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Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Director and Directorate	Andrew Carruthers, Chief Operating Officer.
Service Area	Maternity

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

<p>1. What are you Equality Impact assessing?</p>	<p>1361. Divert Criteria for Gwenllian Ward, Bronglais Hospital Guideline.</p>
<p>2. Brief Aims and Description of the procedure/ proposal/ project/ policy:</p>	<p>The aim of the guideline is to support the Bronglais maternity unit coordinator when women may need to be diverted during times of increased operational pressure and when ensuring safe staffing levels and appropriate and safe effective care are maintained.</p>
<p>3. Who is involved in undertaking this EqIA? (names/job titles)</p>	
<p>4. Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</p>	<p>Yes</p>
<p>5. Is this a new EqIA or an updated EqIA?</p>	<p>New <input checked="" type="checkbox"/> Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments.</p>
<p>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)</p>	<p>Divert does not mean that all women should be diverted elsewhere, individualised care planning is paramount. Care planning should be individualised and for some women this will require admission to Gwenllian for immediate triage before deciding on-going care plans. Women who live equidistance or geographically closer to Glangwili should be advised to attend Glangwili Maternity Unit for initial assessment when Bronglais Maternity Unit is on divert.</p>
<p>7. What might help/hinder the success of the procedure/ proposal/ project/ policy?</p>	<p>If a woman contacts Gwenllian with a possible life-threatening emergency including bleeding, severe abdominal pain, worsening symptoms of PET, she should be advised to attend Gwenllian ward for assessment regardless of their gestation or individual risk factors and acuity of the unit as If the woman is equidistance from both sites, she should be advised to attend GGH in conjunction with the coordinator in GGH.</p>

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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	
		Negative	
		No Impact	x
If you have determined no impact, please provide a brief explanation.	No Impact All pregnant or labouring women of any age will be treated equally in accordance with this guideline. The age of the pregnant woman does not impact the care that they will receive when using this guideline.		

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	x		
		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	Patient data Currently there is no available data of the number of pregnant women who have a disability who are booked for planned birth in Gwennlian Ward ,Bronglais. Therefore, we are unable to determine how many pregnant women with a disability who are then diverted to care in other units. Planned implementation of Maternity IT system will be able to provide data of women affected by disability (date to be confirmed).				

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<p>levels of age-related disabilities.)</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • If high acuity is such that the divert procedure is put in place within Gwenllian the decision to divert elsewhere it may result in Mothers with a disability being moved away from their local support if they require care in another centre away from home. • On occasion, should there are no cots/beds available the transfer may have to be further afield. Although every effort will be made to take any maternal disabilities into account when considering diverting to another unit, and the decision of whom to transfer must primarily be made on clinical need of the mother. 	<p>Opportunities for improvement / mitigation</p> <ul style="list-style-type: none"> • When arranging inutero transfers from Gwenllian to another hospital details of the mother's disability and level of required support will be passed onto the receiving unit. GGH is able to offer partner/ support person to remain with woman overnight for support. • Although all Trusts/ Health Boards will have policies/support mechanisms in place HDD will not always have prior knowledge of what is available.
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <p>As people with disabilities experience poorer maternal wellbeing and pregnancy outcomes compared to the general population e.g. learning disabilities and diabetes, they are more likely to require admission, and their babies are more likely to require admission to a neonatal unit. By appropriately recognising when high acuity/ staffing issues may impact safety and then making the timely decision when necessary to divert care the woman and/or baby would then be receiving the right care, at the right time and in what is at that time, the appropriate place/care setting.</p> <p>As a result of receiving the appropriate care in the right place it can impact positively both on the future health wellbeing of the mother and/or baby and on thus on the family as a whole in the long term.</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
If you have determined no impact, please provide a brief explanation.	No Impact All people who may intend to undergo, or do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth will be treated equally in accordance with this guideline. The gender identity of the person who is birthing does not impact the care that they will receive when using this guideline		

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	x
No Impact	

Guidance

Remove population data if not relevant to EqlA.

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 \(ons.gov.uk\)](https://ons.gov.uk/people-population-and-community)

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

Currently there is no available data information of the number of pregnant women who are of a different race/ ethnicity that may be unsuitable for planned birth in Gwenllian, Bronglais and required planning birth at another site Therefore we are unable to determine how many women who are diverted for care that are of a different race/ ethnicity at this time
 Maternity has undertaken a quality improvement project as part of the MatNeo Safety Support Project to capture audit data for Ethnicity .which has increased capture from 30% to 80%
 The planned implementation of Maternity IT system will be able to capture additional data of women who are of different ethnicity/Race ("Go Live" date to be confirmed).

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<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Negative Impact Women and birthing people who are of Black, Asian ethnic backgrounds, who reside within areas of social deprivation and who are considered vulnerable women are more likely to have complex/ high risk pregnancies, labour and puerperium compared to the general population, resulting in poorer outcomes (MBRRACE 2023). When undertaking individualised risk assessment to determine whether woman should be diverted this will have a heavy weighting on clinical picture (unless Obstetric care must be provided in the event of a life-threatening emergency) This may result in being moved away from their local support if they or their babies require care in another centre away from home. This may have a financial impact on the family in regard to travel to support woman.</p>	<p>Opportunities for improvement / mitigation</p> <p>When arranging for divert from Gwennllian to GGH details of the mother's race and ethnicity and level of required support will be passed on/ accessible to ensure that she receives support</p> <p>GGH now are able to facilitate partners staying overnight on the ward to support the woman.</p>
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<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact As people of Race and ethnic minority are more likely to experience poorer maternal wellbeing and pregnancy outcomes compared to the general population when appropriately recognising/ anticipating when need of the woman and/or baby may may impact safety and making the timely decision to divert care of the woman she would then be receiving the right care, at the right time and in what is at that time, the appropriate and safest place/care setting. As a result of then receiving the appropriate care in the right place it can impact positively both on the future health wellbeing of the mother baby and on thus on the family as a whole in the long term.</p>
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<p>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.</p>	<table border="1"> <tr> <td>Positive</td> <td></td> </tr> <tr> <td>Negative</td> <td></td> </tr> <tr> <td>No Impact</td> <td>x</td> </tr> </table>	Positive		Negative		No Impact	x
Positive							
Negative							
No Impact	x						

<p>If you have determined no impact, please provide a brief explanation.</p>	<p>No Impact Women and Birthing people of all religion and belief will be treated equally in accordance with this guideline. The religion and belief of the person does not impact the care or support that they will receive should they require care detailed in this guideline.</p>
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<p>How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership</p>	<table border="1"> <tr> <td>Positive</td> <td></td> </tr> <tr> <td>Negative</td> <td>x</td> </tr> <tr> <td>No Impact</td> <td></td> </tr> </table>	Positive		Negative	x	No Impact	
Positive							
Negative	x						
No Impact							

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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>Diverting women for care away from their planned birth unit can result in the pregnant woman being transferred many miles from home, family and social support mechanisms, at a time when such support may be vital. It may place additional stresses upon families relating to separation, travel and accommodation difficulties, loss of partner earning, difficulties obtaining leave to visit. Childcare and having responsibilities for other dependents (elderly relatives, disabled family members can also be difficulties.</p>	<p>Opportunities for improvement / mitigation</p> <p>Identify what support is required / currently available for the mother and family and how this can be managed wherever the woman is diverted to. Signposting to any possible funding/support sources available Travel can be paid for parents in receipt of certain benefits. Partner/support person can remain with woman on ward on Dinefwr ward GGH for support.</p>	
<p>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.</p>		<p>Positive</p>	<p>x</p>
		<p>Negative</p>	
		<p>No Impact</p>	
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact This guideline has a positive impact as it is specifically for women and birthing people who may require the care and support discussed within this guideline.</p>		

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How will the procedure/ proposal/ project/ policy impact on Sex		Positive	
Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?		Negative	
		No Impact	x
If you have determined no impact, please provide a brief explanation.	No Impact This guideline is for the care of women and birthing people		

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
If you have determined no impact, please provide a brief explanation.	No Impact Women and Birthing people of any sexual orientation will be treated equally in accordance with this guideline. Sexual orientation does not impact the care that they will receive when using this guideline.		

How will the procedure/ proposal/ project/ policy impact on Armed Forces		Positive	
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.'		Negative	
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u>		No Impact	x
If you have determined no impact, please provide a brief explanation.	No Impact All Women and Birthing people who may be of the armed forces community will be treated equally in accordance with this guideline. Being part of the Armed Forces community does not impact the care that they will receive when using this guideline		

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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	x
								No Impact	
Guidance Remove population data if not relevant to EqIA.	Population Data								
		County							
		Carms		Ceredigion		Pembs		Hywel Dda	
	Economic Factor	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)								
If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in	Patient data Currently there is no available data to confirm the number of pregnant women who are socio economically deprived that may plan birth in Gwent, Bronglais. Therefore, we are unable to confirm how many socially deprived women are affected by being diverted for care elsewhere. The Planned implementation of Maternity IT system will be able to provide data of women affected by disability (awaiting date to be confirmed).								

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<p>table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p>Negative Impact</p> <p>Women and birthing people who have socio economically deprived backgrounds, who reside within areas of social deprivation and who are considered vulnerable women are more likely to have complex/ high risk pregnancies, labour and puerperium compared to the general population, resulting in poorer outcomes (MBRRACE 2023). When undertaking individualised risk assessment to determine whether woman should be diverted this will have a heavy weighting on clinical picture (unless Obstetric care must be provided in the event of a life-threatening emergency)</p> <ul style="list-style-type: none"> • This may result in being moved away from their local support if they or their babies require care in another centre away from home. This may have a financial impact on the family in regard to travel to support woman. 	<p>Opportunities for improvement / mitigation</p> <p>When arranging for transfer from Gwennllian to GGH details of the mother's socio economic status and level of required support will be passed on/ accessible to ensure that she receives support</p> <p>If diverted to GGH now able to facilitate partners staying overnight on the ward to support the woman.</p> <p>Signpost to any possible funds/support sources available</p> <p>Travel will be paid for parents who are in receipt of certain benefits</p>
<p>Provide a summary of the positive impacts you have identified.</p>	<p>Positive Impact</p> <p>As women who have socio economically deprived backgrounds, who reside within areas of social deprivation and who are considered vulnerable women are more likely to experience poorer maternal wellbeing and pregnancy outcomes compared to the general population when appropriately recognising/ anticipating when need of the woman and/or baby may may impact safety and making the timely decision to divert care of the woman she would then be receiving the right care, at the right time and in what is at that time, the appropriate and safest place/care setting.</p> <p>As a result of then receiving the appropriate care in the right place it can impact positively both on the future health wellbeing of the mother baby and on thus on the family as a whole in the long term.</p>	

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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?

See Full EqIA Assessment above.

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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	0	0	0
Disability	3	1	3
Gender Reassignment	0	0	0
Marriage and Civil Partnership	0	0	0
Pregnancy and Maternity	0	0	0
Race/Ethnicity or Nationality	3	1	3
Religion or Belief	0	0	0
Sex	0	0	0

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Sexual Orientation			
Armed Forces			
Socio-Economic Deprivation			
Welsh Language			

Section 5: Outcome and Actions

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

<p>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</p>	<p>Yes</p>
<p>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</p>	<p>In order that every woman and neonate to receive the best and safest care the Criteria for Divert facilitates safe and effective care for mothers and babies to maintain quality and choice and reduce risk during periods of escalation. It enables the individuals who will be involved in the decision to temporarily diverted from the unit to be notified at an early stage when the potential risk of divert has been identified. Set clear expectations and guidance around roles and responsibilities. Identify a set of agreed escalation levels and triggers that are applied and adhered.</p>

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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? Once Maternity IT system live data can be obtained to monitor impact.	Ceiran Llewellyn , Interim Head of Midwifery	June 2026	TBC	
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?	Ceiran Llewellyn , Interim Head of Midwifery	June 2026	TBC	
3.					
4.					
5.					
6.					

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EqIA Completed by:	Name/s	Liza Rose
	Title	Midwife Sonographer
	Team / Division	Maternity
	Contact details	Liza.Rose@wales.nhs.uk
	Date	08/05/2025
EqIA Authorised by/Owned by: <ul style="list-style-type: none"> Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5 	Name	Cerian Llewellyn
	Title	Interim Head of Midwifery
	Team / Division	Maternity
	Contact details	Cerian.Llewellyn@wales.nhs.uk
	Date	08/05/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Team	Business, Partnerships & Inclusion
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	23/05/2025
Diversity and Inclusion Team additional Comments:		

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