique experience of inequality. For example, the experience of a Muslim woman cannot separate 'female' and her experience as a Muslim. It will differ from that of a Muslim man and of a non-Muslim woman. Another example, while an EQIA may identify impacts for Muslim people, it will be important to recognise that impacts could be very different for a Muslim woman compared to a Muslim man.

Once a preferred option is identified the Equality Impact Assessment for that option will be developed into an Equality & Health Impact Assessment (EHIA). We endeavour to capture and suggest mitigating actions with consideration for intersectional disadvantage.

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	Unable to confirm. While the survey responses cover a broad period of service use and includes all those who have accessed care, providing demographic data is not a requirement and so we cannot say for certain whether there are groups who are missing or additional impacts which have not been considered at this early stage.
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes, there are opportunities to gather missing information and identify gaps through engagement with public working groups as part of the Acute Paediatric Review.
3.	Does the information collected relate to all protected characteristics?	Information regarding the consultation and how to get involved were sent to a wide range of contacts, groups and organisations that involve and/or support people with protected characteristics and unpaid carers. Documents and questionnaires were available in Easy Read, English, Welsh, Arabic, Polish, Russian, and Ukrainian, and a child-friendly version was available in English and Welsh. Information was also available in

		<p>British Sign Language and audio on a designated consultation platform on the Health Board's website. Venues for public events were selected based on their accessibility and proximity to public transport. In addition, approaches were made offering bespoke meetings to Pembrokeshire Sign and Share group for people who are deaf or hard of hearing, and Pembrokeshire People First, a group for people with learning disabilities and neurodiversity. The former declined as they felt the consultation was not relevant to them, and the latter did not respond but had previously indicated that they did not feel the consultation was relevant to them. A team from the health board was also due to attend an open day at Portfield School, Haverfordwest, for children with disabilities and complex needs, but unfortunately the event was cancelled due to inclement weather. A health board team attended gypsy traveller sites across Pembrokeshire to listen to residents' views. There was also health board team in attendance at a housing association open day to ensure the views of people on low incomes were included.</p> <p>In addition, the Community Development Outreach Team further shared the Paediatric consultation with those who have protected characteristic. The team were able to share the document with Gypsy and Traveller communities as they were able to visit them</p>
--	--	---

		<p>on residential sites and were able to read and explain the survey to anyone that could not read.</p> <p>The Community Development Outreach Team also shared the survey with parents and carers from ethnic minorities via multicultural drop in settings and Ukrainian refugees. The surveys were also taken to local Mosques where it was shared in Arabic.</p> <p>As the demographic questions are optional, we cannot determine to what extent, if any, this has been collected. We are also aware that most responses have come from parents and carers, not necessarily from the children and young people themselves.</p>
4.	What additional information (if any) is required?	<p>This EqIA would be supported with additional information from the following communities/ groups:</p> <ul style="list-style-type: none"> • Children and young people • BAME • Gypsies/ Travellers
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).	<p>Engagement HQ has been used to create a continuous engagement channel with more robust equality monitoring questions to help us capture the groups who are communicating with us, as well as disseminate information and provide opportunities for engagement.</p> <p>Patient experience data is monitored and scrutinised regularly. In addition, patients and their relatives have access to members of the family liaison team who would be able to identify and escalate any issues,</p>

		<p>which would then be reflected in a revision to this document.</p> <p>The following groups have been initially identified to support with gathering this additional information:</p> <ul style="list-style-type: none">• Schools• Community Outreach Team
--	--	--

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	2	-1	L
Disability	2	+3	P
Sex	2	-1	L
Gender Reassignment	1	0	N
Human Rights	1	0	N
Marriage and Civil Partnership	1	0	N
Pregnancy and Maternity	2	-1	L
Race/Ethnicity or Nationality	1	0	N
Religion or Belief	1	0	N
Sexual Orientation	1	0	N
Socio-economic Deprivation	2	-1	L

Welsh Language	1	0	N
----------------	---	---	---

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should 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.

Will the Policy be adopted?	This is an EqIA of the temporary service change to identify the current situation and will be used to benchmark any models or options developed as part of the Acute Paediatric Services review. Individual options will have individual EqIAs undertaken to inform any decision making.
-----------------------------	---

<p>If No please give reasons and any alternative action(s) agreed.</p>	<p>N/A</p>
<p>Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?</p>	<p>N/A</p>
<p>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?</p>	<p>Patient experience data and review. Use of continuous engagement channel via Engagement HQ. Views of patient (public) opinion to be sought as a part of the service review.</p>
<p>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</p>	<p>Analysis is a part of the review process and will be reported to Board to assist decision making.</p>
<p>Where positive impact has been identified for one or more groups please explain how this will be maximised?</p>	<p>The Paediatric guidelines are specific to children and young people inclusive of those who have disabilities and live in Pembrokeshire or South Ceredigion. The guidelines are there to ensure children and young people get the right care at the right place at the right time.</p>

Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.

If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.

The transfer of children and young people from WH to GH could incur additional transport and accommodation costs for the families / carers.

A dedicated vehicle (DAV) has been ring-fenced specifically for Paediatric use.

Eligible families will be advised of the process to claim back costs.

Further work is being undertaken to consider transport / accommodation options.

Form 7 Action Plan

	Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
1	Develop a Digital Divide Research Project to help identify areas and pockets within the region that experience difficulties with connectivity.	Regional Digital Inclusion Group	6 months	TBC	Anticipate the Research will take approx. 12 months from the date that a Research Assistant is in post. Post is likely to go to recruitment soon. Completion date to be updated once the research assistant is in post.
2	Implementation of communications strategy to advise both residence and tourists as to where and when to best access care in Hywel Dda.	Communication team	TBC	Ongoing	Seasonal comms (in support of flux in holiday makers) to continue as necessary- in addition to PHW messaging.
3	Centralised staff rota	Paeds Service team	TBC	TBC	Centralised medical rotas currently in place- will need to be retained. Will be revisited as part of implementation planning.
4	LGBTQ+ related training session to continue to be offered to staff	EDI team	Reviewed quarterly	Ongoing	

5	To set up a continuous mechanism for people to tell us about anything that they felt we should hear related to equality/inequalities – e.g. online forum using Engagement HQ as an option.	Communication & Engagement Workstream	Reviewed quarterly	Ongoing	Ensuring the public is provided with a range of ways of using their voice and getting involved in their NHS here in Hywel Dda so that they can shape, own and improve it, is of paramount importance. One such mechanism is Engagement HQ's Guestbook Tool which offers a simple, streamlined, and moderated space for our community to upload comments in relation to equality and inequalities.
6	Maximise offer of digital remote consultations to provide additional routes to access for our older population in their own homes / community	Digital Workstream Transformation Team – service design and pathways County Directors – for community model	Reviewed quarterly	Ongoing operational service development	Significant progress has been made in relation to remote consultations and this will be built upon as the programme progresses.
7	Sensory loss e learning mandatory training for all employees	Diversity & Inclusion Team	Reviewed quarterly	Ongoing	Sensory loss e-learning module available to staff on ESR

		L&D			
8	Offer specialist training to staff on how they can improve service delivery and support persons with a disability and sensory loss when accessing services	Diversity & Inclusion Team L&D	Reviewed quarterly	Ongoing	D&I team have promoted the following specialist training to staff over the last 12 months: Introduction to BSL Level 1 & DDBA training. Understanding Charles Bonnet Syndrome. Epilepsy Awareness Training. Introduction to Autism Sensory loss e-learning module available to staff on ESR Future action Source further training & promote to staff
9	Managers to continue monitoring staff mandatory training records to ensure that all staff have completed basic treat me fairly e learning	L&D	Reviewed quarterly	Ongoing	Part of the Health Board policy is that staff complete their mandatory training. This is monitored and reported as part of the performance management framework for the organisation
10	Continuation of diversity and inclusion implementation plans which includes raising awareness amongst staff and delivering training programmes to help staff who work with people who have autism and learning disabilities to	Diversity & Inclusion Team L&D	Reviewed quarterly	Ongoing	D&I team have promoted the following specialist training to staff over the last 12 months: Introduction to Neurodiversity and Autism training sessions delivered via Teams.

	enhance communication and effectiveness of care delivery.				Understanding Autism e-learning module available to staff on ESR Respectability staff network facilitated by D&I team. D&I team to continue sourcing available training on disability awareness.
11	Increase staff training around religion and belief	D&I Team L&D	Reviewed quarterly	Ongoing	D&I team to promote any training opportunities around religion and belief
12	Proactive drive to ensure patient information leaflets, signposting etc are bilingual in line with Welsh Language Act.	Patient Experience Communication and Engagement Corporate Services	Reviewed quarterly	February 2023	All consultation documents and marketing materials are available in Welsh, the website for land consultation is also provided in Welsh.
13	Continue to monitor progress against actions within its bilingual skills strategy, more than just words, strategic framework.	Welsh language team	Reviewed quarterly	Ongoing	These recommendations have been noted and will be addressed as part of programme / scheme development.
14	Need to devise a training and development plan in relation to additional training needs to support the non – paediatric staff	Directorate Nurse Service Delivery Manager	Quarterly	Pending outcome of Board decision	Training is already provided in association with Paeds practice development teams-programme to be revised

	in relation to providing care to children within ED				upon outcome of Board decision.
15	Revise the Memorandum of Understanding and Standard Operating Procedure for the Dedicated Ambulance Vehicle to ensure maximum utility is provided/ retained	Service Delivery Manager WAST Locality Manager Task and Finish Group (tbc)	TBC	Q4 2023/24	To be undertaken independently of consultation outcomes.
16	Communications strategy to be devised in relation to option to ensure consistent and accurate messaging is refreshed and shared within the public domain in relation to service provision and sign posting. This will incorporate a focus on transportation options (Emergency and routine- to include the Dedicated Ambulance Vehicle (DAV) as well as reimbursement opportunities for applicable groups).	Head of Communication's Service Delivery Manager	Quarterly		Links with review of DAV SOP and MOU
17	Adaption of centralised of on-call rotas for medical staffing	Clinical Lead/ Service Delivery Manager	TBC	Ongoing	Consider amendment to job planning and medical consultant rotas to ensure rotational model of service provision is initiated (to support WH centre) and

					ensure on call priorities are maintained.
18	Awareness for staff and public on how parents who are eligible can claim back their transport costs, as some people won't be aware of what they can claim for and staff could make sure that information is available.	Service & Comms	TBC	Ongoing	National guidance applies for patients/ families in receipt of benefits. Parents etc. needing support should discuss with the nursing teams wherever they access care.
19	Development of a workforce plan (Medical, Nursing, Allied Health Professional etc	Service	TBC	TBC	As a part of implementation planning, if this option is chosen, the service will refresh workforce planning in order to develop sustainability – in line with the risks and hurdle criteria that were identified in the option appraisal stage.

EqIA Completed by:	Name	Nick Williams Davies
---------------------------	-------------	----------------------

	Title	Service Delivery Manager – Acute Paediatric and Neonatal Services
	Team / Division	General Manager Women's & Children's Directorate
	Contact details	nick.williams-davies2@wales.nhs.uk
	Date	8/11/23
EqlA Authorised by:	Name	Lisa Humphrey
	Title	General Manager Women's & Children's Directorate
	Team / Division	Women's & Children's Directorate
	Contact details	lisa.humphrey@wales.nhs.uk
	Date	8/11/23
Seen by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Senior Diversity and Inclusion Officer
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	eiddan.harries@wales.nhs.uk
	Date	8/11/23