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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Canolbarth a Gorllewin Iachach

Cenedlaethau'r  
dyfodol yn byw  
bywydau iach

## Appendix A16 Integrated Impact Assessment Tool

### Cross Hands Health and Wellbeing Centre



## Proposed Cross Hands Health and Wellbeing Centre

Integrated Assessment Tool	Impact	Y/N	Evidence & Further Information	Completed By	Evidence
<b>Financial/Service Impacts</b>					
1. Has the new proposal/service model been costed?		<b>Y</b>	The scheme has been costed and a financial analysis has been undertaken as part of the OBC process. The scheme has been assessed as incurring revenue consequence noting alignment to longer term clinical strategy financial implications across the University Health Board.	Project Group	OBC
2. Does the budget holder have the resources to pay for the new proposal/service model, otherwise how will this be supported?		<b>TBC</b>	Capital is sought from Welsh Government and therefore subject to OBC approval. The annual revenue consequences of the scheme at OBC stage is confirmed as cost neutral. These costs will continue to be reviewed as part of the continued development of the benefits realisation process during FBC stage.	Project Group	Financial analysis included in OBC
3. Is the new proposal/service model affordable?		<b>TBC</b>	In the context of the answer to Q2	Health Board	Sign off of OBC by Health Board
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?		<b>Y</b>	Additional costs have been identified in respect of premises, IM&T and equipment maintenance costs. An equipment schedule has been included in the scheme. The scheme will improve the delivery of the existing service model.	Project Group	OBC
5. Is this a spend to save initiative?		<b>N</b>	This is a business case for capital investment. It proposes investment for one of the early implementer community Health & Wellbeing sites identified within the Health Board's Clinical Strategy: A Healthier Mid and West Wales- 'Our future generations living well'.		

<p>6. What is the financial or efficiency payback (prudence), if any?</p>	<p><b>N/A</b></p>	<p>As one of the early implementer sites for the Health Board's wider clinical strategy there are no immediate cash releasing benefits as part of this scheme. Efficiency benefits are part of the wider Health Board's clinical strategy to provide new and repurposed hospital sites. It does however remove all the statutory backlog maintenance from the existing Cross Hands Health Centre.</p>	<p>Project Group</p>	<p>OBC</p>
<p>7. Are there risks if the new proposal/service model is not put into effect?</p>	<p><b>Y</b></p>	<p>The scheme provides significantly improved and compliant physical environment to deliver the current service model from. Non- delivery leaves the Health Board with a noncompliant environment with particular issues around sustainability of services within the Amman Gwendraeth Valley. The scheme is an enabler for the wider clinical and financial benefits associated with the Health Board's Clinical Strategy: A Healthier Mid and West Wales- 'Our future generations living well'.</p>	<p>Project Group</p>	<p>OBC</p>
<p>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?)</p>	<p><b>N</b></p>	<p>The consequence of this development will be to physically improve the current environment to support the service model and integration of social, primary and community care services. We will delivering on our commitment to the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2022 by ensuring the scheme aligns with the Health Board's "Scoping and Modelling Assessment for Building and Transport Decarbonisation" (July 2021) and that we align with Welsh Government Programme for Government (June 2021) commitment to "embed our response to the climate and nature emergency in everything that we do". Decarbonisation and alignment with Net zero by 2030: The University Health Board is developing an Action Plan to report to the NHS Wales Decarbonisation Programme Board. The project includes relocation of services into the community from acute settings and current community health premises, pharmacy, early years integrated services, police and library facilities within Cross Hands. Two GP Practices are also included.</p>	<p>Project Group</p>	<p>OBC</p>

9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term?	N	No required negotiations. Welsh Government capital approval required. Lead in time for Building works mobilisation once approval for the capital is secured.		
10. Are capital requirements identified or funded?	Y	The OBC is now complete. Estimated Outturn cost for the preferred option following production of the updated OBC cost forms following remobilisation is £31,258,171 Excl VAT (£37,241,187 Incl VAT).	Project Group	OBC
11. Will capital projects need to be completed in time to support any service change proposed?	N	The capital scheme will progress once Welsh Government has approved the funding. The scheme will facilitate the integration of services required to further develop the service model.	Project Group	OBC
12. Has a Project Board been identified to manage the implementation?	Y	Yes SRO, Project Director, Project Group, User Group all well established to develop the business case and manage the implementation. Project Governance structure included within OBC	Project Group	OBC
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	Initial project plan has been produced as part of the OBC submission. To be reviewed at FBC along with detailed commissioning plan will be developed prior to change of service locations.	Project Group	OBC
14. Is there a post project evaluation plan for the new proposal/service model?	Y	Post project evaluation and monitoring will be required by Welsh Government. The OBC includes a Post Project Evaluation Plan.	Project Group	OBC
15. Is the UHB clear of any other constraints which would prevent progress to implementation?	Y	The key constraint to the progress of this development is the availability of All Wales Capital from Welsh Government. The Project Risk Register captures all other risks around partner sign up to lease agreements and acquisition of land. All risks monitored at monthly project group	Project Group	OBC & Project Risk Register

Quality/Patient Care Impacts				
16. a) Could there be a <i>positive</i> impact on patient outcome/care? b) Could there be a <i>negative</i> impact on patient outcome/care?	Y  N	Health and Wellbeing positive impacts articulated within OBC. The scheme will provide an improved environment for staff and patients. Positive impacts included within OBC benefits register Positive and negative impacts all considered within the EqIA for the Project.	Project Group	OBC benefits register
17. Is there are potential for inequity of provision? E.g. rurality, transport.	Y	The project aligns to the Health Board's Clinical Strategy: A Healthier Mid and West Wales- 'Our future generations living well' for providing 'place based care'. Discussions remain ongoing with regard to public transport. A bus stop has been included on the site proposals. The scheme provides an improved environment for all patients, carers, family members and staff accessing the facility as currently little or no designated car parking facilities are available for current premises. The scheme has a large designated car park with accessible spaces for disabled and visiting specialist mobile services. Extensive public and stakeholder engagement has taken place and further surveys are planned regarding those matters included within the Equality Impact Assessment regarding transport to mitigate against any concerns.	Project Group	OBC
18. Is there any potential for inconsistency in approach?	N	The scope of the project aligns to wider clinical strategy plans for service integration and improving the estate		
19. Is there are potential for postcode lottery/commissioning?	N	Services will continue to be located within the locality		
20. Is there a need to consider exceptional circumstances?	N	Services will continue to be located within the locality		

21. Are there clinical and other consequences of providing or delaying/denying treatment <i>or the scheme</i> (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?)	Y	Community and Primary care would continue to be provided from substandard environments with particular concerns over infrastructure, infection control, patient dignity, patient privacy, etc. No service development would be possible due to accommodation constraints. It is likely that services could be unsustainable in the future given that capacity does not meet demand and significantly hampers recruitment and service development particularly within primary care. The colocation of services across all agencies facilitates the introduction of the new service model.	Project Group	OBC
22. Are there any Royal Colleges standards, etc, applicable?	N	None, although refurbishment improves compliance with HBNs and the overall patient environment will be much improved. The refurbishment will also support staff recruitment and retention.	Project Group	OBC
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Y	The Project Board membership is inclusive of all partners and stakeholders. Public Engagement events has been undertaken as part of the OBC development process. The Project Group has engaged with the key clinical leads.	Project Group	OBC
<b>Workforce Impact</b>				
24. Has the impact on the existing staff/WTE been determined?	Y	No WTE impact on scheme conclusion.	Project Group	OBC
25. Is it deliverable without the need for premium workforce?	Y	Current staffing levels apply. Aligns to the Health Board's Clinical Strategy: A Healthier Mid and West Wales- 'Our future generations living well'. for balancing community and acute care.	Project Group	OBC

26. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	<b>N</b>	Stakeholders including staff have had significant input into this scheme; the potential for disengagement will occur if the scheme does not progress.		
27. Is there potential for professional body/college/union involvement?	<b>N</b>	Key staff have been invited to Project Board, work streams and workshop events, and have been involved in the development of this scheme and are members of the Project Group.	Project Group	OBC
28. Could there be any perceived interference with clinical freedom?	<b>N</b>	No clinical staff have been involved in the scheme development. The scheme also promotes agile working arrangements with positive impacts for digital access and reduced travel time.		
29. Is there potential for front line staff conflict with the public?	<b>N</b>	There should be no conflict between staff and the public.		
30. Could there be challenge from the 'industries' involved?	<b>N/A</b>	N/A		
31. Is there a communication plan to inform staff of the new arrangements?	<b>Y</b>	A Communication and Engagement Plan is in place for the scheme. Should the scheme be agreed the plan will be updated to cover the implementation phase requirements.	Project Group	OBC
32. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	<b>Y</b>	For agile working arrangements where necessary. Aligned to wider service modelling programmes.		

33. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y	Training on new items of equipment, agile working and new systems will be required when the refurbished facility opens and will be addressed in the Commissioning Plan.	Project Group	OBC
<b>Risk Impact</b>				
32. Has a risk assessment been completed?	Y	Risk Register complete for this scheme covering operational and construction risks	Project Group	OBC & Project Risk Register
33. Is there a plan to mitigate the risks identified?	Y	Included on Risk Register	Project Group	OBC & Project Risk Register
<b>Legal Impact</b>				
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?	Y	This has been considered but the scheme facilitates positive service change and is an enabler for wider Health Board strategic plans. Access in terms of travel has been identified as a matter for further surveys and agreement with project partners regarding public transport frequency.	Project Group	OBC
35. Is there a likelihood of legal challenge?	N	As above		



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?	<b>N</b>	The OBC demonstrates alignment to Welsh Government policy where applicable. All capital guidance followed.		
37. Is there any existing contract and/or notice periods?	<b>Y</b>	Leases will be required for partner occupation. No notice/contract periods for Health Board.	Project Group	OBC
<b>Reputational Impact</b>				
38. Is there a likelihood of public/patient opposition?	<b>N</b>	Significant Engagement has taken place through the development of the scheme. There is a huge amount of support for the scheme. In view of the significant public interest in the scheme, should it not be delivered there will be negative impact on UHB and WG reputations.		
39. Is there a likelihood of political activity?	<b>Y</b>	There is potential for local political activity if the scheme does not progress. There is general political support for the scheme evidenced through stakeholder engagement.	Project Group	OBC
40. Is there a likelihood of media interest?	<b>Y</b>	There exists much local interest in the development of the scheme which has been on the UHB's planning agenda for some time. If the scheme does not progress, there is likely to be significant negative media interest.	Project Group	OBC
41. Is there the potential for an adverse effect on recruitment?	<b>N</b>	Only if the scheme does not progress. Noting that the recruitment environment is challenging at the moment, this is of significant concern.		

42. Is there the likelihood of an adverse effect on staff morale?	<b>N</b>	If the scheme does not progress, there is likely to be an adverse effect on staff morale.		
43. Potential for judicial review?	<b>N</b>	The scheme replaces existing accommodation unfit for delivery of clinical services. Proposed new facilitates will be provided to facilitate wider service model developments and significantly improves the current environment for delivery of community and primary care services across organisations including GP's, local Authority, Health Board and 3 <sup>rd</sup> sector partners. Wide stakeholder engagement has been undertaken with positive feedback on proposals.		