Integrated Impact Assessment for A Heathier Mid and West Wales – Programme Business Case (last updated: 20.01.22)

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By
Financial/Service Impacts			
1. Has the new proposal/service model been costed? If so, by whom?	Y	The finance directorate. We have undertaken a high level analysis of potential revenue costs associated with the development of the PBC	Finance HDdUHB
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?		The revenue costs of implementing the strategy will be financed through the health board's revenue allocation. The health board will be developing business cases to seek capital funding for infrastructure developments associated with the strategy.	Finance HDdUHB
3. Is the new proposal/service model affordable from within existing budgets?		Revenue costs are currently estimated to be circa £35m in excess of the Roadmap position for the Option B+ Likely scenario. However, given the stage of development and re-design of the service model yet to be agreed, together with delivering the benefits from digital technologies we believe this can be aligned to a sustainable position.	Finance HDdUHB

4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?		The current costs are in line with the roadmap to recovery.	Finance HDdUHB
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N	N/A	Finance HDdUHB
6. What is the financial or efficiency payback (prudency), if any?		The programme will introduce a new community model that will integrate services to avoid duplication and reduce silo working, and will provide care closer to home. It will also provide more efficient use of statutory and voluntary sector services and better use of specialist skills within multi-disciplinary teams. The potential for pooled health and social care budgets will be progressed within localities. By investing in community services, it will reduce pressure on hospitals and provide care closer to home. As well as providing safer more effective care, this will reduce duplication and enable more effective use of our workforce within multidisciplinary teams. Concentrating some services together in individual facilities will also enable the Health Board to more effectively use the workforce that it has. We are carefully reviewing patient pathways (that is, the routes that patients take from their first	Finance HDdUHB

		contact with an NHS member of staff [usually their GP], through referral, to the completion of their treatment). In particular how we can redesign pathways to support earlier intervention and to better resource earlier stages of pathways. In doing so, this will release resources from later stages of pathways and will enable further investment in resourcing earlier intervention.	
7. Are there risks if the new proposal/service model is not put into effect?	Yes	The current model of services is not sustainable and does not cater for rising demand and changing population needs. It is not a financially viable option for the future, and maintains the HB dependency on locum and agency staff. Should the programme not be put into effect, there will be : • Continued wastage and duplication • Services won't be fit for purpose for the 21st century • We risk sustaining inadequate services • We reduce service user choice • We will not be able to recruit and retain an appropriately skilled multi-disciplinary workforce to meet current and future needs of population equitably	Capital Planning Team

		• We won't meet goals/visions/aspirations of our strategy or national strategies • We will not meet current and projected needs and demands • Risk of continued gaps in current service provision Learning and recovering from Covid-19 -We have experienced cramped and constrained environments -Very difficult to deliver modern care -Risk of infection and control -Lack of flexibility -Can't get separation between planned and emergency care Covid has exacerbated these problems.	
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?)	Yes	A system that is easier to access and more streamlined will have a positive impact for all statutory services. Our programme is underpinned by a strengthened integrated community model which will see care needs being met more and more in community settings rather than in hospitals. Enhanced community provision will provide more accessible care and care closer to home. It should also reduce demand on our hospitals. Our	Capital Planning Team

		programme will facilitate a quicker transition from hospital to community which could impact on providers of supported accommodation e.g. housing associations, social services. Research and past experience demonstrate that the public and staff can respond negatively to significant change. Strong and continuing engagement and involvement with our public, staff and key stakeholders through the process will mitigate this. A strong communications function will continue to keep our public, staff and stakeholders informed . Staff will be supported through the change process in line with the All Wales Organisational Change Policy	
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?	Yes	A phased implementation plan will achieve the strengthened primary and community care provision that will underpin and support any changes in our acute settings. Business continuity and workforce planning will underpin the process. The UHB will also work closely with neighbouring health and care providers to understand the system dependencies and to mitigate risks.	Capital Planning Team
10. Are capital requirements identified or funded?	Yes	To secure the infrastructure investment to deliver on our long term health and	Capital Planning Team

		care strategy there is a requirement to submit a series of business cases to Welsh Government. The Programme Business Case being the first business case in the process. If approved by the Board and endorsed by Welsh Government the UHB will have funding to proceed with individual business cases to support the capital investment for our infrastructure aspirations	
11. Will capital projects need to be completed in time to support any service change proposed?	Yes	The UHB Health and Care Strategy sets out the need to transform our service model and whilst this can in part be achieved without capital, the full strategy cannot be implemented without major infrastructure modernisation. The PBC sets out the potential timelines for the delivery of the infrastructure developments and the work through the development of Outline Business Cases and Full Business Cases will clarify to what extent service transformation can occur in advance of this, and what will only be achieved as a consequence of the investment.	Capital Planning Team
12. Has a Project Board been identified to manage the implementation?	Yes	The Programme is chaired by Steve Moore, CEO, in his capacity as SRO for the programme.	Capital Planning Team
13. Is there an implementation plan with timescales to performance manage the process and risks?	Yes	Yes, as noted in question 11	Capital Planning Team

14. Is there a post project evaluation planned for the new proposal/service model?	Yes	All workstreams will use available intelligence to inform post project evaluation. They will develop qualitative and quantitative methods of evaluating the outcomes of proposed service changes. The UHB will also work with the WG Assurance Hub and the programme will be subject to gateway reviews including gateway 5, benefits realisation.	Capital Planning Team
15. Are there any other constraints which would prevent progress to implementation?	Yes	Constraints identified include the following: -The Programme needs to complement directorate and locality plans in terms of short term and longer-term deliverables. The end model of care will take several years to implement, therefore during the transitional period, the Programme must complement existing plans within the organisation. Existing pressures on services: the Programme requires significant change to our services, whilst said services still need to provide safe,	Capital Planning Team

		sustainable, accessible and kind care to our population. Therefore, the pace of change may be constrained by the demands on providing care during the same time period. -Constraints associated with timelines for delivery of national programmes: the Programme requires significant digital & IT infrastructure improvements. Such improvements are often taken forward on a national basis and therefore Hywel Dda'sportfolio of works may be constrained by the speed in which national solutions are implemented. -Any other programmes/projects which the University Health Board is engaged in which have the potential to constrain	

		implementation of this Programme: the end model of care outlined within the portfolio of works will take several years to implement; therefore during the transitional period, it must complement existing plans within the organisation. -The Programme must ensure that the decarbonisation agenda (or any other relevantWelsh Government policy) is adhered to. This may constrain some design choices. -Any estate developments need to be developed in line with NHS Wales capital guidelines historically based on number of beds or space rather than a flexible solution e.g to be able to 'flex' dependent on demand. - There is a dependency on funding availability to resource	

		the developments which might impact delivery or timelines for delivery. -There is a dependency on Regional planning and the UHB must ensure alignment of plans with neighbouring health and care providers and assess any impacts the programme may have on their ability to support the UHB strategy implementation.	
Quality/Patient Care Impacts			
16. Could there be an impact on patient outcome/care?	yes	Our programme is founded on a model of care that will improve patient outcomes and care via safe, sustainable, accessible and kind service delivery. The proposals have been informed by available evidence and international best practice models. They align closely with the principles of prudent healthcare, namely to: • Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production; • Care for those with the greatest health need first, making the most effective use of all skills and resources; • Do only what is needed, no more, no less; and do no harm. • Reduce inappropriate variation using	

		evidence based practices consistently and transparently. Our community model will focus on integrating health and social care, with an increased proportion of resources being directed to primary and community care services to deliver increasing levels of support and treatment in the community. Specifically, this means that more care can be delivered at home rather than in a hospital environment, which is what our public told us they want during our listening and engagement exercise. The Equality Impact Assessment (EqIA) identifies where there could potentially be any negative impacts on particular groups, and sets out the actions for mitigating any negative impacts. Any unanticipated disruptions to patient care will be minimised with careful business continuity planning and monitoring.	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	Yes	Our Health & Care Strategy has been co-produced with our public, staff and stakeholders. We have taken action to mitigate any unintended inequities for individual patient groups and communities via the EHIA of all nine characteristics. Please refer to 'Equality and Health Impact Assessment'	Capital Planning Team

		The EHIA is an evolving document which will be updated over the course of the programme. The EHIA also considers factors which might characterise any patient groups or communities, including rurality, caring responsibilities and multiple deprivation, etc. Travel and transport issues have been considered with the development of a Transport 'enabling group' to advise on current and anticipated implications for travel and transportation including travel time analyses, across our programme.	
18. Is there any potential for inconsistency in approach across the Health Board?		Our strategy is designed to deliver safe, sustainable, accessible and kind care for our whole population, and will seek to deliver equitable service delivery across the three counties. Strong operational and clinical leadership will be crucial during the implementation phase.	Capital Planning Team
19. Is there are potential for postcode lottery/commissioning?		Our programme is underpinned by a community model that enhances primary and community care provision for communities throughout the Health Board. There will be some local variation which will be defined on population need assessments and by working with local communities. Any unanticipated variation that is identified will be	Capital Planning Team

		rectified. The changes proposed are to enhance the quality and safety of care for our population, across all patient groups. Where changes might potentially disadvantage any particular population groups work has commenced to identify in the EHIA alongside actions to mitigate any potential negative impacts. This document will remain 'live' through the programme.	
20. Is there a need to consider exceptional circumstances?		We have engaged with a wide range of people and patients, including with our county equality groups to ensure that we hear the views of our minority, seldom heard groups (including people with protected characteristics and travelling communities).	Communication and Engagement Workstream
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?		The programme is designed to improve patient care and outcomes through better integrated working and improved accessibility. It will deliver more care in communities as close to our populations as possible rather than requiring them to travel to and spend time in our hospitals. In short, it will deliver care at the right time, in the right place, by the right person. Our model of care is based on the needs of the person as a whole. Care will be planned and coordinated around each person's unique needs (not solely	

		their medical condition) and how we will support them to achieve these outcomes.	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	Yes	In development of our strategy we reviewed available evidence and international best practice. We have no evidence that the programme will impinge on any standards from professional statutory regulators. We have consulted with our professional leads within our organisation and have not identified any professional standards that would be breached	Capital Planning Team
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Yes	Staff were involved in all stages, we have had clinical engagement across our three working groups (Urgent and Emergency Care, Planned Care and Community Care). Our clinicians were meaningfully involved in the consultation options development process; the workshops we held for options development, criteria setting and options scoring; and in our staff and stakeholder challenge sessions. Many of our clinicians also acted as 'champions'. In development of our PBC a strategic Advisory Group (SAG) has been established. Membership of SAG is	Strategic Clinical Advisory Group (SAG)

		comprised of service leads from the Mental Health & Learning Disability, Primary Care & Community, Acute Services, and Transformation team amongst others. The responsibilities of SAG, are to: -Provide a forum to connect ongoing work in primary, community and acute services tosupport the Programme. -Provide assurance that the delivery of any projects, service changes and pathway re- design related to the AHMWW Programme are consistent with the principles and design assumption set out within A Healthier Mid and West Wales: *Our future generations living well*. -Provide assurance that the delivery of any projects, service changes and pathway re-design related to the AHMWW Programme is consistent with the University Health Board's learning from response to the COVID pandemic	

24. Are there any population health impacts?	Yes	Our community model describes how we will transform our primary and community care system to best meet the needs of our population now and in the future. Our community is also led by our commitment as a population health organisation to put prevention and early intervention at the heart of what we do. This will help to address the rising demand on our care services from an increasing prevalence of chronic diseases. Our population will be better supported to self-manage their own and their family members' health and wellbeing, and to better understand the health impacts of lifestyle choices. There will be more accessible and joined-up primary and community care , meaning less duplication and a system that is easier to navigate. With more of the population's needs being met in community settings, they will only need to go to hospital when absolutely necessary. This should therefore reduce demand on our hospitals. Our proposed community and hospital model will facilitate a quicker transition	

		from hospital to community, which is likely to have a significant impact on the rising numbers of older people in our population who we know often deteriorate when in a hospital setting	
Workforce Impact			
25. Has the impact on the existing staff/WTE been determined?	Yes	It is anticipated that the programme will improve ongoing recruitment difficulties by offering enhanced career opportunities and the attraction of delivering new service models from modernised estates. A Workforce enabling group has been established to identify current and future workforce opportunities and to calculate workforce requirements.	Workforce Workstream
26. Is it deliverable without the need for premium workforce?	Yes	Our programme will reduce our dependency on locum or agency staff, for example by reducing the number of medical rotas required to deliver hospital services. However, there may be premium implications based on the number of sites in individual proposals where we will need 24 hour on-call rotas. We are reviewing workforce models to manage this e.g. the use of Advanced Nurse Practitioners etc	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	Yes	Our 'Case for Change' clearly set out the clinical and 'reasonable' rationale for	

		transforming care across Hywel Dda. We are regularly communicating with our staff to keep them updated including via our Communications function (e.g. staff bulletins) and through our 'Champions' who play a key role in communicating to our staff and population the clinical and professional rationale for change. Regular communications with staff will continue throughout the business case process. Taken together, these actions will help to reduce the potential for staff disengagement.	
28. Is there potential for professional body/college/union involvement?	Yes	All relevant bodies were involved in the consultation which led to the strategy and will remain active over the course of the programme lifecycle. Union representatives were also engaged.	
29. Could there be any perceived interference with clinical freedom?	No	We do not forsee that the programme will interfere with clinical freedom	
30. Is there potential for front line staff conflict with the public?	No	We do not foresee that the programme will increase any potential risk of front line staff conflicting with the public	
31. Could there be challenge from the 'industries' involved?		All relevant partners were communicated with as part of the engagement sessions.	
32. Is there a communication plan to inform staff of the new arrangements?	Yes	A communication and engagement plan has been developed which includes a focus on keeping staff up to date.	Communication and

			Engagement Workstream
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	yes	Organisational Change Policy will be followed at the appropriate point as the programme progresses**.**	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?		Training requirements will be identified as the programme progresses**.**	
Risk Impact			
32. Has a risk assessment been completed?	Yes	A risk register is being maintained to identify any risks to the programme and its delivery and to identify any actions to be taken to mitigate those risks.	Capital Planning Team
33. Is there a plan to mitigate the risks identified?	Yes	The capital planning team maintains a risk register with records of known programme risks and mitigating actions. These will become more operational as the programme develops and individual specialty/service plans are engaged upon and risk and mitigation plans identified.	Capital Planning Team
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?	Yes	Welsh language is a key consideration through the EHIA. It will take due account of the 'Cymraeg 2050: Welsh Language Strategy', as well as Welsh Government consultation guidance and statutory duties around the Welsh language contained in the 'Wellbeing of	Capital Planning Team

		Future Generations (Wales) Act', 'Social Services and Wellbeing (Wales) Act'. Our programme will comply with the Welsh Language (Wales) Measure 2011 including its Welsh Language Standards, and with the duty on health and social care services contained within the 'More than Just Words' strategy to provide services in Welsh.	
35. Is there a likelihood of legal challenge?	Yes	There is a possibility of legal challenge. However measures taken to minimise this risk include: -Continued engagement with our public, staff and stakeholders through extensive engagement and consultation where required and involvement of clinicians and staff Regular advice and guidance from the Consultation Institute	Capital Planning Team Communication and Engagement Workstream
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?	No	Currently, we do not foresee that any existing legal guidance could be perceived to be compromised.	
37. Is there any existing contract and/or notice periods?	N/A	Not applicable at this time.	
Reputational Impact			
38. Is there a likelihood of public/patient opposition?	Yes	Past experience of major service redesign within the UHB and external examples have demonstrated that it is likely to attract media interest and there will inevitably be some public/patient opposition. There are a number of	Capital Planning Team

		existing 'pressure groups' within the Health Board area, which the team has actively engaged with over Phases 1 and 2 of the programme. However, we have undertaken extensive engagement with our public, including those from seldom heard groups and those with protected characteristics, and used the findings of our listening and engagement exercise to inform the development of options. Stakeholder mapping has taken place and will inform plans for reaching our public and different population groups. The University Health Board will establish a representative Short List Appraisal Group for the land identification for the new urgent and care hospital, which will include the public and a wide range of stakeholders as well as University Health Board representatives. The work of this group will include consideration and agreement on the appraisal criteria and the consideration of evidence in relation to the shortlisted sites. The process is expected to conclude in July 2022 with a recommendation to the Board.	
39. Is there a likelihood of political activity?	Yes	There is a likelihood of political activity, as identified during stakeholder	Capital Planning Team

		mapping, including local government representatives, AMs and MPs. The programme team actively engaged with local councillors and AMs and MPs throughout the development of the strategy and will continue to do so as part of business case development	Communication and Engagement Workstream
40. Is there a likelihood of media interest?	Yes	We are expecting media interest and have planned for this accordingly in our communications and engagement Plan.	Communication and Engagement Workstream
41. Is there the potential for an adverse effect on recruitment?	No	The programme will assist with both the recruitment and retention of staff. Our community and hospital model will see staff working in multidisciplinary teams to deliver new models of care in modernised estates equipped with state of the art IT. However, in the shorter term we appreciate that staff anxiety might impact retention, and we are working closely and communicating with our staff to mitigate this	Capital Planning Team
42. Is there the likelihood of an adverse effect on staff morale?	No	We are actively working to minimise the likelihood of an adverse effect on staff morale with regular communications and engagement with our staff. It is anticipated that staff morale will be enhanced through new ways of working, enhanced career opportunities and the opportunity to work in modernised, IT-	Capital Planning Team

		equipped estates. There will need to be a structured change management programme to manage the cultural challenges associated with a change programme of this scale.	
43. Potential for judicial review?	Yes	measures taken to minimise this risk include: -Co-production of our proposals with our public, staff and stakeholders through extensive engagement -Equality and health impact assessments -Regular advice and guidance from the Consultation Institute	Capital Planning Team
Privacy Impact			
44. Has an initial Privacy Impact Assessment (PIA) been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738	No	Not required	
45. Has a full PIA been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738	No	Not required	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)			
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516	Yes	EqIA screening has been undertaken.	Capital Planning Team

47. Has a full EqIA been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516	yes	A full EHIA has been undertaken . The EHIA will be further developed over the course of the programme with feedback regarding the potential impacts of changes for people with protected characteristics and in terms of human rights and the Welsh language.	Capital Planning Team
48. Have any negative/positive impacts been identified in the EqIA documentation?	yes	As noted in the EHIA we will meaningfully engage with our public (patients, families, carers) and 'seldom heard' groups including those with protected characteristics to further develop the EHIA	Capital Planning Team