



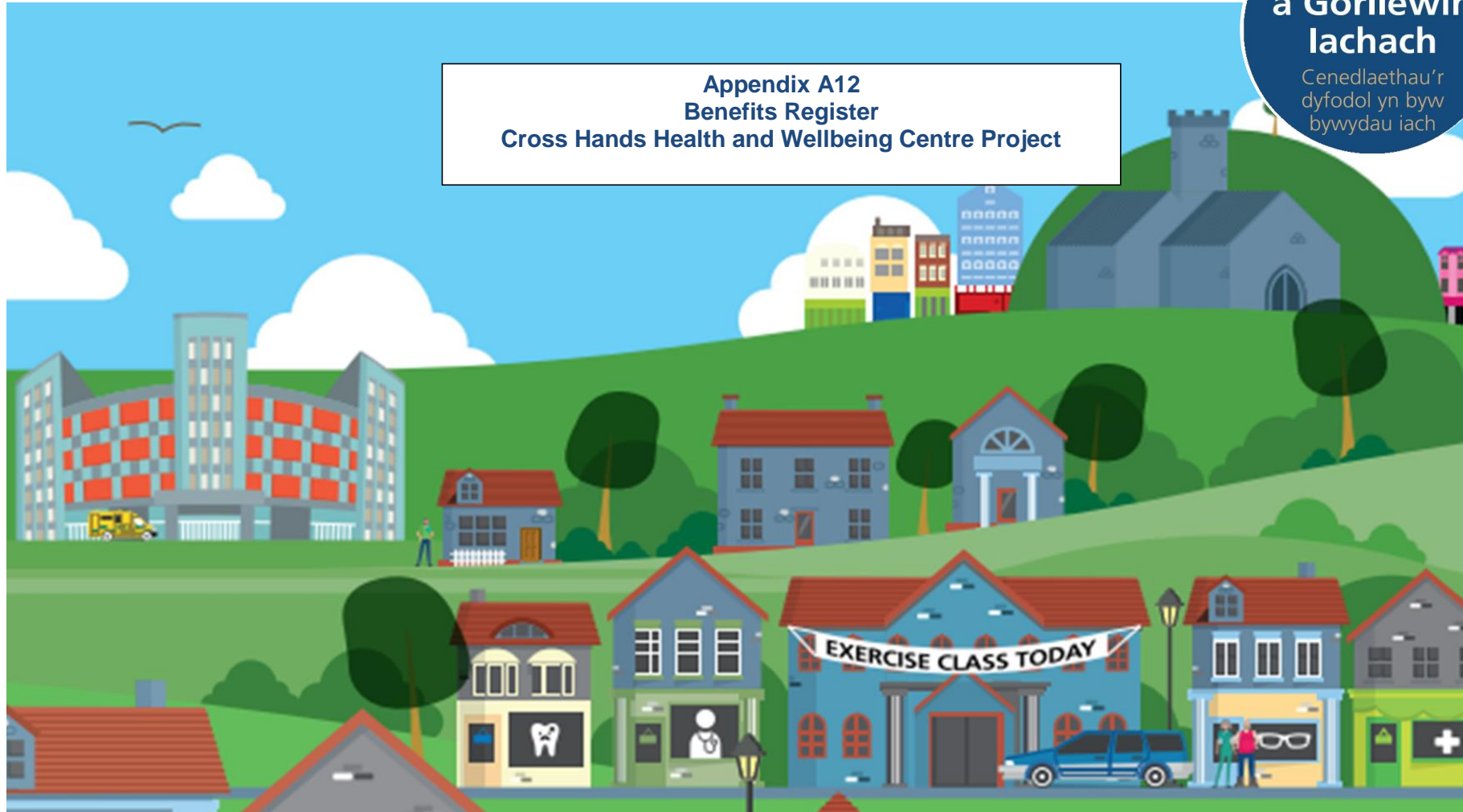
GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Canolbarth a Gorllewin Iachach

Cenedlaethau'r
dyfodol yn byw
bywydau iach

Appendix A12 Benefits Register Cross Hands Health and Wellbeing Centre Project



No	Benefit description	Beneficiary	Category	Indicator	Baseline	Target	Timescale	Monitoring Arrangements	Owner
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S01: To deliver a modern integrated model of care incorporating primary, community and social care services

B01	Improved clinical decision making contributes to avoided admissions for patients with chronic conditions and multi morbidity / frailty	Health Board	Non-cash releasing	WAST Conveyance Rate for AG Cluster	Conveyance Rate 71% (TBC)	Conveyance Rate 65% (Aligned to best in Wales) Applying the current ED Attendance Rate and Hospital Admission Rates from the Lightfoot Viewer equates to 1,039 fewer ED attendances and 429 fewer admissions p.a. Based on 19/20 average costs = Financial benefit of £596k p.a. (See Note B01)	Commissioning + 18 months	Lightfoot Viewer and through UEC Programme Group and Operational Planning and Performance Governance Group	Rhian Matthews
B02	Patients are able to access appropriate services more quickly	Patient	Quantifiable	Number of patients on Therapies waiting list	3084 people (Aman & Gwendraeth registered patients currently on therapy waiting lists as at 14/02/22)	Overall reduction to be assessed as part of FBC. However, it is estimated that there will be 50% reduction in Pulmonary Rehab and Lymphoedema follow up waits.	Commissioning + 12 months		John Davies
				Time to treatment for Audiology services	1420 Reassessment patients >14 weeks 301 Paediatric patients > 12 weeks	0 Reassessment patients >14 weeks 0 Paediatric patients > 12 weeks	Commissioning + 12 months		Caroline Lewis/Jane Deans

S02: To provide appropriate capacity for the delivery of sustainable 21st century health and wellbeing

B03	Improved access to group consultations enabling greater peer support and development of more patient experts	Health Board & Patients	Quantifiable	Number of group consultations held and number of people attending	Not currently offered	Establish appropriate target during transition period	Commissioning + 12 months		GP lead Penygroes & Tumble
B04	Improved access to EPP self management programmes	Patient	Quantifiable	1) Number of programmes per year 2) Number of completers	1) 6 programmes per year 2) 54 completers	1) Programmes per year - Year 1 = 12; Year 2 = 18 2) Completers - Year 1 = 120; Year 2 = 180	Commissioning + 12 months		Claire Hurlin
B05	Improved access to Social Prescribing enabling patients to navigate system more easily	Patient	Quantifiable	Number of patients accessing sign posting services	Not currently measured	98 signposted referrals p.a. (Based on Tywi Taf evidence base 2 years 2018/19 - 2019/20)	Commissioning + 12 months		Rhian Matthews
B06	Improve Early Years Services, ensure greater GMS involvement in child health discussions (MASH) and improve outcomes for families and young children	Societal	Qualitative	Number / %age of child health discussions attended by GMS	None currently	GP Practices to establish target during FBC development	Commissioning + 12 months		Rhian Matthews
B07	More opportunities for volunteering	Societal	Quantifiable	Number of volunteer placements	None	13 placements (3 from Library relating to Option 4 only)	Commissioning + 12 months		Rhian Matthews
B08	Digital inclusion for citizens who do not have broadband	Societal	Quantifiable	- Number of people able to access online services	Not currently measured	- Library to provide free computer access and digital skills training - All staff trained in accessing digital information resources - Library to provide free wi-fi access.	Commissioning + 12 months		Mark Jewell
B09	Increased support for lifelong learning, personal wellbeing and development, community participation, and culture & recreation	Societal	Quantifiable	- Number of attendees at library events / activities (special requirements) - Number of participants in ICT literacy and skills training programmes - Number of users accessing reading materials - Number of Welsh language resources - Number of users accessing online material	Not currently measured	Establish appropriate target during transition period	Commissioning + 12 months		Mark Jewell

S03: To provide a high-quality safe and modern, sustainable environment that is compliant with current and future regulatory standards

B10	Remove backlog liability from the Health Board	Health Board	Non cash releasing	- Backlog maintenance value	Current Liability for the physical backlog is circa £243k	Eliminate backlog maintenance	Commissioning		Paul Williams
B11	Improved facilities that are compliant with current and future standards	Patient	Quantifiable	- Adhere to Health Technical Memorandum (HTM) and Health Building Note (HBN) to deliver complaint facilities in areas of fire, DDA, signage, engineering build quality etc;	Current liability for compliance is £39k. This excludes lift access to first floor which is being managed by the Health Board).	Eliminate backlog maintenance & provide fully compliant facility.	Commissioning		Paul Williams
		Patient	Qualitative	- Provision of facilities that optimise the privacy and dignity afforded to patients	Shortfall of accommodation within existing facilities	New facility designed to HBN best practice to support improvements i.e. acoustic standards, wayfinding, interview rooms etc.	Commissioning		Paul Williams
		Patient	Quantifiable	- Provision of facilities that meet all current control of infection standards	Existing Infection Control reports	New facility design to HBN standards	Commissioning		Paul Williams
		Patient	Quantifiable	- 5 facet survey (Functionality & Space review) - Meeting space standards (fewer space constraints) - Better adjacencies (linked to improved functionality)	Existing Health Centre facility Estatecode category 'C' for functionality	New Facility Estatecode reference 'A' for functionality	Commissioning		Paul Williams
B12	Contributes towards decarbonisation strategy	Wider society	Societal	Energy consumption and CO2e	To be determined on completion of the Carbon Valuation Assessment form at FBC stage	To be determined on completion of the Carbon Valuation Assessment form at FBC stage (possible decarbonisation measures are outlined in note B12)	Commissioning		Paul Williams

S04: To provide the most appropriate healthcare in the most appropriate place

B13	Reduced reliance on paperwork and travel enabling Community Nursing to spend more time on patient care	Health Board	Non-cash releasing	Time spent by Community Nursing team on patient care	74% of available Community Nursing time spent on patient facing care	89% of available Community Nursing time spent on patient facing care = Financial benefit of £50k p.a.	Commissioning + 12 months		Sarah Cameron
B14	Fewer home visits enabling Speech and Language Therapy teams to spend more time on patient care	Health Board	Non-cash releasing	Number and costs of home visits	1208p.a. Speech Therapy visits	40% reduction = Financial benefit of £8k p.a.	Commissioning + 12 months		Alison Thomas

S05: To provide GMS sustainability

B15	Increased use of multi-disciplinary approach to patient care	Health Board	Quantifiable	Number of MDTs	Currently adhoc / opportunistic Baseline = 0 (due to current accommodation constraints)	At least x1 proactive MDT per GP practice per week	Commissioning + 18 months		Rhian Matthews
B16	Improved workforce resilience through co-location of multidisciplinary team Improved wellbeing through enhancing working environment and hence retention of staff and resilience / continuity of service	Health Board	Quantifiable	Sickness Rate	Current average of 8.6%	Comparable to best in Health Board and HB target (4.7%)	Commissioning + 18 months		Rhian Matthews
B17	Improved patient and service user experience	Patient	Qualitative	Unable to measure direct impact from Cross Hands but will contribute to the delivery of overall Health Board objectives	Survey to be undertaken pre-commissioning	Contribution to Health Board objectives - Patient satisfaction rates - Fewer complaints about access	Commissioning + 18 months		Rhian Matthews

Cross Hands Community Hub
Outline Business Case
Benefits Register

Ref	Benefit	Class	Measure	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF	Calculation Assumptions
B01	Improved clinical decision making contributes to avoided admissions for patients with chronic conditions and multi morbidity / frailty	Non-cash releasing	WAST Conveyance Rate for AG Cluster		£446,404	£517,628	£596,434	Applying the current ED Attendance Rate and Hospital Admission Rates from the Lightfoot Viewer equates to 1,039 fewer ED attendances and 429 fewer admissions p.a. Based on 19/20 average costs = Financial benefit of £596k p.a., allocated to options according to floor area
B13	Reduced reliance on paperwork and travel enabling Community Nursing to spend more time on patient care	Non-cash releasing	Time spent by Community Nursing team on patient care		£50,024	£50,024	£50,024	Increase from 74% to 89% of available Community Nursing time spent on patient facing care = Financial benefit of £50k p.a.
B14	Fewer home visits enabling Speech Therapy teams to spend more time on patient care	Non-cash releasing	Number and costs of home visits		£8,317	£8,317	£8,317	40% reduction = Financial benefit of £8k p.a.
Recurring non-cash releasing benefits					£504,745	£575,970	£654,775	
B10	Remove backlog liability from the Health Board	Non cash releasing	Backlog maintenance value		£242,647	£242,647	£242,647	Non-recurring saving
Non-recurring non-cash releasing benefits					£242,647	£242,647	£242,647	
B02	Patients are able to access appropriate services more quickly	Quantifiable	Reduced waiting times		Reduced Therapy and Audiology waiting times	Reduced Therapy and Audiology waiting times	Reduced Therapy and Audiology waiting times	
B03	Provision of group consultations enabling greater peer support and develop patient experts	Quantifiable	Number of group consultations		✓	✓	✓	
B04	Improved access to EPP self management programmes	Quantifiable	Number of programmes and completers			3 times more people complete EPP within 2 years	3 times more people complete EPP within 2 years	
B05	Patients better able to navigate system through increased use of Social Prescribing	Quantifiable	Number of patients accessing sign posting services			98 people signposted p.a.	98 people signposted p.a.	
B06	Improve Early Years Services, ensure greater GMS involvement in child health discussions (MASH) and improve outcomes for families and young children	Quantifiable	Number / %age of child health discussions attended by GMS		✓	✓	✓	
B07	More opportunities for volunteering	Quantifiable	Number of volunteer placements			10 placements	13 placements	
B08	Digital inclusion for patients who do not have broadband	Quantifiable	Number of people able to access online services				✓	
B09	Increased support for lifelong learning, personal well-being and development, community participation, and culture & recreation	Quantifiable	Number of participants in library events, ICT literacy and skills training programmes, accessing reading materials, Welsh				✓	
B11	Improved facilities that are compliant with current and future standards	Quantifiable	Various		✓	✓	✓	
B12	Contributes towards decarbonisation strategy	Quantifiable	Various		✓	✓	✓	To be determined on completion of the Carbon Valuation Assessment form at FBC stage
B15	Increased use of multi-disciplinary approach to patient care	Quantifiable	Number of MDTs		1 MDT per practice per week	1 MDT per practice per week	1 MDT per practice per week	
B16	Improved workforce resilience through co-location of multidisciplinary team Improved wellbeing through enhancing working environment and hence retention of staff and resilience / continuity of service	Quantifiable	Sickness Rate		Reduce from current average 8.6% to 4.7%	Reduce from current average 8.6% to 4.7%	Reduce from current average 8.6% to 4.7%	
B17	Improved patient and service user experience	Qualitative	Contribute to the delivery of overall Health Board objectives		✓	✓	✓	
Unmonetised benefits								

Ref	Benefit	Class	Benefits Value	Apply to options	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
B01	Improved clinical decision making contributes to avoided admissions for patients with chronic conditions and multi morbidity / frailty	Non-cash releasing	£596,434	Greater collaboration as scope increases therefore apply to options in relation to floor area of new HWB Centre	0%	75%	87%	100%
B17	Reduced reliance on paperwork and travel enabling Community Nursing to spend more time on patient care	Non-cash releasing	£50,024	Community Nursing in all options therefore apply to all	0%	100%	100%	100%
B18	Fewer home visits enabling Speech Therapy teams to spend more time on patient care	Non-cash releasing	£8,317	SLT in all options therefore apply to all	0%	100%	100%	100%
B10	Remove backlog liability from the Health Board	Non cash releasing	£242,647	Applies to all	0%	100%	100%	100%

Floor area

3850.8

4465.2

5145

Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF	
£0	£446,404	£517,628	£596,434	Annual
£0	£50,024	£50,024	£50,024	Annual
£0	£8,317	£8,317	£8,317	Annual
£0	£242,647	£242,647	£242,647	One-off