

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	Finance business partners		
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Y			
3. Is the new proposal/service model affordable from within existing budgets?	Y			
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	Y	With the new streaming pathways to UCC drug spend will increase but will decrease in other areas such as AMAU as patient presentation with relocate to UCC		
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N			
6. What is the financial or efficiency payback (prudency), if any?	N			
7. Are there risks if the new proposal/service model is not put into effect?	Y	<ul style="list-style-type: none"> • Delay in recruitment • Shortage of trained ACP/ANP workforce • Workforce fatigue-need to recruit staff to substantive/permanent positions, bank cover is not sustainable over a long period of time 		

		<ul style="list-style-type: none"> Digital infrastructure gaps- Investment in virtual technology and coordination tools 		
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	N			
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	N			
10. Are capital requirements identified or funded?	N			
11. Will capital projects need to be completed in time to support any service change proposed?	N			
12. Has a Project Board been identified to manage the implementation?	Y	Established November 2025		
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y			Embedded in SBAR
14. Is there a post project evaluation planed for the new proposal/service model?	Y			
15. Are there any other constraints which would prevent progress to implementation?	Y			
Quality/Patient Care Impacts				

16. Could there be an impact on patient outcome/care?	N			
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N			
18. Is there any potential for inconsistency in approach across the Health Board?	N			
19. Is there are potential for postcode lottery/commissioning?	N			
20. Is there a need to consider exceptional circumstances?	N			
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	Y			
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	Y			
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Y			
24. Are there any population health impacts?	N			
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?	Y			
26. Is it deliverable without the need for premium workforce?	Y			

27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	Y			
28. Is there potential for professional body/college/union involvement?	Y			
29. Could there be any perceived interference with clinical freedom?	N			
30. Is there potential for front line staff conflict with the public?	N			
31. Could there be challenge from the 'industries' involved?	N			
32. Is there a communication plan to inform staff of the new arrangements?	Y			
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	Y			
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y			
Risk Impact				
32. Has a risk assessment been completed?				
33. Is there a plan to mitigate the risks identified?				
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?				
35. Is there a likelihood of legal challenge?				

36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?				
37. Is there any existing contract and/or notice periods?				
Reputational Impact				
38. Is there a likelihood of public/patient opposition?	N			
39. Is there a likelihood of political activity?	N			
40. Is there a likelihood of media interest?	Y			
41. Is there the potential for an adverse effect on recruitment?	N			
42. Is there the likelihood of an adverse effect on staff morale?	N			
43. Potential for judicial review?	N			
Privacy Impact				
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to be undertaken?				
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.				

Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y			
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y			
48. Have any negative/positive impacts been identified in the EqIA documentation?	Y			