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Appendix 4 Equality Impact Assessment Form

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

Director and Directorate	Peter Skitt, Ceredigion Community
Service Area	Tregaron Community Hospital

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?	Accelerating the Cylch Caron model through the decommissioning of beds in Tregaron Community Hospital
2.	Brief Aims and Description of the procedure/ proposal/ project/ policy:	The decommissioning of 9 beds in Tregaron Community Hospital due to the lack of sustainability of safe staffing. The staff then being released to enable care closer to home by joining the community teams. The approach has already been undertaken in South Ceredigion with the decommissioning of the beds in Cardigan Hospital in 2014 and there is currently an inequitable service provision between the South and North of the county, with those in the South having access to 'wrap around' services in their homes. Outpatient services will continue to operate from Tregaron.
3.	Who is involved in undertaking this EqIA? (names/job titles)	Jina Hawkes / General Manger Community & Primary Care Ceredigion Tracey Evans / Head of Community Nursing
4.	Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	Cylch Caron model
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.
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)	Patients Family/carers Staff working in Tregaron Community Hospital Local population Other health board services (referral pathways)
7.	What might help/hinder the success of the procedure/ proposal/ project/ policy?	Help: The Cylch Caron model needs to be accelerated as there is a lack of sustainability of safe staffing. Hinder: Any public resistance to the ward being closed

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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
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.	x	
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	x	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	x	
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence	x	
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	x	
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	x	

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

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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

Primarily data associated with in-patient admittances during the financial year 2023 – 2024 has been used as the basis of the screening. This has been shared with management colleagues from Tregaron Community Hospital to ensure that the data is representative of their general view in the context of experience.

Releasing the staff from in-patient care will enable an outreach provision to be available in the North of the County. The following table shows the breakdown of ages of those cared for in Tregaron Community Hospital and those supported by the South Ceredigion Same Day Urgent Care (SDUC) outreach service:

Age group	Tregaron CH	SDUC Outreach
51-60	1	50
61-70	5	84
71-80	27	116
81-90	41	235
Over 90	30	103

Engagement data:

The public engagement process commenced 1st August 2024 and concluded 29th August 2024:

Activity	No. participants
Stakeholder event - 01/08/24	5
Public drop-in event 21/08/24	38
Online virtual event 22/08/24	5
Survey's completed 01/08/24 – 29/08/24	155
Letters / emails / telephone calls	7
Total	210

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	<p>People who completed the survey (by post, online or through a collection box) were also asked to complete an equalities monitoring survey, which was optional. Of those who completed the equalities monitoring survey:</p> <p>Please note, that not all participants completed the equality assessment information.</p> <table border="1" data-bbox="376 367 918 778"> <thead> <tr> <th>Age group</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>6</td> </tr> <tr> <td>25-34</td> <td>15</td> </tr> <tr> <td>35-44</td> <td>18</td> </tr> <tr> <td>45-54</td> <td>25</td> </tr> <tr> <td>55-64</td> <td>50</td> </tr> <tr> <td>65-74</td> <td>29</td> </tr> <tr> <td>75 and above</td> <td>11</td> </tr> <tr> <td>Prefer not to say</td> <td>3</td> </tr> </tbody> </table>	Age group	No.	18-24	6	25-34	15	35-44	18	45-54	25	55-64	50	65-74	29	75 and above	11	Prefer not to say	3
Age group	No.																		
18-24	6																		
25-34	15																		
35-44	18																		
45-54	25																		
55-64	50																		
65-74	29																		
75 and above	11																		
Prefer not to say	3																		
<p>Insert breakdown of staff age in the specific service/ area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>There is no negative impact in relation to service users, any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a brief summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <ul style="list-style-type: none"> • Releasing the staff from in-patient care will enable an outreach provision to be available in the North of the County. • Those who are older are often more reliant on public transport or for others to bring them to a healthcare setting so care at home will be beneficial. 	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p>	

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How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.					Positive	x
					Negative	
					No Impact	
Guidance Remove population data if not relevant to EqIA.	Population Data					
		Carms	Cere	Pembs	Total	
	Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463	
	Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499	
	Total with a disability	43152	15637	27173	85,963	
	Total population	187,895	71,474	123,366	382,735	
	Percentage of population with a disability	23%	22%	22%	22%	
People, population and community - Office for National Statistics (ons.gov.uk)						
Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data There is no patient data relating to disability					
	Engagement data Do you consider yourself to be disabled? <ul style="list-style-type: none"> • 112 No • 25 Yes • 21 Prefer not to say 					
Insert breakdown of staff with a disability who may be affected	Staff data To follow with Organisational Change Process					

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<p>by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <p>It is expected that there will be no negative impact but care at home may prove beneficial to some individuals with a disability as they will remain within familiar surroundings.</p> <p>Those with disabilities are often more reliant on public transport or for others to bring them to a healthcare setting so care at home will be beneficial.</p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p>	

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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	x
Guidance Remove population data if not relevant to EqIA.	Population Data								
	County	Carms		Cere		Pembs		Total	
	Gender	value	%	value	%	value	%	value	%
	Gender identity the same as sex registered at birth	144,924	93.2	55,874	91.02	95,794	93.41	296,592	92.54
	Gender identity different from sex registered at birth but no specific identity given	210	0.14	84	0.14	121	0.12	415	0.13
	Trans woman	93	0.06	73	0.12	58	0.06	224	0.08
	Trans man	90	0.06	62	0.1	66	0.06	218	0.73
	Non-binary	60	0.04	143	0.23	40	0.04	243	0.1
	All other gender identities	38	0.02	66	0.11	32	0.03	136	0.05
	Not answered	10,072	6.48	5,087	8.29	6,438	6.28	21,597	7.01
People, population and community - Office for National Statistics (ons.gov.uk)									
Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any	Patient data								
	No patient data available.								
Engagement data									
Is this the same sex as you were assigned at birth?									
<ul style="list-style-type: none"> • 1 person said that they were not the same sex as assigned at birth • 1 Non binary • 1 Use another term 									

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<p>identified data gaps in the future.</p>		
<p>Insert breakdown of staff gender reassignment information affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p> <p>There is no impact due to gender reassignment. Trans patients are accommodated in line with their stated gender identity.</p>	

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How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	x
<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>If no information is available, please state that here, including how you plan to address any</p>	<p>Patient data</p> <p>Not required</p> <p>Engagement data</p> <p>Are you married or in a civil partnership?</p> <ul style="list-style-type: none"> • 87 Yes • 33 No • 27 preferred not to say 		

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<p>identified data gaps in the future.</p>		
<p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p> <p>There is no impact in regard to marriage and civil partnership</p>	

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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	x
<p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p>	<p>Population Data (Wales)</p> <p>Births in England and Wales: summary tables - Office for National Statistics (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>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p>Patient data The youngest person admitted during the preceding year was 59 years old.</p> <p>Engagement data Are you currently pregnant or have given birth within the last year?</p> <ul style="list-style-type: none"> • 5 Yes • 111 No • 23 preferred not to say / NA 		
<p>Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</p>		

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<p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p> <p>There has been no impact identified in regard to pregnancy and maternity</p>	

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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	x
								Negative	
								No Impact	
Guidance Remove population data if not relevant to EqIA.	Population Data								
	County	Carms		Cere		Pembs		Total	
	Ethnicity	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100
	Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2
	Black, Black British, Black Welsh, Caribbean or African	455	0.2	366	0.5	244	0.2	1,065	0.3
	Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1
	White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97
	Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3
	Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4
People, population and community - Office for National Statistics (ons.gov.uk)									
If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data								
	Of the 104 in-patients, 67 were listed as white and 37 'not stated'.								
Engagement data									
Which race or ethnicity best describes you?									
<ul style="list-style-type: none"> • 130 White British • 1 White Irish • 5 White European • 14 Prefer not to say • 1 Another race or ethnicity 									

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<p>Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <ul style="list-style-type: none"> • Community Care has access to interpretation and translation services when needed • Asylum seekers and refugees are often more reliant on public transport or for others to bring them to a healthcare setting so care at home will be beneficial. 	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p>	

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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	x
								Negative	
								No Impact	
Guidance Remove population data if not relevant to EqIA.	Population Data								
	County	Carms		Cere		Pembs		Total	
	Religion	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100
	No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
	Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
	Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
	Hindu	419	0.2	158	0.2	161	0.1	738	0.2
	Jewish	103	0.1	75	0.1	58	0	236	0.1
	Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
	Sikh	177	0.1	35	0	32	0	244	0.0
	Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8	
People, population and community - Office for National Statistics (ons.gov.uk)									
If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any	Patient data								
	No data available								
Engagement data									
What do you consider your religion to be?									
<ul style="list-style-type: none"> • 69 Christian • 42 No religion • 4 Other • 29 Prefer not to say 									

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

<p>identified data gaps in the future.</p>		
<p>Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <ul style="list-style-type: none"> Care at home may prove beneficial with regards supporting a person's religion or belief as they may continue their usual practices and networks. 	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p>	

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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		x																																												
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If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data Of the 104 patients admitted, 67 (64%) were female and 37 (36%) male. This varies from the actual population split in Ceredigion of residents over the age of 45: 53% female and 48% male. The small number of beds in Tregaron (9 beds) and the need to deliver dignified care results in bays being declared either male or female and the economy of scale did not enable an equitable service during the year, however care at home will not differentiate between the sexes.																																																					
	Engagement data What is your sex? <ul style="list-style-type: none"> • 26 Male • 112 Female 																																																					
Insert breakdown of the Sex of staff affected by your specific service/area of work.	Staff data To follow with Organisational Change Process																																																					

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<p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
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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		x
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 data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data								
	No data								
Engagement data									
Which of the following terms best describes your sexual orientation?									
<ul style="list-style-type: none"> • 9 Asexual • 3 Bisexual • 2 Gay man • 2 Gay woman or lesbian • 93 Heterosexual or straight • 33 Prefer not to say 									

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

<p>Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>		
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p> <p>There is no impact based on sexual orientation</p>	

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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	x																								
<p>Guidance</p> <p>Remove population data if not relevant to EqIA.</p>	<p>Population Data</p> <table border="1" data-bbox="371 580 1453 812"> <thead> <tr> <th></th> <th>Carmarthenshire (%)</th> <th>Pembrokeshire (%)</th> <th>Ceredigion (%)</th> <th>Hywel Dda (%)</th> </tr> </thead> <tbody> <tr> <td>Regular</td> <td>3.6</td> <td>4.5</td> <td>3</td> <td>3.7</td> </tr> <tr> <td>Reserve</td> <td>0.9</td> <td>0.9</td> <td>0.9</td> <td>0.9</td> </tr> <tr> <td>Both</td> <td>0.2</td> <td>0.2</td> <td>0.2</td> <td>0.2</td> </tr> <tr> <td>Total</td> <td>4.7</td> <td>5.7</td> <td>4.1</td> <td>4.8</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p>						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
	Carmarthenshire (%)	Pembrokeshire (%)	Ceredigion (%)	Hywel Dda (%)																										
Regular	3.6	4.5	3	3.7																										
Reserve	0.9	0.9	0.9	0.9																										
Both	0.2	0.2	0.2	0.2																										
Total	4.7	5.7	4.1	4.8																										
<p>If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any</p>	<p>Patient data No data</p> <p>Engagement data No data</p>																													

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<p>identified data gaps in the future.</p>		
<p>Insert data to show the proportion of staff affected by your specific service/area of work that are a member of the Armed Forces community. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>		
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p> <p>There is no identified impact for the Armed Forces Community or their families</p>	

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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. 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	Positive	x
	Negative	
	No Impact	

Guidance
Remove population data if not relevant to EqIA.

Economic Factor	County							
	Carms		Ceredigion		Pembs		Hywel Dda	
	Value	%	Value	%	Value	%	Total value	%
Economically active – In employment (this includes full time students)	81,952	52.7	30,119	49.1	52,765	51.5	164,836	51.1
Economically active - Unemployed	3,922	2.5	1,845	3	2,769	2.7	8,536	2.73
Economically inactive	69,613	44.8	29,428	47.9	47,017	45.8	146,058	46.16

In its vast majority, Carmarthenshire, Pembrokeshire and Ceredigion areas have been ranked 'least deprived' or as second 'least deprived' in Wales. There are a number of areas identified as being nearer 'most deprived', which are concentrated around Pembroke, Pembroke Dock, Milford, Cardigan, Llanelli and Kidwelly. (Welsh Index of Multiple Deprivation 2019).
[Welsh Index of Multiple Deprivation \(WIMD\) 2019: results report \(gov.wales\)](https://gov.wales/welsh-index-of-multiple-deprivation-wimd-2019-results-report)

If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data

Patient data	There is a pre-conception that community hospitals care for local residents and therefore enable ease of visiting especially for those people on low incomes. Of the 104 patients admitted to Tregaron Community Hospital during a 12 month period, their postcodes were used to calculate the following mileage from their homes to Tregaron Community Hospital:
	between 0 and 5 11
	between 10 and 15 16
	between 15 and 20 36

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<p>can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p>between 20 and 25 17 between 25 and 30 6 between 5 and 10 10 Over 30 8</p> <p>The statistics demonstrate that around 15% lived within a 15 mile radius, with over 60% having a journey time of greater than 30 minutes to the hospital.</p> <p>Care at home will enable access to visiting and remove the need for travel costs, but will not address other socio economic factors, however having care delivered in the home may help identify socio economic issues and subsequently support with signposting.</p> <p>Engagement data</p> <p>Please tell us the total annual income of household (before tax):</p> <ul style="list-style-type: none"> • 9 Below £10,000 • 18 £10,001 - £20,000 • 21 £20,001 - £30,000 • 15 £30,001 - £40,000 • 25 Over £40,000 • 59 Prefer not to say
<p>Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</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>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <ul style="list-style-type: none"> Care closer to home will enable people to remain in their own homes and therefore eliminate the need for changes of daily practice, ie. engagement with their community 	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact</p>	

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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	x										
Guidance Remove population data if not relevant to EqIA.	Population Data According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: <ul style="list-style-type: none"> • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh <table border="1" data-bbox="371 903 1187 1137"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> <p>People, population and community - Office for National Statistics (ons.gov.uk)</p>			Area	Percentage of people who can speak Welsh	Carmarthenshire	53.3	Pembrokeshire	25.2	Ceredigion	56.4	Hywel Dda	45
Area	Percentage of people who can speak Welsh												
Carmarthenshire	53.3												
Pembrokeshire	25.2												
Ceredigion	56.4												
Hywel Dda	45												
If data is available insert evidence of what proportion of those that are affected use the Welsh Language. This data can be	Patient data During the year, 4 patients were admitted with an identified preferred language of Welsh, however Welsh language is regularly used on the ward. Engagement data: What language is spoken at home?												

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<p>recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<ul style="list-style-type: none"> • 71 English • 58 Welsh • 17 Prefer not to say • 2 Other language 	
<p>If data is available insert evidence of what proportion of staff affected by your specific service/area of work use the Welsh Language. This data can be recorded in table or free text format. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p>Staff data</p> <p>To follow with Organisational Change Process</p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the</p>	<p>Any negative impacts associated with staff will be picked up and mitigated following the organisational change process</p>	

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relevant negative impact.		
Provide a summary of the positive impacts you have identified.		
If you have determined no impact, please provide a brief explanation.	<p>No Impact</p> <p>Many of the staff who work in Tregaron Community Hospital are Welsh speakers, but as the staff will be supporting community teams there will be no difference in Welsh Language provision.</p>	

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**

Engagement data

Do you provide unpaid care by looking after someone?

- 46 Yes
- 79 No
- 22 Prefer not to say

From the engagement process, un-paid carers voiced concern with regards to respite and regular support. Perceptions were that they would be losing a service, however Tregaron only provided a service to those requiring nursing care, whereas the support articulated was around low level domiciliary care and respite.

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Intersectionality

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

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

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation? No

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

Section 4: 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.

(Scoring Chart A x Scoring Chart B = Scoring Chart C)

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)

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

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Sexual Orientation	1	0	0
Armed Forces	1	0	0
Socio-Economic Deprivation	2	+1	2
Welsh Language	1	0	0

Section 5: Outcome and Actions

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

Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.	Yes
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.	N/A

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	Actions <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. 	Assigned to	Target Review Date	Completion Date	Comments/ Update
1.	What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?	Tracey Evans (HON)		30/10/24	Following the Organisation Change Process which is anticipated to commence 1/10/24 for 30 days
2.	When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment and action plan as appropriate?	Tracey Evans (HON)		30/10/24	Following the Organisation Change Process which is anticipated to commence 1/10/24 for 30 days
3.					
4.					
5.					
6.					

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

EqlA Completed by:	Name/s	Jina Hawkes
	Title	General Manager Community & Primary Care
	Team / Division	Ceredigion County
	Contact details	Jina.hawkes@wales.nhs.uk
	Date	05/09/24
EqlA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5 	Name	Peter Skitt
	Title	County Director
	Team / Division	Ceredigion County
	Contact details	Peter.b.skitt@wales.nhs.uk
	Date	05/09/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Helen Sullivan
	Title	Head of Partnerships, Diversity and Inclusion
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	06/09/2024
Diversity and Inclusion Team additional Comments:	Any potential impacts on staff will be assessed following the Organisational Change process as outlined in the action plan	

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