



## **MONKLANDS REPLACEMENT PROJECT**

### **SITE SELECTION PROCESS REPORT**



## **NHS LANARKSHIRE BOARD MEETING**

**16 DECEMBER 2020**

**10.00AM**

NHS Board Meeting  
16 December 2020

Lanarkshire NHS Board  
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## SUBJECT: MONKLANDS REPLACEMENT PROJECT SITE SELECTION REPORT

### 1. PURPOSE

The purpose of this paper is to ask the NHS Lanarkshire Board to

- Approve the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands.

### 2. ROUTE TO THE BOARD

The attached Report has been prepared by Mr Colin Lauder, as Senior Responsible Officer for the Monklands Replacement Project, following a period of public engagement, including an option appraisal process, and Board Briefings during October and November 2020 on themes that emerged from that engagement period.

### 3. SUMMARY OF KEY ISSUES

NHS Lanarkshire has undertaken a comprehensive process to assess potential sites for the location of a replacement for University Hospital Monklands (UHM). This paper summarises the process which has been followed and points arising which the NHS Lanarkshire Board should take into consideration in its discussions, in making a recommendation on a preferred site for the new University Hospital Monklands to the Cabinet Secretary for Health and Sport.

The NHS Board reviewed the Option Appraisal Report (**Appendix B**) and the Engagement Report (**Appendix C**) in October 2020 and identified a number of themes that had emerged from the engagement process. To ensure that the Board is transparent and robust in its approach to making a recommendation on a preferred site for the new hospital, the Board developed and agreed a Framework for Decision Making (**Appendix O**) in October 2020. This framework takes into account the need to meet compliance with relevant guidance and, importantly, demonstrate that the Board has listened to and acted upon what it has heard from the process and people's contributions throughout the engagement period to help determine the best option for patients and staff.

The themes that were identified formed the basis of separate briefing and discussion sessions for Board Members that took place on a weekly basis during October and November 2020. Through this series of sessions, Board Members have had the opportunity to seek assurance by thoroughly and diligently scrutinising the evidence and analysis of the information provided.

This paper also details the arrangements adopted by the NHS Lanarkshire Board to gain assurance that the process met all relevant guidance and best practice requirements. The paper also describes the methodology adopted to determine and assess site options leading to a recommendation on a preferred option, which will be submitted to the Cabinet Secretary for Health and Sport for consideration.

It should be noted that the final decision on the site for the location of the new University Hospital Monklands will be taken by the Cabinet Secretary for Health and Sport.

**4. STRATEGIC CONTEXT**

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

**5. CONTRIBUTION TO QUALITY**

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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*Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

The Monklands Replacement Project will support the improvement of all aspects of Person-Centred, Safe and Effective Care.

**6. MEASURES FOR IMPROVEMENT**

The current objective of the Monklands Replacement Project is the completion of a series of business cases which, following approval by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands which is no longer fit for purpose.

**7. FINANCIAL IMPLICATIONS**

The Monklands Replacement Project Team costs are being covered through specific allocations from the Scottish Government Health & Social Care Directorate. The recurring and non-recurring financial implications for the new hospital will be described within the Outline Business Case, which will be completed following approval of the site option by the Cabinet Secretary for Health and Sport.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

The current University Hospital Monklands is no longer fit for purpose and is in urgent need of replacement. The NHS Board has to spend significant sums of money to maintain the fabric of the building, just to ensure that the hospital can continue to operate safely. However, a range of risks remain which will only be mitigated by replacing the existing facility. (**Appendix A**)

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

## 10. FAIRER SCOTLAND DUTY / EQUALITY IMPACT ASSESSMENT

These have been undertaken and are set out in **Appendices Fi - Fiii**.

## 11. CONSULTATION AND ENGAGEMENT

The Option Appraisal Report (**Appendix B**) and the Engagement Report (**Appendix C**) set out in detail how the Board went about engaging with the public and other key stakeholders.

Oversight of the engagement process has been provided by:

- the Consultation Institute, an independent not for profit organisation who are advising the NHS Board on best practice in engagement;
- Health Improvement Scotland – Community Engagement (HIS-CE), an NHS body whose role is to provide assurance on involvement of people and communities when major service change occurs; and
- the Monklands Replacement Oversight Board, a governance committee of the NHS Lanarkshire Board which includes independent external experts and members of the public

## 12. ACTIONS FOR THE BOARD

The NHS Lanarkshire Board is asked to consider the totality of the information and analysis provided to:

- Note that assurance has been provided by the Monklands Replacement Oversight Board that all compliance and assurance issues have been fully met;
- Note that the Board has received assurance from Healthcare Improvement Scotland – Community Engagement that CEL 4 (2010), *Informing, Engaging and Consulting People in Developing Health and Community Care Services* has been fully met;
- Note the views of the Area Clinical Forum and the Area Partnership Forum in their role as advisory committees of the NHS Board; and
- Approve the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands.

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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# **Monklands Replacement Project (MRP)**

## **Site Selection Process Report**

**Colin Lauder**

**Director of Planning, Property & Performance**

Senior Responsible Officer for the Monklands Replacement Project

**9 December 2020**

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## 1. Purpose of the Report

NHS Lanarkshire has undertaken a comprehensive process to assess potential sites for the location of a replacement for University Hospital Monklands.

This paper summarises the process which has been followed and points arising which the NHS Lanarkshire Board should take into consideration in its discussions, in making a recommendation on a preferred site for the new University Hospital Monklands to the Cabinet Secretary for Health and Sport.

It should be noted that the final decision on the site for the location of the new University Hospital Monklands will be taken by the Cabinet Secretary for Health and Sport.

The NHS Board reviewed the Option Appraisal Report (**Appendix B**) and the Engagement Report (**Appendix C**) in October 2020 and identified a number of themes that had emerged from the engagement process.

To ensure that the Board is transparent and robust in its approach to making a recommendation on a preferred site for the new hospital, the Board developed and agreed a Framework for Decision Making (**Appendix O**) in October 2020.

This framework takes into account the need to meet compliance with relevant guidance and, importantly, demonstrate that the Board has listened to and acted upon what it has heard from the process and people's contributions throughout the engagement period to help determine the best option for patients and staff.

These themes formed the basis of separate briefing and discussion sessions for Board Members that took place on a weekly basis during October and November 2020.

Through this series of sessions, Board Members have had the opportunity to seek assurance by thoroughly and diligently scrutinising the evidence and analysis of the information provided.

The NHS Lanarkshire Board is asked to consider the totality of the information and analysis provided to:

**Approve the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands.**

## 2. Introduction

The current objective of the Monklands Replacement Project is the completion of a series of business cases which, following approval by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands which is no longer fit for purpose.

The business case process takes the form of four key stages, as directed by the new Scottish Capital Investment Manual (SCIM).

- First and second stages. A Strategic Assessment and Initial Agreement was completed in October 2017, at which point the NHS Lanarkshire Board was invited to move to the third stage.
- Third stage. The Outline Business Case (OBC) is to be prepared. This work will be completed following approval of the site option by the Cabinet Secretary for Health and Sport.

- Fourth stage. A Full Business Case (FBC) will be completed following the successful completion of the OBC.

This paper details the arrangements adopted by the NHS Lanarkshire Board to gain assurance that the process meets all relevant guidance and best practice requirements. The paper also describes the methodology adopted to determine and assess site options leading to a recommendation on a preferred option, which will be submitted to the Cabinet Secretary for Health and Sport for consideration. If this recommendation is approved by the Cabinet Secretary for Health & Sport, the OBC process can be fully developed.

### 3. Background

The current University Hospital Monklands (UHM) is no longer fit for purpose and is in urgent need of replacement. The NHS Board has to spend significant sums of money to maintain the fabric of the building, just to ensure that the hospital can continue to operate safely. However, a range of risks remain which will only be mitigated by replacing the existing facility. (**Appendix A**)

NHS Lanarkshire undertook a comprehensive and detailed exercise to assess site options for the development of a replacement for University Hospital Monklands in June 2018. This process involved the consideration of four strategic options by a group of key stakeholders (members of the public, staff and Scottish Ambulance Service):

1. Do nothing;
2. Refurbish the existing hospital buildings;
3. Build a new hospital on the existing UHM site;
4. Build a new hospital on a different site.

This process identified a highest scoring option (Option 4 - Build a new hospital on a different site).

Two alternative sites; Gartcosh and Glenmavis and the existing site were then assessed by the stakeholder group. Gartcosh had the higher score when non-financial and financial benefits scores were combined as per the original SCIM guidance.

This was followed by a formal process of public consultation which was undertaken between July 2018 and October 2018.

Following the public consultation, an Independent Review was instigated by the Cabinet Secretary for Health and Sport and was tasked with providing an independent assessment of the process followed by NHS Lanarkshire. The Independent Review was carried out by the University of Glasgow's Institute of Health & Wellbeing and reported in June 2019. It made three main recommendations:

1. NHS Lanarkshire should make provision for new independent (external) members to the Monklands Replacement/Refurbishment Project (MRRP) Board
2. NHS Lanarkshire should re-evaluate the top two scoring options - Gartcosh and Glenmavis
3. A clear vision for the existing Monklands site should be developed

In addition, the Cabinet Secretary directed that the existing site should be excluded from further consideration as it was not a practical option. She also directed that NHS Lanarkshire seek to identify further sites which could be considered for the new hospital location.



All of these recommendations and directions were adopted by NHS Lanarkshire.

1. NHS Lanarkshire established an additional Board governance committee in November 2019, the Monklands Replacement Oversight Board (MROB), to provide assurance on decision-making processes in respect of the Monklands Replacement Project. This comprises non-executive directors, independent external experts and members of the public. MROB is also chaired by an NHS Lanarkshire Board Non-Executive Director.
2. NHS Lanarkshire engaged specialist external advisers, the Consultation Institute (tCI) to provide advice and direction on the completion of the option appraisal process. A methodology was then developed to re-evaluate the top two scoring options (Gartcosh and Glenmavis) plus any additional sites which emerged.
3. A partnership group was established in March 2020 with North Lanarkshire Council, the University of Strathclyde and North Lanarkshire Health & Social Care Partnership to develop plans for the future use of the existing hospital site in conjunction with the local community. This will now be taken forward as a separate project, independent of the Monklands Replacement Project.

NHS Lanarkshire undertook a comprehensive search for additional sites in 2019 with one further site being added by the NHS Board in January 2020. A short list of three sites meeting the necessary criteria was then confirmed as (listed in alphabetical order):

- Gartcosh
- Glenmavis
- Wester Moffat

A process to assess the options objectively is set out in detail in SCIM. An option appraisal process which met these requirements was undertaken and the outcome of the appraisal was widely publicised with an opportunity for members of the public and staff to feedback on the process and outcomes. This feedback was captured in a comprehensive engagement report which forms part of the decision making process adopted by the NHS Board. (**Appendix O**)

Oversight of the process followed has been provided by:

- the Consultation Institute, an independent not for profit organisation who are advising the NHS Board on best practice in engagement
- Health Improvement Scotland – Community Engagement (HIS-CE), an NHS body whose role is to provide assurance on involvement of people and communities when major service change occurs
- Monklands Replacement Oversight Board, a governance committee of the NHS Lanarkshire Board which includes independent external experts and members of the public

#### **4. Option Appraisal**

A full report on the option appraisal process and outcomes is attached. (**Appendix B**)

The report includes independent validation on compliance with the Scottish Capital Investment Manual (SCIM), from the lead author of SCIM, and on the adoption of best practice (from the Consultation Institute).

The final scores from the option appraisal were:

<b>Evaluation results</b>	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
Economic appraisal	100	84.11	95.74
Risk appraisal	94.12	72.73	100
<b>Combined total</b>	<b>194.12</b>	<b>156.84</b>	<b>195.74</b>

## **5. Engagement Report**

A detailed report setting out the engagement process in full and providing a definitive analysis of comments made by members of the public and other stakeholders is attached. (**Appendix C**)

This concluded that a significant level of engagement had been undertaken and that people who engaged considered that the process taken forward by NHS Lanarkshire was fair.

## **6. Health Improvement Scotland - Community Engagement Assurance (HIS-CE)**

NHS Lanarkshire have worked closely with HIS-CE throughout the development of the option appraisal process and during the engagement process to ensure that all processes adopted were appropriate and conducted in accordance with requirements.

HIS-CE have now completed a formal report on the engagement process conducted by NHS Lanarkshire and have concluded that NHS Lanarkshire has fully met all necessary requirements. (**Appendix D**)

## **7. Monklands Replacement Oversight Board (MROB) Assurance**

NHS Lanarkshire established an Oversight Board in 2019 comprising four non-executive directors of the NHS Board, two independent subject matter experts and nine community representatives to provide an additional level of assurance on the process being followed.

MROB met on 26<sup>th</sup> November 2020 to review the processes undertaken and to consider the level of external validation and assurance applied to the process. They have concluded that they are satisfied that the process has been conducted appropriately and in accordance with all necessary guidance. (**Appendix E**)

## **8. Fairer Scotland Duty/Equality Impact Assessments**

Public bodies are required to undertake specific impact assessments to determine the effect that proposed changes will have on a range of stakeholders and to set out actions they plan to take to mitigate any negative impacts.

The Fairer Scotland Duty Assessment considers the socio-economic impact of the change (provision of new hospital facility) on the communities affected by the change. The Equality Impact Assessment looks at the impact on a designated number of categories within the community, known as protected characteristics. This covers age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. The two assessments are considered together as there is a significant level of crossover.

The NHS Board briefing paper on this is attached. (**Appendix F**)

Points arising for consideration are:

- Development of a new hospital will have a major socio-economic impact for the wider Lanarkshire population in terms of the economy, improved transport infrastructure and delivery of the new clinical model, whichever site is selected
- Development of new road infrastructure in East Airdrie will result in improved travel and journey times to the Glenmavis and Wester Moffat sites. In particular this will improve transport accessibility for the communities of Cumbernauld, Northern Corridor (Stepps, Moodiesburn, Chryston, Mollinsburn, Muirhead and surrounding areas) and South Lanarkshire
- Development of a new hospital will bring significant employment opportunities for the local community, whichever site is selected
- There will be a significant socio-economic benefit to the existing area and community through the redevelopment of the current site once the hospital is relocated
- There are strong concerns among those consulted however, that staff and patients on low incomes within the Airdrie community may be adversely affected if the hospital is relocated from Airdrie through increased travel time to access the new facility and through increased travel costs
- Additionally, there is a view that the development of a new hospital as an anchor facility at the Glenmavis or Wester Moffat sites will have greater advantage in terms of potential to impact positively on deprivation
- There is recognition of the sense of loss within the Airdrie community, as a major employer and as an economic anchor, if the hospital is relocated out with the Airdrie area
- There is also a recognition that the rural nature of the Glenmavis and Wester Moffat sites may offer a greater level of opportunity for the future development of Greenspace. (**Appendix J**)

## 9. Transport, Travel and the East Airdrie Link Road

Transport and Travel was the most frequently recorded concern raised by members of the public, staff and other stakeholders. This issue was also considered as part of the Options Appraisal process.

The NHS Board briefing paper on this is attached. (**Appendix G**)

Points arising for consideration are:

- Analysis of the detailed data indicates that no site has significantly better connectivity or accessibility for the University Hospital Monklands unscheduled care catchment population, or for the wider population of Lanarkshire
- Concerns over provision of the East Airdrie Link Road (EALR), or delay in its delivery, are not considered to be significant risks
- Given that each of the three alternative sites are currently poorly served by public transport, a range of mitigation measures in terms of both road infrastructure and public transport will be required, irrespective of the site selected, to ensure that the selected site is able to support the delivery of clinical services to the whole Lanarkshire population

- The continued development of an NHS Lanarkshire Transport Hub, a successful collaboration with the Community Transport sector to assist patients who are not supported by public transport, or are unable to access public transport options, will form a central element of our wider transport offering, irrespective of the preferred site option selected
- Moving the hospital will most affect those who live closest to it by increasing travel costs and travel times. This is specifically noted in the Fairer Scotland Duty Assessment as impacting on patients and staff on low incomes, should the hospital move out with the Airdrie area to Gartcosh
- It is likely that parking control measures would be required to ensure that parking at the Gartcosh site is protected for the use of patients, visitors and staff. Such measures would not be required at the Glenmavis and Wester Moffat sites
- The costs of providing additional public transport infrastructure (bus services), if not deliverable commercially, are lowest for the Wester Moffat site
- The provision of the EALR and the wider Pan Lanarkshire Orbital Road will improve transport accessibility for the communities of Cumbernauld, Northern Corridor and South Lanarkshire
- There is an opportunity to expedite construction of a second point of road access at Glenmavis, or Wester Moffat, by seeking early release of funds from Scottish Government. This would allow early provision of a site access road which will reduce the construction programme by six months and reduce the overall cost of the project by £6m
- The site at Gartcosh is not impacted by the East Airdrie Link Road

## 10. Contamination

Contamination was a common concern raised by members of the public, staff and other stakeholders. This issue was also considered as part of the Options Appraisal process.

The NHS Board briefing paper on this is attached. (**Appendix H**)

Points arising for consideration are:

- Each of the sites has a level of contamination and each will require a level of remediation. The level of remediation required will vary as will the level of specialist works required to mitigate this. This is normal practice when developing a site prior to the construction of a major development such as a new hospital
- Our advisers have confirmed that each of the sites can be brought to a level which will allow the construction of a hospital with the construction period for each site being of a similar timescale
- Our advisers risk assessment however concludes that the Wester Moffat site has the lowest risk, as the detailed historical records available indicate a low level of former industrial use of the main part of the site

- Each of the other two sites have been subject to significant historical industrial use, heavy industry at Gartcosh and coal mining/waste disposal at Glenmavis, resulting in a higher ranking for both from a risk perspective.

## 11. Environmental and Green Issues

Environmental and Green issues were a common concern raised by members of the public, staff and other stakeholders. This issue was also considered as part of the Options Appraisal process.

The NHS Board briefing paper on this is attached. (**Appendix I**)

Points arising for consideration are:

- There will be an environmental and green impact at whichever site is selected for the development of the new hospital
- Congestion and air/noise pollution are high ranking factors and are regarded as of greatest concern at Gartcosh due to the impact of additional traffic on local village transport infrastructure and the close proximity of the site to the motorway
- Development of the East Airdrie Link Road will improve access and reduce congestion in the areas and communities adjacent to the Glenmavis and Wester Moffat sites
- The sites at Gartcosh and Glenmavis will require a level of remediation to mitigate contamination linked to the sites former use. The costs of remediation is £1.51m at Gartcosh and £3.75m at Glenmavis. There are no remediation costs at Wester Moffat.
- There are remaining concerns that mitigation of historical contamination at the Gartcosh site will be challenging due to its previous heavy industrial engineering use
- The development of accessible Greenspace is regarded as important for communities with opportunities for the development regarded as greater at the Glenmavis and Wester Moffat sites. It is noted however that a level of future residential and industrial development is already planned at Glenmavis
- It should also be noted that there is an existing nature reserve at Gartcosh
- The costs of providing additional public transport infrastructure to ensure that congestion is minimised, if not deliverable commercially, are lowest for the Wester Moffat site

## 12. Regional Working and Cross Boundary Flow

Regional working and cross boundary flow were common concerns raised by members of the public, staff and other stakeholders. This issue was also considered as part of the Options Appraisal process.

The NHS Board briefing paper on this is attached. (**Appendix J**)

Points arising for consideration are:

## Regional Working

- The impact of site location on regional working is not a significant factor. Scope for future expansion will be available at all sites and will meet the required 20% in accordance with planning guidance
- There is a recognition that scope for further expansion, noted by MRP external advisers at up to 50%, would be possible at the Glenmavis and Wester Moffat sites due to greater availability of land. This additional expansion capacity would not be available at Gartcosh and could therefore limit NHS Lanarkshire in any additional future development ambitions.

## Cross Boundary Flow

- Cross boundary flow has been assessed for each of the potential alternative sites and mitigation has been applied at the site most at risk, which is Gartcosh. Our advisers have confirmed that the current hospital build plans for each of the sites would provide sufficient accommodation to meet the projected patient activity
- The estimated annual cost to NHS Lanarkshire of managing the additional emergency department activity resulting from cross boundary flow is £990,720 per annum at Gartcosh, and £285,480 per annum at Glenmavis. This represents an increase in operating costs which would require to be funded from within existing resources. There is no cross boundary flow cost impact at the Wester Moffat site
- Our advisers risk assessment concludes that the Gartcosh site has a greater risk of impact should cross boundary flow be greater than the levels projected. Their assessment resulted in higher risk scores for both likelihood and impact categories
- It is recognised that if the new hospital is built at Wester Moffat then it is likely that some Cumbernauld and Northern Corridor patients may choose, or continue, to use Hospitals out with Lanarkshire

## 13. Covid-19

Board Members should note that Covid-19 is not a factor in their deliberations and that this should not be a differentiating factor in assessing the individual sites.

The NHS Board briefing paper on this is attached. (**Appendix K**)

## 14. Place Based Approach

Board Members should note that whilst this is not a factor in their site selection determination, redevelopment of the current site as a community asset would be of key importance for the local community once the hospital is relocated.

Plans to commence this work with North Lanarkshire Council and the University of Strathclyde have been established and a work programme with community partners will be developed.

The NHS Board briefing paper on this is attached. (**Appendix L**)

## 15. Views of the Area Clinical Forum and Area Partnership Forum

The views of the Area Clinical Forum and Area Partnership Forum were sought as advisory committees of the NHS Board representing staff interests. Both expressed no preference in respect of site selection and confirmed a commitment to continuing to engage fully with the project team once a site option was determined.

The full submission from the Area Clinical Forum is attached. (**Appendix M**)

The full submission from the Area Partnership Forum is attached. (**Appendix N**)

## 16. Conclusions

Three sites were shortlisted from an initial list of over forty potential sites, considered in two rounds of site selection. All three meet the baseline criteria and are capable of delivering the clinical model for the new hospital.

The key points for consideration by the Board are:

- Wester Moffat scores highest within the Option Appraisal (**Appendix B**), however, this is not decisive in itself and other factors should be considered
- Our cost adviser's financial and economic assessment indicates that Wester Moffat will have a lower building construction cost and lower annual running cost than Gartcosh or Glenmavis as the facility will require to be larger at Gartcosh or Glenmavis due to the impact of cross boundary flow (**Appendix B**)
- In terms of socio-economic impact, the building and operation of a new hospital at the Wester Moffat site will provide a significant socio-economic stimulus to the Airdrie locality, which has the highest number of deprived areas in Lanarkshire, as referenced in the Fairer Scotland Duty Assessment (**Appendix F**)
- Moving the new hospital to Gartcosh will result in an adverse impact on the Airdrie community, as a major employer and as an economic anchor for patients and lower paid staff, as referenced in the Fairer Scotland Duty Assessment (**Appendix F**)
- In socio-economic terms, these factors outweigh the positive impact that a hospital development at Gartcosh will have on other communities (**Appendix F**)
- In terms of infrastructure, the Gartcosh and Wester Moffat sites will have comparable rail and road access (following the completion of EALR in 2026), but it is recognised that a new hospital at Gartcosh will have much greater pressure on car parking (the mode of access for the vast majority of staff and patients) (**Appendix G**)
- Although there will be a level of cross boundary flow at Glenmavis and Wester Moffat, locating the hospital at Gartcosh will have the greatest level of cross boundary flow and therefore the greatest risk of impact should our assessments be conservative (**Appendix J**)

## 17. Recommendations

The NHS Lanarkshire Board is asked to:

- Note that assurance has been provided by the Monklands Replacement Oversight Board that all compliance and assurance issues have been fully met;
- Note that the Board has received assurance from Healthcare Improvement Scotland – Community Engagement that CEL 4 (2010), *Informing, Engaging and Consulting People in Developing Health and Community Care Services* has been fully met;
- Note the views of the Area Clinical Forum and the Area Partnership Forum in their role as advisory committees of the NHS Board; and
- Approve the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands.

**Colin Lauder**  
**Director of Planning, Property & Performance**  
**Senior Responsible Officer for the Monklands Replacement Project**

**9 December 2020**



### **Monklands Replacement Project Briefing paper on current site challenges**

#### **1. Overview**

The current hospital accommodation is a product of 1960s design and 1970s construction techniques. The facility is now at the ‘end of life’ in terms of fabric and services and has been the subject of considerable investment in recent years to ensure that the delivery of clinical services can be maintained. There are a number of significant and intractable risks which will only be resolved with the replacement of the hospital.

Additionally, the aged design and associated space allocations do not meet current healthcare standards. This lack of provision of sufficient, quality, space prevents NHS Lanarkshire from meeting its strategic objectives as it is unable to develop and expand clinical services. The lack of single bedroom provision has been highlighted as an ongoing challenge as the site has endeavoured to respond to the Covid-19 pandemic.

‘Achieving Excellence’, our healthcare strategy, describes the ambition to shift care away from inpatient treatment to day case, day treatment, outpatient and community care. The current accommodation is a barrier to this due to chronic lack of space, ongoing risks to business continuity and limitations on what can be achieved within the current footprint. The strategy also describes the pan-Lanarkshire ambitions to develop a number of further centres of excellence for cancer services, general surgery and for training and research. These are limited by the current infrastructure at Monklands.

#### **2. Monklands Business Continuity (MKBC) Risk Register**

The Monklands Business Continuity Project Team was created in early 2009 to take oversight of the risks on the Monklands site. This is a multidisciplinary group tasked with taking a risk-based approach to the continuation of safe services on the deteriorating University Hospital Monklands (UHM) site. The MKBC risk register is the main vehicle for this assessment work and it is maintained and updated quarterly to ensure an up to date and accurate record is available at all times, and this forms the basis for each year’s investment decisions through the NHSL capital programme.

#### **3. Business Continuity Risks at University Hospital Monklands**

The Hospital has been the subject of significant investment of £45m over 10 years in an attempt to maintain the highest quality of the environment and to mitigate these high risks to business continuity. This has been managed through a formal process (above) to ensure that a high level of financial and operation governance is undertaken. Despite this, significant risks remain in relation to the quality and effectiveness of services being provided in the current accommodation. These cannot be mitigated entirely. The use of multi-bed rooms, lack of adequate toilet and shower facilities, the deterioration of the above-and below-ground drainage systems and the limitations on in-patient fire evacuation are all current risks which the Monklands Replacement Project would seek to eliminate. The current physical design key attributes (services based within space and configuration constrained twin towers) present a fundamental compromise to clinical functional suitability and patient safety. This is exacerbated by the ageing fabric, all of which hinders and presents significant compromises to the need to embrace advancements in

clinical practice. The entire building's construction methods included the extensive use of asbestos containing materials (as was normal at that time), and consequently every element of building maintenance and adaptations takes significantly longer to complete and involves disproportionate levels of service disruption. This adds time, cost and risk to every repair, reconfiguration and refurbishment project, adding disproportionate expense due to the extensive control measures which need to be applied to ensure that no contamination takes place.

#### **4. Regular Reviews**

The NHS Board undertakes detailed reviews of the Monklands Business Continuity Risk Register and last did so at a briefing session on 25 November 2020. This served to remind Board Members of the urgent and pressing need for a decision to be made for the site of the new Hospital. The NHS Board will continue to review the Monklands Business Continuity Risk Register at regular intervals and invest significant capital funds in the exiting site until a new Hospital can be built and brought into operation.

#### **5. Conclusion**

The Board is aware of the significant capital funding that has been allocated to maintain the fabric and infrastructure of the building, which is between £5m and £7m per annum.

The Board is also aware that there is an opportunity cost to maintaining this building as these funds could be put to use investing in other projects across the rest of the Board estate.

The Monklands Replacement Project will provide an opportunity to take forward the ambitions of NHS Lanarkshire's healthcare strategy and enable new ways of working for staff in a state of the art environment.



**Monklands Replacement Project (MRP)**  
**Site Selection Process**

**Report on Option Appraisal Process**  
**23 September 2020**

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**1. Executive Summary**

*The scores in this report do not represent a final decision.*

NHS Lanarkshire has undertaken a process to assess three short-listed sites for the replacement of University Hospital Monklands. The final option appraisal scores are:

Site	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
Score	<b>194.12</b>	<b>156.84</b>	<b>195.74</b>

There were three factors which impacted upon these final scores:

- 1. Non-financial scoring** undertaken by public and staff (postal scoring)
- 2. Combined economic appraisal** (financial and non-financial scoring)
- 3. Risk Appraisal**

**The first factor** was the combined non-financial scoring undertaken by public and staff.

**The second factor** was the combined economic appraisal (non-financial and financial scoring) which reflects the cost of building at each site and the cost of additional emergency department attendances at Gartcosh and Glenmavis due to cross-boundary flow.

**The third factor** was the risk appraisal which further considers contamination, cross-boundary flow and transport infrastructure.

A final decision on site selection will be made by the Cabinet Secretary for Health & Sport following a recommendation from NHS Lanarkshire’s Board. The Board will take into account these scores and a range of other information as part of its decision making process.

A two-week period of engagement now begins to seek feedback on the site option appraisal process and outcome. This will run from 30 September 2020 until midnight on 18 October 2020.

### 2. Introduction

The current objective of the Monklands Replacement Project is the completion of a series of business cases which, when approved by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands. The business case process takes the form of four key stages, as directed by the new Scottish Capital Investment Manual (SCIM).

- First and second stages - Strategic Assessment and Initial Agreement - were completed by October 2017, at which point NHS Lanarkshire Board agreed the third stage.
- Third stage - Outline Business Case (OBC) - should be prepared. This work is ongoing.
- Fourth stage – Full Business Case (FBC) – follows successful completion of the OBC.

This paper describes the methodology adopted and the outcome of the process which sits within the OBC development to determine which site option can demonstrate best-value for the Scottish Government. This best-value determination is contained within an option appraisal process as set out in new SCIM with the following scored elements:

- Determination of non-financial benefits of each option, and their scoring by key stakeholders (public and staff);
- Determination of the economic elements (financial and non-financial) of the proposed options;
- Determination of any significant risks associated with the respective options.

*All of the these elements* are then combined to determine a final score for each option relative to the others which will then assist the NHS Board to determine a preferred option for recommendation to the Scottish Government. The Board will take into account a range of other information as part of its decision making process.

This preferred option, if approved by the Scottish Government, will then be incorporated into the OBC for consideration in due course by the NHS Board and Scottish Government. The OBC will describe the timescale and costs of building the hospital. If this is approved by Scottish Government, then a Full Business Case (the fourth stage set out in new SCIM) will be prepared. The FBC process includes the procurement of a main contractor, and sets out the negotiated price and programme for the construction of the hospital. When the FBC is agreed by Scottish Government, funds will be made available for the work on building the new University Hospital Monklands to proceed.

### 3. Background

NHS Lanarkshire undertook a comprehensive and detailed exercise to assess site options for the development of a replacement for University Hospital Monklands in June 2018. This process involved the consideration of four strategic options by a group of key stakeholders (members of the public, staff and Scottish Ambulance Service):

1. do nothing;
2. refurbish the existing hospital buildings;
3. build a new hospital on the existing UHM site;
4. build a new hospital on a different site.

This process identified a highest scoring option (Option 4 - build a new hospital on a different site). Two alternative sites: Gartcosh and Glenmavis (plus the existing site), were then assessed by the stakeholder group. Gartcosh had the higher score when non-financial and financial benefits score were combined as per original SCIM.

This was followed by a formal process of public consultation which was undertaken between July 2018 and October 2018.

The 2018 decision making process was not completed because in November 2018 the Cabinet Secretary for Health & Sport initiated an Independent Review of the option appraisal process. The Independent Review reported in June 2019 and made three main recommendations:

1. NHS Lanarkshire should make provision for new independent (external) members to the Monklands Replacement/Refurbishment Project (MRRP) Board
2. NHS Lanarkshire should re-evaluate the top two scoring options - Gartcosh and Glenmavis
3. A clear vision for the existing Monklands site should be developed

In addition, the Cabinet Secretary advised that the existing site should be excluded from further consideration as it was not a practical option. She also directed that NHS Lanarkshire seek to identify further sites which could be considered for the new hospital location.

All of these recommendations and directions were adopted by NHS Lanarkshire, as described below.

1. NHS Lanarkshire established an additional Board governance committee in November 2019, Monklands Replacement Oversight Board (MROB), to provide assurance on decision making processes in respect of the Monklands Replacement Project. This comprises non-executive directors, independent external experts and members of the public. MROB is also chaired by a non-executive director.
2. NHS Lanarkshire engaged specialist external advisers, the Consultation Institute (tCI) to provide advice and direction on the completion of the option- appraisal process. A methodology was then developed to re-evaluate the top two scoring options (Gartcosh and Glenmavis) plus any additional sites which emerged. This methodology is set out in section 3 below.
3. A partnership group was established in March 2020 with North Lanarkshire Council, the University of Strathclyde and North Lanarkshire Health & Social Care Partnership to develop plans for the future use of the existing hospital site in conjunction with the local community. This will now be taken forward as a separate project, independent of the Monklands Replacement Project.

#### **4. Additional Site Identification & Option Appraisal Process**

The site selection and option appraisal process comprises of a number of key stages:

- Identify and assess potential additional sites
- Provide detailed information on all shortlisted sites
- Process for nomination and selection of public participants in scoring event
- Process for determining benefits criteria in advance of scoring event
- Public and staff events
- People's Hearing
- Weighting and scoring event to determine non-financial benefit scores
- Notification of outcome of scoring process (combined best-value scoring for non-financial and economic elements)
- Feedback on outcome

## APPENDIX B

NHS Lanarkshire asked members of the public and North Lanarkshire Council (NLC) property team to identify sites which may be suitable for the development of a new hospital. Sites nominated were considered against the following agreed selection criteria:

- Must sit within the University Hospital Monklands unscheduled care catchment area.
- Must be a minimum of 40 developable acres.
- Must have no detrimental impact on adjoining unscheduled catchment areas of hospitals in Lanarkshire, Glasgow or Forth Valley.
- Must be designated by NLC to permit appropriate development.
- Must have sufficient road and transport infrastructure to support the development of a major hospital site.

One site, farm land at Wester Moffat, met these criteria and NHS Board approval was given to add this site to the short list of potential sites in January 2020. The short list is (in alphabetical order): Gartcosh, Glenmavis & Wester Moffat.

Detailed information on each of the three short-listed sites was then published on NHS Lanarkshire's public website and comments on its accuracy and validity invited. This detailed information related to a wide range of areas including transport, travel times, access, transport infrastructure, capital costs, ground contamination, and cross boundary flow, and equality/diversity impact assessments were also published.

Nominations were sought from members of the public and staff to participate in a weighting and scoring exercise. A total of 100 participant were sought. In addition, nominations for the benefits criteria to be utilised in the weighting and scoring exercise were invited from the public.

Public events were also held to share details of the site selection process and seek feedback from members of the public. These events were held in Airdrie, Coatbridge, Cumbernauld and Gartcosh.

A People's Hearing process was then held on 2 March 2020 to consider any concerns raised on the validity and accuracy of the published site information and to review the nominations submitted for benefits criteria. The People's Hearing panel comprised an independent chair (Consultation Institute associate), two independent subject matter experts plus key members of the external technical adviser team - Currie & Brown (lead adviser), Keppie's (architects) and WSP (transport and contamination/ground condition experts).

The People's Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites. They also recommended that five benefits criteria should be adopted for the weighting and scoring process. The criteria are:

- Travel times by road and public transport - patients
- Travel times by road and public transport - staff
- Access/connectivity to regional centres
- Contamination
- Impact of cross boundary flow

A public and staff weighting and scoring event took place on 10 March 2020, hosted by the Consultation Institute (tCI), with formal presentations from our external technical adviser team.



The event was attended by almost 90 participants selected at random from those who either self-nominated to take part in the scoring process or who indicated a preference to be further involved through a representative survey.

This event was unsuccessful in reaching an outcome: NHS Lanarkshire and tCI concluded that there were flaws over the validity of the weighting and scoring due to the failure of the electronic scoring system. There were also concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. The process was then paused due to lockdown arrangements associated with the Covid-19 pandemic.

**5. Postal Process to determine non-financial benefit scores**

Recognising the restrictions on social distancing and shielding following lockdown that were put in place as part of the Covid-19 response NHS Lanarkshire asked the Consultation Institute to develop a process which would enable a weighting and scoring process to be restarted and taken forward safely.

A process was designed by the Consultation Institute with support from the Electoral Commission and was subject to a period of testing and validation prior to proceeding. All members of the public and members of staff who had already nominated themselves to participate were invited to do so.

This is a multi-criteria analysis and the process undertaken to complete the non-financial assessment of options has been as set out by the Consultation Institute, validated by Health Improvement Scotland – Community Engagement (HIS-CE) and approved by the NHS Board.

The postal weighting and scoring process was independently conducted by the Consultation Institute during July and August 2020. They have confirmed that they are satisfied that the process was conducted in line with best practice and that they received sufficient responses from members of the public and staff to provide assurance on robustness and transparency. *Their confirmation letter is attached at Appendix A.*

The process was concluded satisfactorily on 14 August 2020 and the Consultation Institute issued their validated outcomes on 26 August 2020. *This is attached at Appendix B.*

A total of 174 responses were received for the weighting of benefits criteria and a total of 178 responses were received for site scoring.

The outcome of the weighting part of the exercise was:

<b>Criterion 1: travel times (public)</b>	<b>Criterion 2: travel times (staff)</b>	<b>Criterion 3: access/connectivity</b>	<b>Criterion 4: contamination</b>	<b>Criterion 5: cross- boundary flow impact</b>
<b>31.10%</b>	<b>22.96%</b>	<b>19.27%</b>	<b>14.47%</b>	<b>12.20%</b>

The outcome of the postal scoring part of the exercise was:

	Gartcosh	Glenmavis	Wester Moffat
Weighted by participant, weighted by criterion	5319.07	4295.15	4808.18

Within this combined score, there was significant variation in the scores submitted by the various public and staff groups. A sensitivity analysis of the scores and elements making up these scores (i.e. splits between the communities and staff groups) is shown *in Appendix B*.

## 6. Site Feasibility Option Appraisal to determine financial benefit scores

The Scottish Capital Investment Manual (SCIM) (*Outline Business Case – pages 24/25*) sets out the requirement and emphasises the need to undertake an economic appraisal (including non-financial benefits weighting and scoring –postal process) and a risk appraisal and combine these to inform determination of the preferred option.

In order to complete this process both appraisals are converted into scores relative to 100 allowing the individual scores to be added together to provide a single score to inform the decision making process.

This process should be adopted to assist site selection in complex projects where site selection is required prior to development of an option. This is called site feasibility option appraisal – *SCIM Outline Business Case – Page 9*.

This process has been undertaken for the site selection exercise. *Paul Mortimer (Health Facilities Scotland) lead author of SCIM has confirmed that this approach meets SCIM requirements – Appendix C*

## 7. Economic Appraisal

This appraisal aligns the scores from the weighting and scoring exercise (postal scoring) against the cost of each option to determine a cost per benefit point.

The calculation captures the capital and recurring revenue costs associated with each option and develops a Net Present Cost (NPC) for each option which allows comparison by combining both costs and profiling these over a projected building life. A 60 year building life is typical for this type of building. The capital costs considered include all costs to construct the hospital including purchase of land, design costs, site preparation, equipment and building costs.

The revenue costs considered at this stage only include those costs which are expected to differ between the sites – lifecycle costs at each site plus additional emergency department attendances at Gartcosh and Glenmavis resulting from cross-boundary flow. Additional inpatient costs are excluded as these will be recovered separately.

*The process adopted and detailed calculations are set out by our cost advisers, Currie & Brown, in a paper at Appendix D.*

*The capital costs were set out in February 2020 for each option and are attached at Appendix E.*

The NPC costs are then aligned to the score for each site enabling the Net Present Cost per benefit point to be calculated. A final score for each option, relative to 100, is then calculated.

This is set out below:

<b>Economic Appraisal</b>	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Net Present Cost (000's)</b>	£542,800	£521,000	£512,500
<b>Points scored</b>	5,319.07	4,295.15	4,808.18
<b>NPC Cost per benefit point (000's)</b>	<b>£102,047.91</b>	<b>£121,322.89</b>	<b>£106,589.19</b>
<b>Score</b>	<b>100</b>	<b>84.11</b>	<b>95.74</b>

A sensitivity analysis is then undertaken to determine whether the ranking of the options changes by adjusting a number of common cost factors. The costs factors applicable are 'abnormals' which includes contamination and ground condition remediation (for all three sites) and additional revenue (Gartcosh and Glenmavis only) which addresses the cost of additional emergency department attendances resulting from cross-boundary flow.

The NPC per benefit point outcomes are shown below:

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Abnormals +10%</b>	£102,442.72	£122,067.91	£107,213.12
<b>Abnormals +20%</b>	£102,837.53	£122,812.94	£107,837.06
<b>Abnormals -10%</b>	£101,653.11	£120,577.86	£105,965.25
<b>Abnormals -20%</b>	£101,258.302	£119,832.83	£105,341.31
<b>Revenue +10%</b>	£102,461.52	£121,485.86	n/a
<b>Revenue +20%</b>	£102,845.13	£121,625.55	n/a

The sensitivity analysis confirms the outcome of the initial economic appraisal.

## **8. Risk Appraisal**

The third element of the scoring process is the assessment of risks for each option to ensure that any further differential elements are fully considered and objectively assessed. This has been completed in accordance with *SCIM - Risk Management – Pages 4/5*.

A number of concerns were raised, by participants during the weighting and scoring exercise of factors, which could have a bearing on the site selection options.

The factors are:

- Contamination – the risk that there might be more contamination than identified so far
- Cross-boundary flow- the risk the patient flows for unscheduled care from East Glasgow might be greater than anticipated so far
- Transport infrastructure – the risk that the planning assumptions for key roads infrastructure may have underestimated the actual requirements of the new hospital
- Impact on travel for people on low incomes

## APPENDIX B

*The Consultation Institute has reviewed these and recommended that the first three are risk assessed by our expert advisers with the fourth being considered as part of the Fairer Scotland Duty Assessment. This has been agreed with HIS-CE.*

*The Consultation Institute review is attached at Appendix F. Their recommendation is also included in their confirmation letter at Appendix A.*

The following advisers have undertaken the risk assessment

:

- Currie & Brown - lead adviser and cost adviser
- WSP – Ground conditions and contamination advisers
- WSP – Transport infrastructure advisers
- Buchan Associates – Healthcare planning and cross boundary flow advisers

These technical risk factors, as noted above, were considered, assessed and scored on 24 August 2020 by MRP technical advisers. *Their detailed report is attached at Appendix G.* This report has been reviewed by the Consultation Institute and they have validated the approach adopted.

*Their letter of validation is attached at Appendix H.*

Location	Risk Factor	Likelihood	Impact		Score
<b>Gartcosh</b>	Contamination	3	3		9
	Cross-Boundary Flow	3	2		6
	Road infrastructure	2	1		2
	<b>Total</b>				<b>17</b>
<b>Glenmavis</b>	Contamination	4	3		12
	Cross-Boundary Flow	2	1		2
	Road infrastructure	2	4		8
	<b>Total</b>				<b>22</b>
<b>Wester Moffat</b>	Contamination	2	3		6
	Cross-Boundary Flow	2	1		2
	Road infrastructure	2	4		8
	<b>Total</b>				<b>16</b>

A score, relative to 100, was then determined. This is set out below:

Risk	Gartcosh	Glenmavis	Wester Moffat
<b>Contamination</b> - What would be the risk of greater than expected levels of contamination?	9	12	6
<b>Cross-Boundary Flow</b> - What would be the risk of greater than allowed for cross-boundary flow?	6	2	2
<b>Transport Infrastructure</b> - What is the risk of infrastructure assumptions being wrong?	2	8	8
<b>Total</b>	17	22	16
<b>Score</b>	<b>94.12</b>	<b>72.73</b>	<b>100</b>

## 9. Site Feasibility Option Appraisal Scores

The final option assessment as set out in *SCIM – Outline Business Case – Pages 24/25* is undertaken by combining the economic appraisal (financial and non-financial scoring including postal scoring) and risk appraisal scores to reach a total combined score.

The summary outcomes are set out below:

Evaluation results	Gartcosh	Glenmavis	Wester Moffat
Economic Appraisal	100	84.11	95.74
Risk Appraisal	94.12	72.73	100
<b>Combined Total</b>	<b>194.12</b>	<b>156.84</b>	<b>195.74</b>

This provides a clear objective assessment of the financial and non-financial benefits using a multi-criteria analysis methodology as per SCIM.

## 10. Conclusions and Next Steps

*The scores in this report do not represent a final decision.*

The final option appraisal scores are:

Site	Gartcosh	Glenmavis	Wester Moffat
Score	<b>194.12</b>	<b>156.84</b>	<b>195.74</b>

There were three factors which impacted upon these final scores:

1. **Non-financial scoring** undertaken by public and staff (postal scoring)
2. **Combined economic appraisal** (financial and non-financial scoring)
3. **Risk Appraisal**

**The first factor** was the combined non-financial scoring undertaken by public and staff.

**The second factor** was the combined economic appraisal (non-financial and financial scoring) which reflects the cost of building at each site and the cost of additional emergency department attendances at Gartcosh and Glenmavis due to cross-boundary flow.

**The third factor** was the risk appraisal which further considers contamination, cross-boundary flow and transport infrastructure.

A final decision will be made by the Cabinet Secretary for Health & Sport following a recommendation from NHS Lanarkshire's Board. The Board will take into account the scores and a range of other information as part of its decision making process.

A two-week period of engagement now begins to seek feedback on the site option appraisal process and outcome. This will run from 30 September 2020 until midnight on 18 October 2020.

Graham Johnston  
Head of Planning & Development  
NHS Lanarkshire Headquarters  
Kirklands House  
Fallside Road  
Bothwell  
G71 8BB

28 August 2020

Dear Graham

**Re: MRP option appraisal process**

It is my pleasure to confirm that the Institute considers the public and staff appraisal process completed.

In our view the exercise involved a good representative profile of participants based upon the categories you had agreed with your stakeholders, which has allowed us to provide you with an objective evaluation of the responses together with the scores. Please remember that the scores are not the final outcome – they are simply the scores from the first part of the exercise.

Based upon our understanding of the SCIM, we suggest that you should now move to complete the site selection appraisal to assist with determining the final outcome. This should include:

1. Completion of the economic appraisal using the benefit points from the scoring exercise and the Net Present Cost for each site option
2. Completion of a separate risk appraisal for each site option

Further to our report of 22nd August 2020, the risk appraisal should include the themes identified within. These are:

- Impact of Contamination
- Impact of Cross-boundary Flow
- Transport Infrastructure

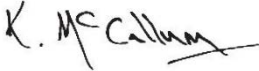
As discussed, based on our understanding of the SCIM, the risk appraisal is best undertaken by your technical advisors and should be completed prior to issue of the outcome of the weighting and scoring exercise to avoid any conflict of interest. I note that the risk appraisal has now been completed and is currently being reviewed by us and we will report separately once this is complete.

In addition you have also agreed to assess a concern regarding the impact of travel times and cost for those least able to afford it through the Fairer Scotland Duty process.

Consideration of all of these aspects along with the outcome from your proposed public feedback exercises will provide a transparent and robust approach which will underpin your decision making process.

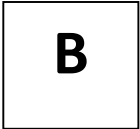
As SCIM is Scottish specific guidance we would advise sense checking this process with Health Facilities Scotland.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. McCallum', with a horizontal line extending from the end of the signature.

Keith McCallum  
Head of Finance and Corporate Services

**New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, Summer 2020**



**Report by the Consultation Institute**



## Executive summary

- The criterion-weighting and options-scoring exercise was carried out in summer 2020. These exercises are usually undertaken in person and involving discussion, and some of the exercise had already been carried out this way, but was unsuccessful for several reasons. The COVID-19 pandemic put paid to re-doing the exercise as originally designed, so a remote substitute was carried out using postal and electronic means of send-out and return. The exercise should not be seen as a vote, but rather an expansion of the in-person exercise to involve more people and to understand, in rough, agreed proportions, what the patients and staff of the area wanted in terms of the siting of a new hospital to replace the current Monklands facility. The methodology is set out in paras. 11–18.
- Criterion weighting: criteria (see para. 6) for judging the merits of each of the three proposed sites (Gartcosh, Glenmavis, Wester Moffat) had already been decided. The first part of the exercise aimed to decide the relative importance of each of these criteria. The process is described in detail in paras. 19–29.
- In July 2020 317 patients/members of the public and 81 staff (from across the area, and from the three existing hospitals at Monklands, Wishaw and Hairmyres) were invited to take part. Information packs were then sent out, and participants were asked to suggest percentage importance for each of the five criteria. The process is described in detail
- Using the percentage representation already put in place for the earlier face-to-face exercise (see Annex A) as a template, responses to the exercise were weighted (scores adjusted so that the representation of ‘voice’ by area/hospital/staff type matched the percentages already used and agreed). The process is explained in detail at paras. 23 and 24.
- Overall, the weighted data from the sample of 174 respondents produced the following figures for the weighting (or percentage importance) of the judgment criteria (see para. 25):

<b>Criterion 1: travel times (public)</b>	<b>Criterion 2: travel times (staff)</b>	<b>Criterion 3: access/connectivity</b>	<b>Criterion 4: contamination</b>	<b>Criterion 5: cross-boundary flow impact</b>
31.10%	22.96%	19.27%	14.47%	12.20%

- The second part of the exercise took place in July/August. Participants (310 patients/public and 87 staff) were then asked to score each proposed site against each of the five criteria, using a 9-point scale (where 1 was a low mark and 9 a high one). This process is described in detail in paras. 30–49.
- A similar weighting exercise on the returned data (from 178 respondents –113 public/patient and 65 staff) was carried out (see paras. 34–39) and points scores (weighted by area) for each criterion for each site were calculated.

- The criteria scores for each proposed site were then added together, but further weighted using the figures obtained for ‘relative importance’ in the first part of the exercise (see paras. 43-47)). This produced a grand total of point scores for each site, weighted by both respondent type and by criterion importance (see Table 9 for full details:

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Weighted by participant, weighted by criterion</b>	<b>5319.074</b>	<b>4295.151</b>	<b>4808.181</b>

- Further analysis of the data was carried out to look at how different groups scored each option (see paras. 50–61).
- Gartcosh generally received a higher score from most categories (and particularly staff) – see Chart 7.
- The public respondents from Airdrie scored Wester Moffat highest (see Chart 7) and Gartcosh lowest
- Slightly higher scores than for Gartcosh (marginally, for Wester Moffat) seemed to come from the public respondents of Coatbridge and from Monklands non-clinical staff (see Chart 7)

## Main Report

### Background

1. The current University Hospital Monklands is unfit for the purpose of modern healthcare and is in urgent need of replacement. NHS Lanarkshire put together the case for a new hospital and proposal about where the new hospital might be built. Three possible sites were identified: Gartcosh, Glenmavis and Wester Moffat. Rebuilding on the existing hospital site was ruled out at an earlier stage by the Cabinet Secretary for Health & Wellbeing as it would take longer to build and would be very difficult to achieve on a constrained site.
2. An early consultation took place in 2018/19 that was subject to some criticism and was referred for Independent Review . Following this process NHS Lanarkshire were asked to seek nominations for options for the new hospital site and then go through a more transparent appraisal process involving people in helping to arrive at the best site. The IRP did not stipulate that there needed to be another consultation.
3. Accordingly, a process was set up in early 2020, following guidance from tCI and independent consultants, to follow a well-established three-part system for options appraisal that involves groups of people representative of those using the hospital (staff and patients):
  - a. to identify the criteria to be used in judging which site would be best;
  - b. to decide on the importance ('weighting') given to each of these criteria
  - c. to score each proposed site against each of these criteria, and to combine the result using the weighting for each criterion
4. It is usual for this process to take place in workshop sessions that are attended by an appropriately representative group of people, and at which discussions take place (such that different groups can explain their points of view and 'argue their corner', and a final set of scores can be produced).
5. Accordingly, in early March 2020 a public hearing and scoring event took place. Prior to this, representative proportions of different types of hospital user had been agreed (see Annex A), and the meeting would use these proportions in terms of numbers attending.
6. The criteria were discussed at the public hearing and a recommendation for five criteria was presented to NHS Lanarkshire - this was approved. The criteria agreed were as follows:
  - **Travel times by road and public transport – Patients** (how easy it might be for patients to get to and from each site)
  - **Travel times by road and public transport – Staff** (how easy it might be for staff to get to and from each site)
  - **Access/Connectivity to Regional Centres** (how easy it might be to get to and from the Gartcosh, Glenmavis and Wester Moffat sites in relation to other hospitals, treatment centres or clinics)
  - **Contamination** (the need to clear the Gartcosh, Glenmavis and Wester Moffat sites of anything left behind from their previous use)
  - **Impact of cross-boundary flow** (how well each site might cope with the effects of people from outside the area coming to use each site, compared with now: the effects of people who use the existing site going outside the area, for example to Glasgow)

7. An event was then held to determine the weighting of the criteria and to score the options. The results of the part of the process were subsequently withdrawn due to issues with the electronic scoring system. Plans to re-convene a meeting to agree criteria weighting and scoring were disrupted by the COVID-19 pandemic, and, for reasons of health, in-person meetings (particularly of large groups of people) became impossible.
8. NHS Lanarkshire then asked tCI to look at the feasibility of running the process remotely – initially through an exercise conducted entirely by post (so as not to exclude participants who had no access to the internet); this was subsequently modified to allow response by telephone, e-mail, and smartphone.
9. In order to compensate for the loss of the discussion elements of a meeting with limited numbers attending, it was also decided to expand the number of participants, asking all of those who had volunteered for the original exercise (via both Lanarkshire’s own appeal and request for participants conducted by The Campaign Company) to participate. The proportions of ‘voice’, though, would remain as agreed and set out in Annex A.
10. This latter point meant that responses would need to be ‘weighted’ – that is, a multiplier used against every response, such that the overall proportion of response from that category of respondent (be it by postcode for patients or hospital/staff group for staff) would reflect the proportions used for the meeting (Annex A).

## **Methodology**

11. It was decided to reflect the two incomplete parts of the March meeting in a postal exercise in two main parts, with an introductory letter reminding those who had originally volunteered for the exercise of their offer to do so, as follows:
  - a. An introductory letter setting out the background to the exercise, the process, and requesting those no longer interested to opt out.
  - b. Criteria-weighting: a letter explaining the criteria-weighting process, an information pack explaining the background to the criteria, and a form for respondents to propose their weighting for each criterion (ensuring a total of 100% across the five).
  - c. Options scoring: once the mean, weighted criteria scoring had been calculated from the returns to part b, a subsequent letter explaining the scoring process, an information pack giving details of each of the three sites, and a form asking respondents to score each site against each criterion on a scale of 1–9 (with 1 representing a low score and 9 a high score). The final scores (weighted for participant proportion) would be totalled for each site against each criterion, and then the criterion scores combined for each site using the agreed weighting for each criterion.
12. On 7 July an introductory letter was sent to all participants on the compiled lists: 317 patients and 81 staff. The letter reminded participants of their earlier offer to be part of the exercise, and asked them to state whether they now wished to opt out. 13 patients and 3 staff asked to opt out, although it was recognised that the true opt-out figures would effectively be demonstrated by completed returns for each part of the exercise.
13. On 9 July the criteria-weighting pack was sent out to all respondents who had not opted out formally. More details of this part of the exercise are explained later in the report.

14. Following the return of the criteria-weighting responses, the weighted mean scores for the criteria weighting were calculated.
15. On 29 July the final pack was posted to all participants not formally opting out (along with some additional volunteer participants to ensure a good number of returns). This asked participants to score each of the three proposed sites against each criterion. More details of this part of the exercise are explained later in the report. The pack also included an evaluation form, in which participants were asked to provide comments and scores for their views on the exercise, and to provide demographic information about themselves.
16. Following the return of the scoring exercise, a final set of scores for each site was calculated, weighted by both participant type (to the proportions as agreed in Annex A) and by criterion importance.
17. tCI acknowledges throughout that this could not be a ‘perfect’ exercise. Such options appraisal exercises (and, indeed, consultation processes in general) are not intended to be votes or plebiscites. Consultation is a means of understanding what is being said, who is saying it, and a rough idea of strength of opinion. In expanding what is normally a heavily qualitative exercise (albeit that scores are used) into effectively a quantitative exercise, statistical validity or purity cannot be guaranteed, and the agreed weightings at Annex A, in any event, already represent, numerically, an imbalance between the views of staff and of patients (with staff responses counting for 49% of the voice of the total). This was, however, an attempt to reproduce the face-to-face process already begun in as reasonably statistically sound way as possible.
18. Response rates, too, have played their part in making some of the numbers less hard and fast than they might be. Every effort was made to get participants to respond (including telephone and e-mail chasing), and extra participants were added for the scoring exercise, but, ultimately, as in any exercise of this kind, the validity and reliability of the figures are determined by the numbers of returns in each category.

### **The criteria-weighting exercise**

19. As described above, on 9 July, the criteria-weighting pack was sent to all participants who had not opted out (396). The following table shows the send-out numbers by category (see Annex A for category details):

**Table 1: criteria-weighting packs sent out by category**

<b>Public categories</b>	<b>Number sent out</b>
1	99
2	51
3	10
4	109
5	19
6	20
7	8

<b>Staff categories</b>	<b>Number sent out</b>
8	5
9	3
10	1
11	20
12	10
13	14
14	1
15	3
16	3
17	1
18	1
19	4
20	3
21	2
22	3
23	4
24	2

20. A copy of the response form sent out is attached at Annex B
21. By the closing date (21 July) the number of responses was lower than hoped for, and the chasing activities already in place (lower-responding categories being chased via e-mail and telephone) was stepped up and focused on categories where particularly low response-rates had been evident (in some cases, no responses at all in a category). At the point at which at least one response per category had been received (24 July), the exercise was closed. The final responses and rates are shown in Table 2 below:

**Table 2 criteria-weighting exercise response rates by category**

<b>Category</b>	<b>Number of returns</b>	<b>Percentage response</b>
1	52	52.5
2	16	31.4
3	2	20.0
4	37	33.9
5	6	31.6
6	8	40.0
7	3	37.5
8	3	60.0
9	1	33.3
10	1	100.0
11	16	80.0
12	6	60.0
13	7	50.0
14	1	100.0
15	2	66.7
16	2	66.7
17	1	100.0
18	1	100.0
19	2	50.0
20	2	66.7
21	2	100.0
22	2	66.7
23	1	25.0
24	2	100.0

**Overall percentage responses:**

**Patients: 39.2%**

**Staff: 65%**

22. In total, 174 valid responses were received (a valid response being one where the weightings proposed for the five criteria added up to 100%).
23. The weighting for each category was then calculated such that the 'proportional voice' (as set out in Annex A) of each category was represented in the calculations, as set out in Table 3 below (which shows only the valid responses):

**Table 3: criteria-weighting exercise weighting figures by category**

Category	Number of valid responses	Target % (from Annex A)	Actual % (number of valid responses/total valid responses)	Weighting (target/actual)
1	49	12	28.16091954	0.426122449
2	16	11	9.195402299	1.19625
3	2	3	1.149425287	2.61
4	39	11	22.4137931	0.490769231
5	6	3	3.448275862	0.87
6	7	7	4.022988506	1.74
7	3	4	1.724137931	2.32
8	3	5	1.724137931	2.9
9	1	2	0.574712644	3.48
10	1	1	0.574712644	1.74
11	16	6	9.195402299	0.6525
12	6	6	3.448275862	1.74
13	7	6	4.022988506	1.491428571
14	1	1	0.574712644	1.74
15	2	3	1.149425287	2.61
16	2	2	1.149425287	1.74
17	1	1	0.574712644	1.74
18	1	1	0.574712644	1.74
19	2	3	1.149425287	2.61
20	2	2	1.149425287	1.74
21	2	1	1.149425287	0.87
22	2	5	1.149425287	4.35
23	1	2	0.574712644	3.48
24	2	2	1.149425287	1.74
<b>Total</b>	<b>174</b>	<b>100</b>	<b>100</b>	<b>1</b>

24. The weighting figures for each respondent (according to the category of that respondent) were applied to each of the percentages for proposed criteria importance submitted by that respondent. Below is an example:

*A respondent from category 1 (postcode ML6) supplies the following proposals for criteria weighting:*

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
20%	20%	10%	40%	10%

*Category 1's target 'proportion of the voice' is 12%; the actual percentage of category 1 respondents within the 174 total is 28.16%, so each category respondent's 'voice' needs to be reduced by multiplying by the weighting 0.426. Multiplying all these percentages by this number gives*

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
8.52%	8.52%	4.26%	17.05%	4.26%



25. This process was done for every respondent and then all of these were added together to produce weighted totals for each criterion, as follows:

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
5412.10%	3994.55%	3353.20%	2517.11%	2123.05%

26. Each of these totals was divided by the number of valid participants (174) to produce a mean, weighted percentage weighting for each criterion, as follows:

Criterion 1: travel times (public)	Criterion 2: travel times (staff)	Criterion 3: access/connectivity	Criterion 4: contamination	Criterion 5: cross-boundary flow impact
31.10%	22.96%	19.27%	14.47%	12.20%

27. These percentages represented the weight to be applied to all scores given to that criterion in the final totals, such that, when the scores against each criterion for a particular site were added together, instead of each criterion counting for 20% of the total (which would be the result if the criteria carried equal weighting), the proportions were adjusted to reflect the weightings above.
28. A full set of the calculations used here can be found in the Excel spreadsheet at Annex C
29. The response form for this part of the exercise also contained an open-response box for respondents to comment on their answers. These comments have not been subjected to analysis, but can be found listed in Annex D, and also in the 'Comments' tab of Annex C.

### The options scoring exercise

30. As described above, on 29 July, the options-scoring pack was sent to all participants who had not formally opted out (and more respondents were included in the send-out to replace these), and several packs were sent via e-mail, as well as via post. In total, 397 people (310 public, 87 staff) were asked to participate. The following table shows the send-out numbers by category (see Annex A for category details):

**Table 4: options-scoring packs sent out by category**

Public categories	Number sent out
1	97
2	48
3	11
4	102
5	19
6	24
7	9

<b>Staff categories</b>	<b>Number sent out</b>
8	6
9	3
10	1
11	20
12	10
13	14
14	1
15	3
16	3
17	1
18	1
19	5
20	3
21	3
22	8
23	3
24	2

31. A copy of the response form sent out is attached at Annex E
32. By the closing date (6 August), chasing activities were already in place (lower-responding categories being chased via e-mail and telephone); these were stepped up and focused on categories where there had been particularly low response-rates (in some cases, no responses at all in a category), and the closing date extended to 13 August. By this date, sufficient responses had been received in each category, and the exercise was closed. The final responses and rates are shown in Table 5 below:

**Table 5 criteria-weighting exercise response rates by category**

<b>Public categories</b>	<b>Number of returns</b>	<b>Percentage response</b>
1	45	46.4%
2	12	25.0%
3	4	36.4%
4	32	31.4%
5	5	26.3%
6	11	45.8%
7	4	44.4%

**Table 5 criteria-weighting exercise response rates by category**

<b>Staff categories</b>	<b>Number of returns</b>	<b>Percentage response</b>
8	6	100.0%
9	2	66.7%
10	1	100.0%
11	15	75.0%
12	7	70.0%
13	8	57.1%
14	1	100.0%
15	3	100.0%
16	2	66.7%
17	1	100.0%
18	1	100.0%
19	4	80.0%
20	2	66.7%
21	2	66.7%
22	5	62.5%
23	3	100.0%
24	2	100.0%

**Overall percentage responses:**

**Patients: 36.5%**

**Staff: 74.7%**

33. In total, 178 (113 public/patient and 65 staff) valid responses were received (a valid response being one where a score for each proposed site against each criterion had been entered).
34. The weighting for each category was then calculated such that the 'proportional voice' (as set out in Annex A) of each scoring category was represented in the calculations; this is set out in Table 6 below (which shows only the valid responses). The figures were slightly different from the weightings used in the first exercise (see Table 3), as the overall number of responses was different, as were the numbers in each category.

**Table 6: options-scoring exercise weighting figures by category**

Category	Number of valid responses	Target % (from Annex A)	Actual % (number of valid responses/total valid responses)	Weighting (target/actual)
1	45	12	25.2809	0.4747
2	12	11	6.7416	1.6317
3	4	3	2.2472	1.3350
4	32	11	17.9775	0.6119
5	5	3	2.8090	1.0680
6	11	7	6.1798	1.1327
7	4	4	2.2472	1.7800
8	6	5	3.3708	1.4833
9	2	2	1.1236	1.7800
10	1	1	0.5618	1.7800
11	15	6	8.4270	0.7120
12	7	6	3.9326	1.5257
13	8	6	4.4944	1.3350
14	1	1	0.5618	1.7800
15	3	3	1.6854	1.7800
16	2	2	1.1236	1.7800
17	1	1	0.5618	1.7800
18	1	1	0.5618	1.7800
19	4	3	2.2472	1.3350
20	2	2	1.1236	1.7800
21	2	1	1.1236	0.8900
22	5	5	2.8090	1.7800
23	3	2	1.6854	1.1867
24	2	2	1.1236	1.7800
<b>Total</b>	<b>178</b>	<b>100</b>	<b>100</b>	<b>1</b>

35. The scoring system for each site against each criterion was essentially a Likert rating scale, with 1 being a low rating and 9 being a high one. The scoring, then, allowed participants to allocate 'points' to their choices, and the total number of points gained would provide a rank order. The numbers on the rating scale could be weighted using the above figures, so that the points given by each participant were raised or lowered according to their proportion of the voice. Below is an example:

A respondent from category 2 (postcode ML5) supplies the following proposals for scoring each site for Criterion 1:

<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
6	5	8

Category 2's target 'proportion of the voice' is 11%; the actual percentage of category 2 respondents within the 178 total is 6.74%, so each category respondent's 'voice' needs to be increased by multiplying by the weighting 1.6317 (11/6.74). Multiplying this respondent's points by this number gives:

<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
9.7902	8.1585	13.0536

36. Although at first sight, these numbers seem not to fit in a whole-number 1-9 scale, it has to be remembered that the aim is to obtain a total from *all* respondents on *all* site proposals for *all* criteria. The point scores are still in rank order for this participant, it is just that their corresponding 'voice' is amplified within the whole, so the range of their possible point scores increases to reflect this.
37. The procedure above was repeated for each participant against each site-score for each criterion.
38. A full set of the calculations used here can be found in the Excel spreadsheet at Annex F (tab: 'Total valid respondents').
39. The exercise produced a set of total points scores (both unweighted for participant category and weighted), as set out in Table 7 below

**Table 7: total unweighted and weighted scores (by participant category) for each criterion**

**Criterion 1**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted</b>	981	848	966
<b>Weighted</b>	1040.096	805.028	931.286

**Criterion 2**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted</b>	992	867	979
<b>Weighted</b>	1042.339	837.522	958.130

**Criterion 3**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted</b>	1122	927	939
<b>Weighted</b>	1163.719	884.172	904.947

**Criterion 4**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted</b>	1041	876	1054
<b>Weighted</b>	1104.867	840.477	1017.070

**Criterion 5**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted</b>	939	1032	1092
<b>Weighted</b>	958.206	1019.462	1069.396

40. These totals can be seen at Appendix F at the bottom of the calculation columns on tab: 'Total valid respondents'.
41. Along with the totals, a mean for each column was calculated (that is, the average score from all respondents for each proposed site against each criterion), both weighted and unweighted.
42. A standard deviation (SD) for each column was also calculated. A standard deviation provides an indicator of the distribution of points around the mean – it is the mean distance of the points around the mean. The higher the SD, the wider the distribution is. A way to visualise this is to imagine a balanced see-saw; it may be balanced by large weights just either side of the fulcrum, but it also may be balanced by the same large weights at either end, or a series of smaller weights evenly spread across each side. Generally, a high SD compared to the mean suggests a wide distribution, and a small SD a narrow one (i.e. the weights closer to the fulcrum). The figures show that, although some of the columns have wider distributions than others, only a couple of them are more than half the mean value.
43. The next step was to combine the criteria to produce an overall result for each site. In a situation where each criterion had equal value (weighting), a simple sum of the results for each criterion could be added together. This would mean that, within the grand total, each criterion would represent 20% (as there are five of them). The previous exercise, however, set the criteria as unequal in weighting:

<b>Criterion 1</b>	<b>Criterion 2</b>	<b>Criterion 3</b>	<b>Criterion 4</b>	<b>Criterion 5</b>
31.10%	22.96%	19.27%	14.47%	12.20%

44. In adding the totals for each site's criteria together, then, this unequal weighting needed to be taken account of, and in the same way that participant voices were weighted, criterion voices needed to be similarly weighted, as set out in Table 8 below

**Table 8: criterion weight calculation**

<b>Criterion</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
<b>Unweighted (actual) %</b>	20	20	20	20	20	100
<b>Weighted percentage required (target)</b>	31.1	22.96	19.27	14.47	12.2	100
<b>Weighting figure (target/actual)</b>	1.555	1.148	0.9635	0.7235	0.61	5

45. The scores that needed to be combined were those for the totals *weighted by participant type*. Annex F, tab: 'Totals w part' shows the calculation using this data to add criterion totals weighted by participants demonstrating the grand totals obtained both by using weighted and unweighted criteria. The figures showing the final scores for each proposed site, weighted by participant type and weighted and unweighted by criterion, are shown in Table 9 below

**Table 9: grand totals for each site with participant type weighted and criteria unweighted and weighted**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Weighted by participant, unweighted by criterion</b>	5309.227	4386.661	4880.829
<b>Weighted by participant, weighted by criterion</b>	5319.074	4295.151	4808.181

46. The ranking by number of points gained, then, was Gartcosh (most); Wester Moffat; Glenmavis (fewest). Weighting the criteria made no difference to this order, although it increased the Gartcosh lead slightly at the expense of the other two sites.
47. Also calculated on tab: 'Totals w part' are means for each of these totals: that is, the mean score made, within the total for the proposed site, entered by each participant for each criterion. They are set out in Table 10 below:

**Table 10: means for each site with participant type weighted and criteria unweighted and weighted**

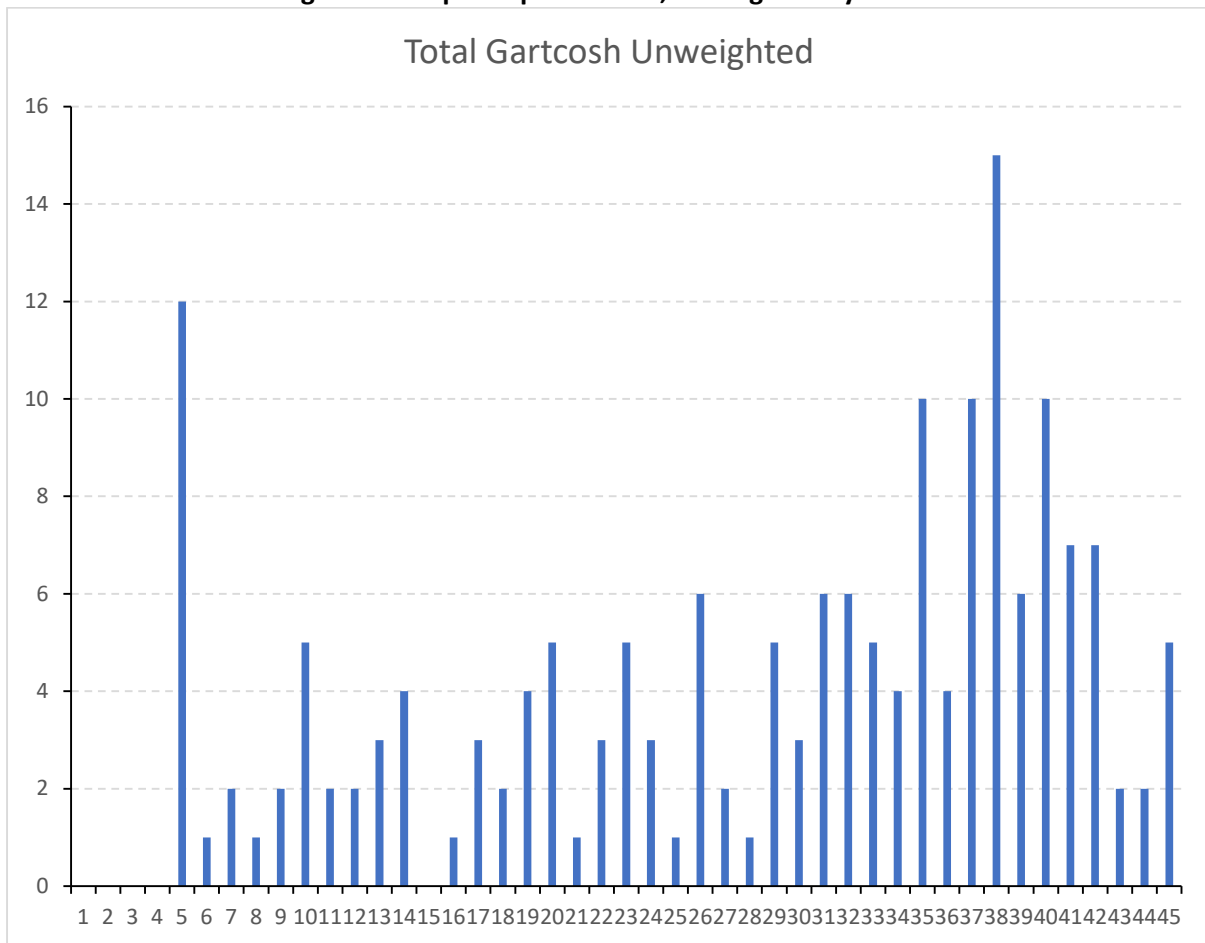
	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Mean by weighted participant, unweighted by criterion</b>	5.965	4.929	5.484
<b>Mean by weighted participant, weighted by criterion</b>	5.976	4.826	5.402

48. In terms of presenting the figures, the use of figures for both weighted participants and weighted criteria are the most secure. The participant weightings come from the proportions at Annex A. As these contain a mixture of public and staff in proportions that have been set, these are Lanarkshire's 'agreed' weightings. Disentangling them to produce new weightings cannot really be undertaken, as the balance between staff and public (whose representative proportions occupy around 50% each, despite there being many more public than staff) is already intertwined, and, for example, recalculation of relative weightings of public postcode areas (and removal of staff) cannot, ethically, be done.
49. It is instructional, however, to try to look for reasons for scores, and to compare different groups. Using unweighted data, and keeping the groups defined provides a limited possibility for this, and the following analyses attempt to do that. A note of caution should be sounded, though, that moving away from the weighting proportions set out in Annex A opens much more up to question, and, while the use of unweighted data can show broad trends and provide suggestions for patterns within the data, its detail should not be relied upon heavily.

**Analysis of trends and patterns using unweighted data**

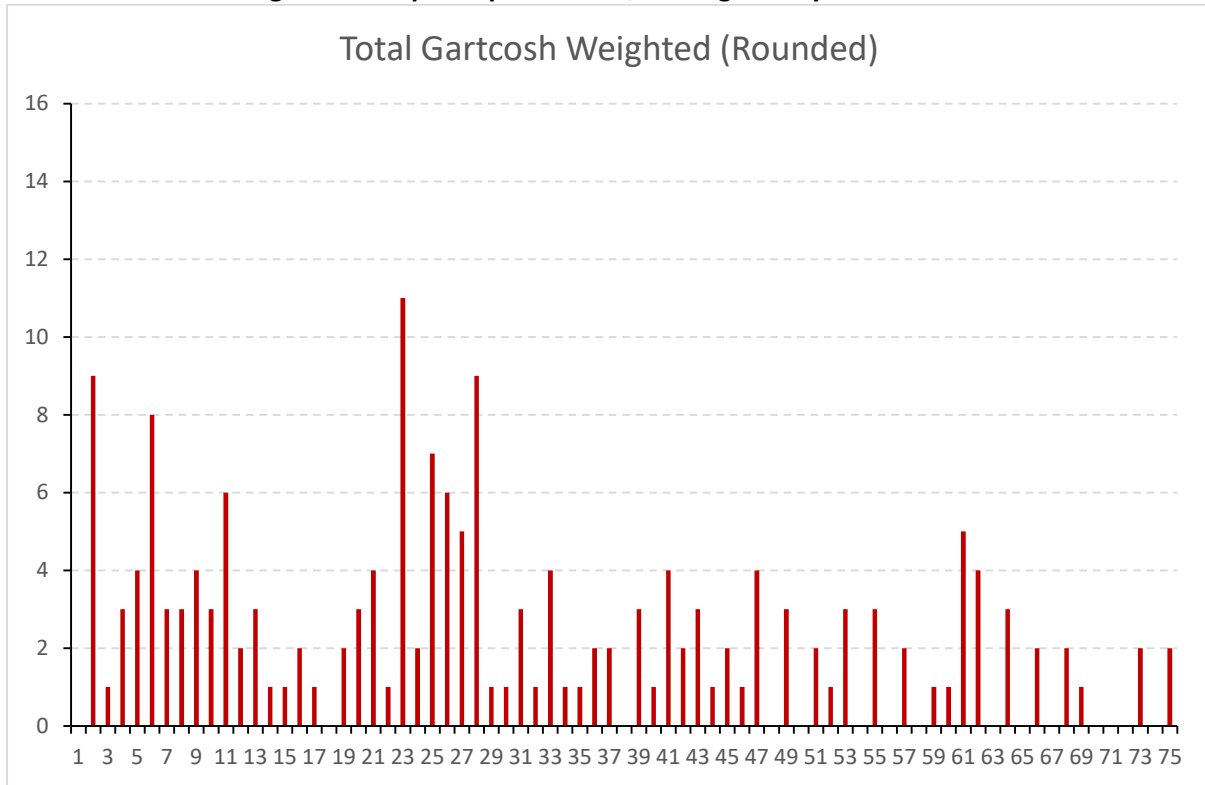
50. An initial exploration looks at how the data for each of the sites is distributed – how the means and standard deviations are made up. For the purposes of this, the weightings from the criteria have been discarded (as remarked earlier, they do not affect the overall rankings of sites substantially). Straight unweighted sums, then, of all five criteria for each respondent for each site can be plotted for both weighted (by participant) and unweighted scores. The full analysis of this can be found in Annex F, tabs ‘Totals w part’ and in the graphs at tab: ‘Bar Charts’. The graphs are shown below for each of the sites. The bars in each case show the numbers of respondents scoring a particular total (all five criteria scores added up) – so, in Chart 1 below, the far left-hand column shows that 12 people scored a total of 5 for the criteria added together (so, 1 point each). In the case of the unweighted data, this is easier, as respondents score only whole numbers; for the weighted data, scores have been rounded to the nearest whole.

**Chart 1: Gartcosh unweighted total participant scores; unweighted by criterion**

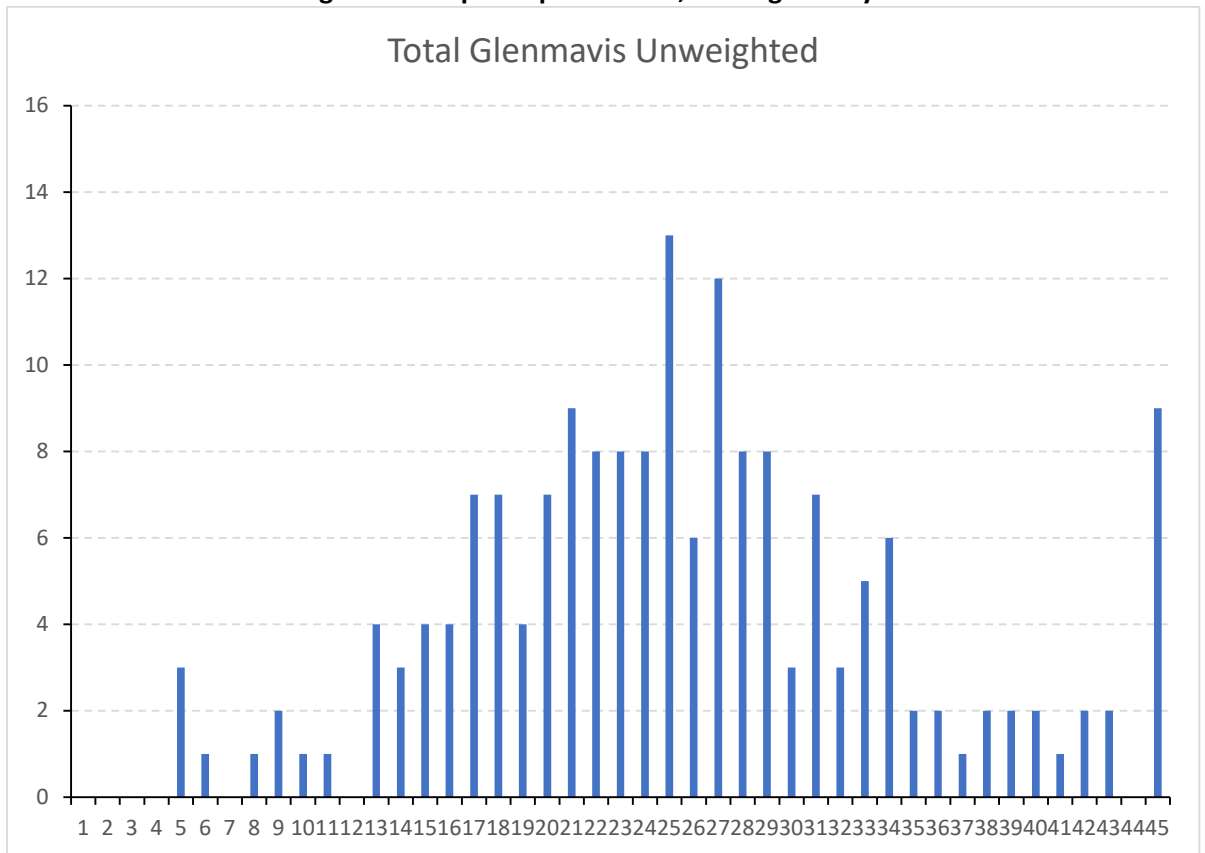




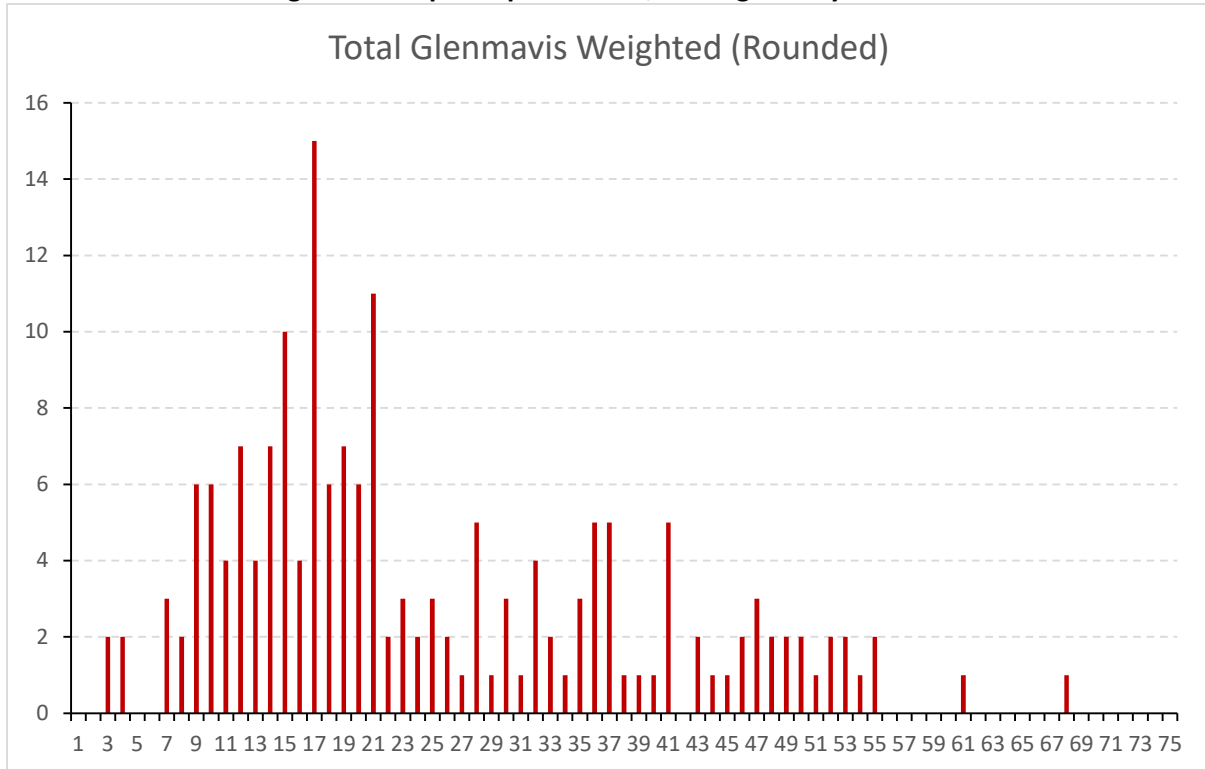
**Chart 2: Gartcosh weighted total participant scores; unweighted by criterion**



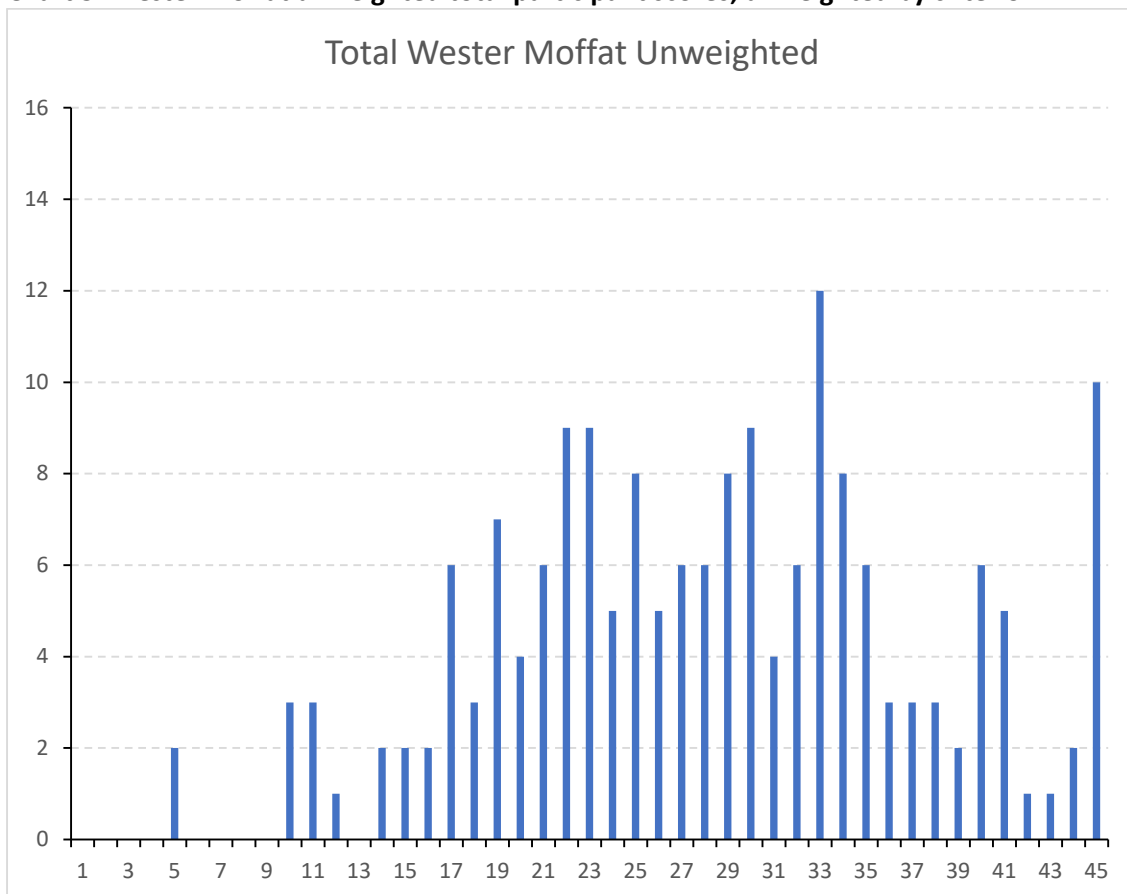
**Chart 3: Glenmavis unweighted total participant scores; unweighted by criterion**



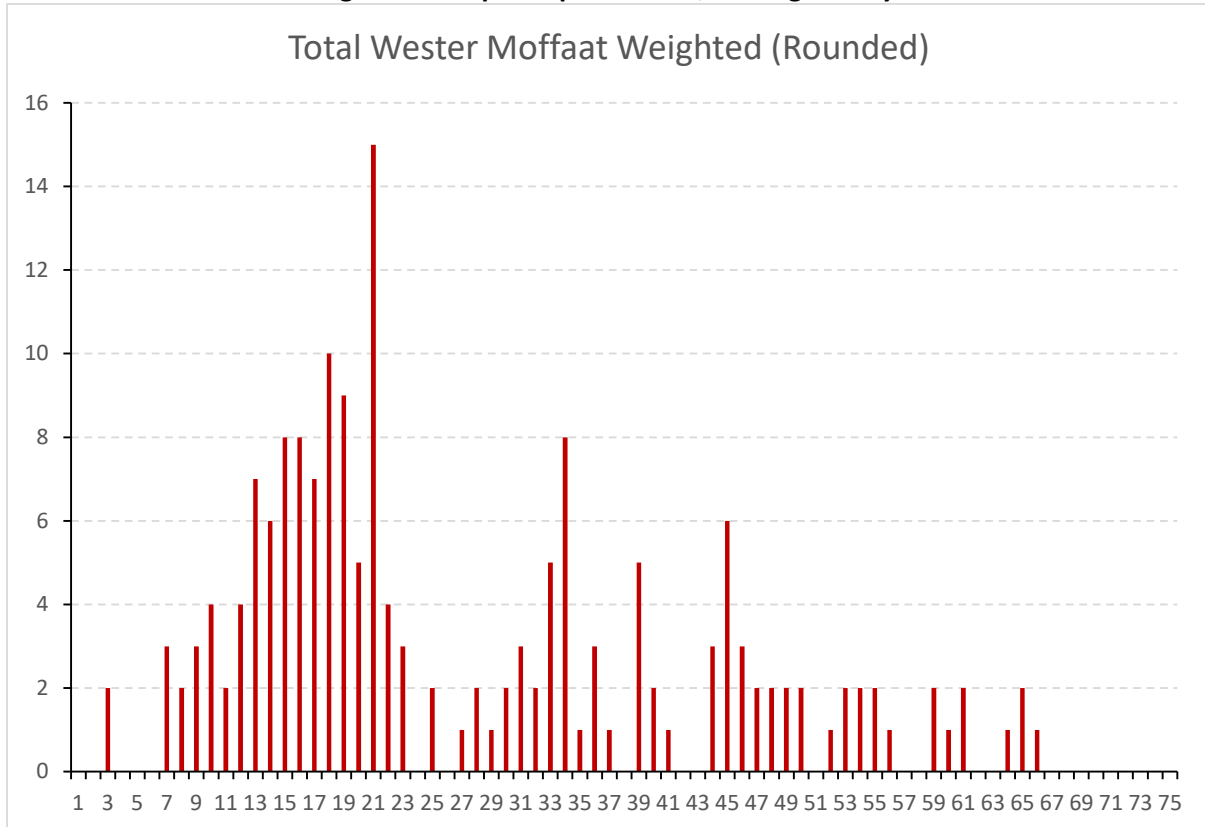
**Chart 4: Glenmavis weighted total participant scores; unweighted by criterion**



**Chart 5: Wester Moffat unweighted total participant scores; unweighted by criterion**



**Chart 6: Wester Moffat weighted total participant scores; unweighted by criterion**



51. The graphs show that the distribution for Gartcosh is considerably altered by the participant weighting applied. The unweighted graph shows a general bunching towards the high end (i.e. high numbers of points) by many participants. This is balanced by a central section of medium scorers and a single peak on the lowest possible score (5). The weighting-by-participant system tends to reverse this, and the tendency to higher frequencies of scores lower than the median in the weighted data is obvious.
52. The unweighted Glenmavis data shows a pattern that tends to a normal distribution: that is, the highest frequencies tend to be in the middle of the range, with a tail-off towards each end. When the data is weighted, again, a pattern of higher frequencies of low scores emerges. A similar pattern can be seen with Wester Moffat.
53. These patterns might suggest that some groups within the data, who are numerically quite small tend to 'find their voices' when the volume of those voices is increased by the weighting system; conversely, other, more numerous groups of respondents are 'damped' by the weighting.
54. With this in mind, it is worth looking at the scores for individual weighting categories. Obviously, there is little sense in attempting to weight these by participant type, as, many of them will consist solely of members of a single participant weighting category. A simple way to correct for the different populations of these categories is to add the means of the five criteria together, and then to take the average (mean) of the total (a 'grand mean').

55. Table 11 below presents this data by showing average mean values (both unweighted and weighted by criteria) for most of the weighting categories. All of the individual area categories are presented, but some staff categories have been either merged into a single hospital site or omitted (as there are too few in the category, which makes not only for meaningless data, but also allows for the possibility of identification of respondents). This table sets out the data to be found in Annex F, tabs 'Area 1 unweighted part' through to 'Cat 22&23 unweighted staff'.

**Table 11: mean values (unweighted by participant category; unweighted and weighted by criteria) for participant categories**

***Category 1: Airdrie (45 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	3.316	6.498	7.360
<b>Weighted mean</b>	3.192	6.480	7.359

***Category 2: Coatbridge (12 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	5.717	5.250	5.867
<b>Weighted mean</b>	5.614	5.119	5.794

***Category 3: Bellshill (4 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	7.250	5.350	5.300
<b>Weighted mean</b>	7.237	5.138	5.111

***Category 4: Cumbernauld/Kilsyth (32 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	7.181	4.606	4.325
<b>Weighted mean</b>	7.252	4.498	4.144

***Category 5: Viewpark/Uddingston (5 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.960	3.720	3.920
<b>Weighted mean</b>	7.098	3.546	3.862

***Category 6: UH Wishaw catchment area (11 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.000	4.564	5.582
<b>Weighted mean</b>	5.973	4.514	5.501

***Category 7: UH Hairmyers catchment area (4 participants)***

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.700	3.700	5.350
<b>Weighted mean</b>	6.888	3.495	5.341

**Categories 8 & 9: Staff side representatives (8 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	5.650	4.625	5.625
<b>Weighted mean</b>	5.635	4.538	5.450

**Categories 10–13: UH Monklands total (31 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.355	4.671	5.219
<b>Weighted mean</b>	6.397	4.539	5.157

**Category 11: UH Monklands Medical (15 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	7.587	3.867	4.747
<b>Weighted mean</b>	7.650	3.715	4.651

**Category 12: UH Monklands Nursing (7 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	5.571	5.514	5.2
<b>Weighted mean</b>	5.541	5.432	5.107

**Category 13: UH Monklands Other (8 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	4.675	5.450	6.150
<b>Weighted mean</b>	4.696	5.312	6.169

**Categories 14–17: UH Hairmyers total (7 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.800	3.829	4.114
<b>Weighted mean</b>	6.869	3.606	3.930

**Categories 18–21: UH Wishaw total (9 participants)**

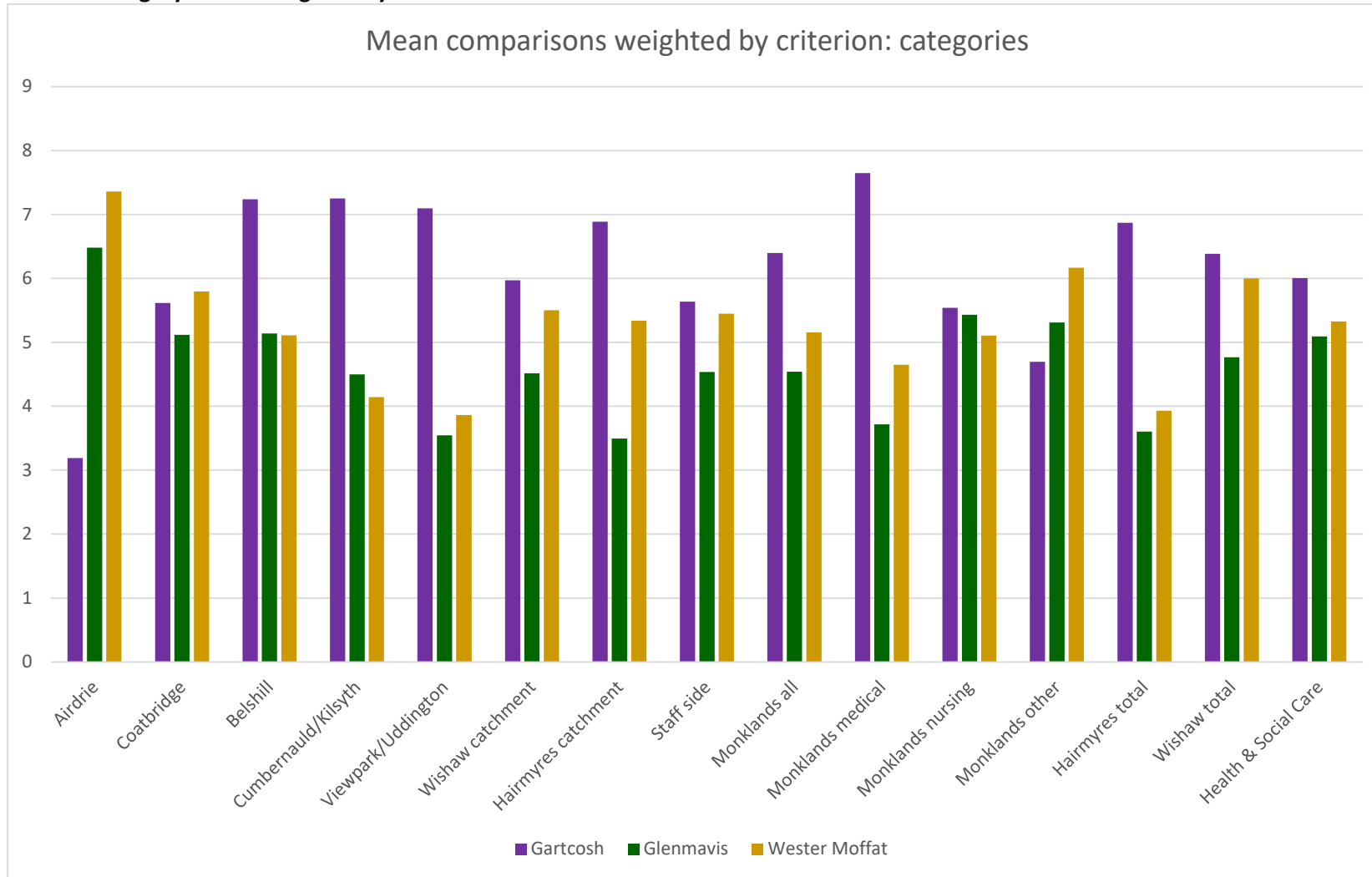
	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.267	4.800	6.044
<b>Weighted mean</b>	6.384	4.765	6.001

**Categories 22 & 23: Health & Social Care Partnerships total (8 participants)**

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	6.000	5.125	5.400
<b>Weighted mean</b>	6.004	5.095	5.326

56. A useful way of comparing these is to show them on a graph. Again, it should be noted that these figures should be read in the context of trends, rather than the detail looked at too closely. In Chart 7 below (from Annex F, tab: Comparisons), the figures for means weighted by criterion have been shown for each of the categories and each of the proposed sites.

**Chart 7: Category means weighted by criterion**



57. Looking at Chart 7, it can be seen that most of the groups scored Gartcosh (to greater or lesser extent) over the other options, the exceptions being largely Airdrie, and, to a small extent, Monklands Other (i.e. staff at Monklands who are not either medical or nursing) and Coatbridge. After Gartcosh, generally, most categories scored Wester Moffat over Glenmavis with the exceptions (although the differences are too small to attach a great deal of significance) of Belshill and Monklands Nursing.

**Staff and public**

58. Given that the staff proportion of the scores weighted by participant occupies 49% of the total, it can be seen that, in terms of numbers, the staff ‘voice’ is ‘loud’ in comparison with the public voice (of the 178 total respondents, 65 are staff). An examination of the scores unweighted by respondent type (and unweighted and weighted by criterion) may also help to look at trends in the data and differences between public and staff response. Table 12 and Chart 8 show similar comparisons to the ones made above, and are taken from Annex F tabs: Patient unw part and Staff unw part

**Table 12: mean values (unweighted by participant category; unweighted and weighted by criteria) for public and staff categories**

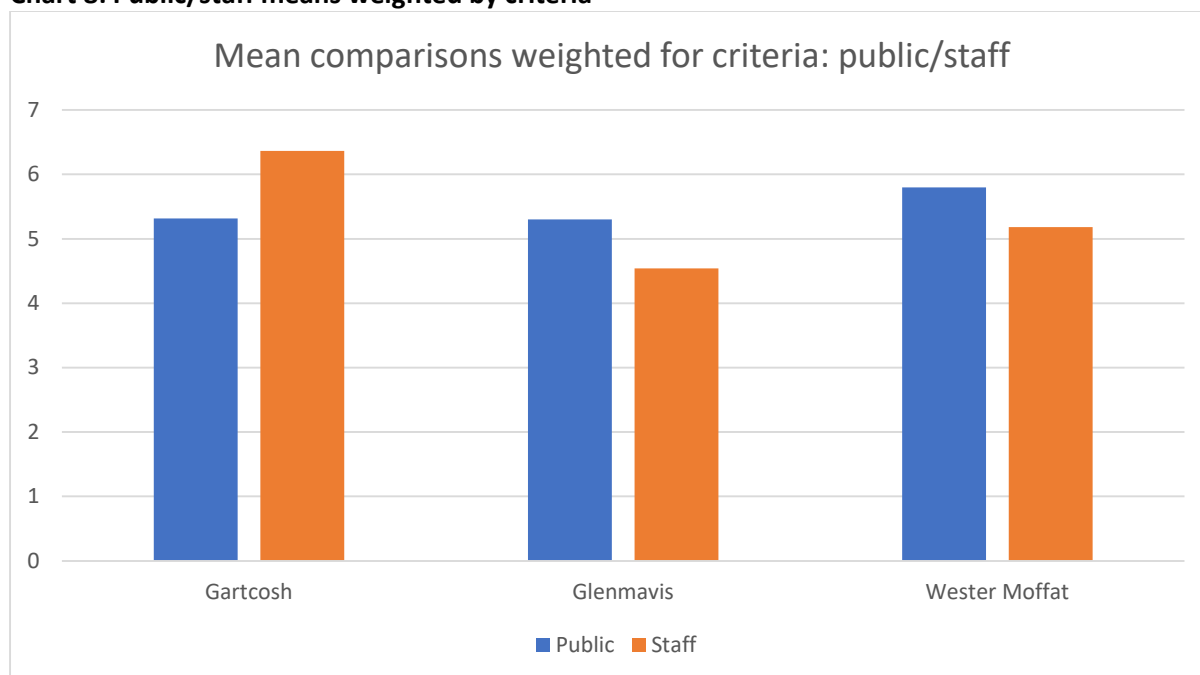
**Public (113 participants)**

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.347	5.379	5.873
Weighted mean	5.316	5.30	5.796

**Staff (65 participants)**

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.320	4.649	5.268
Weighted mean	6.362	4.541	5.184

**Chart 8: Public/staff means weighted by criteria**



59. A glance at the chart shows that, generally, when no category weighting is applied, the public response (and caution needs to be taken, as this includes a high numerical contingent from Airdrie) tended to score Gartcosh lower than did staff. If the top 10 Gartcosh-high-scoring staff are removed from the calculations, it can be seen that the balance tips (see Annex F, tab: Minus 10 staff Gartc unw):

**Table 13: mean values (unweighted by participant category, unweighted and weighted by criteria for all participants excluding 10 top scoring staff for Gartcosh**

*(168 participants)*

	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
<b>Unweighted mean</b>	5.119	5.827	6.190
<b>Weighted mean</b>	5.535	5.110	5.668

60. Removing the 10 Gartcosh-favouring staff changes the order of preference in this exercise (Annex F demonstrates also the removal of 10 Glenmavis-favouring, 10 Wester-Moffat-favouring and 10 overall-favouring staff from the total).

#### **Comments**

61. The response form for this second part of the exercise also contained an open-response box for respondents to comment on their answers. These comments have not been subjected to analysis, but can be found listed in Annex G, and also in the 'Comments' tabs of Annex F.

#### **Conclusions**

62. Again, a warning must be sounded around much of the data set out above. The weighting system interlocks disproportionate weightings for staff and public, and moving away from it means that the data becomes less than perfect in terms of drawing conclusions.

63. However, what can be said is that weighting the responses according to the 'agreed' framework and according to the weighting values calculated from the previous exercise, the highest-scoring, from overall points awarded, was Gartcosh (see Table 9).

64. Weighting the criteria affects the overall order of preference very little

65. It is reasonable to conclude that, while Gartcosh was scored higher by most categories (and particularly staff), the public respondents from Airdrie did not score it highly, allocating points to Wester Moffat instead. Smaller point-scores over Gartcosh (again, marginally, Wester Moffat) seemed to come from the public respondents of Coatbridge and from Monklands non-clinical staff.

66. Although applying the criteria weighting generally does not affect the point-score order for sites, it slightly amplifies the differences; this may be because the two most heavily weighted criteria concern travel.

**Barry Creasy**  
**The Consultation Institute**  
**20 August 2020**





## Annex A

Category	Area	Description	Proportion of scoring (%)	Category no.
<b>Patients/Patient Representatives/ Carers</b>	University Hospital Monklands catchment area	Airdrie – ML6	<b>12</b>	<b>1</b>
		Coatbridge – ML5	<b>11</b>	<b>2</b>
		Bellshill – ML4	<b>3</b>	<b>3</b>
		Cumbernauld/Kilsyth – G65, 67, 68 & 69 and G33 and FK1	<b>11</b>	<b>4</b>
		Viewpark/Uddingston – G71 & G72 (7)	<b>3</b>	<b>5</b>
	University Hospital Wishaw catchment area	ML1, ML2, ML7, ML8, ML9, ML11, ML12	<b>7</b>	<b>6</b>
	University Hospital Hairmyres catchment area	G72 (0 & 9), G74, G75, ML3, ML10 and G45	<b>4</b>	<b>7</b>
	<b>Sub-total</b>		<b>51</b>	
<b>Staff side representatives</b>	Staff side Representatives	Acute Division	<b>5</b>	<b>8</b>
		Health & Social Care Partnerships	<b>2</b>	<b>9</b>
<b>Stakeholders/Service providers</b>	University Hospital Monklands	Site Operational Lead	<b>1</b>	<b>10</b>
		Medical	<b>6</b>	<b>11</b>
		Nursing	<b>6</b>	<b>12</b>
		Other	<b>6</b>	<b>13</b>
	University Hospital Hairmyres	Site Operational Lead	<b>1</b>	<b>14</b>
		Medical	<b>3</b>	<b>15</b>
		Nursing	<b>2</b>	<b>16</b>
		Other	<b>1</b>	<b>17</b>
	University Hospital Wishaw	Site Operational Lead	<b>1</b>	<b>18</b>
		Medical	<b>3</b>	<b>19</b>
		Nursing	<b>2</b>	<b>20</b>
Other		<b>1</b>	<b>21</b>	
Health & Social Care Partnerships	North	<b>5</b>	<b>22</b>	
	South	<b>2</b>	<b>23</b>	
	Scottish Ambulance Service	<b>2</b>	<b>24</b>	
	<b>Sub-total</b>		<b>49</b>	
	<b>Total</b>		<b>100%</b>	

**FORM 1 - NHS Lanarkshire: criteria weighting document**

Please read **Document 3 Weighting Information Pack** and the instructions in the letter before filling in your answers.

This page is for you to record your proposals for the weightings for each of the criteria.

<b>Criterion</b>	<b>Points</b>
1. Travel times by road and public transport - Patients	
2. Travel times by road and public transport - Staff	
3. Access/Connectivity to Regional Centres	
4. Contamination	
5. Impact of cross-boundary flow	
<b>Total</b>	<b>100</b>

In the space beneath, please give a brief summary of how and/or why you decided on the scores you gave (above).

Once you have completed your scoring, please return this form to Karen Fourie at the Consultation Institute. There are four ways that you can do this (but please only use one):

1. Postal: please put completed Form 1 into the pre-paid, addressed envelope and put it in a post box.
2. Email: please email the completed Form 1, as electronic copy (if requested) or as a photo or scan (making sure the whole form, including the unique reference number, is visible), to **lanarkshire@consultationinstitute.org**
3. By smartphone: please complete the form as above. Once filled out, please take a photo or scan of the completed form (making sure the whole form, including the unique reference number, is visible) and send this to the Consultation Institute at **07561 712 927**.

4. By telephoning the Consultation Institute on **0800 066 2190** and quoting your unique reference number (at the top of this letter and on the form); read out your scores for each criterion on Form 1.

All returns must reach the Institute by **17:00 on 21 July**.

Duplicate returns or returns that cannot be identified by a unique reference number will not be analysed.

Lanarkshire Scoring Exercise  
The Consultation Institute  
Baystrait House  
Station Road  
Biggleswade, SG18 8AL

Thank you for participating



## Review of NHS Lanarkshire's approach to the site feasibility option appraisal for the Monklands Replacement Project (MRP)

C

The fundamental principles of an Economic Appraisal for an Outline Business Case have not materially changed through the introduction of the new Scottish Capital Investment Manual in 2017. The main changes were to improve the explanation of approach within the guidance, keep it up to date with any changes within the Treasury Greenbook on economic appraisals, and to provide more information on the recommended approach to presentation of the results within the business case. Hence, this review reflects on the approach adopted by NHS Lanarkshire on the site selection for the Monklands Replacement Project (MRP) against the new SCIM guidance.

The SCIM appraisal process includes six main steps which are listed below, along with commentary on NHS Lanarkshire's approach to each step:

### 1. Identify a shortlist of options

There is no specific SCIM guidance on the approach to this step other than it needs to be done. It is understood that following a comprehensive trawl of available sites, a consultation and engagement process was carried out to confirm the short-list of sites to review within the appraisal process and is thus consistent with SCIM principles.

### 2. Identify and Quantify the Monetary Costs and Benefits of Options (Including Do nothing or Do Minimum).

Monetary costs predominantly include site purchase costs, construction costs, life cycle costs over a 60 year period, and comparative additional revenue costs. This is consistent with other new build NHS capital projects and complies with SCIM requirements.

### 3. Outline Non-Monetary Costs and Benefits.

SCIM suggests that wherever possible costs and benefits should be valued in money terms, however, where it is impractical to do this then the recommended approach is to use the 'weighted scoring method' i.e. identification, weighting and scoring of an appropriate set of non-financial benefits. This is the process followed by NHS Lanarkshire as described in its Overview Paper and is consistent with other NHSScotland building related capital project business cases and SCIM guidance.

The described engagement process for identifying, weighting and scoring the main non-financial benefits is comprehensive and appropriate for a project of this complexity.

### 4. Calculate Net Present Value.

SCIM acknowledges that for projects where costs exceed monetary benefits then the use of Net Present Cost is acceptable – this is the approach carried out by NHS Lanarkshire and is also a common approach for most other NHS building projects.

In order to calculate the Net Present Cost for each option. NHS Lanarkshire have prepared lifecycle models for each site covering the period of site purchase and construction plus a further 60 life for the asset. This is consistent with SCIM guidance. Discount rates for this assessment are also consistent with SCIM guidance.

### 5. Sensitivity Analysis and Risk assessment.

Sensitivity analysis of the results of the benefits and costs of each option being considered is

comprehensive and consistent with SCIM guidance. An extract of the draft business case was made available which demonstrated the range of sensitivity analysis carried out. It was further noted that this analysis appeared to confirm that even after considering a range of sensitivity tests the preferred option remained valid. Such an outcome is the main value of carrying out a sensitivity analysis and thus demonstrates its value to this exercise too.

#### **6. Present NPVs across all Options and Present Preferred Option.**

This section of the guidance provides advice on how best to present the results of the Economic Appraisal in an Outline Business Case document. An extract draft of this section of the business case was shared as part of this review and was observed to present the full results of the appraisal exercise in a clear and open manner, as currently drafted.

This section of the guidance also provides advice on how to determine the preferred option. NHS Lanarkshire's described approach of calculating and comparing the Net Present Value per benefit point, comparing risk scores, and considering the results of the sensitivity analysis is aligned with SCIM guidance. Furthermore, it is understood that NHS Lanarkshire are also considering the socio-economic aspects of each site through the Fairer Scotland Duty (FSD) Assessment process. This is being undertaken by its Public Health team and will add important additional information and value to the final decision making process which determines and confirms the preferred site option.

#### **7. Other Observations**

The overview paper highlights a few concerns raised by participants of the appraisal process, whilst also explaining the advice that has been given to include these factors within the risk appraisal score. The approach taken seems appropriate, based on the advice given.

This review was carried out by the lead author of the new Scottish Capital Investment Manual with expertise in reviewing business cases on behalf of Scottish Government. It was specifically focussed on the approach taken by NHS Lanarkshire and the appropriateness of how they applied the SCIM guidance. It provides no commentary on the actual numbers attributed to the appraisal of benefits, costs or risks.

In conclusion, the approach taken by NHS Lanarkshire on the site selection for the Monklands Replacement Project (MRP) is considered to be consistent with other NHS capital new build business cases, the approach taken was inclusive and comprehensive, and it is compliant with the recommendations described with the Scottish Capital Investment Manual (SCIM).

**Paul Mortimer**

**Head of NHS Strategic Capital Investment**



**NHS Lanarkshire**

Monklands Replacement Project

Site Options Appraisal – OBC Financial Assessment

Briefing Notes

16 September 2020



## Revision control

Rev	Date	Description of revision	Prepared by	Checked by	Authorised by
1.0	11/08/20	First Issue	DJR	DJR	DJR
2.0	12/08/20	Table updated / graph added	DJR	DJR	DJR
3.0	01/09/20	General updates following review meeting	JRH	DJR	DJR
4.0	03/09/20	General updates following review meeting	JRH	JRH	DJR
5.0-7.0	04/09/20	General updates	JRH		
8.0	09/09/20	Final Draft	JRH	JRH	DJR
9.0 & 10	16/09/20	Final Issue	JRH	JRH	DJR

## Distribution list

Controlled copies have been distributed to the following personnel:

Copy No	Name of holder	Company	Date issued
1.	Graham Johnston	NHS Lanarkshire	12/08/20
4.	Graham Johnston & Brian McWatt	NHS Lanarkshire	03/09/20
5-6.	Graham Johnston & Brian McWatt	NHS Lanarkshire	09/09/20
9.&10	Graham Johnston & Brian McWatt	NHS Lanarkshire	16/09/20

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## Introduction

The Site Options financial appraisal for the Monklands Replacement Project (MRP) will be undertaken in accordance with the Scottish Capital Investment Manual (SCIM) Option Appraisal Guide; A practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes, and Projects.

The option appraisal focusses on the economic case taking into account the resource costs and benefits of each option and will form part of the MRP Outline Business case (OBC) being included in the New Build, new site, option as identified in the Initial Agreement (IA).

At this early stage in the development of the project the option appraisal is being carried out to identify the option which is most likely to make the best use of resources and provide best value for money i.e. a high benefits to cost ratio. The primary purpose of option appraisal is to provide an assessment of the costs and benefits (cost benefit analysis) of the short list of options.

It is noted that the capital costs for Gartcosh include the cost of an additional ward the reason for this being that at this location the increased cross-boundary flow from other NHS Boards has been assessed to require one additional ward. Additional Emergency Department (ED) activity is assessed at Gartcosh and Glenmavis, but not at Wester Moffat. The annual revenue costs of this have been assessed as £990,720 for Gartcosh and £285,480 for Glenmavis. The site options financial appraisal will therefore be carried out on capital costs for the options and also, in the case of Gartcosh and Glenmavis, the additional ED activity revenue costs. Additional inpatient costs are excluded as these will be recovered directly from other NHS Boards.

The lifecycle costs (LCC) are by far the highest investment costs for the project and these have been assessed over a 60 year lifecycle for each project option. The LCC are based on the development option areas and equal low and high range LCC cost rates per m<sup>2</sup> per annum. For appraisal purposes the high range costs will be adopted.

The outcome from the option appraisal will be used to support and justify a decision to proceed with the selection. It does this by identifying a preferred option which is expected to demonstrate that the project will deliver the benefits required and provide good value for money with an acceptable level of risk.

The two key components of the option appraisal values for money assessment are the weighted scoring derived from the public scoring exercise and the Net Present Costs (NPC) for each option.

## 1. Weighted Scoring

The outcome of the public scoring event is a weighted score for each option. It has been calculated based on the criteria and weightings defined as part of the process.

## 2. Capital and Net Present Costs (NPC)

The indicative capital and LCC costs and, in the case of Gartcosh and Glenmavis, the additional ED activity revenue costs, have been used to calculate the Net Present Cost (NPC) of each option over the expected life of the project using discounted cash flow techniques in accordance with SCIM and HM Treasury guidance.

The capital costs for the project were included in documentation published earlier this year as part of the public engagement exercise and comprised the following key headings:-

- Works
- Demolition
- Abnormals
- Main Contractor Preliminaries
- Main Contractor Overhead & Profit
- Design Fees
- Equipment
- Land acquisition
- Decant costs
- Risk & Optimism Bias
- Inflation
- VAT

An explanation of the areas covered by the above cost headings is included in Appendix A.

A summary of the capital costs is shown in the table below.

	Site 1	Site 2	Site 3
Capital Cost	£515,637,000	£516,256,000	£518,022,000
Inflation	£49,758,971	£54,465,008	£54,651,321
<b>Sub Total</b>	<b>£565,395,971</b>	<b>£570,721,008</b>	<b>£572,673,321</b>
VAT	£113,079,194	£114,144,202	£114,534,664
<b>Sub Total</b>	<b>£678,475,165</b>	<b>£684,865,210</b>	<b>£687,207,985</b>
<b>Total Rounded</b>	<b>£678,500,000</b>	<b>£684,900,000</b>	<b>£687,200,000</b>

The Net Present Cost (NPC) of each option has been calculated by applying the SCIM and HM Treasury guidance on discount rates – 3.50% for years 1-30 and 3% for year 31 onwards. As required by the guidance this excludes inflation and VAT. The NPC has been calculated on the costs from Full Business Case approval only.

The LCC for the project comprise the capital replacement costs of the building technical services and fabric. This has been calculated by applying equal project benchmark rates over the anticipated 60 years lifecycle.

The NPC for the capital and additional ED activity / LCC costs are shown in the following table.

<b>NPC</b>	<b>Site 1</b>	<b>Site 2</b>	<b>Site 3</b>
Capital	£469,800,000	£466,100,000	£464,200,000
Additional ED activity / LCC	£73,000,000	£55,000,000	£48,300,000
<b>Totals</b>	<b>£542,800,000</b>	<b>£521,100,000</b>	<b>£512,500,000</b>

### 3. Value for money

As a measure of value for money the weighted scoring and Net Present Costs are combined to arrive at a cost per benefit point.

An example of the calculation is noted below:-

Option	Weighted Benefits Score	Net Present Cost (NPC) £million	Cost (NPC) per benefit point £000
1	4000	£500	$500,000,000/4,000$ $= 125,000/1,000$ $=125$

## 4. Net Present Cost (NPC) Per Benefit, and Sensitivity Analysis

At this stage of this project it should be recognised that although the costs are high level and indicative, they have all been calculated on a similar set of assumptions. These could be subject to some variation as future information becomes available.

Recognition of this level of uncertainty is reflected in the risk and optimism bias included in the current assessed costs. However there remains some level of variability in the project costs

A sensitivity analysis will therefore be undertaken to examine the robustness of the ranking of options and the selection of a preferred option. This will consider two areas - abnormals and additional ED activity revenue - to determine whether adjusting these could have any significant impact on outcome.

In terms of abnormals the key element is remediation of contamination – we will model an adjustment to these costs by +/-10% and +/-20% individually for each site to assess the impact this would have. Regarding the Gartcosh and Glenmavis sites, to ensure parity of the evaluation, the revenue costs of the additional ED activity at £990,720 for Gartcosh and £285,480 for Glenmavis will also be subject to a +10% and +20% sensitivity analysis.

Following the weighted scoring exercise the sensitivity analysis calculation is shown below. This demonstrates the impact of the scenarios being considered:

	Site 1		Site 2		Site 3	
Weighted Scoring		5319		4295		4808
	NPC*	Cost per benefit point £000's	NPC*	Cost per benefit point £000's	NPC*	Cost per benefit point £000's
Total Capital Costs	£469,800,000		£466,100,000		£464,200,000	
Total Additional ED Activity Revenue Costs / Lifecycle Costs (LCC)	£73,000,000		£55,000,000		£48,300,000	
<b>Totals</b>	<b>£542,800,000</b>	<b>£102</b>	<b>£521,100,000</b>	<b>£121</b>	<b>£512,500,000</b>	<b>£107</b>
Abnormals + 10% adjustment	£544,900,000	£102	£524,300,000	£122	£515,500,000	£107
Abnormals + 20% adjustment	£547,000,000	£103	£527,500,000	£123	£518,500,000	£108
Abnormals - 10% adjustment	£540,700,000	£102	£517,900,000	£121	£509,500,000	£106
Abnormals - 20% adjustment	£538,600,000	£101	£514,700,000	£120	£506,500,000	£105
Revenue Costs +10%	£545,000,000	£103	£521,800,000	£121	£0	£0
Revenue Costs +20%	£547,200,000	£103	£522,400,000	£122	£0	£0
<b>RANK</b>		<b>1</b>		<b>3</b>		<b>2</b>
Abnormals & Revenue Costs +10%	£547,100,000	£103	£525,000,000	£122	£0	£0
Abnormals & Revenue Costs +20%	£551,400,000	£104	£528,800,000	£123	£0	£0
<b>RANK</b>		<b>1</b>		<b>3</b>		<b>2</b>

\*The NPC utilised is indicative and actual amounts will be utilised in the actual financial analysis

# Appendices

## Appendix A

### Cost Report – Glossary of Terms

The table below provides a high-level overview of the content of the key cost headings that comprise the total capital development cost for the MRP project utilised within the Option Appraisal process.

Cost Heading	Content / Description
Works	<p>Baseline construction cost developed for the current generic hospital design; assumes level site (e.g. development platform has been provided), and standard foundation design.</p> <p>The baseline cost for Gartcosh is higher than for Glenmavis and Wester Moffat as the cross-boundary flow impact has been assessed to require 1 nr additional ward at Gartcosh.</p>
Revenue	<p>Running costs of additional ED activity at the Gartcosh and Glenmavis sites . The revenue costs of the ward have been assessed as £990,720 for Gartcosh and £285,480 for Glenmavis.</p>
LCC	<p>Lifecycle costs for the project comprise the capital replacement costs of the building technical services and fabric over the anticipated 60 years lifecycle.</p>
Demolition	<p>Cost of demolition of the existing University Hospital Monklands – excluded and funded separately as part of future site re-development proposals</p>
Abnormals	<p>Site specific ground condition costs: earthworks to create development platform; potential retaining structures to create development platform; treatment of mineworking's / mineshafts; treatment of potential contaminated land; costs to address underground structures etc</p> <p>Off-site roadworks; including alterations / improvements to existing road network and creation of new road links to the boundary of the proposed site</p> <p>Utility (power, water, gas, telecoms, drainage) infrastructure costs from point of supply / connection to the boundary of the proposed site.</p>
Main Contractor Preliminaries	<p>Main contractor site management costs, site accommodation, logistics, temporary facilities etc during the duration of the works.</p> <p>The costs for Glenmavis and Wester Moffat are higher than for Gartcosh as an allowance is included for extra preliminaries to deal with impact of additional site abnormals.</p>
Main Contractor Overhead & Profit	<p>% allowance for contractor overhead and profit: estimate based on analysis of likely levels from similar sized projects.</p>



	The figures for each site are slightly different as the % is applied to different levels of estimated costs (e.g. differing works costs, differing abnormals etc).
Design Fees	% allowance for design fees based on analysis of likely levels from similar sized projects.  The figures for each site are slightly different as the % is applied to different levels of estimated costs (e.g. differing works costs, differing abnormals etc).
Equipment	Estimate for equipping the hospital based on analysis of likely levels from similar sized projects.  The allowance for Gartcosh is higher to account for 1nr additional ward.
Land acquisition	Estimates for purchase of sites. Values provided from District Valuer for Gartcosh and Wester Moffat. Glenmavis based on the £1 offer from the landowner.
Decant costs	Estimated costs to move from the existing University Hospital Monklands to new facility
Risk & Optimism Bias	% allowance for brief and design development issues, and over optimism within the baseline costs. Assessed based on best practice calculation for the development stage of the project.  The figures for each site are slightly different as the % is applied to different levels of estimated costs (e.g. differing works costs, differing abnormals etc).
Inflation	Allowance for assessment of the impact of future inflation costs / movement in market conditions. All costs headings above and included in total development costs are net of inflation and are base dated Q1 2020.  Assessed impact based on 2% per annum to mid-point of construction.  The costs for Glenmavis and Wester Moffat are higher than for Gartcosh as the programme for these sites is assessed to be longer due to enabling works required to facilitate access to the site before main construction works can commence.
VAT	Standard rate of VAT applied to different project costs.
Rounding	Minimal adjustment to round cost to nearest £100,000's



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NHS Lanarkshire

# Monklands Replacement Project Sites Summary Cost Report

25 February 2020

## Revision control

Rev	Date	Description of revision	Prepared by	Checked by
1.0	25/02/2020	Public Engagement Issue	DJR	GM

## Distribution list

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## 1. Introduction

A shortlist of potential viable sites for the provision of a new University Hospital Monklands has been determined. The shortlist sites are:

- Gartcosh
- Glenmavis
- Wester Moffat

This report sets out the overall estimated development cost capturing the site specific costs for each of the three identified site.

The development cost includes estimates for the following cost headings:-

- Baseline construction cost developed for the current generic hospital design; assumes level site (e.g development platform has been provided), and standard foundation design; this cost estimate has been developed based on elemental rates for similar scale healthcare projects
- Site specific ground condition costs
  - Earthworks to create development platform
  - Potential retaining structures to create development platform
  - Treatment of mineworkings / mineshafts
  - Treatment of potential contaminated land
  - Costs to address underground structures
- Off site roadworks; including alterations / improvements to existing road network and creation of road new links to the boundary of the proposed site; information on requirements is set out in the separately published specific Site Summary Reports. These costs have been developed in liaison with the relevant road authority, Transport Scotland and/or North Lanarkshire Council.
- Utility (power, water, gas, telecoms, drainage) infrastructure costs from point of supply / connection to the boundary of the proposed site. Estimated cost based on costs from similar works.
- Constraints on developing the site e.g impacts such as inflation of developing the site due to the advance enabling works necessary to provide access the site (e.g new road infrastructure) to allow hospital construction to commence.
- Contractor preliminaries costs; cost estimates for site management costs, site accommodation, logistics etc. based on analysis from similar sized projects
- Design fees; estimate based on analysis of likely levels from similar sized projects.
- Contractor overhead and profit: estimate based on analysis of likely levels from similar sized projects.
- Equipment; estimate based on analysis of likely levels from similar sized projects.
- Land acquisition costs; estimates based on discussions with District Valuer
- Risk and optimism bias; assessment based on best practice calculation for development stage of the project.
- Inflation; allowance based on 2.5% per annum to mid-point of construction
- VAT; applied at current standard rate

The site specific costs have been developed from the information contained in the published Site Summary Reports available on the MRP website and will be subject to review as additional information becomes available.

For example, estimated costs are based on information contained in the Phase 1 Geotechnical reports, and will be updated once the intrusive site investigation reports are published and additional information is available on the ground risks associated with developing each site.

Cost estimates have been increased in line with construction inflation reflecting site selection delay from spring 2019 until spring 2020, due to the impact on construction start date.

The impact of additional flows on the building footprint has been estimated within the financial model. These impacts will require further review and finalisation when a preferred site is selected as part of the OBC development. The working assumption is that Gartcosh may require 1nr additional generic ward to address additional flows. These flows are a combination of residents of North Lanarkshire who currently use NHS GG&C hospitals and cross boundary flow.

## 2. Gartcosh

The overall cost of developing Gartcosh has been assessed to be £678.5 million.

This cost includes the assessed impact on patient flows of locating the site at Gartcosh. The working assumption is that Gartcosh may require 1nr additional generic ward (compared to Glenmavis/Wester Moffat) to address additional flows. These flows are a combination of residents of North Lanarkshire who currently use NHS GG&C hospitals and cross boundary flow.

<b>Order of Cost Estimate</b>		Gross Floor Area (m2)	85,356
<b>Building Works Estimate</b>		£	<b>313,000,000</b>
<b>Site specific development costs</b>		£	<b>14,500,000</b>
<b>Main Contractor's Preliminaries estimate</b>		£	<b>35,000,000</b>
<b>Sub-total</b>		£	<b>362,500,000</b>
<b>Main Contractors overheads and Profit estimate</b>	6.0%	of £	362,500,000
		£	21,750,000
<b>Works cost Estimate</b>		£	<b>384,250,000</b>
<b>Project Design Team Fees estimate</b>	8.5%	of £	384,250,000
		£	32,661,250
<b>Sub-total</b>		£	416,911,250
<b>Equipment</b>		£	53,000,000
<b>Land Acquisition costs - indicative land value</b>		£	2,400,000
<b>Decant Costs</b>		£	750,000
<b>Base cost estimate</b>		£	<b>473,061,250</b>
<b>Risk &amp; Optimism Bias</b>	9.00%	of £	473,061,250
		£	42,575,513
<b>Cost limit (excluding inflation)</b>		£	<b>515,636,763</b>
<b>Inflation</b>	9.65%	of £	515,636,763
		£	49,758,948
<b>Cost limit (including inflation)</b>		£	<b>565,395,710</b>
<b>VAT</b>	20.00%	of £	565,395,710.08
		£	113,079,142
		<b>Total</b>	<b>£ 678,474,852</b>
		<b>Total - rounded</b>	<b>£ 678,500,000</b>

Table 1: Breakdown of Gartcosh overall development cost

The breakdown of the site specific development costs are noted below:

Item	Assessed Cost Impact
<b>Site Preparation / Demolition</b>	
Excavate and remove redundant basement structures	£0.75m
<b>Contamination Remediation</b>	
Allowance for contaminated soil and ground water treatment	£1.50m
Allowance for off site disposal of potential biological contaminants	£0.11m
<b>Mineworkings</b>	
No recorded mineworkings impacting the development	£nil



<b>Road Improvements to site boundary</b>	
A752 Lochend Road / Mowbray Ave - 4 arm roundabout.	£0.40m
A752 / B806 Gartloch Road - 3 arm roundabout.	£0.30m
A752 Gartcosh Road / Towhead Road / Lochend Road – R-L Staggered priority junctions.	£0.45m
Gartcosh Road / A89 Coatbridge Road / A752 Langmuir Road - 4 arm roundabout.	£0.45m
B803 Sunnyside Road / Dunbeth Road / Russell Colt Street / Coltswood Road / B803 Burnbank Street - Dumbbell roundabout.	£0.05m
B804 Gartliston Road / Coltswood Road / Merrystown Drive - 3 arm roundabout.	£0.08m
B804 Coatbridge Road / Glenboig New Road / Main Street - signalised junction.	£0.08m
B804 Main Street / Garnqueen Crescent - 3 arm roundabout.	£0.08m
B804 Glenboig Road / Two unnamed roads (Glenburn Gardens) - 4 arm roundabout.	£0.10m
New unnamed 3 arm roundabout between Junctions 14 and 16.	£0.45m
Craignethan Drive / Auldyards Road - 4 arm roundabout.	£0.55m
Junction 2A – M73 Southbound off ramp / Auldyards Road / Southbound on ramp - 4 arm roundabout.	£0.40m
Junction 2A - Northbound carriageway at overbridge main line flow.	£0.10m
Junction 2A – M73 Northbound off ramp / Northbound on ramp / Other arm access via 17 - 4 arm roundabout.	£0.35m
Junction 2A overbridge	£4.50m
<b>Drainage Works</b>	
Off-site foul drainage upgrade to local network	£0.10m
Off-site surface drainage upgrade to local network	£0.10m
<b>Electrical Supply</b>	
Connections to substations	£3.60m
<b>Total</b>	<b>£14.50m</b>

Table 2: Breakdown of Gartcosh site specific abnormal costs

The land acquisition cost included has been included by NHS Lanarkshire following advice from the District Valuer.

### 3. Glenmavis

The overall cost of developing Glenmavis has been assessed to be £684.9 million.

This cost includes the assessed impact on patient flows of locating the site at Glenmavis. The working assumption is that Glenmavis may require 1nr less generic ward than at Gartcosh to address additional flows. These flows are a combination of residents of North Lanarkshire who currently use NHS GG&C hospitals and cross boundary flow. This explains the lower gross floor area and building works estimate than included in the Gartcosh summary (Table 1).

<b>Order of Cost Estimate</b>		Gross Floor Area (m2)	83,723
<b>Building Works Estimate</b>		£	308,500,000
<b>Site specific development costs</b>		£	<b>21,950,000</b>
<b>Main Contractor's Preliminaries estimate</b>		£	<b>35,500,000</b>
<b>Sub-total</b>		£	<b>365,950,000</b>
<b>Main Contractors overheads and Profit estimate</b>	6.0%	of £	365,950,000 £ 21,957,000
<b>Works cost Estimate</b>		£	<b>387,907,000</b>
<b>Project Design Team Fees estimate</b>	8.5%	of £	387,907,000 £ 32,972,095
<b>Sub-total</b>		£	420,879,095
<b>Equipment</b>		£	52,000,000
<b>Land Acquisition costs</b>		£	1
<b>Decant Costs</b>		£	750,000
<b>Base cost estimate</b>		£	<b>473,629,096</b>
<b>Risk &amp; Optimism Bias</b>	9.00%	of £	473,629,096 £ 42,626,619
<b>Cost limit (excluding inflation)</b>		£	<b>516,255,715</b>
<b>Inflation</b>	10.55%	of £	516,255,715 £ 54,464,978
<b>Cost limit (including inflation)</b>		£	<b>570,720,693</b>
<b>VAT</b>	20.00%	of £	570,720,692.53 £ 114,144,139
		<b>Total</b>	<b>£ 684,864,831</b>
		<b>Total - rounded</b>	<b>£ 684,900,000</b>

Table 3: Breakdown of Glenmavis overall development cost

The breakdown of the site specific development costs are noted below:

Item	Assessed Cost Impact
<b>Site Preparation / Demolition</b>	
Excavate and remove existing structures	£0
Cut and fill to create development platform, retaining structures; the site topography requires earthworks to create a development platform	£3.00m
<b>Mineworkings</b>	

Drilling and Grouting of Shallow Mineworkings; Phase 1 Geotechnical Report has identified mineworking across the site that may require treatment or other ground stabilisation techniques.	£2.25m
Treatment and Capping of Shafts; Phase 1 Geotechnical Report has identified 24 mine shafts and 16 mine adits recorded within the site boundary which may require treatment.	£0.35m
<b>Contamination Remediation</b>	
Allowance for potential contaminated soil and ground water treatment of made ground / infill; Phase 1 Geotechnical Report has identified made ground which may contain contaminated materials	£0.75m
Treatment of sewage sludge; there is a potential range of costs depending on the full extent of material and treatment options, refer to Glenmavis Site Summary Addendum Report for further information. The mid range cost has been used for this cost assessment.	£3.0m
<b>Road Improvements to / outwith site boundary</b>	
An assessment of impacts on local road network has been undertaken and identified a range of works necessary.	
A73 Stirling Road / B803 Greengairs Road - 3 arm roundabout.	£0.40m
A73 Stirling Road / B803 Raebog Road / Factory Site Access - 4 arm roundabout.	£0.05m
A73 Stirling Road / Dykehead Road - Cross road junction.	£0.05m
A73 Stirling Road / A8010 Black Street / Airdriehill Street Motherwell Street - 4 arm roundabout.	£0.45m
A89 Alexander Street / A8010 Aitchison Street - Signalised junction.	£0.08m
B802 North Bridge Street / South Bridge Street / A8010 High Street / E High Street - Signalised junction.	£0.08m
A8010 Chapel Street / Chapel Lane – Signalised junction.	£0.08m
B804 Dunbeth Road / B803 Sunnyside Road / Russell Colt Street /Coltswood Road Burnbank Street - Dumbbell roundabout.	£0.05m
B803 Coatbridge Road / B802 Glenmavis Road - 4 arm roundabout.	£0.05m
B803 Coatbridge Road / B803 Raebog Road / B802 Condorrat Road - 3 arm roundabout.	£0.01m
New Link Road from MRRP site to A73	£4.65m
45m Roundabout on A73 or Greengairs Road	£0.50m
45m ICD Roundabout at the MRRP Site Access #1	£0.50m
T-Junction with ghost island MRRP Site Access #2	£0.50m
<b>Drainage Works</b>	
Off-site foul drainage connection; connection is not local to the site boundary	£0.50m
Off-site surface water drainage connection; assumed connection is local to the site	£0.10m
<b>Electrical Supply</b>	
Connections to substation; connections to dual sub-stations are remote from the site	£4.20m
<b>Water Supply</b>	

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Connection to network local to site; connection is not local to the site boundary	£0.10m
<b>Gas Supply</b>	
Connection to network local to site connection is not local to the site boundary	£0.25m
<b>Total</b>	<b>£21.95m</b>

Table 4: Breakdown of Glenmavis site specific abnormal costs

The land acquisition cost included has been advised by NHS Lanarkshire and follows the offer from the landowner in 2018 to sell the site for £1.

The inflation allowance is higher than included in Gartcosh estimate as it reflects the likely delay to main hospital construction works commencing due to the requirement to provide a new road to access the site. Based on information provided by North Lanarkshire Council the timing of the construction of the proposed East Airdrie Link road does not align to hospital construction programme. Further information on this is included within the site summary report.

## 4. Wester Moffat

The overall cost of developing Wester Moffat has been assessed to be £687.2 million.

This cost includes the assessed impact on patient flows of locating the site at Wester Moffat. The working assumption is that Wester Moffat may require 1nr less generic ward than at Gartcosh to address additional flows. These flows are a combination of residents of North Lanarkshire who currently use NHS GG&C hospitals or cross boundary flow. This explains the lower gross floor area and building works estimate than included in the Gartcosh summary (Table 1).

<b>Order of Cost Estimate</b>		Gross Floor Area (m2)		83,723
<b>Building Works Estimate</b>			£	<b>308,500,000</b>
<b>Site specific development costs</b>			£	<b>20,750,000</b>
<b>Main Contractor's Preliminaries estimate</b>			£	<b>35,500,000</b>
<b>Sub-total</b>			£	<b>364,750,000</b>
<b>Main Contractors overheads and Profit estimate</b>	6.0%	of	£	364,750,000
			£	21,885,000
<b>Works cost Estimate</b>			£	<b>386,635,000</b>
<b>Project Design Team Fees estimate</b>	8.5%	of	£	386,635,000
			£	32,863,975
<b>Sub-total</b>			£	419,498,975
<b>Equipment</b>			£	52,000,000
<b>Land Acquisition costs - indicative land value</b>			£	3,000,000
<b>Decant Costs</b>			£	750,000
<b>Base cost estimate</b>			£	<b>475,248,975</b>
<b>Risk &amp; Optimism Bias</b>	9.00%	of	£	475,248,975
			£	42,772,408
<b>Cost limit (excluding inflation)</b>			£	<b>518,021,383</b>
<b>Inflation</b>	10.55%	of	£	518,021,383
			£	54,651,256
<b>Cost limit (including inflation)</b>			£	<b>572,672,639</b>
<b>VAT</b>	20.00%	of	£	572,672,638.63
			£	114,534,528
		<b>Total</b>	£	<b>687,207,166</b>
		<b>Total - rounded</b>	£	<b>687,200,000</b>

Table 5: Breakdown of Wester Moffat overall development cost

The breakdown of the site specific development costs are noted below:

Item	Assessed Cost Impact
<b>Site Preparation / Demolition</b>	
Cut and fill to create development platform; the site topography requires earthworks to create a development platform	£4.0m
Retaining walls to create suitable hospital site due to existing topography; ; the site topography requires earthworks to create a development platform	£3.0m
<b>Contamination Remediation</b>	
No major issues identified; subject to ongoing review as intrusive site investigations develop	£nil

<b>Mineworkings</b>	
Mineworkings; hospital may be planned to avoid impact; subject to ongoing review as intrusive site investigations develop	£nil
Treatment and Capping of Shafts; hospital may be planned to avoid impact; subject to ongoing review as intrusive site investigations develop	£nil
<b>Road Improvements to site boundary</b>	
An assessment of impacts on local road network has been undertaken and identified a range of works necessary.	
Craigends Road / Roughrigg Road	£0.35m
A73 Carlisle Road / Burniebrae Road	£0.25m
A73 Main Street / B799 Lauchope Street	£0.25m
Petersburn Road / Towers Road	£0.40m
Towers Road / A89 Forrest Street / Connor Street	£0.35m
A73 Motherwell Street / A89 Forrest Street / Clark Street / Carlisle Road - 4 arm roundabout.	£0.15m
A73 Carlisle Road / Petersburn Road / Brownsburn Road	£0.10m
Junctions south of A73 Main Street / B799 Lauchope Street	£0.15m
New Link Road from MRRP site to Tower Road; 800 metres WS carriageway with 2 metre footway and 3 metre share cycle/footway	£2.50m
New Link Road from MRRP site to Tower Road; 166 metre viaduct over North Calder Water	£6.75m
<b>Drainage Works</b>	
Off-site foul drainage upgrade to local network; connection is not local to the site boundary	£0.25m
Off-site surface drainage upgrade to local network; assumed connection point is local to the site	£0.10m
<b>Electrical Supply</b>	
Connections to substations; connections to dual sub-stations are remote from the site	£1.8m
<b>Water Supply</b>	
Connection to network local to site; connection is not local to the site boundary	£0.10m
<b>Gas Supply</b>	
Connection to network local to site; connection is not local to the site boundary	£0.25m
<b>Total</b>	<b>£20.75m</b>

Table 6: Breakdown of Wester Moffat site specific abnormal costs

The land acquisition cost included has been included by NHS Lanarkshire following advice from the District Valuer.

The inflation allowance is higher than included in Gartcosh estimate as it reflects the likely delay to main hospital construction works commencing due to the requirement to provide a new road to access the site. Based on information provided by North Lanarkshire Council the timing of the construction of the proposed East Airdrie Link road does not align to hospital construction programme. Further information on this is included within the site summary report.



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# New site for Monklands hospital, Lanarkshire

## Remote criterion-weighting and scoring exercise, Summer 2020: analysis of comments on the scoring form

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### Report by the Consultation Institute

#### Introduction

1. This report represents a brief, top-level analysis of the comments made by both public/patients and staff at the end of the scoring-exercise form.
2. The analysis was conducted with a view to identifying any areas of risk that were not already known to the Lanarkshire team. It did not involve a full coding exercise, although a limited amount of coding was undertaken on comments that seemed to be making points outside of the well-known areas (these mostly fall under transport, and include such things as possible motorway congestion, and the railway situation close to Gartcosh, as well as the importance of a more centrally located hospital).
3. In general, respondents used to comments box to expand on the answers they had already given in the scoring exercise, and most comments fell along the lines expected: few around the Wester Moffat and Glenmavis sites, and a clear division of opinion around the Gartcosh site.
4. Given that the access/transport issues are already well known (plus the fact that a detailed transport analysis has been undertaken), much of the analysis below concentrates on the lower-scoring criteria, particularly around hospital transfer, contamination and cross-boundary issues. No major comments around big financial issues were made (beyond comments on, for example, the cost estimates).
5. The analysis has been divided by proposed site, with a general section at the end.

#### Gartcosh

6. The issues surrounding transport and access predominated in both staff and patients/public. The Gartcosh proposal is clearly the issue that divides respondents, with, generally, those from Airdrie expressing a dislike for the site, while others citing it as 'the best option' or remaining neutral.

#### Hospital transfer

7. Only a few respondents made lengthy comments on this aspect. One staff response, however, raised the following point:  
*"This is most important to me as medicine progresses the number of time critical procedures increase. Gartcosh is the only one that is a shorter drive in all cases. A longer transfer time in cardiology and brain injuries even by minutes, to the other 2 sites would concern me"* [Staff response]



### **Cross-boundary flow**

8. On cross-boundary issues, views are divided. Many (particularly from Airdrie) see the proximity to Glasgow as a negative: that the new hospital will attract patients from Glasgow, 'crowding out' the local Lanarkshire population and increasing waiting times at A&E:

*"As previously stated Gartcosh would become part of Glasgow and this is unacceptable as this new hospital is for the community in Lanarkshire"* [Public/patient response]

One patient/public respondent pointed out that *"60% of existing Monklands staff live in North Lanarkshire"*, and that, as many of these are auxiliary/lower-paid staff, the transport issues would make their jobs unsustainable in terms of longer working days and travel times.

9. One staff respondent also highlighted the negative impacts of cross-boundary flow at Gartcosh in terms of the possible influx of 'unknown' and possibly 'problematic' patients:

*"Gartcosh will receive a huge number of cross boundary patients simply for its proximity. This means that problematic patients will gravitate towards areas to which they are unknown and create difficulties for the staff who deal with them - their records will be inaccessible resulting in potential issues for staff. As the other sites are further away, this may - and does - still happen however as Gartcosh is only a few railway stops directly from Glasgow, this increases the probability that this will happen. Different health boards use different and inaccessible e-filing and info on patients will not be able to communicate with each other at times of need"* [Staff response]

10. Those in favour of Gartcosh tend to see the proximity to Glasgow as an opportunity to attract more staff:

*"Gartcosh will suffer most from cross boundry flow but this is by virute of its far superior transport links and I believe it could actually be a positive thing as it would ease the strain on other nearby centres meaning expert staff would actually be more available."* [Public/patient response].

11. One staff respondent pointed out that staffing considerations needed to involve more than simply doctors:

*"Doctors do not make up the majority of staff, we do have a recruitment problem in this profession. This is not factored in anywhere else in the scoring. Transport times to Gartcosh reasonable for all staff and train station is closer (...) that said, the train station at Gartcosh is not accessible for Airdrie residents as it is on the wrong line!"* [Staff response]

12. Others in favour of Gartcosh highlighted the easier transport links, and the fact that many staff were car-drivers.

### **Contamination**

13. Those opposed to Gartcosh raised the issue of contamination, particularly in reference to its former use for steel processing:

*"Gartcosh can we be sure to remove all contamination? We only need to look at new school on Coatbridge for that."* [Public/patient response]

14. Several respondents also felt that the cost of decontamination had been underestimated.

15. Several of those in favour of Gartcosh mentioned that remediation of the contamination was already underway:

*"In category 4 costs of remediation work to make sites safe was lowest at Gartcosh as some work already completed."* [Public/patient response].

## **Other**

16. Although linked to the well-covered transport concerns, the following, specific point around the walk from the station to Gartcosh was made by a staff member:

*"The walk between Gartcosh Station and the proposed Gartcosh site is treacherous due to Staff parking along every kerb and available space by the new HMRC / Police/Customs joint campus Staff - due to lack of their car park facilities and the new car park for the Hospital presumably will also be a car park for this office block. There are substantial numbers of cars involved in this that cannot be overlooked!"* [Staff response]

17. Another point was made also by a staff member around referral processes:

*"As an ANP working in the North Lanarkshire / Glasgow corridor, Gartcosh site would improve referral processes as this could be streamlined to one site, instead of the current situation of referring patients to Monklands or GRI depending on location, both using different referral polices, one site would benefit GP admin team."* [Staff response].

## **Glenmavis**

18. Many fewer issues were made around Glenmavis (other than, by default, as a positive comparison to negative comments around Gartcosh, particularly on hospital transfer and cross-boundary issues)

## **Contamination**

19. A couple of respondents raised concerns about the danger from the mines, and the possibility of subsidence:

*"Glenmavis, too many issues with the land, potential for subsidence is extremely high."* [Public/patient response].

20. Those who were opposed to the Gartcosh site tended to see Glenmavis (and Wester Moffat) as 'rural', and therefore less requiring of decontamination:

*"I have scored in favour of Glenmavis and Wester Moffat as both are rural sites with little or no ground contamination"* [Public/patient response]

## **Wester Moffat**

21. Again, many fewer issues were made around Wester Moffat (other than, by default, as a positive comparison to negative comments around Gartcosh, particularly on hospital transfer and cross-boundary issues)

## **Contamination**

22. A couple of points were raised under this heading setting out concerns around the land topography at the Wester Moffat site:

*"Based on cost cheapest option is not always the best as WEster Moffat sits in a zone that includes Coma sites and may have to be evacuated in an emergency".* [Public/patient response]

## **General**

23. A few respondents made comments that applied to all three sites.

## **Planning and business case**

24. *"The main difficulty with an objective scoring exercise is the issue of the EALR The North Lanarkshire Council website makes it clear that: a) Planning is at an early stage (Stage 2) b) The project will create a new single carriageway road.... c) The route of the road has not been determined yet. d) An outline business case is not expected until 2021/2022 and planning application 2022. Hence there appears to be a huge risk in basing key planning assumptions on the EALR if built at all. It will be single carriageway and we have no control over the route or the timescales."* [Staff response].

## **Finance**

25. *"Money follows patients so any GGC / FY patients would be funded by their own healthboards."* [Staff response]

## **Impact on other hospitals**

26. *"A bigger concern should be the impact on Wishaw who already struggle with bed occupancy with patients redirected to Monklands."* [Staff response]

## **Digital features**

27. *"I have also looked at the digital features of the services in the USA being used to administer care. This will help monitor and prescribe care in a community setting rather than acute ie NHS Lanarkshire don't cut corners on the application. It will in fact reduce beds by working in a different way."* [Public/patient response]

## **Contamination**

28. *"Figures of decontamination and reinstatement are grossly low on all sites. Ex railways have high polycarbon deposits and levels so £0 to remove is not true."* [Public/patient response]

## **Transport**

29. *"I was surprised to see that scoring was combined for 'road and public transport'. As clearly stated in the site info pack, Scottish Government have committed to getting people out of private transport and onto public transport. By combining these transport modalities into one criteria it is impossible to account for a site's ability to better cater for public transport."* [Public/patient response]

**Barry Creasy**

**The Consultation Institute**

**22 August**

**Site Feasibility Option Appraisal**

**Report on Risk Appraisal of Areas Highlighted by Consultation Institute**

**1. Introduction**

The Consultation Institute were engaged by NHS Lanarkshire to design, manage and undertake a weighting and scoring exercise to support the process to determine a preferred location for the construction of a replacement for the existing University Hospital Monklands.

Following the weighting and scoring process, the Consultation Institute have assessed the comments made by participants and recommended three areas that would benefit from risk appraisal. These areas, contamination, cross-boundary flow and road infrastructure were assessed and this report sets out the outcome from that process.

**2. Background**

The Consultation Institute have now **concluded a postal process with members of the public/patients and staff. The feedback** forms submitted by participants have been reviewed and common themes have been identified which the Consultation Institute consider would benefit from further assessment.

The areas identified are:

- Contamination – the risk that there might be more contamination than identified so far
- Cross-Boundary Flow- the risk the patient flows for unscheduled care from East Glasgow might be greater than anticipated so far
- Transport Infrastructure – the risk that the planning assumptions for key roads infrastructure may have underestimated the actual requirements of the new hospital

The three areas were evaluated on 24 August 2020 by members of the projects external technical adviser team, namely

- Currie & Brown, lead advisor and cost advisor
- WSP – Ground conditions and contamination advisors
- WSP – Transport infrastructure advisors
- Buchan Associates – Healthcare planning and cross boundary flow advisors

The three areas were reviewed using the Scottish Capital Investment Manual (SCIM) Risk Management approach. The outcome of this assessment is given below.

The Consultation Institute also identified ‘travel for people on low incomes’ which will be assessed separately under the Fairer Scotland Duty.

### 3. Risk Appraisal

The three areas have been considered as part of the development of the financial model for the new hospital, and the team considered the impact of risk should these allowances be insufficient. The team defined questions to sit alongside the areas highlighted by the Consultation Institute.

- Contamination - What would be the risk of greater than expected levels of contamination?
- Cross-Boundary Flow - What would the risk be of greater than allowed for cross boundary flow?
- Road Infrastructure - What is the risk of infrastructure assumptions being wrong?

The scores for the three sites in alphabetical order are shown below alongside the team's comments.

<b>Gartcosh</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Score</b>
<b>Contamination</b>	3	3	9
<b>Cross-Boundary Flow</b>	3	2	6
<b>Road Infrastructure</b>	2	1	2
<b>Total</b>			17
<b>Glenmavis</b>			
<b>Contamination</b>	4	3	12
<b>Cross-Boundary Flow</b>	2	1	2
<b>Road Infrastructure</b>	2	4	8
<b>Total</b>			22
<b>Wester Moffat</b>			
<b>Contamination</b>	2	3	6
<b>Cross-Boundary Flow</b>	2	1	2
<b>Road Infrastructure</b>	2	4	8
<b>Total</b>			16

#### Advisers' comments - Gartcosh

Contamination – There is a risk that there could be contamination beyond what has been allowed for, however, a lot of historical work has already taken place to remediate this site and to understand the residual contamination present. Any additional contamination may add time to programme but would not halt the use of the site as a healthcare facility.

Cross-Boundary Flow – The hospital has been sized to allow for an increase in ED (A&E) attendances and beds (28) based on cross boundary flows; 8,256 additional ED attendances are included within the capacity planning model. This risk is mitigated by the control NHS Lanarkshire has in managing unscheduled care pathways i.e. the Scottish Ambulance Service transport people to their local hospital and General Practitioners refer patients with an acute

illness in the same way. The risk of any additional ED attendances would therefore be more likely in circumstances where people self-present, more often with a minor injury or minor illness; the new clinical pathways within the ED have been specifically designed to manage this type of attendance more efficiently. An increase in minor attendances will not affect inpatient bed requirements or scheduled care as modelled.

Road Infrastructure – Established motorway links in place so minimal concern over the ability to provide improvements at this site in line with project programme.

### **Advisers' comments - Glenmavis**

Contamination – A level of risk of contamination greater than allowed for remains due to restrictions on Site Investigation works due to large areas of trees restricting access and the uncertain nature of the sludge found.

Cross-Boundary Flow – The risk of greater than allowed for cross-boundary flow is expected to be less due to the distance from NHS GG&C's boundary although there is a potential for an impact on ED attendance at University Hospital Wishaw.

Road Infrastructure – The road infrastructure risk is made up of two main elements, provision of the East Airdrie Link Road and the timing of its opening.

The viability of Glenmavis is dependent upon the East Airdrie Link Road as the site is remote from the existing A73. If the plans for the new road were halted then this could potentially make the hospital location unviable due to the inability of access. Assurance has been provided by North Lanarkshire Council that this road will be in place for building to commence.

There is, however, a risk that delays in construction and opening of the proposed East Airdrie Link Road could have an impact on the opening of the new hospital. An allowance has been made within the current programme for a longer construction phase to allow an access road to be created. The risk assessment considers the impact of this longer construction phase being insufficient and the hospital being delayed if the EALR is not ready for hospital opening. This would impact the opening of the hospital and/or increase costs.

The two elements of road infrastructure risk, provision of the East Airdrie Link Road and timing of opening, have been combined in the above risk score.

### **Advisers' comments - Wester Moffat**

Contamination – Risk of contamination over what has been allowed for is low due to the historical farming use of the site, there has however been relatively limited Site Investigation undertaken at this site to confirm this compared to the other two.

Cross-Boundary Flow – The risk of greater than allowed for cross-boundary flow is expected to be less due to the distance from NHS GG&C's boundary although there is a potential for an impact on ED attendance at University Hospital Wishaw.

Road Infrastructure – The road infrastructure risk is made up of two main elements, provision of the East Airdrie Link Road and the timing of its opening.

The viability of Wester Moffat is dependent upon the East Airdrie Link Road as the site is remote from the existing A73. If the plans for the new road were halted then this could potentially make the hospital location unviable due to the inability of access. Assurance has been provided by North Lanarkshire Council that this road will be in place for building to commence.

There is, however, a risk that delays in construction and opening of the proposed East Airdrie Link Road could have an impact on the opening of the new hospital. An allowance has been made within the current programme for a longer construction phase to allow an access road to be created. The risk assessment considers the impact of this longer construction phase being insufficient and the hospital being delayed if the EALR is not ready for hospital opening. This would impact the opening of the hospital and/or increase costs.

The two elements of road infrastructure risk, provision of the East Airdrie Link Road and timing of opening, have been combined in the above risk score.

### Summary

The summary of the outcomes is given below, colour coded in accordance with the SCIM risk management guidance.

	Gartcosh	Glenmavis	Wester Moffat
<b>Contamination</b>	9	12	6
<b>Cross-Boundary Flow</b>	6	2	2
<b>Road Infrastructure</b>	2	8	8
<b>Total Risk Score</b>	17	22	16
<b>Final Score (out of 100)</b>	94.12	72.73	100.00

### 4. Recommendations

It is recommended that the above risk scores are taken forward to form part of the site feasibility option appraisal process in accordance with SCIM requirements and included along with the economic appraisal within the formal report issued in advance of the public feedback process.

G Reid, Monklands Replacement Project Director

28<sup>th</sup> August 2020

Graham Johnston  
Head of Planning & Development  
NHS Lanarkshire Headquarters  
Kirklands House, Fallside Road  
Bothwell, G71 8BB

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11 September 2020

Dear Graham

**With regards to the Site Feasibility Option Appraisal**

The Institute was commissioned by NHS Lanarkshire to undertake public and staff options weighting and scoring exercises, as part of site appraisal, to support the process to determine a preferred location for the construction of a replacement for the existing University Hospital Monklands.

The feedback from some participants in these exercises highlighted areas/themes that we determined would benefit from risk appraisal. These were:

1. Contamination – the risk that there might be more contamination than identified so far
2. Cross-Boundary Flow- the risk the patient flows for unscheduled care from East Glasgow might be greater than anticipated so far
3. Transport Infrastructure – the risk that the planning assumptions for key roads infrastructure may have underestimated the actual requirements of the new hospital
4. Travel and access for people on low incomes.

It was agreed that risks 1 to 3 should be reviewed using the Scottish Capital Investment Manual (SCIM) Risk Management approach and that it was logical to review (4) under the Fairer Scotland Duty. The review of 1 to 3 has now been undertaken, and the following is the Institute's retrospective assessment of that review.

In order to assess the review we have considered the following:

- A. The information that the reviewing bodies had access to in order to conduct that review
- B. Who undertook the review
- C. The report that has been produced into the review
- D. The approach that is explained for risk management within the Scottish Capital Investment Manual.



## **The information that the reviewing bodies had access to in order to conduct that review**

Our understanding is that the following information was used:

- Wester Moffat Site Report – Revised
- Wester Moffat Site Report – Ground Investigations Addendum
- Wester Moffat – Historical Ground Conditions Report – Phase 1
- Glenmavis Site Report – Revised
- Glenmavis Site Report – Ground Investigations Addendum
- Glenmavis – Historical Ground Conditions Report – Phase 1
- Gartcosh Site Report – Revised
- Gartcosh Site Report – Ground Investigations Addendum
- Gartcosh – Historical Ground Conditions Report – Phase 1
- Monklands Replacement Project Transport Strategy
- Monklands Replacement Project Sites Summary Cost Report
- Final Summary MRP - Impact on catchment areas risk review assessment overview

The Institute scanned these documents to ascertain that there was adequate information to assist in reviewing (1-3) above.

## **Who undertook the review**

Our understanding is that the review was undertaken by a Projects External Technical Adviser Team that was compiled of expert advisors from Currie and Brown, WSP and Buchan Associates.

## **The report that has been produced into the review**

This report has been shared with the Institute. It summarises a combination of the comments/observations of the Adviser Team together with a clear scoring matrix to allow NHS Lanarkshire to consider both the likelihood of issues with regards to (1-3) above and the impact level. It concludes with an overall scoring matrix that enables NHS Lanarkshire to consider the three risk areas comparatively between each site.

## **The approach that is explained for risk management within the Scottish Capital Investment Manual**

The Scottish Capital Investment Manual advises an approach to Risk Assessment. This is a staged process that considers:

- Likelihood
- Consequence
- Risk Rating
- Control
- Tolerate
- Mitigate
- Transfer
- Review and rethink strategy
- Risk monitoring

It is the first three of these (likelihood, consequence and risk rating) that are relevant to the review that has been undertaken, the remainder being future actions following initial review.

### **Additional considerations**

We have also studied the review of the NHS Lanarkshire approach to the requirements of the SCIM by Paul Mortimer of Health Facilities Scotland, Lead author of SCIM and take note of his conclusions.

### **The Institute's conclusions about the review**

Having considered the above the Institute is satisfied that:

1. The information used by the Projects External Technical Adviser Team was appropriate for the stages of the process required by the Scottish Capital Investment Manual (SCIM) Risk Management approach
2. The Projects External Technical Adviser Team were from organisations that have the expertise to undertake such a review.
3. The report meets the requirements identified in the stages of 'Likelihood', 'Consequence' and 'Risk Rating'.
4. The SCIM does not suggest the need for anything different to that which has been undertaken prior to the NHS Lanarkshire's Board considering the report.

It is important to note that the Institute does not regard itself as being expert in the requirements of the Scottish Capital Investment Manual Risk Management approach. So, it is reassuring that Paul Mortimer of Health Facilities Scotland also supports the approach taken by NHS Lanarkshire.

The Institute therefore considers that the process undertaken meets with the requirements of the SCIM Risk Management.

We would now suggest that the report is taken forward with the results of the public and staff weighting and scoring processes, the economic appraisal and other relevant information for decision making.

Yours sincerely,



Nicholas Duffin  
Fellow of the Consultation Institute  
On behalf of the Consultation Institute

DRAFT

**Monklands Replacement Project**  
**Briefing Paper on Engagement Report (December 2020)**

## **1. Introduction**

This paper provides a summary and analysis of the communications and engagement process undertaken in four phases, between October 2019 and October 2020, with regard to site selection for the Monklands Replacement Project (MRP).

The MRP communication and engagement programme was designed to implement the recommendations of the Independent Review, undertaken by the University of Glasgow, which reported in 2019. The review considered the engagement processes followed by Monklands Replacement/Refurbishment Project during 2018 described below.

### **1.1. The process undertaken by the Monklands Replacement/Refurbishment Project (MRRP)**

NHS Lanarkshire undertook an MRRP option appraisal process in June 2018 and a formal public consultation between July 2018 and October 2018. The consultation gave stakeholders the opportunity to provide their views on the highest-scoring option from the appraisal, Gartcosh, and on the other options – to refurbish the hospital, rebuild on the existing site or relocate to Glenmavis.

Methods of communication and engagement included: a consultation document available online and distributed in hard copy; a dedicated consultation webpage; public meetings; meetings with community fora; briefings for parliamentarians and elected members; staff engagement; press releases, internal communications and extensive social media.

### **1.2 Consultation feedback**

Ten recurring themes were identified from all the feedback received. These themes were used to inform the nature of the further engagement process described in this report, including the site information and other documents published.

1. The option appraisal process and scoring exercise.
2. The selection of the two sites.
3. Travel and transport: public transport bus and rail access; East Airdrie Link Road.

4. Impact on health inequalities and deprivation
5. The decontamination costs of the land.
6. The impact of the offer of the Glenmavis land for a nominal sum.
7. The impact on Gartcosh.
8. The impact on catchment areas especially Greater Glasgow and Clyde and University Hospital Wishaw.
9. Impact on existing University Hospital Monklands site.
10. How feedback will be used.

### 1.3 Scottish Parliament debate: 24 October 2018

A Scottish Parliament debate on the consultation processes followed by NHS Lanarkshire took place on 24 October 2018. A transcript of the debate is provided in the Scottish Parliament Official Report at this link <https://www.parliament.scot/parliamentarybusiness/report.aspx?r=11724&mode=pdf>.

### 1.4 The Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP)

Following the public consultation, and Parliamentary debate, an independent review of the engagement process undertaken by the Monklands Replacement/Refurbishment Project in 2018 was instigated by the Cabinet Secretary for Health and Sport Jeane Freeman, with the terms of reference to provide an independent assessment of the process followed by NHS Lanarkshire, to address the concerns raised by elected representatives and local people about the quality of the option appraisal process and the wider engagement and consultation undertaken by the Board.

The independent review was carried out by the University of Glasgow's Institute of Health & Wellbeing. The review's findings were published on 27 June 2019. The Independent Review Panel found that NHS Lanarkshire undertook extensive and high-quality work that was meaningfully informed by stakeholders (patients, public, staff, elected representatives and the many others who have an interest in a new Lanarkshire hospital). Their report noted that NHS Lanarkshire's processes were well conducted and they outlined examples of good practice demonstrated by the Health Board.

The review's recommendations, in summary, were:

- a. NHS Lanarkshire should make provision for new independent (external) members to the MRRP board (e.g. an individual with recent experience of leading or facilitating major service change within NHS Scotland). This will help support greater objectivity and external vision, as well as increased understanding of the public perception of the MRRP process.
- b. NHS Lanarkshire should re-evaluate the top two scoring options underpinned by credible and convincing detail on the non-financial benefit criteria and associated financial costs. This further evaluation should explicitly and transparently take account of the views of the public, obtained following an inclusive process and in line with appropriate recognised approaches, such as multi-criteria analysis, citizens' panel, citizens' jury or consensus voting. This work should clearly and transparently reflect the Board's duty of public involvement.
- c. A clear vision for the existing Monklands site should be developed which takes account of views within the local community and which reflects emerging commitments to improved place-making such as the Place principle.

In addition, the Cabinet Secretary directed that the existing site should be excluded from further consideration as it was not a practical option. She also directed that NHS Lanarkshire seek to identify further sites which could be considered for the new hospital location.

#### 1.5 Scottish Health Council assessment report

Healthcare Improvement Scotland – Community Engagement (then called the Scottish Health Council), which supports the engagement of people and communities in shaping health and care services, published an assessment report of NHS Lanarkshire's engagement and consultation in June 2019. It made four recommendations for NHS Lanarkshire to assist them in their next steps to fully meet national guidance.

- Review the outcome of external assurance activities which included; assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
- Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with appropriate demographic and socio-economic information, and set out any proposed mitigating actions to take account of potential adverse impacts on any groups.

- Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.
- Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

## 2. Approach

### 2.1 CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services

Paramount in the implementation of the independent review recommendations was effective engagement with stakeholders, including the public and NHS Lanarkshire staff. An extensive programme of communications and engagement was designed to achieve best practice in this regard, meeting the requirements of the national guidance on how NHS Boards must carry out meaningful engagement: CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services.

NHS Lanarkshire's programme of public involvement and engagement was designed and implemented, in line with CEL 4, with the advice and guidance of Healthcare Improvement Scotland - Community Engagement (HIS-CE), to ensure it met the recommendations of the independent review and HIS-CE's 2019 assessment report recommendations.

### 2.2 Healthcare Improvement Scotland - Community Engagement (HIS-CE)

HIS-CE has completed an assessment of NHS Lanarkshire's engagement process which has concluded:

- It is HIS-CE's view, based on the work that NHS Lanarkshire has taken forward, information made publicly available, engagement activities (including option appraisal) and feedback from participants that they have met the expectations set out in HIS-CE's recommendations in its 2019 assessment of the MRRP public consultation in 2018 (Appendix D).
- In its current assessment, HIS-CE has found that NHS Lanarkshire has followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

HIS-CE has concluded that NHS Lanarkshire followed national guidance. The process was therefore carried out in line with best practice.

### 2.3 Consultation Institute

In addition, the Consultation Institute, which provided independent advice and supported NHS Lanarkshire on the engagement programme, concluded that NHS Lanarkshire had followed best practice.

### 2.4 Implementation of the engagement plan

NHS Lanarkshire's engagement report describes the implementation of the engagement plan/process and the feedback received and assessed through the following phases:

a. Public site nominations process (31 October-13 December 2019)

To achieve best practice with regard to public involvement in site selection, NHS Lanarkshire designed communications and engagement activities to seek public nominations for specific sites, which might meet the five site selection criteria. This process led to the NHS Lanarkshire Board adding Wester Moffat to the site shortlist, which already included Gartcosh and Glenmavis.

b. Public and staff engagement (5 February-10 March 2020)

An engagement programme gave the community the chance to provide feedback on the shortlist of three sites for the hospital, including extensive published site information, before a scoring exercise was carried out involving a group of members of the public and NHS staff. Key activities included:

- Community discussions: structured events designed to provide members of the public with an opportunity to give feedback on the proposed sites in advance of scoring.
- NHS Lanarkshire invited suggestions for criteria to evaluate the sites at the scoring event.
- People's Hearing: a structured event with an independently-chaired panel including an independent member, Sir Harry Burns, professor of global public health at the University of Strathclyde, and MRP technical advisors. The panel heard representations from stakeholders about any concerns about the accuracy or legitimacy of any information on the shortlisted sites issued by NHS Lanarkshire. This feedback was assessed by the panel to inform the information to be presented to the site scoring participants. The event also included an online question and answers session with the MRP team and an assessment of potential benefits criteria, including public suggestions.
- Participation in a site scoring exercise: the public could nominate themselves or their community group to be one of the participant group, and NHS Lanarkshire colleagues could nominate themselves as one of the staff representatives.



- The engagement period culminated in a community and staff scoring event on 10 March 2020. The results of this event were withdrawn by NHS Lanarkshire due to concerns over the validity of the weighting and scoring following the failure of the electronic scoring system, and concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. NHS Lanarkshire then devised a postal site scoring exercise to enable the process to continue during the Covid-19 pandemic while meeting safety requirements.
- c. Postal site scoring exercise (9 July-13 August 2020)

A group of over 400 public and NHS Lanarkshire staff participants – three-quarters of them members of the public – were invited to take part in postal scoring to determine the non-financial benefit scores for each option as part of a site feasibility option appraisal process.

- d. Public and staff feedback period (30 September-18 October 2020)

NHS Lanarkshire held a period for feedback from public, staff and other stakeholders following a site feasibility option appraisal, which incorporated the results of the postal site scoring exercise.

### 2.5 The role of independent advisors

- The Consultation Institute (tCI)  
Design and implementation of the four phases outlined above were supported through the independent input of engagement specialists from the Consultation Institute (tCI), who advised on best practice requirements. This included the independent design and management of the postal site scoring exercise. tCI is a not-for-profit best practice institute, promoting high-quality public and stakeholder consultation and engagement in the public, private and voluntary sectors.
- Healthcare Improvement Scotland – Community Engagement (HIS-CE)  
HIS-CE supports the engagement of people and communities in shaping health and care services. NHS Lanarkshire's programme of public involvement and engagement was developed, in line with CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, with the advice and guidance of HIS-CE, and enhanced and adapted throughout the engagement process through regular meetings with HIS-CE.

- The Campaign Company

The Campaign Company, a leading UK research company, undertook two telephone surveys involving Lanarkshire residents on NHS Lanarkshire's behalf, in February 2020 and October 2020. The second survey was supplemented with focus groups/in-depth conversations involving a number of survey participants.

- LattaCharlton Associates

Representatives of LattaCharlton Associates, engagement practitioners who are associates of the Consultation Institute, independently chaired community discussions (February 2020) and the People's Hearing (March 2020).

- Electoral Commission

The Electoral Commission is the independent body which oversees elections in the UK and works to promote public confidence in the democratic process and ensure its integrity. The Commission provided support to tCI in the design of the postal site scoring process.

### 2.6 Communication and engagement activities

The engagement report follows a chronological path through the phases noted above, describing at each stage communications and engagement activities and any stakeholder feedback or relevant online metrics associated with them.

Methods of communication and engagement outlined included, but were not limited to: publication of key documents and regularly updated frequently asked questions on a dedicated webpage; an open channel of communication through email/phone/post; press releases, stakeholder updates; internal communications and staff engagement; information stalls; extensive social media including video and paid content; briefings for parliamentarians and elected members.

Allied to this is detailed analysis of:

- Key engagement events during the February/March 2020 engagement phase:
  - Community discussions in Airdrie, Coatbridge, Cumbernauld, Gartcosh (February 2020);
  - People's Hearing (March 2020).

Key engagement activities during the September/October 2020 period for feedback on the option appraisal process and outcome (Appendix B).

*(Please note: The option appraisal process - including calculation of proportionate site scoring by public/staff, economic appraisal and risk appraisal - is described separately in the NHS Lanarkshire report, Monklands Replacement Project Site Selection Process: Report on Option Appraisal Process (23 September 2020).*

- Direct feedback from staff by email/phone following option appraisal (55 submissions);
- Direct feedback from public/other stakeholders by email/phone following option appraisal (708 submissions);
- Social media comments;
- University Hospital Monklands medical staff feedback;
- MP/MSP feedback;
- A random telephone survey, carried out independently by The Campaign Company, with 500 residents across Lanarkshire (including in areas of high deprivation), to supplement the other engagement channels which were self-selecting by nature.
- Online focus groups, carried out independently by The Campaign Company, involving 29 people who took part in the phone survey.
- Two online surveys by NHS Lanarkshire: young people; patients who attend UHM's "centres of excellence" - the specialised services that offer care to patients from across Lanarkshire/regionally: haematology (cancer); ENT (ear, nose and throat); infectious disease medicine; Lanarkshire Beatson (radiotherapy); renal; urology.

Please note: a spreadsheet with all direct feedback received is available for review by Board Members.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback, established the following key themes:

1. The engagement process and site scoring exercise.
2. Identification of potential sites;
3. Travel and transport;
4. Impact on health inequalities and deprivation;
5. Site contamination;
6. Cross-boundary flow.

### 3. Equality Impact Assessment (EQIA)

An EQIA for the communications and engagement plan was produced, outlining the steps taken to ensure that this process included all equality groups as identified, and that any potential negative impacts experienced by stakeholders were identified and mitigated, as far as possible, to allow them to participate.

### 4. Issues raised by stakeholders and mitigating actions taken

The engagement report outlines, by themes, the channels NHS Lanarkshire employed to listen to input from stakeholders, what we heard and what actions we undertook to address the issues that were made known to us.

In summary, these are:

#### 4.1 The engagement process and scoring exercise

- Concerns about a “done deal” in favour of Gartcosh were addressed in FAQs and in public events by stressing no decision on site selection had yet been taken.
- Concerns about limited number/location of community discussion events were addressed with addition of two events/enhanced social media promotion.
- Concerns about the proportion of scoring process participants drawn from disadvantaged areas/lower-paid staff/Cumbernauld & Kilsyth area were addressed by reference to the Consultation Institute’s confirmation of appropriateness of proportions.
- Request for enhanced UHM clinical staff engagement during the feedback period was addressed through engagement with representatives of UHM medical/nursing staff.

#### 4.2 Identification of potential sites

- Nominations of unsuitable sites – Cumbernauld/Maxim Park/Orchard Brae - addressed with clear communications.
- Concerns over exclusion of existing UHM site: clear information given on the reasons that existing site is not an option following decision by Cabinet Secretary that the site should be excluded as “building a new hospital on an existing site takes longer, costs more and risks infection and other patient safety concerns.”; clear information given on intended re-provision as a “health and wellbeing village”.

4.3 Travel and transport

- General concerns and specific issues (matching exiting hospital bus provision, not sufficient/lack of train link from Airdrie to Gartcosh, distrust over road improvement commitments) addressed via:
  - transport travel/information published on MRP webpage and communicated at events, including how data was validated;
  - inclusion of site scoring benefits criteria on travel times for staff and public
  - inclusion of transport infrastructure in option appraisal risk appraisal;
- Concerns over staff travel/public travel from disadvantaged communities addressed via clear communications in published information/frequently asked questions (FAQs) on NHS Lanarkshire’s transport commitments.
- Concerns (notably from UHM medical staff) over provision/capacity of East Airdrie Link Road (EALR) which is crucial in order for either the Glenmavis or Wester Moffat options to be viable to ensure attractiveness to staff for recruitment and retention. This was addressed through clear communications online/at events that we have received written confirmation from North Lanarkshire Council that the funding for the EALR is available within the City Deal project and that the road is funded as a single carriageway.
- Concerns over parking provision addressed via clear communications in published information/FAQs that car parking requirements are addressed through the local authority planning process but provision would increase.

4.5 Impact on health inequalities and deprivation

- General concern from public/staff and some local politicians that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation - Airdrie/Coatbridge/wider Monklands area: addressed via development of Fairer Scotland Duty Assessment (Appendix F) on socio-economic impact of hospital relocation, which was published/publicised to seek public feedback.

4.6 Site contamination

- A common theme was that the information on contamination is inaccurate and biased – in particular there are concerns raised by some that the level of contamination at Gartcosh is much higher than has been stated. These were addressed through
  - Contamination information published on MRP webpage/FAQs and communicated at events, including how data was validated;
  - Discussion of the topic at the People’s Hearing
  - inclusion of site scoring benefits criterion on contamination;

- inclusion of contamination in option appraisal risk appraisal;

#### 4.7 Cross-boundary flow

- There was concern, particularly from members of the community who oppose the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow). These were addressed through
  - Cross-boundary flow information published on MRP webpage/FAQs and communicated at events, including how data was validated;
  - Discussion of the topic at the People's Hearing
  - inclusion of site scoring benefits criterion on cross-boundary flow;
  - inclusion of cross-boundary flow in option appraisal risk appraisal;

### **5. Points for consideration/impact on sites**

#### 5.1 Engagement process and postal scoring exercise

The engagement process and postal scoring exercise were independently assessed by Healthcare Improvement Scotland – Community Engagement (HIS-CE), formerly known as the Scottish Health Council.

In their assessment report HIS-CE stated that the work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months met the expectations set out in their recommendations from June 2019 and followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

HIS-CE found that NHS Lanarkshire:

- Took a rigorous approach to engagement and option appraisal on the new site for University Hospital Monklands over the last 12 months;
- Responded positively to questions. People have been given the opportunity to question the clarity or accuracy of the external assurance information and identify potential gaps, resulting in information being added to and refined as the process progressed;
- Endeavoured to ensure objectivity and balance, paying particular attention to achieving parity in the external assurance activities and reports provided for the three shortlisted sites;

- Undertook engagement over the last 12 months on the three shortlisted sites that was robust and would support the Board of NHS Lanarkshire in identifying a preferred location for the new University Hospital Monklands.

The design and implementation of the engagement process and postal scoring exercise were supported through independent input from the Consultation Institute (tCI).

Throughout the engagement process we saw a good and consistent level of participation from stakeholders. There was a total of more than 185,000 stakeholder interactions with the largest element being via social media. The telephone survey conducted for NHS Lanarkshire by The Campaign Company in October 2020 found a high level of general awareness of plans related to University Hospital Monklands. People found out about the plans through a wide range of routes including newspapers, social media, word of mouth, website, newsletters and leaflets in the community and public meetings. This reflected the multi-channel approach to communications and engagement that was used.

There was a general belief that the process had been fair, as indicated by 77 per cent of respondents to the telephone survey conducted in October 2020. In addition, the vast majority of participants in the February community discussions felt that they had the chance to give their views and actively contribute.

There were a number of negative comments throughout the process, based on a perception that a decision on the location of the hospital had already been made. Prior to the option appraisal exercise some expressed the belief that it was already decided it was going to Gartcosh. Following the option appraisal, the same view was more likely to be expressed in relation to Wester Moffat. The view was also expressed through various routes that there had been insufficient consultation with the public and that more information should have been provided. The validity of some of the information provided by NHS Lanarkshire was questioned.

Actions were taken during the engagement process to address perceptions regarding decision-making, making additional information available, and giving stakeholders the opportunity to present additional evidence to the People's Hearing. The People's Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites.

With the exception of the two random, geographically-targeted telephone surveys, participants in the process self-selected when providing feedback. This has been taken into account when analysing stakeholder feedback and reaching the conclusions in this report.

Elected representatives' submissions followed the pattern of other responses and generally mirrored the site preferences of the communities they represent. Therefore, there was not a unanimous view of the preferred site from local politicians.

The opportunity to undertake face-to-face engagement was halted by the COVID-19 pandemic. Alternative methods of achieving stakeholder input, including the postal scoring exercise and virtual focus groups, were used to address this challenge.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback mirrored in large part the themes seen in the 2018 Monklands Replacement/Refurbishment Project public consultation process.

## 5.2 Feedback on site locations

Transport and travel was the most widely cited reason for a particular site preference. A general theme running through feedback received from stakeholders was that most people expressed a preference for the site that was closest to where they lived. This was demonstrated most clearly in the responses to the second telephone survey.

It is further reinforced in the direct feedback received during the engagement period in September/October with each of the sites receiving positive comments about accessibility from some stakeholders and negative comments from others.

It should be noted that a reasonable proportion of individuals said they were not concerned with which site was selected. This was generally among car owners and those for whom there was little difference in travel time to the different sites.

Gartcosh received the strongest support from stakeholders providing direct feedback and commenting on social media during the engagement period. 70 per cent of those providing direct feedback who indicated a preferred site were in support of Gartcosh compared to 25 per cent for Wester Moffat. Stakeholders providing feedback through this route self-selected in contrast to the telephone survey's random sampling, which showed a more balanced perception of the sites among respondents.

Throughout the engagement process there has been a trend that stakeholders from different areas have been more vocal depending on their perception of the likely outcome. There was more negative sentiment about



Gartcosh from stakeholders particularly from Airdrie when they believed this was the likely site of the hospital, and more positive sentiment about Gartcosh primarily from Cumbernauld, when Wester Moffat was seen as the likely outcome.

Throughout the engagement process, stakeholders demonstrated and reported a lower level of awareness of Wester Moffat and its exact location. Some stated that it was harder to judge its suitability as a result. This is likely because it was added as a potential site more recently in the process and did not enjoy the awareness of the other two sites that had built up during the engagement and consultation carried out in 2018. This was despite the fact that detailed information about Wester Moffat, including a site map, was included on the MRP webpage.

There was a consistent strength of feeling during the process from respondents in Airdrie that the site of the hospital should remain within Monklands, taken to mean the traditional Monklands area as per the boundaries of the former Monklands District Council. There was a clear sense of loss at the prospect the hospital may move further away, particularly if the site was Gartcosh. Indeed, significant numbers made it clear that they would prefer for the hospital to remain on the existing site and that they did not understand the need to change location.

Independent of location, stakeholders commented positively on the vision for the new hospital and its ability to provide an enhanced clinical model for the people of Lanarkshire. There were also positive comments about the opportunities presented by the redevelopment of the current site of the hospital.

The vast majority of respondents living in Airdrie who participated in the second telephone survey indicated that there would be a significant impact for them if the hospital were relocated to Gartcosh.

For Glenmavis, those based in Coatbridge most often stated that there would be some impact, with Viewpark/Uddingston respondents having the largest number saying that the impact would be 'a lot'.

The lowest proportion of respondents who were likely to report a major impact of the hospital moving to Wester Moffat were those based in Airdrie.

It is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. It is important that this is addressed through further communications and engagement on the development of the hospital once the location is identified.

### 5.3 Travel and transport

As detailed in the section above on site location, travel and transport have continually featured as the most important factor for stakeholders when considering the site of the hospital. For example, during the online focus groups, there was overwhelming agreement that public transport access to each site should be a key factor when assessing options.

A number of specific themes emerged in relation to travel and transport:

- The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh;
- Concerns that the East Airdrie Link Road (EALR) will not be built and that it is being described as a single carriageway when it will be a dual carriageway;
- Concerns that people of low income will be adversely affected if the hospital is located out with Airdrie;
- Concerns that suitable public transport (bus) will not be provided when the hospital relocates;
- Concerns that current bus services to University Hospital Monklands are poor;
- Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area;
- NHS Lanarkshire will not upgrade road infrastructure sufficiently;
- Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to crime campus and rail station;
- Height above sea level of Glenmavis site is a concern for some due to potential impact of adverse weather conditions in winter.

Stakeholders also identified that the project provides a great opportunity to develop innovative, sustainable travel solutions.

### 5.4 Impact on health inequalities and deprivation

In addition to stakeholders highlighting concerns about health inequalities and deprivation during the overall engagement process, there was specific stakeholder engagement in the development of the Fairer Scotland Duty Assessment (FSDA).

Public, staff and some local politicians raised general concerns that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation, particularly those within Airdrie, Coatbridge, and the wider Monklands area, and those who did not have a car.

The positive economic benefits of the new hospital development to the area it was located in were also raised by stakeholders.

Stakeholders were concerned that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital of Airdrie in terms of loss of income, increased travel costs and the loss of a community asset. Some stakeholders highlighted concerns about those who lived in deprived areas in other parts of Lanarkshire.

Lower-paid staff expressed concerns around maintaining employment should the site move further away. There were also concerns regarding employment opportunities being lost to areas out with Lanarkshire particularly if the site is moved to Gartcosh, which is near Glasgow.

Public and staff indicated that the availability of discounted fares and improved routes/services would encourage greater use of public transport. Staff also noted that many lower-paid staff undertake split shifts or have two jobs and therefore travel costs and travel time would be very important to them if the journey time to the new hospital were to be greater.

Stakeholders were keen to have accessible space to be able to walk at hospital grounds and that this should be natural greenspace if possible. There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution.

There are concerns about congestion, particularly within the vicinity of the Gartcosh and Glenmavis sites, where there are other ongoing build developments.

### 5.5 Site contamination

Stakeholders raised concerns about the level of contamination at Gartcosh using words such as “toxic” and “contaminated”. The sites use as a former steelworks was cited by stakeholders with concerns about whether it had been adequately remediated, or could be fully. There were also concerns raised about the associated costs. There were some concerns raised by stakeholders during the process about contamination at the Glenmavis site.

A common theme emerging about site contamination from stakeholders was that the information provided during the engagement process was inaccurate and biased. The information has been published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information.

### 5.6 Cross-boundary flow

There was concern, particularly from members of the community who opposed the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow).

A common theme was that information on cross-boundary flow was inaccurate and biased – in particular that the impact of cross-boundary flow at Gartcosh is understated. The information has been published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information.

## 6. **Next steps**

### 6.1 Considerations prior to recommendation for a preferred site

NHS Lanarkshire’s Board should consider the stakeholder feedback presented in this report and take it into account in reaching its decision on the location of the new hospital. Scottish Government guidance, CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, states: “An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions.”

A decision making framework has been developed by the NHS Lanarkshire Board to assist it with meeting its duty to listen to and take into account the views of stakeholders when making its decision on the site of the hospital (Appendix O).

The framework includes consideration of briefing papers which set out evidence in relation to the factors highlighted by stakeholders: Transport, Travel and the East Airdrie Link Road, Contamination,

Environmental and Green issues, Regional Working and Cross Boundary Flow, Covid-19 and a Place Based Initiative (for the existing site).

The framework includes the following questions that the Board should consider when assessing the information in this report and other parts of the process:

- What have we heard from the process and peoples' contributions?
- How have we acted on what we have heard and what else are we intending to do going forward? (future proposals/actions)
- What factors have not influenced our thinking and why?
- In summary, what are we considering and why? What are we not considering and why?
- What conclusion has the Board reached on the best option for patients and staff from its assessment of the information?

This process ensures the issues raised by stakeholders are at the heart of the Board's considerations when determining a site for the new hospital.

### 6.2 Actions to follow confirmation of site for the new University Hospital Monklands

Following the Board's decision to recommend a preferred site to the Cabinet Secretary for Health and Sport, communication will be carried out to provide clear feedback to stakeholders, demonstrating how their views were taken into account in line with the process set out in 5.1.

This report highlights a summary of the range of issues that were important to stakeholders in determining the location of the hospital. By far the most important factor for stakeholders was travel and transport to the hospital. As a consequence, stakeholders generally expressed a preference for the site that they perceived to be most accessible to them. Therefore, it is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. Further engagement and communication once the location is identified should recognise this challenge and work with communities to address their concerns.

To help achieve this it will be important to set out a clear vision for the new hospital on its chosen location and the continuing involvement of stakeholders should be central to this work. It will also be necessary to issue further information as soon as possible on how plans for the redevelopment of the existing University

Hospital Monklands site are being progressed, underlining NHS Lanarkshire’s commitment to engaging with the community on the future use of the site.

A 12-week public consultation will form part of the process of seeking planning consent for the new development once a preferred site is identified. This will flow from NHS Lanarkshire’s engagement with North Lanarkshire Council’s planning team, who will advise precisely what level of detailed information they require on all relevant matters, including road infrastructure and public transport provision, to assist the formal planning process.

Future communications and engagement work following identification of a new site should provide assurances on road infrastructure and public transport provision and involve stakeholders in the development of innovative, sustainable transport options.

NHS Lanarkshire will continue to engage with HIS-CE for advice on future engagement on the hospital development.

**7. Engagement timeline**

<b>Monklands Replacement Project: key steps in the engagement process – 2016-2020</b>	
<b>Date</b>	<b>Activity</b>
2016	NHS Lanarkshire three-month public consultation on healthcare strategy Achieving Excellence. This included consideration of the redevelopment of University Hospital Monklands.
2017	Scottish Government approval of Initial Agreement for replacement/refurbishment of University Hospital Monklands.
2018	
June	Option appraisal on the clinical model of care, refurbishment or replacement and potential site of new hospital.
July-October	Three-month public consultation on the replacement or refurbishment of University Hospital Monklands.
November	Cabinet Secretary for Health and Sport announces independent review in response to concerns raised by public and political representatives.
2019	
June	Independent review panel reports on its findings and recommendations. Cabinet Secretary for Health and Sport responds to report. NHS Lanarkshire instructed to broaden out the site selection and discount rebuilding on the existing Monklands site due to concerns over cost, timescales and patient safety.

	Scottish Health Council publishes quality assessment report on consultation.
July	NHS Lanarkshire approves plans to implement review recommendations.
October-December	NHS Lanarkshire invites the public to submit nominations for alternative sites for new University Hospital Monklands.
2020	
January	Three sites shortlisted: Gartcosh, Glenmavis and new site at Wester Moffat. Vision for a new digital hospital with video and stills published.
February	Information to support consideration and discussion on the three shortlisted sites published.
February	Community discussions held in Gartcosh/Gartlea/Cumbernauld/Coatbridge. Representative telephone survey of 750 people.
March	People's Hearing. Site scoring event takes place but outcomes withdrawn.
March-June	Public advised that a postal scoring exercise will be facilitated. Public-facing element of process paused due to COVID-19 restrictions.
July-August	Postal and telephone site scoring exercise involving group of public and staff.
September-October	Feedback collated from site scoring/economic and risk appraisals completed. Outcome of 'site feasibility option appraisal' published – this marked the start of a public feedback period from 30 September-18 October
October	Fairer Scotland Duty Assessment published. Public feedback period concludes.
November	Healthcare Improvement Scotland – Community Engagement (formerly Scottish Health Council) publishes quality assessment report on engagement.

# **Monklands Replacement Project (MRP)**

## **Engagement Report**

**December 2020**



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## **1. Executive summary**

NHS Lanarkshire has undertaken an extensive process of communications and engagement with stakeholders, including the public and NHS Lanarkshire staff, with regard to site selection for the Monklands Replacement Project (MRP).

The MRP is the project to replace University Hospital Monklands (UHM) with a new, state-of-the-art hospital on one of three shortlisted alternative sites: Gartcosh; Glenmavis; Wester Moffat (these are listed in alphabetical order throughout the report).

The engagement programme was designed to implement the recommendations of the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP), which assessed NHS Lanarkshire's 2018 MRRP site option appraisal and public consultation, and additional recommendations from the Cabinet Secretary for Health and Sport.

The review recommended enhanced project governance, re-evaluation of the shortlisted sites involving extensive stakeholder engagement and clarity on the future of the existing hospital site. It was followed by a decision by the Cabinet Secretary for Health and Sport that further potential hospital sites should be identified and the existing hospital site should be excluded as an option.

This report details the implementation and outcome of the engagement programme, which was designed to take account of key themes that emerged during the 2018 MRRP public consultation. It was developed in line with Scottish Government guidance, CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, with the input of a number of independent engagement advisors.

NHS Lanarkshire's programme of public involvement and engagement was designed and implemented, in line with CEL 4, with the advice and guidance of Healthcare Improvement Scotland – Community Engagement (HIS-CE), which supports the engagement of people and communities in shaping health and care services.

HIS-CE has completed a report on NHS Lanarkshire's engagement process which has concluded:

- It is HIS-CE's view, based on the work that NHS Lanarkshire has taken forward, information made publicly available, engagement activities (including option appraisal) and feedback from participants that they have met the expectations set out in HIS-CE's recommendations in its 2019 assessment of the MRRP public consultation in 2018.
- In its current assessment, HIS-CE has found that NHS Lanarkshire has followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project. This will support NHS Lanarkshire in identifying a preferred location option to take forward.

HIS-CE has concluded that NHS Lanarkshire followed national guidance. The process was therefore carried out in line with best practice.

In addition, the Consultation Institute, which provided independent advice on the engagement programme, concluded that NHS Lanarkshire had followed best practice.

The communications and engagement programme was undertaken in four phases between October 2019 and October 2020:

- a) Public nominations sought for potential additional sites (this process saw Wester Moffat added to the existing shortlist of Gartcosh and Glenmavis);
- b) Extensive stakeholder engagement on the three-site shortlist;
- c) An option appraisal process including scoring of the sites by a group of the public and NHS staff.
- d) A period for feedback on the option appraisal process and outcome.

The engagement report follows a chronological path through the phases noted above, describing at each stage communications and engagement activities and any stakeholder feedback or relevant online metrics associated with them. Allied to this is detailed analysis of key engagement events/activities.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback, established the following key themes, which mirrored in large part the themes seen in the 2018 MRRP public consultation process:

1. The engagement process and site scoring exercise;

2. Identification of potential sites;
3. Travel and transport;
4. Impact on health inequalities and deprivation;
5. Site contamination;
6. Cross-boundary flow.

The report analyses how issues and concerns raised by stakeholders about each the above themes were proactively addressed during the process.

The report then draws conclusions based on each theme, noting that:

- There is no overall consensus among stakeholders about a preferred location;
- The public's views are influenced by each site's proximity to an individual's local community, particularly with respect to transport and travel;
- Staff also view the sites with regard to ease of accessibility of their work base as well as the potential for each site to provide an attractive work environment with regard to employee recruitment and retention.

### Next steps

NHS Lanarkshire's Board should consider the stakeholder feedback presented in this report and take it into account in reaching its decision on the location of the new hospital, using the framework that has been developed to assist the Board with meeting its duty to listen to and take into account the views of stakeholders.

It is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised.

Further engagement and communication once the location is identified should recognise this challenge and work with communities to address their concerns, especially with regard to travel and transport, providing a clear understanding of the public consultation opportunities around the planning process for the new site as well as further detail of the proposals for the redevelopment of the existing UHM site.

## 2. Introduction

The current objective of the Monklands Replacement Project is the completion of a series of business cases which, when approved by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands.

The next step in the process is the completion of an outline business case, a key element of which is the determination of a recommendation by the Board of NHS Lanarkshire for a preferred site from a shortlist of three sites:

- Gartcosh: Craignethan Drive, Gartcosh G69 8AE.
- Glenmavis: Drumshangie Moss. North Lanarkshire, ML6 7SP.
- Wester Moffat: Wester Moffat Farm, Airdrie, ML6 8PF.

The NHS Lanarkshire Board's recommendation for a preferred site will be made to the Cabinet Secretary for Health and Sport, who will make the final decision.

Effective engagement with stakeholders, including the public and NHS Lanarkshire staff, was paramount in the site selection process and an extensive programme of communications and engagement was required to achieve best practice in this regard.

This report describes the implementation of the engagement process, and the feedback received and assessed through the following phases:

### **a) Public site nominations process (31 October-13 December 2019)**

To achieve best practice with regard to public involvement in site selection, NHS Lanarkshire designed communications and engagement activities to seek public nominations for specific sites, which might meet the five site selection criteria.

## **b) Public and staff engagement (5 February-10 March 2020)**

An engagement programme provided an opportunity for feedback on the shortlist of sites for the hospital, including extensive published site information, before a scoring exercise involving a group of members of the public and NHS staff was undertaken. Key activities included:

- Community discussions: structured events designed to provide members of the public with an opportunity to give feedback on the proposed sites in advance of scoring.
- NHS Lanarkshire invited suggestions for criteria to evaluate the sites at the scoring event.
- People's Hearing: a structured event at which a panel heard representations from stakeholders about any concerns about the accuracy or legitimacy of any information on the shortlisted sites issued by NHS Lanarkshire. This feedback was assessed by the panel to inform the information to be presented to the site scoring participants. The event also included an online question and answers session with the MRP team and an assessment of potential benefits criteria, including public suggestions.
- Participation in a site scoring exercise: the public could nominate themselves or their community group to be one of the participant group, and NHS Lanarkshire colleagues could nominate themselves as one of the staff representatives.
- The engagement period culminated in a community and staff scoring event on 10 March 2020. The results of this event were withdrawn by NHS Lanarkshire due to concerns over the validity of the weighting and scoring following the failure of the electronic scoring system, and concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. NHS Lanarkshire then devised a postal site scoring exercise to enable the process to continue during the Covid-19 pandemic while meeting safety requirements.

## **c) Postal site scoring exercise (9 July-13 August 2020)**

A group of over 400 public and NHS Lanarkshire staff participants – three-quarters of them members of the public – were invited to take part in postal scoring to determine the non-financial benefit scores for each option as part of a site feasibility option appraisal process.

#### **d) Public and staff feedback period (30 September-18 October 2020)**

NHS Lanarkshire held a period for feedback from public, staff and other stakeholders following a site feasibility option appraisal, which incorporated the results of the postal site scoring.

#### **The role of independent advisors**

- The Consultation Institute (tCI)

Design and implementation of the four phases outlined above were supported through the independent input of engagement specialists from the Consultation Institute (tCI), who advised on best practice requirements. This included the independent design and management of the postal site scoring exercise. tCI is a not-for-profit best practice institute, promoting high-quality public and stakeholder consultation and engagement in the public, private and voluntary sectors.

- Healthcare Improvement Scotland – Community Engagement (HIS-CE)

HIS-CE supports the engagement of people and communities in shaping health and care services. NHS Lanarkshire's programme of public involvement and engagement was developed, in line with CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, with the advice and guidance of HIS-CE, and enhanced and adapted throughout the engagement process through regular meetings with HIS-CE.

- The Campaign Company

The Campaign Company, a leading UK research company, undertook two telephone surveys involving Lanarkshire residents on NHS Lanarkshire's behalf, in February 2020 and October 2020. The second survey was supplemented with focus groups/in-depth conversations involving a number of survey participants.

- LattaCharlton Associates

Representatives of LattaCharlton Associates, engagement practitioners who are associates of the Consultation Institute, independently chaired community discussions (February 2020) and the People's Hearing (March 2020).

- Electoral Commission

The Electoral Commission is the independent body which oversees elections in the UK and works to promote public confidence in the democratic process and ensure its integrity. The Commission provided support to tCI in the design of the postal site scoring process.

## **Background**

NHS Lanarkshire undertook a comprehensive and detailed exercise to assess site options for the development of a replacement for University Hospital Monklands in June 2018. This process involved the consideration of four strategic options by a group of key stakeholders (members of the public, staff and Scottish Ambulance Service):

1. do nothing;
2. refurbish the existing hospital buildings;
3. build a new hospital on the existing UHM site;
4. build a new hospital on a different site.

This process identified a highest scoring option (option 4 - build a new hospital on a different site). Two alternative sites: Gartcosh and Glenmavis (plus the existing site), were then assessed by the stakeholder group. Gartcosh had the higher score when non-financial and financial benefits score were combined as per the Scottish Capital Investment Manual (SCIM) guidance current at the time.

### **2.1. Consultation on the Replacement or Refurbishment of University Hospital Monklands**

The option appraisal was followed by a formal process of public consultation which was undertaken between July 2018 and October 2018. The consultation gave stakeholders the opportunity to provide their views on the highest-scoring option, Gartcosh, and on the other options – to refurbish the hospital, rebuild on the existing site or relocate to Glenmavis.

Methods of communication and engagement included: a consultation document available online and distributed in hard copy; a dedicated consultation webpage; public meetings; meetings with



community fora; briefings for parliamentarians and elected members; staff engagement; press releases, internal communications and extensive social media.

Ten recurring themes were identified from all the feedback received.

1. The option appraisal process and scoring exercise.
2. The selection of the two sites.
3. Travel and transport: public transport bus and rail access; East Airdrie Link Road.
4. Impact on health inequalities and deprivation – frequent reference to mental health services.
5. The decontamination costs of the land.
6. The impact of the offer of the Glenmavis land for a nominal sum.
7. The impact on Gartcosh.
8. The impact on catchment areas especially Greater Glasgow and Clyde and University Hospital Wishaw.
9. Impact on existing University Hospital Monklands site.
10. How feedback will be used.

These themes were used to inform the nature of the subsequent engagement process described in this report, including the site information and other documents published.

#### **2.1.1. Scottish Parliament debate: 24 October 2018**

A Scottish Parliament debate on the consultation processes followed by NHS Lanarkshire took place on 24 October 2018. A transcript of the debate is provided in the Scottish Parliament Official Report at this link

<https://www.parliament.scot/parliamentarybusiness/report.aspx?r=11724&mode=pdf>.

#### **2.1.2. Scottish Health Council assessment report**

Healthcare Improvement Scotland – Community Engagement (then called the Scottish Health Council), which supports the engagement of people and communities in shaping health and care services, published an assessment report of NHS Lanarkshire’s engagement and consultation in June 2019. It made four recommendations for NHS Lanarkshire to assist them in their next steps to fully meet national guidance.

- Review the outcome of external assurance activities which included; assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
- Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with appropriate demographic and socio-economic information, and set out any proposed mitigating actions to take account of potential adverse impacts on any groups.
- Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.
- Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

## **2.2. Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP)**

The process of site selection following the consultation was not completed because, in November 2018, Jeane Freeman, Cabinet Secretary for Health and Sport, asked the Director General for Health and Social Care and Chief Executive of NHS Scotland to establish a review to provide the Scottish Government with an independent assessment of the process followed by NHS Lanarkshire in consideration of the replacement for University Hospital Monklands.

The independent review was carried out by the University of Glasgow's Institute of Health & Wellbeing.

The review's terms of the reference were to provide an independent assessment of the process followed by NHS Lanarkshire to address the concerns raised by elected representatives and local people about the quality of the option appraisal process and the wider engagement and consultation undertaken by the Board and, in particular, to:

- Assess the quality of the information and analysis undertaken by the Board, and the robustness and accuracy of the evidence which informed the option appraisal process;
- Provide advice as to whether the Board's process was fully in line with best practice and meaningfully informed at all relevant stages by the views of stakeholders;
- Submit a report and recommendations to the Cabinet Secretary for Health and Sport, setting out a clear set of actions to be implemented by NHS Lanarkshire in order to progress plans for the redevelopment of University Hospital Monklands, including any wider observations on the NHS Scotland consultation process more generally.

The review's findings were published on 27 June 2019. The Independent Review Panel found that NHS Lanarkshire undertook extensive and high-quality work that was meaningfully informed by stakeholders (patients, public, staff, elected representatives and the many others who have an interest in a new Lanarkshire hospital). Their report noted that NHS Lanarkshire's processes were well conducted and they outlined examples of good practice demonstrated by the health board.

The review made three main recommendations:

- a. NHS Lanarkshire should make provision for new independent (external) members to the MRRP board (e.g. an individual with recent experience of leading or facilitating major service change within NHS Scotland). This will help support greater objectivity and external vision, as well as increased understanding of the public perception of the MRRP process.
- b. NHS Lanarkshire should re-evaluate the top two scoring options underpinned by credible and convincing detail on the non-financial benefit criteria and associated financial costs.
  - In particular, greater clarity should be provided on accessibility issues and costs affecting both sites, including changes to transport infrastructure and public transport for the alternative sites.
  - This will require further engagement with Transport Scotland. NHS Lanarkshire should also engage further with the local planning authority and relevant key agencies on likely development challenges associated with the two competing options.

This further evaluation should explicitly and transparently take account of the views of the public, obtained following an inclusive process and in line with appropriate recognised approaches, such as multi-criteria analysis, citizens' panel, citizens' jury or consensus voting. This work should clearly and transparently reflect the Board's duty of public involvement.

- c. A clear vision for the existing Monklands site should be developed which takes account of views within the local community and which reflects emerging commitments to improved place-making such as the Place principle.

On the day of the independent review's publication, the Cabinet Secretary for Health and Sport wrote to the NHS Board Chair. The Cabinet Secretary recognised in her letter that the options to either refurbish or redevelop the existing site of University Hospital Monklands were not viable and should therefore be excluded. This resulted in the designation of the project moving forwards being amended to the "Monklands Replacement Project" (MRP).

The Cabinet Secretary also directed that NHS Lanarkshire seek to identify further sites which could be considered for the new hospital location.

### **3. Implementation of the recommendations of the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project and of the Cabinet Secretary's recommendations**

A series of actions were undertaken to implement the recommendations of the independent review and the subsequent instruction from the Cabinet Secretary for Health and Sport to seek additional alternative site options.

#### **3.1. Recommendation 1 – project governance**

NHS Lanarkshire established an additional Board governance committee in November 2019, the Monklands Replacement Oversight Board (MROB), to provide assurance on decision-making processes in respect of the Monklands Replacement Project. This comprises non-executive directors, independent external experts and members of the public. MROB is also chaired by a non-executive director, Dr Lesley Thomson QC, and, to ensure staff engagement at every level, Lilian Macer, employee director, is another of the non-executive director members.

A meeting with representatives from Monklands community councils was arranged in December 2019 to enhance MROB public membership and ensure sufficient representation from this area. Members of two of the community councils subsequently became members and, separately, a representative from Coatbridge also joined the MROB.

#### **3.2. Recommendation 2: NHS Lanarkshire should re-evaluate the top two scoring options - Gartcosh and Glenmavis; Cabinet Secretary's instruction on seeking additional sites**

NHS Lanarkshire engaged specialist external advisers, the Consultation Institute (tCI), to provide advice and direction on the completion of the option appraisal process.

tCI provided specialist advice and support to achieve best practice during the phases of public involvement and engagement that were developed to address review recommendation two: public site nominations process; public and staff engagement process to inform option appraisal; public and staff postal site scoring exercise; public and staff feedback on option appraisal. These methodologies are described in subsequent sections of this report.

### **3.3. Recommendation 3 – Vision for the existing University Hospital Monklands site**

The Independent Review Panel recommended that a “place-based approach” be adopted by NHS Lanarkshire in considering the future use of the current UHM site to promote better health and wellbeing for our communities. This built on a recommendation contained within the first iteration of the Fairer Scotland Duty Assessment completed in early 2018.

NHS Lanarkshire has now established a new partnership for the development of a set of proposals for the future use of the current site. The partnership currently comprises NHS Lanarkshire, North Lanarkshire Council, Health and Social Care North Lanarkshire and the University of Strathclyde. Other community planning partners will join this work as it evolves.

The new Partnership was established in spring 2020, but only met twice before the onset of the COVID-19 pandemic. This work, therefore, remains at a very early stage of development. The partnership will be re-established in January 2021 to take forward the development of proposals for the current UHM site.

#### **4. Requirements under CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services**

All NHS Boards are required to follow national guidance on how they must carry out meaningful engagement. This is set out in CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services.

The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services;
- Provides a step-by-step guide through the process of informing, engaging and consulting the public in service change proposals;
- Explains the decision-making process with regard to major service change and the potential for independent scrutiny; and
- Outlines the role of Healthcare Improvement Scotland – Community Engagement (HIS-CE), which supports the engagement of people and communities in shaping health and care services.

NHS Lanarkshire's programme of public involvement and engagement was developed in line with CEL4, with the advice and guidance of HIS-CE, and enhanced and adapted throughout the engagement process through regular meetings with HIS-CE to ensure it met the recommendations of the independent review and the HIS-CE 2019 assessment report.

For major service change, HIS-CE carries out quality assurance of the process, which includes seeking the views of stakeholders on the process itself.

A report has been completed by HIS-CE, giving a view on how NHS Lanarkshire has met the guidance and highlighting good practice and recommendations for future engagement.

## 5. Communications and engagement plan

An extensive communications and engagement plan was developed and was endorsed by the Monklands Replacement Oversight Board (6 January 2020) and approved by the Board of NHS Lanarkshire (9 January 2020).

This was a live document which evolved through 14 iterations during the engagement process to reflect feedback, comments and issues which were raised by stakeholders, advisors from the Consultation Institute and Healthcare Improvement Scotland – Community Engagement (HIS-CE).

An Equality Impact Assessment (EQIA) for the plan was produced and shared with HIS-CE. The EQIA outlined the steps taken to ensure that this process included all equality groups as identified, and that any potential negative impacts experienced by stakeholders were identified and mitigated, as far as possible, to allow them to participate.

NHS Lanarkshire's approach to developing the engagement plan focused on:

- Promoting meaningful involvement by ensuring people understood what feedback is being asked for and how it can influence the final decision-making process;
- Ensuring accessibility by providing information in alternative formats and a range of opportunities for feedback including innovative approaches;
- Taking a partnership approach through close working with health and social care partnerships, public, staff, staff-side and HIS-CE.
- Building trust by ensuring openness and transparency;
- Taking a responsive and flexible approach to meeting the needs of stakeholders, including an open channel of communication to respond to questions and concerns raised.
- Using innovative methods of communication and engagement to promote transparency, including: publication of key documents, table notes and audio from community meetings; video live-streaming of People's Hearing sessions; creative use of social media – video content/Facebook stories/paid content.



- Achieving the requirements of meaningful engagement as set out in CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services.

## 6. Stakeholder list and Stakeholder Engagement Group

A stakeholder list was developed to include over 1000 contacts for individuals and organisations who have an interest in the Monklands Replacement Project.

During the period from public site nominations to the conclusion of public feedback on the option appraisal, 13 stakeholder update emails (with the content of press releases) were issued.

The categories included in the stakeholder list are:

Community councils - South Lanarkshire
Community forums/councils - North Lanarkshire
Community Matters (formerly Local Area Partnerships)
Equality
Further education
Health and Social Care North Lanarkshire
Healthcare Improvement Scotland - Community Engagement
Homeless and travelling community
Media
Members of Scottish Youth Parliament
MPs/MSPs
Monklands Replacement Oversight Board
MRP Stakeholder Engagement Group
MRP Team
NHS Lanarkshire staff: Board secretary, public involvement colleagues, equalities manager
NHS Lanarkshire staff-side
North Lanarkshire Council contacts
North Lanarkshire Public Partnership Forum
Planning partners
Public Reference Forum
Schools - North Lanarkshire/South Lanarkshire
Scottish Government
Site owners
South Lanarkshire Council contacts
South Lanarkshire Health & Social Care Forum
South Lanarkshire Health and Social Care Partnership
Tenants organisations
Third sector - including advocacy/carers/health/mental health/hospices/inclusion/older people/volunteer agencies
Young people contacts including council learning services/education

## **MRP Stakeholder Engagement Group**

A Stakeholder Engagement Group (SEG), established during the 2018 MRRP public consultation, continued to meet during the process of further engagement.

The SEG's terms of reference are to support and guide the Monklands Replacement Project team about how it informs, engages and consults with people regarding the project.

The SEG is chaired by Graham Johnston, NHS Lanarkshire head of planning & development. The group's membership is drawn from North and South Lanarkshire, including public, patients, carers, third sector representatives and NHS Lanarkshire staff/staff-side representation. A representative from Healthcare Improvement Scotland - Community Engagement attends as an observer.

A meeting with representatives from Monklands community councils was arranged in December 2019 to enhance SEG public membership and ensure sufficient representation from this area. Representatives of three of the community councils subsequently became members and, separately, a representative from Coatbridge also joined the SEG.

SEG public members represent:

- Caldercruix Community Council;
- East Kilbride Health and Social Care Forum/Seniors Together;
- Glenmavis Community Council;
- Hamilton Health & Social Care Forum;
- North Lanarkshire Disability Forum;
- North Lanarkshire Public Partnership Forum;
- North Lanarkshire Tenants Association;
- Partnership for Change;
- Plains Community Council;
- South Lanarkshire Carers Network;
- Voice of Experience Forum/Wishaw Community Forum.

## 7. Public site nominations process (31 October-13 December 2019)

Following the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP), the Cabinet Secretary for Secretary for Health and Sport directed that NHS Lanarkshire seek to identify any sites, additional to Gartcosh and Glenmavis, which could be considered for the new hospital location.

A further search of available sites was undertaken by North Lanarkshire Council during July/August 2019 against a set of criteria which had been agreed with the Cabinet Secretary.

The Consultation Institute provided advice on achieving best practice with regard to public and staff involvement during this process, recommending that the community should be invited to suggest site options. Accordingly, NHS Lanarkshire designed communications and engagement activities to seek public nominations for specific sites, which might meet the five site selection criteria:

- Within the University Hospital Monklands (UHM) unscheduled care catchment area;
- A minimum of 40 acres of developable land;
- Sufficient road and transport infrastructure for a major hospital site;
- Designated for this type of development by North Lanarkshire Council;
- The site has no detrimental impact on adjoining unscheduled care catchment areas of hospitals in Lanarkshire, Glasgow or Forth Valley.

### 7.1. Communications and engagement activities

Resource/activity	Detail
MRP webpage – <a href="http://www.monklands.scot.nhs.uk">www.monklands.scot.nhs.uk</a>	<ul style="list-style-type: none"> <li>• Content included online site nomination form and email /Freepost address/phone number for nominations.</li> <li>• Leaflet/poster to print and distribute.</li> <li>• 2200 page views, including frequently asked questions (70 views).</li> </ul>
NHS Lanarkshire website	<ul style="list-style-type: none"> <li>• Four press releases (4696 total views)</li> </ul>

Open channel of communication	<p>This was recommended as good practice by the Consultation Institute:</p> <ul style="list-style-type: none"> <li>• email contact address/Freepost address (received seven nominations)/phone contact number</li> </ul>
Press releases and media inquiries	<ul style="list-style-type: none"> <li>• Four releases: public site search launched; site search reminder; engagement preview; shortlisted sites approved.</li> <li>• One media inquiry: Orchard Brae site offer (Airdrie &amp; Coatbridge Advertiser).</li> </ul>
Stakeholder update emails	<ul style="list-style-type: none"> <li>• Four updates: public site search launched; site search reminder; engagement preview; shortlisted sites approved.</li> <li>• These reached over 1000 email addresses: MROB; NHSL staff/staff-side; ScotGov; MSPs/MPs/local elected members; North Lanarkshire Council; South Lanarkshire Council; community planning partners; community councils; public involvement groups; third sector; equality &amp; diversity contacts; care providers; schools &amp; colleges; project partners; HIS-CE; media.</li> </ul>
Leaflets and posters	<ul style="list-style-type: none"> <li>• 5000 leaflets and 500 posters were distributed to reach members of the community who do not access online resources.</li> <li>• These were distributed for display at hospital sites/health centres/libraries/leisure facilities in North and South Lanarkshire.</li> <li>• These were also provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers.</li> </ul>
Internal communications	<ul style="list-style-type: none"> <li>• All-in Lanarkshire staff emails/weekly email staff briefing/Pulse Online (staff magazine)/UHM staff Facebook group.</li> </ul>

MPs/MSPs	<ul style="list-style-type: none"> <li>• Briefing - 8 November 2019: to provide update on site nomination process and seek comments.</li> <li>• Responses to two MSP letters.</li> </ul>
Information stalls	<ul style="list-style-type: none"> <li>• An unstaffed information stall was located at the UHM front entrance from 21 October to 13 December 2019, with information leaflets/site nomination forms and a post-box for submissions from public and staff.</li> <li>• 28 November 2019: staffed information stall at UHM front entrance and UHM restaurant, with information leaflets/site nomination forms. 800 leaflets distributed to public and staff (including 50 to outpatients dept and 50 to Lanarkshire Beatson)</li> <li>• Limited feedback from staffed stall: <ul style="list-style-type: none"> <li>- Why are public being asked? (public)</li> <li>- I can't get to Glenmavis (staff)</li> <li>- Put it in Cambroë (staff)</li> </ul> </li> </ul>
Stakeholder Engagement Group	<ul style="list-style-type: none"> <li>• 17 December 2019: Update on and review of site nominations</li> </ul>
<b>Social media</b>	
<ul style="list-style-type: none"> <li>• NHS Lanarkshire (NHSL) Facebook – 9 posts: average reach 3700; average engagement 267.</li> <li>• University Hospital Monklands (UHM) Facebook – 15 posts: average reach 3400; average engagement 580.</li> <li>• Animated video: NHSL Facebook – 1600 views; UHM Facebook – 1500 views.</li> <li>• BSL video: NHSL Facebook – 2600 views; UHM Facebook – 1400 views.</li> <li>• NHSL Twitter- 6 tweets - average impressions 3600; average engagement 72</li> <li>• UHM Twitter –6 tweets; average impressions 2100; average engagement 90.</li> </ul> <p><u>Facebook comments</u></p> <ul style="list-style-type: none"> <li>- Over 220 comments, nearly all on UHM page.</li> <li>- Majority suggested Cumbernauld followed by existing site.</li> <li>- Assorted site suggestions which were passed to planning colleagues.</li> </ul>	

<ul style="list-style-type: none"> <li>- Some used process as opportunity to debate the Gartcosh/Glenmavis options and suggest a “done deal” in favour of Gartcosh.</li> </ul>
<b>Media coverage</b>
<ul style="list-style-type: none"> <li>• <i>Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.</i></li> <li>• <i>Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.</i></li> <li>• <i>Negative - These are critical articles which include a response from NHS Lanarkshire.</i></li> <li>• <i>Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.</i></li> </ul>
<p><u>During formal nominations period (30 October-13 December)</u></p> <ul style="list-style-type: none"> <li>• Five very positive/positive: 2 x ACA (nominations opportunity); 2 x Carluke &amp; Lanark Gazette (nominations opportunity); ACA – Orchard Brae offer.</li> <li>• Five neutral: ACA letter against Orchard Brae; ACA letter backing current site; ACA - MSP Hugh Gaffney anger over move from current site; ACA column – Richard Leonard MSP will continue fighting for current site; ACA column – Alex Neil MSP will fight for hospital in Monklands.</li> </ul>
<p><u>Between conclusion of nominations and engagement launch (13 December- February 11)</u></p> <ul style="list-style-type: none"> <li>• Five very positive/positive: ACA, Carluke &amp; Lanark Gazette; Motherwell Times &amp; Bellshill Speaker; Cumbernauld News (engagement preview); ACA – site shortlist published.</li> <li>• Five neutral (all ACA): reference to need to retain hospital within Monklands in columns/comments by Alex Neil MSP, Steven Bonnar MSP, Neil Gray MP.</li> </ul>
<ul style="list-style-type: none"> <li>• Online coverage including BBC, STV, Sun, Airdrie &amp; Coatbridge Advertiser, Carluke Gazette.</li> </ul>

## 7.2. Outcome of process

A total of 183 responses were received. A number of respondents indicated either a preference for an existing shortlisted site - Gartcosh or Glenmavis - the current site or a general locality.

A total of eight further specific sites were nominated. One site, farmland at Wester Moffat, met the criteria. It was endorsed as an option by the Monklands Replacement Oversight Board and NHS Lanarkshire Board approval was given to add this site to the shortlist of potential sites in January 2020. The shortlist is (in alphabetical order): Gartcosh, Glenmavis, Wester Moffat.

## **8. Public and staff engagement (5 February-10 March 2020)**

An intensive period of public and staff engagement was undertaken, prior to a site scoring process involving the public and NHS Lanarkshire staff. The Consultation Institute (tCI) provided independent, specialist advice on the development of appropriate public engagement activities to achieve best practice.

The engagement programme gave the community the chance to provide feedback on the shortlist of sites for the hospital – Gartcosh, Glenmavis and Wester Moffat – before a scoring exercise involving a group of members of the public and NHS staff.

The public and staff were encouraged to take the opportunity to read and assess published information on the sites and then decide if they wanted to offer to get directly involved in the site scoring process or give feedback through engagement opportunities to help to inform the presentation given to the scoring participants.

Key features of the engagement programme, developed with the input and advice of specialists at tCI, were:

- Community discussions: structured events designed to provide members of the public with an opportunity to give feedback on the proposed sites in advance of scoring.
- People's Hearing: a structured event at which a panel heard representations about any concerns about the accuracy or legitimacy of any information on the shortlisted sites issued by NHS Lanarkshire. This feedback was assessed by the panel to inform the information to be presented to the site scoring participants.
- Participation in the scoring exercise: the public could nominate themselves or their community group to be one of the participant group, and NHS Lanarkshire colleagues could nominate themselves as one of the staff representatives.
- Suggestions for criteria to evaluate the sites: NHS Lanarkshire invited suggestions for criteria to evaluate the sites at the scoring event.



## 8.1. Publication of key documents

The MRP webpage – [www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk) - ensured that stakeholders had the opportunity to read, absorb and comment on the suite of documents containing the site information that would be used to inform the process of site scoring. Other documents, including equality impact assessments and an interim Fairer Scotland Duty Assessment (which addresses the socio-economic impact of proposals) were also published.

The following documents were published:

Assessment of impact on catchment areas
Cost Report – All Sites
EDIA Glenmavis
EDIA-Gartcosh
Equality and Diversity Impact Assessment (EDIA) - Wester Moffat
Fairer Scotland Duty Assessment (interim)
Gartcosh – Historical Ground Conditions Report – Phase 1
Gartcosh Site Report
Gartcosh Site Report – Ground Investigations Addendum
Gartcosh Site Report – Revised
Glenmavis – Historical Ground Conditions Report – Phase 1
Glenmavis Site Report
Glenmavis Site Report – Ground Investigations Addendum
Glenmavis Site Report – Revised
List of all sites assessed against criteria
Scoring event – participant numbers by catchment area/category
Scottish Index of Multiple Deprivation data
Transport Strategy
Updated Drive Times
Wester Moffat – Historical Ground Conditions Report – Phase 1
Wester Moffat Site Report
Wester Moffat Site Report – Ground Investigations Addendum
Wester Moffat Site Report – Revised

## 8.2. Activities to promote engagement

Resource/activity	Detail
MRP webpage – <a href="http://www.monklands.scot.nhs.uk">www.monklands.scot.nhs.uk</a>	<ul style="list-style-type: none"> <li>• Key site information documents (see section above).</li> <li>• Frequently asked questions.</li> <li>• People’s Hearing briefing sheet.</li> <li>• Choose a preferred site poster/leaflet: for print and display.</li> <li>• Online scoring event nomination form/ Community discussions: photos of table notes - an action recommended by Consultation Institute.</li> <li>• Community discussions: audio recordings - an action recommended by Consultation Institute</li> <li>• People’s Hearing sessions: video recordings – approx. 100 views (please note live views via Facebook amounted to 11,200).</li> <li>• Animated video: engagement opportunities.</li> <li>• British Sign Language video: engagement opportunities.</li> <li>• 11,000 page views achieved, including frequently asked questions (212 views).</li> </ul>
NHS Lanarkshire website	<ul style="list-style-type: none"> <li>• Five press releases (4864 total views)</li> </ul>
Open channel of communication	<ul style="list-style-type: none"> <li>• This was recommended as good practice by the Consultation Institute.</li> <li>• Email contact address/Freeport address/phone contact number.</li> <li>• Two questions received for People’s Hearing Q&amp;A.</li> <li>• Four emails re site criteria.</li> <li>• Site scoring nominations received.</li> <li>• Community discussion bookings received.</li> <li>• Phone advice given re all engagement opportunities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Post-scoring event correspondence: <ul style="list-style-type: none"> <li>- Objection to Wester Moffat</li> <li>- Scepticism re outcome/request for detail of scorers</li> <li>- Complaint no Cumbernauld option including launch of online petition to site in Cumbernauld (c. 850 signatories)</li> <li>- Councillor Alan Beveridge – issues re scoring event</li> </ul> </li> </ul>
Press releases	<ul style="list-style-type: none"> <li>• Scotland’s first digital hospital: launch of the reference design with inspirational message for the future and eye-catching visuals, promoting overall interest and engagement.</li> <li>• MRP team set for scoring event.</li> <li>• Launch of public engagement.</li> <li>• Site scoring event held.</li> <li>• Additional scoring process to be undertaken.</li> </ul>
Media inquiries	<ul style="list-style-type: none"> <li>• Hugh Gaffney MSP comments on existing site (Cumbernauld News).</li> </ul>
Stakeholder update emails	<ul style="list-style-type: none"> <li>• Launch of public engagement.</li> <li>• Site scoring event held.</li> <li>• Additional scoring process to be undertaken.</li> </ul>
Leaflets and posters	<ul style="list-style-type: none"> <li>• 10,000 leaflets and 1000 posters were distributed to reach members of the community who do not access online resources.</li> <li>• Distributed for display at hospital sites/health centres/libraries/leisure facilities in North and South Lanarkshire.</li> <li>• Provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers.</li> </ul>
Internal communications	<ul style="list-style-type: none"> <li>• All-in Lanarkshire staff emails: distributed prior to every press release.</li> </ul>

	<ul style="list-style-type: none"> <li>• Weekly staff briefing; standing item during period.</li> <li>• Pulse (staff magazine): pages 1,2,3 – coverage of launch of reference design with images.</li> <li>• Pulse Online (digital staff magazine): all press releases.</li> <li>• FirstPort (intranet) banner: engagement information and click-through to MRP webpage.</li> <li>• UHM Team Page (staff Facebook group): Key Facebook posts shared to the group, which has 1600 members.</li> <li>• Information provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers.</li> <li>• NHSL/UHM social media reaches many staff.</li> <li>• See presentations section below for further staff engagement.</li> </ul>
Presentations – internal	<ul style="list-style-type: none"> <li>• Monklands Medical Staff Association: the MSA subsequently made a submission to the People’s Hearing.</li> <li>• Area Partnership Forum.</li> <li>• Area Clinical Forum.</li> <li>• Lanarkshire Local Medical Committee.</li> </ul>
Presentations – external	<ul style="list-style-type: none"> <li>• North Lanarkshire Public Partnership Forum.</li> <li>• South Lanarkshire Health &amp; Social Care Forum.</li> </ul>
MPs/MSPs	<ul style="list-style-type: none"> <li>• Responses to seven MSP letters</li> <li>• Email from Fulton MacGregor MSP (Coatbridge &amp; Chryston) confirming no site preference but commitment to achieving good transport links and development of existing site.</li> </ul>
Elected members	<ul style="list-style-type: none"> <li>• Elected member briefing pack: North and South Lanarkshire.</li> </ul>

Information stalls	<ul style="list-style-type: none"> <li>• Information leaflets/site scoring nomination forms available.</li> <li>• Over 600 leaflets distributed.</li> <li>• More effective as an offline communications method than as a feedback channel.</li> </ul>
	<p><u>Airdrie Community Health Centre: 7 February 2020.</u></p> <ul style="list-style-type: none"> <li>• Disappointment not current site (several public).</li> <li>• Appreciate Gartcosh is a blank canvas (public).</li> <li>• Travel/transport concerns re Gartcosh (public).</li> <li>• In favour of new hospital with legal requirement for sufficient bus provision (staff).</li> <li>• Clarification sought on East Airdrie Link Road. (public).</li> <li>• Will look at information on MRP webpage (public).</li> <li>• Parking a priority/choose build quality over cost/sufficient bus provision with bus stop shelters/sufficient bed numbers (all comments from member of public from Cairnhill, who came specifically to give feedback).</li> <li>• Importance of infection prevention and control (public).</li> <li>• I'm from Glenmavis – where is site? (public)</li> </ul>
	<p><u>Coatbridge Health Centre: 11 February 2020.</u></p> <ul style="list-style-type: none"> <li>• Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base.</li> </ul>
	<p><u>Central Health Centre (Cumbernauld): 13 February.</u></p> <ul style="list-style-type: none"> <li>• Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base.</li> </ul>
	<p><u>UHM (main entrance and restaurant): 14 February.</u></p>

	<ul style="list-style-type: none"> <li>Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base.</li> </ul>
Young people	<ul style="list-style-type: none"> <li>NextGen careers event. Research we did with young people at the event included where they would look for information on health and care issues affecting them. Top answers were our website and social platforms – responded to this finding by rolling out October 2020 survey for young people primarily via social, including paid content.</li> <li>Stakeholder list includes schools and council education/learning services contacts.</li> </ul>
Stakeholder Engagement Group	<ul style="list-style-type: none"> <li>18 February 2020: Update on and review of plans for site scoring event.</li> </ul>
<b>Social media</b>	
<ul style="list-style-type: none"> <li>NHS Lanarkshire (NHSL) Facebook – 27 posts. Average reach – 5600; average engagement 430.</li> <li>University Hospital Monklands (UHM) Facebook – 32 posts Average reach – 4300; average engagement – 875.</li> <li>NHSL Twitter – 53 tweets.</li> <li>UHM Twitter – 49 tweets.</li> <li>Animated video: Facebook (NHSL/UHM) – 1200 views.</li> <li>British Sign Language video re engagement opportunities: Facebook (NHSL/UHM) – 1800 views.</li> <li>Facebook (NHSL/UHM) community discussion video invites – 2700 views.</li> <li>Paid content: Facebook ads targeted at Lanarkshire users ran from 14-21 February with a video clip to encourage scoring event nominations. These achieved 90,300 video views.</li> <li>People's Hearing: Facebook Live – 11,200 views.</li> </ul> <p><u>Facebook comments</u></p> <ul style="list-style-type: none"> <li>Over 130 on NHSL and UHM Facebook (NB comments re scoring event outcome excluded as results were withdrawn).</li> </ul>	

- Most common themes were anti-Gartosh due to travel/location followed by reference to Cumbernauld/Kilsyth residents not being taken into account and concern of a “done deal” in favour of Gartcosh.
- More active support for Gartcosh than Wester Moffat with little reference to Glenmavis.
- Some support for existing site.
- Some concern re Gartosh contamination.
- Comments on engagement: not enough meetings/need for mail drop/lack of engagement opportunity for South Lanarkshire residents.

#### **Media coverage**

- *Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.*
  - *Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.*
  - *Negative - These are critical articles which include a response from NHS Lanarkshire.*
  - *Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.*
- Ten items (print) in Airdrie & Coatbridge Advertiser/Cumbernauld News/Glasgow Times – six based on press releases.
  - Online coverage in Airdrie & Coatbridge Advertiser.
  - Eight very positive/positive - reference design launch/engagement process.
  - One neutral - letter from Airdrie & Coatbridge Advertiser reader saddened by move from existing site.
  - One very negative - Airdrie & Coatbridge Advertiser column by Neil Gray MSP, criticising Gartcosh option as widening health inequalities.

### **8.3. Feedback from community discussions**

During February 2020, NHS Lanarkshire held four community discussion events to provide local people with the opportunity to express what they thought about the proposed sites for the new hospital and what should be done with the existing one. In total, 141 people attended the events.

Event participants were asked to participate in discussions to provide feedback to the project team on the options that are being considered.

The events were supported and independently chaired by representatives of LattaCharlton Associates, engagement practitioners who are associates of the Consultation Institute, with facilitators ensuring that everyone had the opportunity to have their say during round-table discussions.

The following analysis is drawn from LattaCharlton’s report on the table discussions.

<b>Date</b>	<b>Location</b>	<b>Number of participants</b>
18 February 2020	Gartlea Community Centre, Airdrie	60
19 February 2020	Gartcosh Social Club, Gartcosh	27
25 February 2020	Cornerstone House Centre, Esk Walk, Cumbernauld	34
27 February 2020	Conforti Institute, Calder Avenue, Whifflet, Coatbridge	20

### **Note on the feedback**

During the table discussions participants were encouraged to explore the advantages and disadvantages of each of the proposed sites (Gartcosh, Glenmavis and Wester Moffat). Only a small number of tables identified a preferred location for the development of the new hospital. The only exception to this was the event in Cumbernauld where most tables showed a clear preference for the hospital to be located at Gartcosh (this was primarily due to travel and transport reasons). The Gartlea participants were of the view that the two Airdrie site options were preferable to Gartcosh, primarily due to travel and transport reasons.

#### **8.3.1. Vision for the future**

Comments were made with regard to the vision for the new hospital, and that of the health and wellbeing village which will be developed on the existing University Hospital Monklands site. These are summarised in the table below.



<p>New hospital</p>	<ul style="list-style-type: none"> <li>• Provides an opportunity to build on existing services as well as bring back specialist services that have been re-located to other trusts</li> <li>• Opportunity to provide primary care services (helping to address access issues), along with ophthalmology and dental services</li> <li>• Opportunity to create a designated area for emergency service partners</li> <li>• New technology will enhance service and patient flow</li> <li>• Opportunity to make the new facility better than the Queen Elizabeth and Edinburgh new builds</li> <li>• Opportunity to provide an excellent working environment for staff (i.e. new technology, single room structure, green spaces) and become an attractive place of work</li> <li>• Opportunity to provide a self-contained facility with shops and cafes as well as excellent facilities for staff.</li> </ul>
<p>Health and wellbeing village</p>	<ul style="list-style-type: none"> <li>• Presents an exciting opportunity with multiple benefits for the local community</li> <li>• Very important to involve members of the community in its development</li> <li>• Important to consider early years and schools</li> <li>• Opportunity to re-purpose Maggie's Lanarkshire / Lanarkshire Beatson radiotherapy centre buildings for mental health provision.</li> </ul> <p>Questions were asked about where the funding for the health and wellbeing village will come from, as well as how much it would cost to develop.</p>

### 8.3.2. Travel and transport

Table discussions tended to heavily focus upon issues concerning travel and transport. The advantages and disadvantages identified for each of the sites, are summarised below.

Note: The three locations are presented in alphabetical order.

#### **Gartcosh**

The Gartcosh site was discussed most frequently by participants, with both benefits and negatives of the site being identified by participants at all of the events.

The benefits, in relation to travel and transport, for the Gartcosh site are summarised as:

- Time and cost saving due to road infrastructure already being in place
- Good access by train due to its proximity to Gartcosh railway station; although some felt that public transport to the station would have to be improved
- Good access by bus for some
- Attractive place of work due to good transport options (e.g. access for doctors living in Glasgow by train)
- Ability to provide adequate parking facilities.

The negatives, in relation to travel and transport, for the Gartcosh site are summarised as:

- Location of the site on the extremity of the catchment area, this includes:
  - The location not being suitable for all areas with many expressing their preference for a more central location;
  - The perception that the proximity of the site to the Glasgow boundary would put additional strain on services;
  - Increased journey times for staff and patients, this includes:
    - o The negative impact on those who don't have access to a car (i.e. older population) and those with a disability;

- The implications for those who are required to access the facility on a frequent basis (e.g. renal patients);
- Longer ambulance transfer times. The 'blue light' travel times were requested for all three sites;
- The potential loss of staff.

It was noted that it might be easier for some to access Glasgow Royal Infirmary rather than the new hospital at Gartcosh.

- Concern about the ability of the road infrastructure to cope with increased congestion, this includes:
  - Residents already experiencing travel difficulties due to the area being heavily congested;
  - Concern about the difficulty that emergency vehicles will face travelling through small, heavily congested roads;
  - Little scope for improvement.
- Limited parking and impact of overflow parking on surrounding area, this includes:
  - Concern about current parking issues on the crime campus (i.e. a lack of spaces to accommodate their own staff);
  - Concerns about whether parking facilities will be sufficient to meet demand.

Although not related to travel and transport, additional benefits of the Gartcosh site included the land being ready to be built upon.

Furthermore, some noted that unlike Airdrie and Coatbridge, Gartcosh is not an area of high deprivation, with concerns about the development of the hospital at this site and the implications for the inverse care law (those who most need healthcare are least likely to receive it and, conversely, those with least need of healthcare tend to use health services more/more effectively).

## **Glenmavis**

The advantages and disadvantages of the Glenmavis site were discussed by participants at all the events.

The benefits, in relation to travel and transport, for the Glenmavis site are summarised as:

- The site being more centrally located within the catchment area, this includes:
  - Shorter travelling distances from Airdrie, Monklands, Caldercruix, Salsburgh and Gartcosh;
  - A more central location for Cumbernauld residents;
  - Improved access for all to Maggie's Lanarkshire and Lanarkshire Beatson radiotherapy centre;
  - Improved access for staff.
- Accessibility to the site will be significantly improved through the development of the East Airdrie Link Road and additional transport links (i.e. bus routes).
- Proximity to Cumbernauld Airport (EGPG) re air ambulance.

The negatives, in relation to travel and transport, for the Glenmavis site are summarised as:

- No main road infrastructure in place, this includes:
  - Cost and time implications for the development of the East Airdrie Link Road.
- The site being difficult to access without a car, this includes:
  - No railway station within reasonable walking distance;
  - Poor access by bus for some areas.

Although not related to travel and transport, it was noted that the land at Glenmavis is a brownfield site and is being gifted.

### **Wester Moffat**

The Wester Moffat site was discussed least frequently by participants at all of the events, with a small number of tables discarding the location immediately.

The benefits, in relation to travel and transport, for the Wester Moffat site are summarised as:

- The location is more centrally located in the catchment compared to Gartcosh. It was noted that the location gives precedence to residents from Airdrie, Coatbridge and surrounding areas;
- Accessibility to the site will be significantly improved through the development of the East Airdrie Link Road and additional transport links (i.e. bus routes).

The negatives, in relation to travel and transport, for the Wester Moffat site are summarised as:

- Difficulty to access without a car, particularly for those from Cumbernauld;
- No main road infrastructure in place, this includes:
  - Cost and time implications for the development of the East Airdrie Link Road;
- Perceived low viability, by some, against the current benefits criteria.

Although not related to travel and transport, it was noted that Wester Moffat has the greatest amount of land available for development.

A number of further points were suggested by participants for consideration by the project team:

- Innovative, sustainable transport options should be considered such as walking and cycling routes, electric charging points for cars and electric shuttles (opportunity to learn from other hospitals);
- Future plans must consider improving access to Coatdyke train station (i.e. better/safer paths, improved lighting);
- Traffic must be managed during the build process and when the hospital is operational.
- Clarification needed as to whether the East Airdrie Link Road will be a single or dual carriageway.
- Consideration of patient transport provided by volunteers.

Additionally, it was noted that the re-location of University Monklands Hospital will have an immense impact on staff, and consideration should be made in terms of:

- The impact on those who don't drive

- Staff members who have childcare requirements
- The travel cost for those on a low income (supporting staff in the long-term)
- Out-of-hours public transport provision (for shift workers)
- The number of staff who will leave because of travel issues.

### **8.3.3. Land contamination**

The greatest concerns regarding land contamination were made with regard to the proposed site at Gartcosh, due its historical use as a steel works. Participants used descriptive words such as ‘toxic’ and ‘contaminated’ to describe its state. In addition, the associated and significant costs to clean the land were discussed.

One table at the Gartcosh event discussed the temporary closure of Stepps Primary School due to ‘ground sinking’, with apprehension that the grounds at the proposed site at Gartcosh might be similar.

To a lesser extent, concerns were also raised about potential contamination at the Glenmavis site, due to its prior coal mining activities and its recent sewage sludge spreading.

There was concern amongst a small number that despite efforts to clean the sites, issues around contamination will still remain and potentially have a negative impact on the future of the hospital.

### **8.3.4. Impact modelling**

A handful of comments were made with regard to the economic impact of the development of the new hospital.

#### **Economic positives**

- The new hospital will provide an attractive working environment for staff (i.e. through the provision of green areas, single room structures, new technology).
- Lanarkshire’s population is increasing due to new housing developments all over the area – University Monklands Hospital is not fit for purpose.

### **Economic negatives**

- Socio-economic impact in Airdrie/Coatbridge due to the closure of the hospital on the existing site, leading to unemployment and loss of income for local businesses.
- Significant cost of the development of the East Airdrie Link Road.

More specifically, some participants discussed the economic impact if the hospital was developed at the site in Gartcosh, with some viewing this positively and others not so.

### **Economic positives (Gartcosh site)**

- Growth of local infrastructure.
- Community benefits (i.e. local schools).
- Increase in house prices.

### **Economic negatives (Gartcosh site)**

- Concern among residents as to whether the hospital will have any real benefits on the local economy.
- Impact on village both during and after construction.

#### **8.3.5. Trust**

There was a perception among many that the decision on the location of the new hospital site had already been made, and that this would be at Gartcosh. LattaCharlton's analysis was that much of this scepticism has arisen from the project's past engagement when individuals had believed that Gartcosh was the preferred location. Consequentially, comments were made about this engagement being 'a formality' and that it was a 'done deal'.

Furthermore, one table noted how the site concerns included in the executive summary of the Gartcosh Site Summary Report are very limited, suggesting that individuals are deliberately being swayed towards this location.

Numerous comments were made with regard to the general feeling of mistrust that individuals have towards NHS Lanarkshire and North Lanarkshire Council. Participants felt that how North Lanarkshire Council has repeatedly broken promises about improvements that will be made to road infrastructure, as well as NHS Lanarkshire breaking promises about the repatriation of patients back to University Monklands Hospital following treatment at other hospitals. This mistrust has created doubt among participants as to whether improvements in transport, promised with the re-location of Monklands, will actually happen. Officers from NHS Lanarkshire responded to this point at each event explaining that clinical models change on a regular basis and this may explain changes to patient repatriation pathways.

A small number additionally perceived that University Monklands Hospital has been deliberately run down over the years, which contributed to this feeling of mistrust.

Widespread concern was raised about the accuracy of the information included in the MRP Transport Strategy, particularly with regard to the published distances and travel times. In addition, it was commented that the travel times weren't realistic for example when considering the frequent delays on public transport and the congestion on roads. Officers from NHSL explained at each event that this information was supplied by an independent transport analysis provider and had been submitted to Transport Scotland for validation and was therefore presented in good faith.

Residents from Cumbernauld highlighted how they feel their area is consistently neglected by the NHS and the local authority. These participants commented that despite Cumbernauld being the largest area it has no decent health facility. One table pointed out how Cumbernauld is not included on the map on the promotional material promoting the project.

### **8.3.6. Quality of engagement**

A small number commented upon the current engagement process, with acknowledgement that improvements have been made. Individuals appreciated the opportunity to input upon decisions and question facilitators.

The level of information available on the project website was viewed favourably by some, specifically the frequently asked questions (FAQs) and the quality of the site reports.



Although it was recognised that it can be hard to engage with certain population groups, participants on one table at the Gartcosh event felt that more could have been done to publicise the engagement activity. A suggestion was made that there should have been a mail drop in the North Lanarkshire Council area.

Questions were repeatedly asked about the site scoring event i.e. how will it work, what will the patient/staff split be, how will individuals be selected and how will the feedback from the event be used by the board in the decision-making process. There was agreement that the patients selected must be representative of the current catchment for Monklands, including a good representation of those from northerly/easterly areas.

Furthermore, clarity was sought upon when a final decision will be made, with comments being made about the overall process (including development of the site) being longer than anticipated. Officers responded at each event that the scoring event date was set for 10 March 2020 and the decision on the site was to be made by NHS Lanarkshire before the end of April 20.

A small number of criticisms were made of the involvement of those who don't live in the area in the decision-making process.

### 8.3.7. Benefits criteria

Participants were shown the benefits criteria that are typically used to evaluate the suitability of potential development sites. This allowed participants the opportunity to suggest other factors that they thought should be incorporated into the evaluation process.

#### Suggested benefits criteria (as used previously to evaluate potential sites)

<b>Title</b>	<b>Description</b>
Getting in and out of the site by road	The extent to which the site location can be easily accessed by patients, staff and visitors by road
Journey times	The extent to which the site location is placed in relation to the catchment population of patients and staff
Public transport infrastructure	The extent to which the site location is supported by public transport

Ability to support centres of excellence and regional NHS services	The extent to which the site can support centres of excellence identified within NHS Lanarkshire healthcare strategy ‘Achieving Excellence’) and regional services
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### Additional evaluation criteria suggested by event participants

Category	Suggested criteria
Catchment	<ul style="list-style-type: none"> <li>• Position of the new hospital within the catchment area</li> <li>• Position of the new hospital in relation to population densities, levels of deprivation and health outcomes</li> <li>• Account taken of proposed housing developments</li> <li>• Impact of cross-boundary flow</li> </ul>
Travel and transport	<ul style="list-style-type: none"> <li>• Impact on communities/villages</li> <li>• Additional road infrastructure required and associated costs</li> <li>• Sustainability of transport services</li> </ul>
Site	<ul style="list-style-type: none"> <li>• Contamination issues and associated costs</li> <li>• Ground conditions (e.g. susceptibility to flooding)</li> <li>• Greenfield/brownfield site</li> <li>• Space available for expansion</li> <li>• Ability to develop surrounding area in partnership with NHS Lanarkshire</li> </ul>
Parking	<ul style="list-style-type: none"> <li>• Parking spaces available for patients and staff</li> <li>• Impact on neighbours/local businesses of overflow parking</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Travel impact to new location</li> <li>• Benefits/negatives of the site location (specifically for staff)</li> </ul>
Environment	<ul style="list-style-type: none"> <li>• Levels of air pollution</li> <li>• Impact on natural environment (e.g. wildlife)</li> </ul>

### 8.3.8. Summary

- Across the events there was no consensus on the best location for the new hospital, with participants discussing the advantages and disadvantages of each of the sites.

- The majority of the discussions at each of the events related to travel and transport, with many expressing their concerns about the accuracy of the information included in the Transport Strategy. It was identified that the project provides a great opportunity to develop innovative, sustainable travel solutions.
- There was a feeling of mistrust among many with scepticism that the decision for the location of the hospital has already been made. In addition, participants were dubious of what is being proposed, with many making comments about the NHS and the local authority breaking promises in the past.
- Questions were repeatedly asked about the next steps for the project and timescales, the service mix for the new hospital and the development plans for the health and wellbeing village on the existing hospital site.

### **8.3.9. Evaluation of community discussions**

At the conclusion of community discussions, participants completed evaluation forms, which showed a high level of satisfaction with the events.

The following data is taken from an analysis of evaluation forms by LattaCharlton Associates. There are over 84 records from feedback forms although some of the fields are only partly completed.

LattaCharlton Associates describes the age profile of attendees as in keeping with that seen at similar events, with 79 per cent of participants aged 45-74. This may reflect issues such as civic engagement over time, perception of impact on own wellbeing and other priorities affecting availability of time. Some 20 per cent of participants described themselves as having a disability.

A total of 57 post codes were recorded: ML-29; G-26; L-2.

#### Evaluation metrics

- 88 per cent strongly agreed/agreed they had the chance to give their views.
- 83 per cent strongly agreed/agreed the event was independently facilitated.
- 94 per cent strongly agreed/agreed they were able to actively contribute.
- 83 per cent strongly agreed/agreed they felt confident their views had been recorded.

- 70 per cent strongly agreed/agreed the organisation and communication about the event was clear.

#### Comments from forms

*Everyone had the chance to make a contribution.*

*Very informative, good to get other perspectives.*

*Everyone given fair chance to put forward their opinions.*

*Much needed discussion of the new hospital site. Good to hear others in the community share their opinions.*

*Beneficial to all participants.*

*Very informative and helpful clear and transparent.*

*Not much awareness in village of meeting. Event itself was run well.*

*Alright - a chance to discuss things. But still feel not enough information about why the site is decided upon.*

#### **8.4. People's Hearing**

The concept of a “public hearing” was suggested to NHS Lanarkshire by the Consultation Institute as a best practice method to be included in the public engagement process.

Public hearings are used by many public bodies and organisations that want to demonstrate that they are listening. The hearing, which is typically video live-streamed, provides transparency around the role of evidence-gathering in public policy-making.

NHS Lanarkshire called its event a People's Hearing. A panel of independent people and advisors discussed submissions invited from interested stakeholders, explored comments and suggestions on the benefits criteria and included an open question and answer session to help shape proposals for a new University Hospital Monklands (UHM).

The event was live streamed on NHS Lanarkshire's Facebook page and the University Hospital Monklands Facebook page.

#### **8.4.1. People's Hearing: submissions session**

Chair: Paul Parsons, independent (Consultation Institute associate).

Participants: Isobel Brown, independent; David Ross, Keppie Design (architects); Douglas Ross, Currie & Brown (lead advisors); Douglas Bisset, WSP (transport engineer); Andy McCusker, WSP (geotechnical engineer).

NHS Lanarkshire had formally sought submissions from the wider public on any areas of concerns with the detailed site information published. These submissions would be considered by the People's Hearing panel. Four submissions were received which are detailed below along with comments made by the panel.

##### The panel

A panel of five members heard or reviewed each submission:

Core members:

- Isobel Brown;
- Sir Harry Burns, professor of global public health at the University of Strathclyde;
- Paul Parsons, Chair.

Plus, specific to the submission being discussed, two other members drawn from:

- James Harris, WSP (geotechnical/ground conditions);
- Stephen Campopiano, WSP (transport);
- Douglas Bissett, WSP (transport);
- Stewart McKechnie TUV SUD (building engineering services);
- Douglas Ross, Currie & Brown (construction);
- David Ross, Keppie Design (architectural);
- Andy McCusker, WSP.

##### **8.4.1.1. Submission: Neil Gray MP (member for Airdrie and Shotts) and Alex Neil MSP (member for Airdrie and Shotts) (not in attendance)**

## Summary

Fully support a new-build hospital and look forward to the investment in the area to bring acute health provision to cutting edge standards. Submission expresses excitement for the clinical model and the early design ideas.

The submission raised concerns as follows:

- Planning considerations at the Gartcosh sites;
- NHS Lanarkshire consultation with Police Scotland about the congestion concerns;
- Potential contamination at the Gartcosh site;
- Not been an updated report on drilling at the Gartcosh site;
- Impact moving hospital to the fringes of the NHS Lanarkshire/NHS Greater Glasgow and Clyde boundary will have on footfall;
- Areas of highest deprivation, and those who will use the hospital most, will be impacted the most by it moving outside the Monklands area and to Gartcosh;
- Concern that Gartcosh is presented as being an accessible site in public transport terms;
- Capacity to cope with additional hospital traffic coming in both the Glasgow and Falkirk directions;
- Concern about the way people from the areas of highest deprivation will be represented and considered at the scoring exercise;
- Concern that a large number of the lowest-paid staff will have same issue accessing the hospital.

## Panel discussion points

### Health inequalities

- The NHS deals with the effects of economic deprivation.
- Ongoing work with public health and innovative approaches to tackling inequalities in the area.
- Better support of primary care in the community probably just as effective for preventing the need for hospital admissions.

### Economic impact

- Multiplier effect of moving from one site to another.

- Local employment at hospital: keen to explore opportunities for lower-waged employees with planned facility on current site.
- Need to ensure an equality of healthcare across the region.

### Transport

- Journey times – info in latest transport report
- East Airdrie Link Road – submission states it will be dual carriageway. No decision on that yet made. Introduction is benefit for Wester Moffat and Glenmavis sites.
- Rail - Gartcosh and Drumgelloch. Points were acknowledged about catchments that would be served.
- Sustainable travel options must be included in line with government policy.

### Condition of the site

- Recognised legitimate concern about contamination issues.
- Bringing old sites back into use is consistent with regeneration policy.
- Investigations done and site deemed suitable for use.
- Recognition that additional info has become available, process is ongoing. Robust site investigation to be done to ensure properly assessed.
- Public mistrust because of complexities – all understandable and would be looked at. Sites proposed: two out of three have contamination issues. One has mine workings history. Issues can be addressed although they have different challenges and are not readily comparable. Cost would be factor to be looked at.
- Public health point of view from Glasgow hospital previous work – decontamination effective and thorough. Reassurance that contamination could be overcome.

### Gartcosh catchment

- Gartcosh greater catchment area – how would this affect A&E?
- Evidence Cumbernauld residents tend to go to Glasgow for emergency care. Recognised that analysis would need to be done and shared with the public. Difficult to predict.
- If you build a big enough facility, it will cope. Increased catchment area of Gartcosh included in modelling and cost.

## NHS Lanarkshire representative comment: Graham Johnston, head of planning & development

- Link road confirmed by North Lanarkshire Council a single carriageway.
- NHS Lanarkshire assessment of potential sites resulted in 10 January publication of three shortlisted sites.
- Planning includes an extra 8000 A&E attendances at Gartcosh site. That is modelled on population and travel times and results in the design including 23 beds more than the other two sites.
- Funding – if more patients come to A&E, how does that affect funding? Cash follows the patients. Service level agreement with partner health board.
- Process – lack of community at June 2018 scoring event. Proposed March event will have 100 people, 51 members of the public. People who use hospital more are reflected more. People who use hospital come from across the county.
- Site investigations is iterative. As new information comes in we would include it.

## Outputs

- Suggestion emerged for using Scottish Index of Multiple Deprivation (SIMD) data as a scoring tool.
- Explore impact of new facility on current site.
- Project team must have latest information East Airdrie Link Road.
- Suggestion that cost of remediation might be used as a comparative measure on contamination issue.

8.4.1.2. **Submission: Karen Morris** (not in attendance) *Considering the wider impact on the health of Monklands communities in the event of relocation of acute health services to Gartcosh.*

## Summary

- Little or no consideration seems to have been given to, not only the travel arrangements of those much further down the pay scale, but also to livelihoods and future health outcomes.



- As the district, and Airdrie in particular, has seen most of its major employers move out of the area or close down, UHM is now the biggest employer in the area.
- Most staff living within two-three miles of the hospital, impractical or unaffordable to travel any significant distance to work.
- The Board also has a duty to consider the long-term health implications to all its service users.

### **Panel discussion points**

- Moving hospital from current site will have an impact. Particularly those on low incomes who don't have access to a car.
- The longer-term impact is very significant and pay consideration to this so it's not just a displacement of staff. Important to look at least disruptive way of doing this.
- New hospital will be fit for future. That can't be provided now. The concerns are understood and mitigation plans are in place.
- Two out of three site options have a railway station. Catchment of the lines taken into account. Most staff living within two-three miles. Walking distance raises some concerns.
- Potential of shuttle buses – important to think of this and any other ideas to mitigate the impact.

### **NHS Lanarkshire representative comment: Graham Johnston, head of planning & development**

- Drew the panel's attention to the emerging proposals for a replacement development in the existing UHM site and potential employment opportunities there.
- Infographic showing distribution of staff is a good resource to reference.
- Hospital without staff doesn't work and emphasised NHS Lanarkshire's stated aim of bringing staff with us. Shuttle bus being considered and we will work with staff groups once we have the site detail determined.

#### **8.4.1.3. Submission: Dr Nicholas Kennedy, Monklands Medical Staff Association (not in attendance).**

The panel is asked to consider additional factors to include in the benefits criteria:

- Recruitment and retention of medical/clinical staff;

- Nursing, allied health professionals and medical student education;
- Transport links (road, rail and bus).

### **Panel discussion points**

- Recruitment and retention of staff is a real issue. Areas of Scotland struggle. Hospital consultants are keen to develop research and development and teaching facility.
- East Airdrie Link Road timescales are yet to be defined. Working on assumption start first half 2024. 12 months later than when hospital is due to start.
- Cost and time very relevant. Costs taken into account and reflect timescales and restraints developing the sites.
- Logical to say that a new building would be attractive place to work and might aid recruitment and retention.
- Wherever sited, it should be an exemplar site.
- When we look at scoring look at a balanced view to build these points in.
- Transport considerations are key. Not all sites have a train station in close proximity.

**8.4.1.4. Submission: Isobel Kelly** (not in attendance).

### **Summary of submission**

- Interference and politicisation attached to this project.
- Site selection is crucial to future success, the public would be better served if experts are left to make evaluations rather than the politicians who have only contributed a longer lead time to gaining a new hospital and are not qualified and have proved unable to positively contribute to the project.

### **Panel discussion points**

#### Finance and project costs

- Second full paragraph on second page referenced.
- £14.39m (cost allocated re Gartosh site) is not just roadworks £8m related to roadworks – roundabout improvements, realignment and bridgeworks with the balance being remediation of contamination and ground works.

- Panel asked for clarification on the City Deal. Told £14.39m for MRP project not related to City Deal funding.
- Likely an overall cost towards £20m related to wider development of Gartcosh. Planning report on website gives an indication depends on housing units.
- Elected officials also brought up the point of costs from £17.5m-£20m. Panel asked for clarification why costs are wide ranging
- The costs are reflective of work required. Each of sites have a range of costs - important to note that all calculated on a like-for-like basis.
- Information provided can be technical. NHS must ensure that all information is provided in an impartial and consistent manner to enable everyone to come to their own conclusions.
- Important to be cognisant of other planned developments.

#### 8.4.2. People’s Hearing: benefits criteria session

##### Chair

Chair: Paul Parsons, independent

Participants: Isobel Brown, independent; David Ross, Keppie Design (architects); Douglas Ross, Currie & Brown (lead advisors); Douglas Bisset, WSP (Transport Engineer); Andy McCusker, WSP (geotechnical engineer).

The criteria used in the 2018 option appraisal for the Monklands Replacement/Refurbishment Project were shared for comment and suggestions for additions at community discussion events in February 2020. The chair shared these criteria and the feedback offered by participants with the panel. In addition, two suggestions from members of the public had been received for consideration – these were contamination at sites and impact of cross-boundary flow.

<b>Suggested benefits criteria (as used previously to evaluate potential sites)</b>		
	<b>Title</b>	<b>Description</b>
<b>1</b>	<b>Getting in and out of the site by road</b>	The extent to which the site location can be easily accessed by patients, staff and visitors by road

2	<b>Journey times</b>	The extent to which the site location is placed in relation to the catchment population of patients and staff
3	<b>Public transport infrastructure</b>	The extent to which the site location is supported by public transport
4	<b>Ability to support centres of excellence (specialised services based at one hospital site) and regional NHS services</b>	The extent to which the site can support centres of excellence (identified within NHS Lanarkshire healthcare strategy Achieving Excellence) and regional services

To aid the panel’s discussion, feedback from the community events was themed and ranked for discussion purely on the basis of the number of events at which themes were raised. The chair explained that some of the points of feedback received contained or could relate to more than one issue. They are recorded under each appropriate heading. Headings have been selected to reflect the themes.

Criteria fall into two categories:

- 1 – Essential
- 2 – Desirable

Only proposals that met essential criteria reached this stage of the process. NHS Lanarkshire was looking for measures that would enable it to fairly rank and compare the three site proposals.

Looking to best practice, it is noted that a good set of criteria:

- Cover the whole issue being assessed;
- Do not overlap;
- Are measurable.

The panel took into account the issues raised in discussion of submissions to the Hearing session earlier in the day.

- It used questions to guide its discussions:

- Is the attribute already included in the process (either now or previously)?
- Is it sufficiently covered?
- Is the attribute universal? (applicable to all three sites)
- Is the proposed attribute measurable?
- Is there data available to measure?
- Is it possible to collect data to measure?

#### 8.4.2.1. Economic benefit

Economic benefit was raised at all four community events as follows.

<b>Gartlea</b>	<ul style="list-style-type: none"> <li>• Positive impact on wider community ie not just patient population should be a criteria (jobs and infrastructure improvements).</li> </ul>
<b>Gartcosh</b>	<ul style="list-style-type: none"> <li>• Which site will demonstrate widest positive impact on the community and conversely which will impact negatively?</li> </ul>
<b>Gartcosh</b>	<ul style="list-style-type: none"> <li>• Further work should be done to develop ‘impact measures’ which will demonstrate positive/negative impacts.</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>• Socio-economic benefits of the hospital to the local area.</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>• Impact on the local community.</li> </ul>
<b>Cumbernauld</b>	<ul style="list-style-type: none"> <li>• Impact on the local area; employment opportunities etc.</li> </ul>

The panel discussed the job opportunities offered by the build project, longer-term economic job and business opportunities, the impact on public health and wellbeing that availability of public sector jobs can have in an area, and the potential for jobs to be taken by people from outside the area.

The panel reached the view that the economic impact of the new hospital would be similar whichever site is chosen, which means that element wouldn’t meet the ‘measurable’ criteria. The panel recognised there are different economic starting points for each of the sites and therefore the same input is likely to have a different outcome, particularly on poorer communities. If data

are available to establish an economic baseline for each proposed site, NHS Lanarkshire could consider the benefits of using modelled impact as a differential measure.

**Outcome of discussion. It might be possible to measure this attribute. The benefit of scoring it is likely to be limited. The panel did not ask for it to be included.**

#### 8.4.2.2. Potential environmental impact

Environmental impact was raised as a possible criterion for assessing sites at two of the four community events.

<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>Local environmental impact in terms of potential flooding, impact on rivers etc. Impact on local protected species etc.</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>Impact on the local infrastructure and air quality</li> </ul>
<b>Cumbernauld</b>	<ul style="list-style-type: none"> <li>History/current use of the site e.g. is it a brown or green field site (brown is better than green)</li> </ul>

The panel discussed the need for baseline information on each of the items raised to underpin effective measurement. Panellists noted the investigations and reports already undertaken covering flooding and protected species searches. Planning application processes need extensive environmental impact assessments which take place at a later date.

**Outcome of discussion. Part completed at earlier stage. Part to be undertaken post site selection. No additional benefit to measuring again at this stage.**

#### 8.4.2.3. Future proofing

Points were made at two of the community events about the need for the chosen site to allow for expansion in the future.

<b>Cumbernauld</b>	<ul style="list-style-type: none"> <li>Ability to develop the site (future proofing)</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>Expansion potential for the future</li> </ul>

The panel recognised this as an important element and discussed various potential expansion elements, which are confirmed as having being intrinsic to design and site search.

**Outcome of discussion. This element has been covered previously in the process.**

**Minimal benefit to additional measurement at this stage.**

**8.4.2.4. Suitability of the site**

The issue of the suitability of the potential sites was raised at two community events. At Gartlea, the issue of contamination at the sites was continually raised. At Cumbernauld it was felt that brownfield sites should score more highly than greenfield sites.

<b>Gartlea</b>	<ul style="list-style-type: none"> <li>• The health and safety of the sites is key issue (in respect of land contamination) and this must form part of benefits criteria</li> </ul>
<b>Cumbernauld</b>	<ul style="list-style-type: none"> <li>• History/current use of the site e.g. is it a brown or green field site (brown is better than green)</li> </ul>

The panel noted that technical assessments have been conducted and that all the sites that have reached this stage are suitable. The process has heard strong feelings about the contamination issues at some of the sites. The different types of contamination are not easy to compare. The Hearing submissions raised the possibility of using ‘cost’ as a potential common measure. Time needed for remediation - would also be a practical measure.

**Outcome of discussion. The panel encourages NHS Lanarkshire to highlight contamination remediation costs and timescales for the scoring exercise to consider.**

**8.4.2.5. Cross-boundary activity**

Participants at two community events suggested sites should be scored on the extent to which they might attract patients from outside the current catchment area for Monklands.

<b>Gartlea</b>	<ul style="list-style-type: none"> <li>Impact on other patient catchments should be included...will the site draw patients from outside existing catchment putting pressure on resources for local people?</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>Impact on people outside the area and cross-boundary flow</li> </ul>
<b>Coatbridge</b>	<ul style="list-style-type: none"> <li>Impact on the local community</li> </ul>

The panel referred to information provided in the hearing session to inform its discussion.

**Outcome of discussion. The additional activity has been modelled and included in financials. It is clearly important to the participating public that this issue is included in considerations. The panel encourages NHS Lanarkshire to highlight the issue for the scoring exercise to consider**

#### **8.4.2.6. Impact of construction**

The impact of building the hospital was raised as an attribute to assess in one community event.

<b>Gartcosh</b>	<ul style="list-style-type: none"> <li>Which site has the longest/shortest construction times (shortest time is better)?</li> </ul>
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The panel noted time and cost as possible measures. Build times have already been taken into account in the plans for the various build projects.

**Outcome of discussion. Otherwise covered. No additional benefit to measuring again at this stage.**

#### **8.4.2.7. Public transport**

Measuring access by public transport as an attribute of potential sites was raised at one meeting. Possibly because it is covered in the suggested criteria. (criterion #3)

<b>Cumbernauld</b>	<ul style="list-style-type: none"> <li>Level of public transport planning required</li> </ul>
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Cumbernauld	<ul style="list-style-type: none"> <li>• Sustainability of bus services over time</li> </ul>
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Impacts staff and patients and visitors.

The panel recognised that people from areas listed on the SIMD are more likely to have an unplanned admission to an acute hospital and are more likely to use public transport.

People from these communities are more likely to hold lower-grade positions in the hospital staff than people from other areas. Points made at the Hearing recognised the travel footprint for staff is different to the travel footprint to patients and visitors. NHS Lanarkshire could measure staff travel and patient/visitor travel separately in the criteria. A range of times is needed. It's important that the criteria are credible to the participants.

**Outcome of discussion. The panel felt that for staff and patient/visitor, travel times and costs from areas listed in the SIMD should be specifically highlighted as information to be taken into account in the scoring exercise. The panel suggested modelling travel times by mode at getting to and from work and visitor times.**

**8.4.2.8. Road transport**

Access by road was raised as an attribute to measure at one community event. This item is included in the proposed scoring criteria. (criterion #1)

Coatbridge	<ul style="list-style-type: none"> <li>• Impact on the local infrastructure and air quality</li> </ul>
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**Outcome of discussion. Impacts staff and patients and visitors. Again recognising the greater likelihood of people from high SIMD areas being impacted by a change of location, car travel times and costs should be specifically taken into account.**

**8.4.2.9. Views of local people**

Participants at one community event felt that the views and feelings of local people should be taken into account.

Coatbridge	<ul style="list-style-type: none"> <li>Local feeling and views</li> </ul>
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**Outcome of discussion. The panel considered this covered by polling activity being undertaken by NHS Lanarkshire.**

#### 8.4.2.10. Summary of outputs

The impact of the panel discussions on the criteria used previously would be:

Benefits criteria from previous exercise			People's Hearing input
	Title	Description	Impact of discussions
1	<b>Getting in and out of the site by road</b>	The extent to which the site location can be easily accessed by patients, staff and visitors by road	The panel felt this was previously covered and therefore does not meet criteria for inclusion in the scoring exercise.
2	<b>Journey times</b>	The extent to which the site location is placed in relation to the catchment population of patients and staff	The panel recognised that the patient/visitor travel footprint is different to the staff travel footprint and asked MRP to consider car and public travel impact measures (time and cost) that reflect those two distinct audiences. These should include information for a range of travel times and specific information about travel impact from areas high on the SIMD
3	<b>Public transport infrastructure</b>	The extent to which the site location is supported by public transport	

4	<b>Ability to support centres of excellence (specialised services based at one hospital site) and regional NHS services</b>	The extent to which the site can support centres of excellence (identified within NHS Lanarkshire healthcare strategy Achieving Excellence) and regional services	The panel offered no view that would change this criterion.
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In its discussions the panel encouraged the MRP to highlight two other issues in the scoring process, because of their importance to concerns raised by stakeholders:

- Site condition - The panel encourages NHS Lanarkshire to highlight contamination remediation costs and timescales for the scoring exercise to consider.
- Cross-boundary activity - Under the criteria the panel discussed, this is covered in the design and modelling for the new hospital. However, as it is clearly an important issue for local people, the panel encourages MRP to clearly demonstrate these issues are/have been part of the considerations.

It would be possible to include these as assessment criteria, if relevant scoring data is available. This would not be the only way of highlighting the issue sufficiently well to address the points raised by the panel.

Together these take account of the input given at the community events and the insight gained from the panel at the People’s Hearing and, as a set of criteria, appear reasonable and proportionate for these specific circumstances. There are inevitably compromises in deciding exactly which combination of elements to measure in these processes, not least the availability of information to provide to scorers. Above all they must be and be seen to be credible.

This process resulted in the proposal to NHS Lanarkshire for the adoption of the following benefits criteria:

- Travel times by road and public transport – patients;

- Travel times by road and public transport – staff;
- Access/connectivity to NHS regional centres;
- Contamination (each of the possible sites requires a degree of work to remove contamination left over from its previous use)
- Impact of cross-boundary flow (i.e. patients from Glasgow attending the hospital).

#### 8.4.3. People’s Hearing: question and answer (Q&A) session

Using Facebook Live, a video Q&A for the public/staff and other interested parties was held. This was promoted prior to the event on social media to ensure people could submit questions in advance as well as live. Facebook recorded 5400 views during the section that included the Q&A.

Questions were received and posed to the panel by independent chair Paul Parsons.

There were two MRP representatives answering questions:

- Graham Johnston – head of planning and development, NHS Lanarkshire
- Graeme Reid - Monklands Replacement Project director, NHS Lanarkshire.

##### 8.4.3.1. Online Q&A session

Question	Answer
<p><b>Are you keeping the same level of transport as there currently is?</b></p>	<ul style="list-style-type: none"> <li>• We will assess the impact to get to each of the sites and absolutely improve bus transfer.</li> <li>• Section 75 – planning application more detailed work will be done on that</li> <li>• Parking is within the local authority responsibility. Around 1,000 parking spaces currently. We anticipate we will have over 2,000 at the new site. This will be consistent across the three of the sites.</li> </ul>

<p><b>The hospital is the largest employer in Airdrie – what are the plans for the job voids?</b></p>	<ul style="list-style-type: none"> <li>• The plan is for all staff to move to the new hospital.</li> <li>• There’s also an opportunity when we relocate that the existing site will become vacant. There are plans to develop a health and wellbeing centre on that site. This will also present job opportunities.</li> </ul>
<p><b>Where do you get the distances to train stations from?</b></p>	<ul style="list-style-type: none"> <li>• The transport strategy report details that our advisors have provided distances through working with Transport Scotland and the local authority. Reports are available on the website.</li> </ul>
<p><b>What was the point of building the new surgical ward and Maggie’s Lanarkshire on the current Monklands site?</b></p>	<ul style="list-style-type: none"> <li>• Hospital exists to meet demand today and those plans were three or four years ago. We are responding to need. We have to bear in mind existing hospital will be there in 2026/7.</li> <li>• We have to provide services so there’s no shortfall before then. In addition, Maggie’s were aware of the possible changes and they signed up to that.</li> </ul>

<p><b>How can Gartcosh service the community if it's on one side? – the location needs to be as central as possible.</b></p>	<ul style="list-style-type: none"> <li>• The transport information provided aims to show people how to get to the hospital - it's important to note journey times.</li> <li>• The hospital services the North Lanarkshire catchment area. It's important to note that 27 per cent come from out of the catchment area.</li> <li>• The three sites are within the catchment area. That's a good position to be in – we are asking the public to help us select which site best meets the needs of the population.</li> <li>• The benefits criteria exercise and scoring process will help us with that. 100 people will be part of that scoring process and will help us select the site based on the agreed criteria.</li> </ul>
<p><b>Will there need to be a compulsory purchase order to buy any of the sites?</b></p>	<ul style="list-style-type: none"> <li>• No, they are all freely available on the commercial market.</li> </ul>
<p><b>When did Gartcosh become part of Monklands? When did Glasgow City (train station) become part of Monklands?</b></p>	<ul style="list-style-type: none"> <li>• Part of North Lanarkshire forms part of the catchment area of the hospital and is part of the area we are required to provide services to. There are unintended associated consequences with all of the sites and they are published on the MRP webpage. The impact of having a hospital at Gartcosh would increase emergency department attendances by 8000. That's 4000 patients redirecting from Lanarkshire. This equates to 4000 NEW realigning from Glasgow.</li> </ul>

	<ul style="list-style-type: none"> <li>• Planning - two things to bear in mind, Monklands currently has 74,000 new attendances per year and we expect that this will raise by 8000. The emergency department is sized to accommodate that number. The impact of extra 8000 equates to an extra 22 beds (simplified as an extra ward)</li> </ul>
<b>Will there be a maternity hospital added on?</b>	<ul style="list-style-type: none"> <li>• No change planned to current service provision at University Hospital Wishaw.</li> </ul>
<b>Traffic is bad enough on Forrest street. It will not be able to handle the extra traffic to a hospital at Wester Moffat.</b>	<ul style="list-style-type: none"> <li>• The transport strategy does include that improvements will need to be made should the hospital be at Wester Moffat in conjunction with the local authority.</li> </ul>
<b>Why is there so much focus on train stations? Those that use Monklands now do not have direct train access.</b>	<ul style="list-style-type: none"> <li>• Focus has been a reflection on comments. We are responding to the comments raised.</li> </ul>
<b>Why is the current site not an option?</b>	<ul style="list-style-type: none"> <li>• Assessed in 2018 as part of option appraisal. This was deemed not an option due to increased costs, delays and health and safety risks, including infection risk.</li> <li>• An independent review was undertaken, and we were asked to re-evaluate the other sites.</li> </ul>
<b>Because an area has deprivation – does that mean that people have low skills? Did I pick that up right from this morning (submissions session)?</b>	<ul style="list-style-type: none"> <li>• This question was raised in connection with travel. More people likely to be using public transport from areas of deprivation.</li> </ul>

### 8.4.3.2. Questions in the room

Question	Answer
<p><b><u>Neil Gray MP</u></b></p> <p>Some outlined in submission but for clarity:</p> <p><b>How will the panel and scoring event ensure two-thirds of the people living in Monklands catchment area in high deprivation will be recorded and their views taken into account? They are most likely to access the hospital the most.</b></p>	<ul style="list-style-type: none"> <li>• Percentage of people scoring is based on usage. Usage is impacted on by deprivation.</li> <li>• To become part of the scoring process you could nominate yourself or others to take part. For example, we have said if you belong to a particular postcode there are say 12 spaces you can be part of the nominated people involved. We've had many more than 12 nominations which tells me there's great interest there.</li> <li>• Most of the care that most groups need is not always in hospital, it's in the local communities.</li> <li>• The benefits criteria discussion was useful as it will reflect the comments and discussions we have had. The criteria have been changed because of those discussions. People will also get an opportunity to feedback on the scoring process after the event and this will be presented to the NHS Lanarkshire Board to help them with their decision-making so that everything spoken about and discussed will be captured. There's a wealth of data to consider.</li> </ul>



<p><b><u>Neil Gray MP</u></b></p> <p><b>Changes in flow. How has the extra 8000 figure been arrived at? Scheduled or unscheduled? Need to understand the impact on the hospital.</b></p>	<ul style="list-style-type: none"> <li>• Calculation is all unscheduled care. Scheduled care would be at an existing service provider.</li> <li>• We have undertaken an analysis of current patients from which postcodes are likely to go to each of the hospitals based on quickness to get to one location over another.</li> </ul>
<p><b><u>Alex Neil MSP</u></b></p> <p>Picking up on public being involved at scoring event....</p> <p><b>Staffing representation was heavily dominated by medics last time. Lower-paid workers were not represented in a meaningful way. So, just as we want to make sure there's a public refection, similarly we need to ensure staff representation is representative of all staff working in Monklands.</b></p>	<ul style="list-style-type: none"> <li>• This has been clarified on the MRP webpage. Of the people at scoring event 51 per cent public and 49 per cent members of staff.</li> <li>• Objective is to get a spread across all groups of workers so it's truly representative including trade union representatives.</li> </ul>
<p><b><u>Alex Neil MSP</u></b></p> <p><b>Opinion poll - important to ensure sample analysis is representative of those that will use the services, geographical and age etc, with/without cars. Can we guarantee that's reflected?</b></p>	<ul style="list-style-type: none"> <li>• Two opinion polls – one prior and one post – this will give two data sets. Questions agreed not only with Consultation Institute but also Scottish Health Council.</li> <li>• We will publish that as soon as we have all the available data. Sensitivity analysis being done to ensure the poll is robust. Split is 66 per cent North Lanarkshire 33 per cent South Lanarkshire (patient attendance)</li> </ul> <p><i>(Following a further question about these percentages, NHS Lanarkshire subsequently clarified in writing to Mr Neil and Mr Gray that the results would be</i></p>

	<i>weighted to reflect the proportion of patient activity at the hospital that comes from the Monklands unscheduled care catchment area.)</i>
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### 8.5. Outcome of engagement

- The People’s Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites.
- Public suggestions for site scoring benefits criteria were assessed and included as appropriate.
- Following views expressed at the People’s Hearing about the need to include inequalities in the site scoring considerations, Scottish Index of Multiple Deprivation data for North Lanarkshire was added to the scoring event presentation.
- Some 400 public and staff self-nominated as potential participants in site scoring.

### 8.6. Telephone survey

The first of two telephone surveys involving Lanarkshire residents was conducted on NHS Lanarkshire’s behalf by the Campaign Company, a leading UK research company, in February 2020.

The first survey involved 750 respondents as was carried out to establish a baseline of public sentiment and feeling on the three shortlisted sites, for example, in relation to travel and transport, community impact, costs and what the basis of this sentiment is, i.e. why they think this. It also provided feedback to inform further work being carried on as part of our public engagement process.

Respondents were asked where they would prefer to go to if they could no longer access the current University Hospital Monklands site. People were asked to provide reasons for their

responses if they wished – and would have had the opportunity to mention opposition to particular sites at this point in the survey.

The survey also provided an opportunity to enhance the number of nominations for public participation in the site scoring event in March 2020. Survey respondents were asked if they would like to participate and a number nominated themselves as a potential scorer.

Full details are available in a report by The Campaign Company, Monklands Replacement Project: Analysis of telephone survey for NHS Lanarkshire (March 2020).

## **9. Community and staff site scoring event**

A public and staff weighting and scoring event took place on 10 March 2020, hosted by the Consultation Institute (tCI), with formal presentations from our external technical adviser team. The event was attended by almost 90 participants selected at random from those who either self-nominated to take part in the scoring process or who indicated a preference to be further involved through a survey which was also undertaken.

This event was unsuccessful in reaching an outcome. NHS Lanarkshire and tCI concluded that there were flaws over the validity of the weighting and scoring due to the failure of the electronic scoring system. There were also concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. The process was then paused due to lockdown arrangements associated with the COVID-19 pandemic.

Issues raised during the event discussions involving the public and staff were used to inform the information packs and dedicated frequently asked questions developed for the subsequent postal site scoring exercise.

## **10. Postal site scoring exercise (9 July-13 August 2020)**

Following the withdrawal of the results of the site scoring event in March 2020, an alternative method of site scoring by post was devised to ensure not only sufficient participation but also a robust process that could be safely undertaken in light of the COVID-19 restrictions in place.

### **10.1. Methodology**

A group of over 400 public and NHS Lanarkshire staff participants – three-quarters of them members of the public – were invited to take part in postal scoring to determine the non-financial benefit scores for each option as part of a site feasibility option appraisal process.

Those invited to take part were all the members of the public and staff who nominated themselves to take part in scoring during the engagement phase in February 2020, either directly or through their participation in the Campaign Company survey described in section 10.

Recognising the restrictions on social distancing and shielding following lockdown that were put in place as part of the COVID-19 response, NHS Lanarkshire asked the Consultation Institute (tCI) to develop a methodology which would enable a weighting and scoring process to be restarted and taken forward safely.

A process was designed by tCI with support from the Electoral Commission and was subject to a period of testing and validation prior to proceeding.

During the two-stage exercise, which was independently managed by tCI, participants were invited to “weight” (assess the relative importance) of five non-financial benefits criteria, then score each site against the criteria. The benefits criteria were:

- Travel times by road and public transport – patients;
- Travel times by road and public transport – staff;
- Access/connectivity to NHS regional centres;
- Contamination (each of the possible sites requires a degree of work to remove contamination left over from its previous use)
- Impact of cross-boundary flow (ie patients from Glasgow attending the hospital)

The process conducted by tCI is described in full in the NHS Lanarkshire report, Monklands Replacement Project Site Selection Process: Report on Option Appraisal Process (23 September 2020).

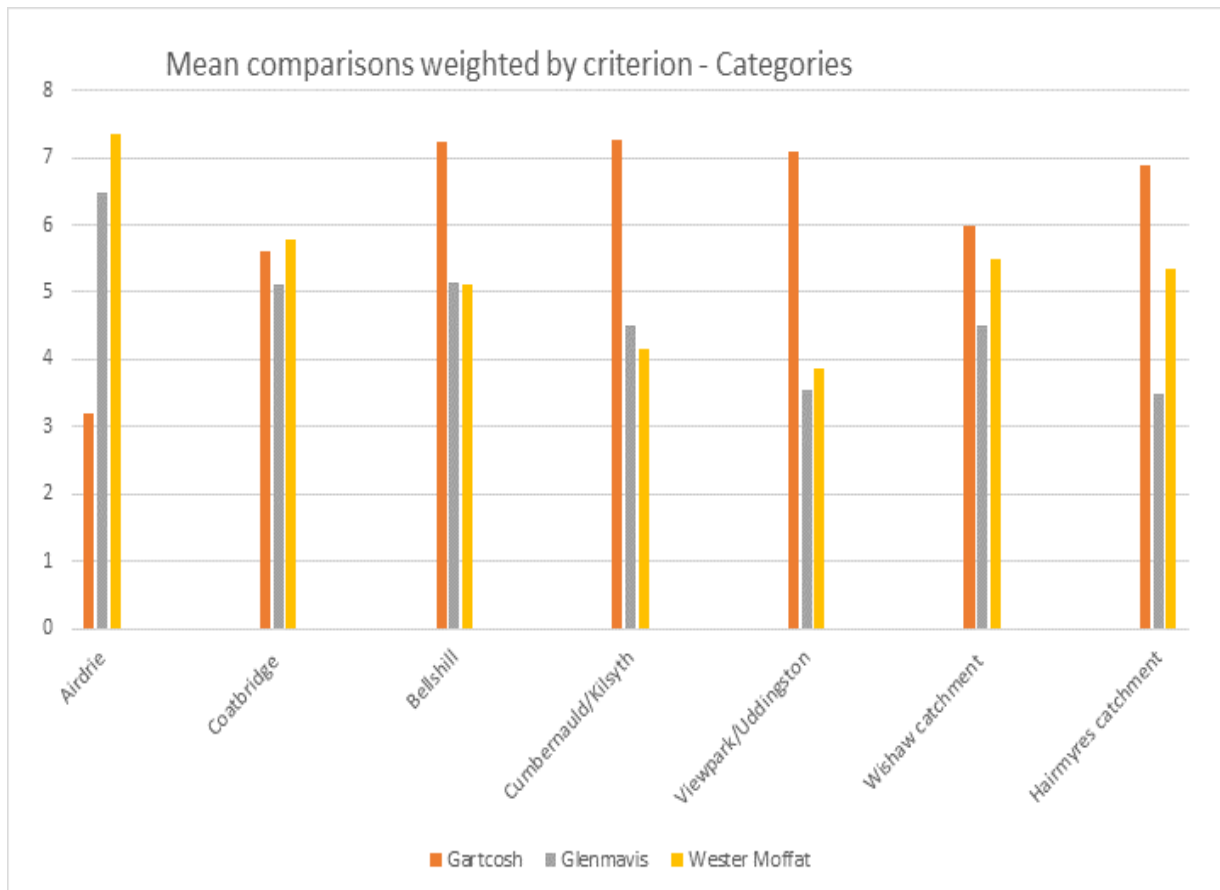
## 10.2. Communications activity

Resource/activity	Detail
MRP webpage	<u>Documents</u> <ul style="list-style-type: none"> <li>• Weighting information pack.</li> <li>• Scoring information pack.</li> <li>• Community discussions feedback report.</li> <li>• People’s Hearing reports- submissions/benefits criteria session/Q&amp;A session.</li> </ul>
	<u>Frequently asked questions (FAQs) -50 views</u> <ul style="list-style-type: none"> <li>• Bespoke FAQs to assist scoring participants.</li> <li>• Devised in conjunction with Healthcare Improvement Scotland – Community Engagement.</li> <li>• Based on points raised during site scoring event.</li> <li>• Updated to take account of comments from criteria weighting phase of scoring exercise</li> </ul>
	<ul style="list-style-type: none"> <li>• 1000 page views.</li> </ul>
NHS Lanarkshire website	Two press releases (993 total views)
Open channel of communication	Email contact address/Freepost address/phone contact number.
Press releases and media inquiries	<ul style="list-style-type: none"> <li>• Two releases - public and staff to evaluate site options; first stage of evaluation complete.</li> <li>• Two media inquiries: participant proportions (Airdrie &amp; Coatbridge Advertiser); site contamination (Herald).</li> </ul>
Stakeholder update emails	Two updates - public and staff to evaluate site options; first stage of evaluation complete.

Internal communications	All-in Lanarkshire staff emails/staff briefing/Pulse Online (digital staff magazine)
MPs/MSPs	MP/MSP briefings re postal scoring process: 27 March 2020/12 June 2020.
Social media	A limited number of social media messages were posted to inform the public of the scoring process, resulting in a very small number of comments expressing support for Gartcosh or the existing site.
<b>Media coverage</b>	
<ul style="list-style-type: none"> <li>• <i>Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.</i></li> <li>• <i>Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.</i></li> <li>• <i>Negative - These are critical articles which include a response from NHS Lanarkshire.</i></li> <li>• <i>Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.</i></li> </ul>	
<u>During site scoring (9 July-13 August 2020).</u>	
<ul style="list-style-type: none"> <li>• Five articles (print) – all very positive.</li> <li>• All in local papers (based on press releases): 2 x Airdrie &amp; Coatbridge Advertiser (ACA); 2 x Carluke &amp; Lanark Gazette; Cumbernauld News.</li> <li>• Online coverage in ACA.</li> </ul>	
<u>Between conclusion of site scoring and option appraisal feedback launch (13 August-30 September 2020).</u>	
<ul style="list-style-type: none"> <li>• Four articles: 3 x ACA; Glasgow Times – all neutral.</li> <li>• All are comments from Alex Neil MSP on stepping down from Scottish Parliament and his commitment to securing new UHM in Monklands.</li> <li>• Online coverage in ACA, BBC News, Herald.</li> </ul>	

### 10.3. Outcome

The graph below shows the public participants' mean scores - the average of a group of scores - weighted by criterion, for each of the three sites.



This illustrates that more public groupings scored Gartcosh, to a greater or lesser extent, higher than the other options - the exceptions being public participants from Airdrie and, to a lesser extent, Coatbridge. After Gartcosh, most public groupings scored Wester Moffat over Glenmavis with the exception, although the differences are very small, of public participants from Bellshill and Cumbernauld.

tCI collated all individual scores from the public and staff members. Using the criteria weightings and applying agreed proportionate representation from geographical locations and staff groups, tCI calculated an overall non-financial benefit score for each site as follows:

Gartcosh	Glenmavis	Wester Moffat
5,319.07	4,295.15	4,808.18

An economic appraisal (which incorporated the results of the postal exercise) and a risk appraisal were then undertaken, both allocating points out of 100 to each site.



The final scores from option appraisal were:

<b>Evaluation results</b>	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
Economic appraisal	100	84.11	95.74
Risk appraisal	94.12	72.73	100
<b>Combined total</b>	<b>194.12</b>	<b>156.84</b>	<b>195.74</b>

The option appraisal process - including calculation of proportionate site scoring by public/staff, economic appraisal and risk appraisal - is described in full in the NHS Lanarkshire report, Monklands Replacement Project Site Selection Process: Report on Option Appraisal Process (23 September 2020).

## 11. Public and staff feedback period (30 September-18 October 2020)

To reflect good practice in public engagement, NHS Lanarkshire held a period for feedback from public, staff and other stakeholders following the site feasibility option appraisal.

Feedback was sought on the option appraisal process and its outcome. To assist public understanding of the process, an option appraisal summary document and an option appraisal easy-read document were published on the MRP webpage along with the full option appraisal report.

All communications included the following message:

**Please note that the site scores do not represent a decision by the Board of NHS Lanarkshire on the location of the new University Hospital Monklands.**

During the feedback period NHS Lanarkshire also published the Fairer Scotland Duty Assessment, which assesses the socio-economic impact of the proposals. Feedback on this document was also sought.

### 11.1. Communications and engagement activity

Resource/activity	Detail
MRP webpage	<ul style="list-style-type: none"><li>• Option appraisal summary document.</li><li>• Option appraisal easy-read document.</li><li>• Option appraisal report and appendices.</li><li>• Fairer Scotland Duty Assessment (FSDA).</li><li>• Updated frequently asked questions.</li><li>• Email/Freepost/phone for feedback submissions.</li><li>• Video: feedback opportunities.</li><li>• British Sign Language video: feedback opportunities.</li><li>• Site map images.</li><li>• 4650 page views.</li></ul>
NHS Lanarkshire website	<ul style="list-style-type: none"><li>• Homepage banner - feedback information and click-through to MRP webpage.</li><li>• Three press releases (800 total views)</li></ul>

Press releases	<ul style="list-style-type: none"> <li>• Feedback launch.</li> <li>• Feedback reminder.</li> <li>• Fairer Scotland Duty Assessment (FSDA) published.</li> </ul>
Media coverage	<ul style="list-style-type: none"> <li>• Three articles (print) in local papers – all based on first press release (very positive).</li> <li>• Online coverage in Airdrie Advertiser of launch and FSDA.</li> </ul>
Stakeholder update emails	<ul style="list-style-type: none"> <li>• Feedback launch.</li> <li>• Feedback reminder.</li> <li>• Fairer Scotland Duty Assessment published.</li> </ul>
Internal communications	<ul style="list-style-type: none"> <li>• All-in Lanarkshire staff emails: distributed prior to every press release.</li> <li>• Email staff briefing (twice weekly).</li> <li>• FirstPort (intranet) banner: feedback information and click-through to MRP webpage.</li> <li>• UHM Team Page (staff Facebook group): Key Facebook posts shared to the group, which has 1600 members.</li> <li>• Information provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers.</li> <li>• NHSL/UHM social media reaches many staff.</li> <li>• See presentations section below for further staff engagement.</li> </ul>
Presentations	<ul style="list-style-type: none"> <li>• 8 October 2020: UHM Medical Staff Association (MSA)– see section 13.2.2 for summary of formal submission from MSA.</li> </ul>
MPs/MSPs/councillors	<ul style="list-style-type: none"> <li>• 9 October 2020: MP/MSP briefing.</li> <li>• Responses to three MSP inquiries.</li> <li>• Briefing pack for North and South Lanarkshire councillors.</li> </ul>
Patients – A&E	<ul style="list-style-type: none"> <li>• No direct contact due to COVID restrictions. A&amp;E staff declined leaflets due to COVID concerns. A poster with feedback channels and a QR code for the MRP webpage was displayed in A&amp;E/minor injuries.</li> </ul>
Social media	<ul style="list-style-type: none"> <li>• NHSL Facebook – 14 posts: average reach 11.000; average engagement 85. 9000 total video views. 13 Facebook stories: average opens 3700; average engagement 200.</li> </ul>

	<ul style="list-style-type: none"> <li>• UHM Facebook – 8 posts: average reach 937; average engagement 10. 1000 total video views.</li> <li>• NHSL Twitter- 13 tweets: average impressions 3000; average engagement 161. 5000 total video views.</li> <li>• UHM Twitter -12 tweets: average impressions 800; average engagement 50. 950 total video views</li> <li>• NHSL Instagram – 3 posts: total reach 3500.</li> <li>• NHSL social posts to promote young people survey.</li> <li>• Paid content: NHSL Instagram/Facebook ads to promote young people survey.</li> <li>• An analysis of social media is at section 13.2.4.</li> </ul>
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## 11.2. Direct feedback received

- Inbox feedback – 728 (55 identifiably from staff).
- Voicemail feedback – 35.
- Freepost feedback – one item.
- Submissions from Monklands Medical Staff Association/local parliamentarians.

Please note: a spreadsheet with all individual feedback comments is available for review by Board members.

### 11.2.1. Analysis of public and staff feedback

NB: These responses are self-selecting and are therefore representative of those who have responded rather than necessarily representative of the wider population.

#### 11.2.1.1. Key findings from staff

Support or opposition for each site was expressed as follows:

- Support for Gartcosh – 25 respondents;
- Support for Glenmavis – 2 respondents;
- Support for Wester Moffat – 24 respondents;

- Either Glenmavis or Wester Moffat – 2 respondents;
- Not Gartcosh (but ideally Monklands) – 1;
- No support for any option expressed – 1.

#### Support for Gartcosh

Reasons included:

- Good road access including motorway access which is important for emergency situations;
- Good road access was also recognised by specialist staff who treat patients from across Lanarkshire and not just the Monklands area;
- Good public transport provision;
- Large space that could accommodate car parking provision.

#### Support for Glenmavis

Reasons included the fact that it was closer to the current site than the alternatives.

#### Support for Wester Moffat

Reasons included:

- The fact that it was closer to the current site so would mean less displacement for Monklands residents than Gartcosh;
- The fact that it was quite centrally located so could serve patients from across Lanarkshire;
- Easier to travel to than Gartcosh (especially in the winter);
- Has quite good existing transport links;
- Best value for money;
- Least polluted site.

#### Other comments

Other comments and issues raised by staff included:

- Welcoming the chance to have a say on the options and the process;
- Concern that from a patient and lay person's perspective, the documents explaining the option appraisal process, which asked for feedback, were too complex. This may have put people off from responding.

#### **11.2.1.2. Key findings from public and stakeholders**

Of the responses received, support or opposition for each site was expressed as follows:

- Support for Gartcosh – 470 respondents;
- Support for Glenmavis – 31 respondents;
- Support for Wester Moffat – 169 respondents;
- Either Glenmavis or Wester Moffat – two respondents;
- Stay at current site – four respondents;
- Not Gartcosh (no other sites mentioned) – seven respondents;
- Not Wester Moffat (no other sites mentioned) – 11 respondents;
- No support for any option expressed – six respondents.

#### Gartcosh

Reasons given for supporting Gartcosh included:

- Good transport infrastructure (including trains and buses) and in particular the road and motorway access (M73);
- Being near a motorway is good for emergency situations;
- Centrally located for people across Lanarkshire (places cited include Cumbernauld, Kilsyth, Moodiesburn, Bothwell, Uddingston, North Lanarkshire generally);
- Large space for parking provision;
- The proposed site location is less likely to impact on local residents than other sites;
- Large space for parking provision, specialist services and for green space provision for patients and staff to enjoy;
- Will create jobs in an area that needs them.

Reasons given for opposing Gartcosh included:

- It's a site that could be contaminated as a result of it being former steelworks;

- Not easy to get to by public transport (places cited include Airdrie, Muirhead and South Lanarkshire;
- The “promises” of better public transport if the site were chosen are not believed by everyone (some people mentioned the expectations around University Hospital Wishaw).

### Glenmavis

Reasons given for supporting Glenmavis included:

- Good public transport;
- Good location for people living in Cumbernauld and Kilsyth.
- Most centrally located and most likely to serve the same population as the current Monklands site;
- Has potential to expand in the long-term;
- Other sites are too populated.

Reasons given for opposing Glenmavis as a site included:

- Other sites were closer to respondents’ homes.

### Wester Moffat

Reasons given for supporting Wester Moffat included:

- Good transport links;
- Still in the Airdrie area so likely to serve the same population as the current Monklands site;
- Proposed by-pass/ring road addresses concerns about road access for emergency vehicles;
- Least contaminated site;
- Best value for money.

Reasons given for opposing Wester Moffat included:

- Poor public transport links especially from areas like Cumbernauld, Kilsyth;
- Site is in a built-up area that would cause extra traffic congestion;
- Not known – less likely for people to go there in an emergency;

- Not suitable for growth.

#### Other comments

- The site should remain in Monklands and ideally at the current site.
- The site should be in Glenboig.
- Comments about process including how this feedback will be taken into account in decision-making processes; lack of trust in the process taken to date especially in the “early days”.

NB: It should be noted that many respondents interpreted the feedback process as a “vote” and described their preferences in these terms.

#### **11.2.2. Submission from Monklands Medical Staff Association**

Following a meeting with MRP representatives during the feedback period, the Monklands Medical Staff Association provided a formal submission covering the following points:

- Majority support for Gartcosh and some support for Wester Moffat. No support for Glenmavis, which should now be withdrawn;
- Gartcosh and Wester Moffat option appraisal scores close. Public/staff scoring - Gartcosh highest. Risk appraisal scores have determined final ranking;
- Concern re East Airdrie Link Road (EALR) and whether it was appropriately risk assessed;
- Gartcosh positives: good road links; good access to regional centres and NHS Lanarkshire hospitals; better for regional planning and multi-centre working; benefits staff recruitment/retention; better for academic/research centre; better environmental impact from using a brownfield site (offsets contamination concerns and needs more consideration);
- Wester Moffat positives (dependent on EALR): highest-scoring site; favoured by Airdrie area residents and non-clinical UHM staff; accessible by train; EALR will improve north/south access; fewer contamination concerns; fewer cross-boundary flow issues; less likely to run into “political headwind”, minimising the risk of further delays;



- Conclusions: priority is to avoid further delay; clear preference for Gartcosh but Wester Moffat acceptable to some who prefer Gartcosh; Board must engage with MSA re concerns if Wester Moffat selected; must realise MSA’s vision for a major teaching and research centre – not a remote district general hospital in an awkward location with limited academic and regional linkages, resulting in major ongoing recruitment and retention issues.

### 11.2.3. Submissions from Members of Parliament/Members of Scottish Parliament

Six submissions were received from MPs/MSPs, as summarised below.

MP/MSP	Preferred option and comments
Jamie Hepburn MSP (SNP, Cumbernauld & Kilsyth) and Stuart McDonald MP (SNP, Cumbernauld, Kilsyth & Kirkintilloch East) – joint submission	<p><b>Preferred option: Gartcosh</b></p> <ul style="list-style-type: none"> <li>• 2018 consultation - Gartcosh as highest scoring option was well received by constituents.</li> <li>• Option appraisal non-financial scoring echoes views of constituents, who prefer Gartcosh re accessibility by car/public transport.</li> <li>• Basing the scoring participant proportions on current usage rather than population risks diminishing the per capita voice of our constituents. This may be justifiable if cross-boundary flow is neutral but it has been used as a risk factor.</li> <li>• Contamination factor should be balanced against the benefits of revitalising Gartcosh site, generating positive economic impacts.</li> <li>• Fairer Scotland Duty Assessment: As a percentage, other areas of the catchment have greater deprivation, but the “North” locality has such a significantly higher population that the number of individuals affected is similar and should not be discounted.</li> </ul>

<p>Richard Leonard MSP (Labour, Central Scotland)</p>	<p><b>Preferred option: within Monklands</b></p> <ul style="list-style-type: none"> <li>• Unfortunate that existing site excluded: hospital largest employer in area and decision ignores the Town Centre First principle.</li> <li>• Concern that plan for existing site will not be realised due to financial pressures – Board must provide certainty to the community.</li> <li>• Disappointing that scoring event results withdrawn. Grateful postal scoring exercise with larger participant group was used but has reason for need to chase responses been established?</li> <li>• Non-clinical staff scored Wester Moffat highest and would prefer new hospital to be as close as possible to current site.</li> <li>• Not enough detail provided on travel times for public and staff, including if the new link road was factored in, to scrutinise the scoring exercise weighting of these criteria.</li> </ul>
<p>Fulton MacGregor MSP (SNP, Coatbridge &amp; Chryston)</p>	<p><b>No preferred option</b></p> <ul style="list-style-type: none"> <li>• Public engagement commended. Communication clear and concise and public brought on board where possible. To achieve this during pandemic is further testament to the work.</li> <li>• The two sites scoring highest are both serviced by a train station. Post pandemic it is vital to promote green and active travel and new hospital should certainly have train links.</li> <li>• All three sites present some difficulties for many of my constituents in terms of access. Imperative that local transport links (rail, bus and road improvements) are all in place before the new hospital opens. Vital that everyone in the Monklands area feels they can access the hospital easily.</li> </ul>

	<ul style="list-style-type: none"> <li>• Have long argued that using the existing site for substantial healthcare services useful in improving services, tackling deprivation and compensating for the hospital being relocated. Encouraged by all indications from NHS Lanarkshire in this respect and would urge more detailed plans to be made available as soon as possible.</li> </ul>
<p>Alex Neil MSP (SNP, Airdrie &amp; Shotts) and Neil Gray MP (SNP, Airdrie &amp; Shotts) – joint submission</p>	<p><b>Preferred option: Wester Moffat</b></p> <ul style="list-style-type: none"> <li>• Gartcosh advantages grossly exaggerated, inflating its points in the scoring system.</li> <li>• True costs of locating on this site grossly underestimated: road infrastructure needed will require much greater investment than estimated; ground works required overly optimistic, with many unknowns about its underground condition.; site would require a blank cheque and would have very substantial and unacceptable cost over-runs/delays.</li> <li>• Wester Moffat much less risky: comparatively little contamination and a planned road upgrade; requisite road improvements already being processed by North Lanarkshire Council, funded from the Glasgow and Lanarkshire City Deal; any additional road investment will require only a modest sum from health budget.</li> <li>• UHM catchment area patients are 73% of estimated footfall for new hospital and Wester Moffat is a lot easier for these people to access than Gartcosh: no direct link by public transport to Gartcosh from either Airdrie or Coatbridge; Wester Moffat will be readily accessible by road, rail or public transport for the other people from elsewhere in Lanarkshire and Scotland who will attend.</li> <li>• Fairer Scotland Duty Assessment (FSDA): Airdrie locality has a far higher level of deprivation followed</li> </ul>

	<p>by Coatbridge; Airdrie/Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most deprived areas attend more than those from the least deprived; moving the hospital to Gartcosh significant disadvantage to the patients who need and use the hospital the most.</p> <ul style="list-style-type: none"> <li>• FSDA: Report states “Workforce data shows that the majority of Band 1 staff (lowest-paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live;” moving to Gartcosh would inhibit the ability of the lowest-paid staff to be able to maintain their employment.</li> <li>• Scoring exercise shows vast majority of local staff want the facility at Wester Moffat. As many of these people are amongst the lowest paid employees in the hospital, Wester Moffat site would meet the equality and fairness criteria which should be a key consideration for the Board.</li> <li>• Vast majority of residents in Airdrie, and a significant number of respondents from Coatbridge, rejected Gartcosh/scored Wester Moffat highest. Board should accept the option appraisal findings and recommend Wester Moffat.</li> <li>• Scoring exercise showed majority of those who comprise 73% of forecasted footfall wish to see the new hospital located in the Monklands area.</li> <li>• If NHS Lanarkshire genuinely believes in patient-centred care, Wester Moffat meets that criterion much more than Gartcosh.</li> </ul>
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#### 11.2.4. Analysis of social media comments

Throughout the feedback period, NHS Lanarkshire regularly posted updates on its social media channels. Messaging encouraged feedback through the dedicated email/Freepost/phone channels and did not invite formal feedback on social media.

A total of 254 comments were made through these channels:

- 242 on NHS Lanarkshire's Facebook page
- Two on NHS Lanarkshire's Twitter feed
- Five on NHS Lanarkshire's Instagram
- Four on University Hospital Monklands Facebook page
- One on University Hospital Monklands Twitter feed

NB: These responses are self-selecting and are therefore representative of those who have responded rather than necessarily representative of the wider population.

#### 11.2.4.1. Key findings

##### Gartcosh

The majority of the responses were making the case for moving the site to Gartcosh.

Arguments for this included:

- The fact that it would serve the Cumbernauld community better (which was an important factor since it had a high population);
- The fact that there was already a good transport infrastructure in place and in particular good motorway/road access compared to the other two sites.

Concerns about this location included:

- The fact that it was not central enough for the whole of North Lanarkshire;
- That it appeared to be located near landfill sites.

##### Wester Moffat

- A number of people were concerned that they did not know where Wester Moffat was so they did not feel that they could adequately comment.
- However, there were people who thought it would be a good location because it was conveniently located and would best serve the Airdrie and Coatbridge communities.
- Concerns raised about this location included the fact that access – both by road and public transport – was quite poor.

##### Glenmavis

A small number of people also stated that Glenmavis would be their preferred option.

##### Existing site

A small number of people also felt that the hospital should stay where it currently was.

##### Other issues

- There was recognition by some that public transport had to be significantly improved whichever location was chosen.

- There were also a small number of comments made about the decision-making process including lack of awareness, particularly about the weighting and scoring processes that had involved the public.

### **11.2.5. Phone survey and focus groups**

NHS Lanarkshire commissioned The Campaign Company to conduct a random telephone survey of 500 residents (aged 18 or over), across Lanarkshire, to supplement the other engagement channels which were self-selecting by nature. This randomised approach ensures the views of the wider population are also represented in the engagement.

To explore some of the issues raised in the telephone survey in more depth, participants were invited to attend one of four online focus groups or have phone conversations if they were unable to attend the scheduled groups. A total of 29 individuals participated.

Proportionate geographic representation of participants was employed and, to ensure that the views from more socially and economically disadvantaged communities (which tend to have poorer health outcomes) were heard, 20 per cent of all respondents were from within a Scottish Index of Multiple Deprivation (SIMD) decile 1 area and 20 per cent from within a SIMD decile 2 area (the deciles for the most deprived areas).

Headline findings from the telephone survey are summarised below:

- 70 per cent of telephone respondents within the catchment area had heard something about plans relating to University Hospital Monklands over the past year.
- 77 per cent of respondents felt that the process used to get to this stage was fair.
- From qualitative responses in the survey and gained through focus group discussion, there is still a minority that do not understand why the “status quo” is not an option
- There is also strong agreement, gained particularly from the comments in discussion groups, that whatever outcome is decided that there needs to be significant improvements in public transport access to minimise the impact on the more disadvantaged groups – especially the elderly, the more vulnerable (for example those with learning disabilities or dementia) and those from more economically disadvantaged households including single parents.

People’s views on how they would be impacted if University Hospital Monklands were to be relocated is shown below:

What impact (positive or negative) on you would there be, if any, if University Hospital Monklands were to be relocated to Gartcosh/Glenmavis/Wester Moffat?

<b>Response</b>	<b>Gartcosh</b>	<b>Glenmavis</b>	<b>Wester Moffat</b>
A lot - negative	160 (32%)	105 (21%)	153 (31%)
A lot - positive	27 (5%)	16 (3%)	11 (2%)
A little but I will be able to deal with it	104 (21%)	130 (26%)	72 (14%)
No impact	144 (29%)	175 (35%)	150 (30%)
Don’t know	65 (13%)	74 (15%)	114 (23%)

### Reasons

- Gartcosh: Poor public transport access; too far away from much of the catchment area; location already well-served by Glasgow hospitals
- Glenmavis: Poor public transport access; no nearby train service; poor access by roads;
- Wester Moffat: Poor public transport access; not known by many respondents so an assumption that it was quite far; not centrally located enough.

The quotes below summarise some of the key views regularly expressed as part of the discussion groups.

- *“People want to know that in an emergency they will be able to get there quickly and safely – some of these sites have got very poor road access or are in small villages that will get congested by traffic.”*
- *“There will be some people who won’t be happy with whatever site is chosen. But as long as you’re open and honest with us about the reasons why decisions were made, people will understand.”*
- *“I’m not going to lose any sleep over it to be honest and I’m sure not many people are. Of course, I’d like it to be placed near me but I’ll cope if it’s not. At the end of the day we’re getting a brand new hospital.”*

There is a full analysis of the telephone survey and focus groups/in-depth discussions in the report by The Campaign Company - Monklands Replacement Project: Analysis of telephone survey on appraisal of site options (October 2020).



### 11.2.6. Online survey for young people aged 13-17

To provide an opportunity for young people to engage in the feedback period, an online survey was used to gauge the anticipated impact of the three site options on this section of the community.

The survey questions, re impact of each site option, were the same as those used on this topic by The Campaign Company, who undertook a public survey during the same period.

Research undertaken by NHS Lanarkshire with young people at the NextGen event (promoting careers in healthcare) in March 2020 included asking where they would look for information on health and care issues affecting them. Social media was one of the most popular channels for such information and we responded to this finding by promoting this survey, which ran from 16-21 October, via social, including standard posts and paid content.

Facebook ads were used to target the Instagram/Facebook accounts of Lanarkshire residents aged 13-17.

The survey link was also shared with learning services contacts at North and South Lanarkshire councils.

Responses (including late entries) were received from 16 young people, 11 female and five male.

- Ages: 13 (1); 14 (3); 15 (4); 16 (4); 17 (4).
- Home postcodes: ML3 (3); ML4 (1); ML5 (4); ML6 (4); G65 (1) G72 (2); G75 (1).

#### Survey results

Wester Moffat and Gartcosh were seen as having the most impact, primarily negative.

#### Free text comments

- The overriding theme was accessibility of each site as judged from the perspective of each respondent's home address.
- Gartcosh is seen as distant from the Monklands area while Wester Moffat is seen as distant from Cumbernauld area.

- There is particular emphasis on the perceived difficulty of access within the context of the existing travel arrangements.
- Bus routes and, to a lesser extent, rail links are seen as a crucial factor.
- A number of respondents did not understand why the existing site had been excluded as an option.

### **11.2.7. Online survey for centres of excellence patients**

University Hospital Monklands’ “centres of excellence” are the specialised services that offer care to patients from across Lanarkshire/regionally: haematology (cancer); ENT (ear, nose and throat); infectious disease medicine; Lanarkshire Beatson (radiotherapy); renal; urology.

To provide a targeted opportunity for these patients to engage in the feedback process, an online survey was designed to gauge the anticipated impact of the three site options on this section of the community.

The survey questions, re impact of each site option, were the same as those used on this topic by The Campaign Company, who undertook a public survey during the same period.

COVID-19 restrictions mitigated against MRP communications being on site to promote the survey directly. Consultants and nurses in each service were contacted in advance of the feedback period to confirm their assistance. Early in the feedback period flyers inviting patients to participate were provided to staff for distribution. Chasing of staff was carried out in w/e 16 October and a decision taken to run the survey beyond the formal feedback period deadline of 18 October.

Despite staff input, the renal service was the only one that had patient interest (following significant assistance from staff, who phoned patients to gain agreement to participate). It may be that this was impacted by the intense staff workload due to COVID.

The survey was open from 16 October to noon on 21 October (a late response was included). Survey details were emailed to 11 renal patients on 16 October. Responses were received from nine patients, five women and four men.

- Age groups: 35-44 (1); 45-54 (3); 55-64 (3); 65+ (2).

- Postcodes: ML1 (3); ML2 (1); ML4 (1); ML5 (1); ML6 (1); ML10 (1); G68 (1).

Survey results (all responses from renal patients)

Gartcosh was seen as having the most impact, all negative.

Free text comments

- Gartcosh is seen as distant from the Monklands area.
- The overriding theme is travel and transport.
- The requirement for good parking provision is mentioned.

## 12. Impact of COVID-19

The opportunity to undertake face-to-face engagement was halted by the COVID-19 pandemic, meaning that alternative methods had to be employed for the engagement phases after March 2020 – the public/staff site scoring process and the option appraisal feedback period.

- Information stalls for the staff and public, which were used in earlier phases, could not be used during the feedback period due to the virus.
- Targeting of A&E patients, a specific ask from Healthcare Improvement Scotland – Community Engagement, was done via posters rather than on-site sharing of leaflets and direct discussion with patients, following advice from A&E staff.
- Targeting of centres of excellence patients, a specific ask from Healthcare Improvement Scotland – Community Engagement, could not be done through on-site engagement by the MRP team and instead relied on the goodwill of service staff, in the face of their heavy COVID workload, to distribute flyers to patients and encourage participation.
- The postal site scoring exercise was successfully implemented after being designed by the Consultation Institute with coronavirus restrictions in mind.
- The Campaign Company arranged focus groups as virtual online events rather than in person.

### 13. Reflections

During the engagement process a number of recurrent themes emerged:

1. The engagement process and scoring exercise;
2. Identification of potential sites;
3. Travel and transport;
4. Impact on health inequalities and deprivation;
5. Site contamination;
6. Cross-boundary flow.

#### 13.1. What did we hear and what did we do about it?

The following outlines, by themes, the channels NHS Lanarkshire employed to listen to input from stakeholders, what we heard and what actions we undertook to address the issues that were made known to us.

<b>1. Engagement process and postal scoring exercise</b>	
<b>What did we hear?</b>	<b>What did we do about it?</b>
<p><u>Overview</u></p> <p>There was a theme, on social media in particular, that there was a “done deal” in favour of Gartcosh and that the public’s views would not influence this.</p> <p>There was some concern, from public and local politicians, about:</p> <ul style="list-style-type: none"> <li>- the number and location of community discussions;</li> <li>- the proportion of scoring process participants drawn from disadvantaged areas/lower-paid staff/Cumbernauld &amp; Kilsyth area.</li> </ul>	<ul style="list-style-type: none"> <li>• Stressed in FAQs and in public events that no decision on site selection had yet been taken.</li> <li>• Additional community discussion events were scheduled.</li> <li>• Information on the approach to community discussions was published in the MRP FAQs.</li> <li>• Social media used to promote community discussions.</li> </ul>

<p><u>Community discussions</u></p> <ul style="list-style-type: none"> <li>• Comments about lack of publicity for the events.</li> <li>• Questions about site scoring: how will it work, what will the patient/staff split be, how will individuals be selected and how will the feedback from the event be used by the board in the decision-making process.</li> </ul> <p><u>October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments</u></p> <ul style="list-style-type: none"> <li>• Comments about process including how this feedback will be taken into account in decision-making processes; lack of trust in the process taken to date especially in the “early days”.</li> <li>• Request for enhanced UHM clinical staff engagement during feedback period.</li> </ul>	<ul style="list-style-type: none"> <li>• Information on the site scoring process, including the participant proportions, was published on the MRP webpage/FAQs.</li> <li>• Consultation Institute asked to review and confirm appropriateness of approach to scoring participant proportions, using random nominations process and based on hospital usage rather than population levels.</li> <li>• For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including this topic.</li> <li>• NHS Lanarkshire was responsive to requests for meetings with Monklands Medical Staff Association and UHM Senior Charge Nurse/Charge Nurse/Chief Nurse Meeting.</li> </ul>
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2. Identification of potential sites	
What did we hear?	What did we do about it?

<p>Cabinet Secretary for Health and Sport directed that NHS Lanarkshire seek to identify further sites to be considered for the new hospital.</p>	<ul style="list-style-type: none"> <li>• Further search of available sites by North Lanarkshire Council during July/August 2019 against a set of criteria agreed with the Cabinet Secretary.</li> <li>• Sought public nominations for specific sites which might meet the site selection criteria.</li> <li>• Assessed all sites proposed by council/public.</li> <li>• Added Wester Moffat (public nomination) to site shortlist.</li> </ul>
<p>Calls from public/Scottish Labour for the existing site to be retained as an option.</p>	<ul style="list-style-type: none"> <li>• Clear information on MRP webpage, including in FAQs, and at community discussions, on the reasons that existing site is not an option following decision by Cabinet Secretary that the site should be excluded as “building a new hospital on an existing site takes longer, costs more and risks infection and other patient safety concerns.”</li> <li>• Clear explanation on MRP webpage, including in FAQs, and at community discussion, that the existing site will be developed as a “health and wellbeing village”.</li> <li>• Explanatory correspondence with Labour members.</li> </ul>
<p>Maxim Park (Eurocentral) should be a site option.</p>	<ul style="list-style-type: none"> <li>• Correspondence/discussions with owners of Maxim Park to explain unsuitability of site as outside catchment area/adverse impact on neighbouring hospital catchments.</li> <li>• Responses to media inquiries re above.</li> </ul>

<p>Cumbernauld is the largest community in the UHM catchment area and should be a site option.</p>	<ul style="list-style-type: none"> <li>• Transparent messaging re unsuitability of Cumbernauld due to adverse impact on neighbouring hospital catchments, via: <ul style="list-style-type: none"> <li>- community discussions.</li> <li>- frequently asked question on MRP website</li> <li>- response to correspondence from individual who launched a petition re this topic.</li> </ul> </li> <li>• Please note: this topic was also the subject of correspondence with Jamie Hepburn MSP (Cumbernauld &amp; Kilsyth) during the 2018 MRRP public consultation.</li> </ul>
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<b>3. Travel and transport</b>	
<p><b>Travel and transport was overwhelmingly the area of most interest and concern to stakeholders. The following issues were reflected across all elements of engagement including: community discussions; People’s Hearing; scoring exercise participation; surveys; focus groups; direct feedback; information stalls; social media.</b></p>	
<b>What did we hear?</b>	<b>What did we do about it?</b>
<p>General concern about the travel and transport impact of hospital relocation.</p>	<ul style="list-style-type: none"> <li>• Transport strategy/updated drive times data published on MRP webpage along with information in FAQs/social media on travel and transport commitments.</li> <li>• This topic was among benefits criteria suggestions from the community. It was included as two of the benefits criteria in the site scoring exercise on the recommendation of the People’s Hearing panel: travel times by road</li> </ul>



	<p>and public transport (patients); travel times by road and public transport (staff).</p> <ul style="list-style-type: none"> <li>• Site scoring: weighting/scoring information packs/FAQs included detail on this topic.</li> <li>• Following analysis of site scoring participant comments by the Consultation Institute, transport infrastructure was included in the risk appraisal element of the option appraisal process</li> <li>• For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including travel and transport</li> </ul>
<p>Moving the hospital may result in additional travel costs and travel time for people (patients and staff) who live close to the existing University Hospital Monklands site.</p>	<ul style="list-style-type: none"> <li>• FAQs/information at discussions included commitment to staff travel assistance/ambition to provide free/subsidised transport options via transport hub arrangements.</li> </ul>
<p>The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh.</p>	<ul style="list-style-type: none"> <li>• The information on transport and travel was prepared by WSP (transport engineers) and Strathclyde Partnership for Transport (SPT) independently and has been validated by Transport Scotland prior to publication.</li> <li>• This information was published in February 2020 and the opportunity to raise concerns in respect of the</li> </ul>

	<p>robustness or accuracy of the data, though the People’s Hearing, was offered to members of the public and staff.</p> <ul style="list-style-type: none"> <li>• Topic was discussed and explained by specialists at People’s Hearing.</li> <li>• All representations re this topic were reviewed and the People’s Hearing panel concluded that all of the transport information provided in the Transport Strategy, overseen by Transport Scotland, was robust and accurate</li> </ul>
<p>Concerns that suitable public transport (bus) will not be provided when the hospital relocates. Concerns that current bus services to University Hospital Monklands are poor.</p>	<ul style="list-style-type: none"> <li>• Communication through FAQs/published information/discussions that NHS Lanarkshire has committed to providing connectivity by bus which is at least comparable to than that available for the existing site. Where possible this will be improved.</li> </ul>
<p>Concerns, including from Monklands Medical Staff Association, that the East Airdrie Link Road (EALR) will not be built and site would therefore be difficult to access/unattractive re recruitment and retention of staff/less suitable for NHS regional provision.</p> <p>Concerns EALR is being described as a single carriageway when it will be a dual carriageway.</p>	<ul style="list-style-type: none"> <li>• Received written confirmation from North Lanarkshire Council that the funding for the EALR is available within the City Deal project and that the road is funded as a single carriageway.</li> <li>• This information was included in FAQs and communicated at community discussions/staff meetings.</li> </ul>
<p>Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area.</p>	<ul style="list-style-type: none"> <li>• NHS Lanarkshire was transparent in explaining that there would be no</li> </ul>

	direct link from Airdrie to the Gartcosh site by rail.
NHS Lanarkshire will not upgrade road infrastructure sufficiently	<ul style="list-style-type: none"> <li>The proposed road infrastructure improvements have been assessed in detail by WSP and are set out on a site by site basis in the transport strategy and are summarised in the cost report by Currie &amp; Brown, as published for consideration on the MRP webpage.</li> </ul>
Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to Crime Campus and rail station.	<ul style="list-style-type: none"> <li>FAQs/discussions included information that that car parking requirements are addressed through the local authority planning process but provision would increase.</li> </ul>

<b>4. Impact on health inequalities and deprivation</b>	
<b>What did we hear?</b>	<b>What did we do about it?</b>
<p>General concern from public/staff and some local politicians that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation - Airdrie/Coatbridge/wider Monklands area.</p> <p><u>Community discussions</u></p> <p>Socio-economic impact in Airdrie/Coatbridge due to the relocation of the hospital, leading to unemployment and loss of income for local businesses.</p> <p><u>People's Hearing</u></p> <p>Submissions re impact on areas of highest deprivation of moving outside the Monklands area and to Gartcosh; concern about the way</p>	<ul style="list-style-type: none"> <li>Development of the Fairer Scotland Duty Assessment (FSDA), which addresses the socio-economic impact of proposals and will be considered by the Board of NHS Lanarkshire in its decision-making process with regard to a recommendation for a preferred site.</li> <li>FSDA published for consideration/feedback by public/staff on the MRP webpage as an interim report and subsequently as an updated version taking full account of the impact of the additional site option at Wester</li> </ul>

people from the areas of highest deprivation will be represented and considered at the scoring exercise;  
 concern that a large number of lower-paid public and staff will have issues accessing/impact on jobs if hospital at Gartcosh.

October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments

- Consensus that there needs to be significant improvements in public transport access to minimise the impact on the more disadvantaged groups – especially the elderly, the more vulnerable (for example those with learning disabilities or dementia) and those from more economically disadvantaged households including single parents.
- Neil Gray MP and Alex Neil MSP highlighted Fairer Scotland Duty Assessment (FSDA) findings as underlining previous comments on inequalities for Airdrie locality.
- Jamie Hepburn MP/Stuart McDonald MP noted FSDA finding that, while the proportion of disadvantage is less in their locality, the number of individuals affected is similar.
- Fulton MacGregor MSP stressed support for development of existing site to address inequality/Richard

Moffat (publicised through a press release/internally/social media).

- The FSDA and its purpose were included in webpage frequently asked questions
- The considerations within the FSDA led to the commitment by NHS Lanarkshire and partners to create a “health and wellbeing village” on the current site of University Hospital Monklands, helping to reduce health inequalities and providing the opportunity for economic regeneration in the area. The plans for the existing site were publicised and subsequently discussed at community discussions.
- Following views expressed on this topic at the People’s Hearing, Scottish Index of Multiple Deprivation data for North Lanarkshire was added to the scoring event presentation.
- Following analysis of site scoring participant comments by the Consultation Institute, impact on travel for people on low incomes was identified for inclusion in the Fairer Scotland Duty Assessment.
- For consideration by the Board of NHS Lanarkshire: this report summarises community discussions

Leonard MSP expressed concern that the project would not proceed.	comments/option appraisal feedback, including this topic.
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<b>5. Site contamination</b>	
<b>What did we hear?</b>	<b>What did we do about it?</b>
<p><u>Overview</u></p> <p>A common theme was that the information on contamination is inaccurate and is biased – in particular there are concerns raised by some that the level of contamination at Gartcosh is much higher than has been stated.</p> <p><u>Community discussions</u></p> <p>Some concern re Glenmavis, greatest concerns re Gartcosh. Participants used descriptive words such as ‘toxic’ and ‘contaminated’ and associated, significant costs to remediate the land were discussed.</p> <p><u>People’s Hearing</u></p> <p>Neil Gray MP/Alex Neil MSP noted potential contamination at the Gartcosh site; no updated report on drilling at the Gartcosh site.</p> <p><u>Option appraisal</u></p> <p>Participant feedback identified concerns over the assessment of contamination by NHS Lanarkshire.</p> <p><u>October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments</u></p>	<ul style="list-style-type: none"> <li>• Site condition reports and addenda reports on investigations (drilling) were published on MRP webpage.</li> <li>• Contamination was discussed and explained by specialists at People’s Hearing.</li> <li>• Contamination was included as a benefits criterion in the site scoring exercise on the recommendation of the People’s Hearing panel.</li> <li>• Site weighting/scoring information packs included detail on contamination at all sites.</li> <li>• FAQs (general and for scoring participants) noted all sites were capable of remediation</li> <li>• Following analysis of site scoring participant comments by the Consultation Institute, contamination was included in the risk appraisal element of the option appraisal process.</li> <li>• For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including this topic.</li> </ul>

<ul style="list-style-type: none"> <li>• Contamination was not recorded as a significant issue in general public/staff feedback although was noted with reference to Gartcosh in the telephone survey and Wester Moffat was described in direct feedback as least polluted.</li> <li>• In feedback submission, Neil Gray MP/Alex Neil MSP reiterated their concerns re Gartcosh.</li> </ul>	
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6. Cross-boundary flow	
What did we hear?	What did we do about it?
<p><u>Overview</u></p> <ul style="list-style-type: none"> <li>• There was concern, particularly from members of the community who oppose the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow).</li> <li>• A common theme was that information on cross-boundary flow was inaccurate and biased – in particular that the impact of cross boundary flow at Gartcosh is understated.</li> </ul> <p><u>Community discussions</u></p> <p>Participants at Gartlea and Coatbridge events suggested sites should be scored on the extent to which they might attract patients from outside the current catchment area for Monklands.</p>	<ul style="list-style-type: none"> <li>• Analysis of impact of cross-boundary flow published on the MRP webpage and highlighted in FAQs and on social media.</li> <li>• The impact of cross-boundary activity was included as a benefits criterion in the site scoring exercise following recommendation by the People’s Hearing panel.</li> <li>• Site weighting/scoring information packs included detail on this topic.</li> <li>• Following analysis of site scoring participant comments by the Consultation Institute, cross-boundary impact was included in the risk appraisal element of the option appraisal process.</li> <li>• For consideration by the Board of NHS Lanarkshire: this report summarises community discussions</li> </ul>

<p><u>People’s Hearing</u> Neil Gray MP/Alex Neil MSP noted concerns on this topic re Gartcosh.</p> <p><u>Option appraisal</u> Some scoring exercise participants noted concerns on this topic re Gartcosh.</p> <p><u>Feedback period: direct feedback</u> This was a factor for those opposed to Gartcosh, which they described as “a hospital for Glasgow”.</p> <p><u>Feedback period: telephone survey/focus groups/social media comments</u> This was not recorded as a significant topic in general public/staff feedback although was noted with reference to Gartcosh in the telephone survey.</p>	<p>comments/option appraisal feedback, including this topic.</p>
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## **14. Points for consideration**

### **14.1. Engagement Process and Postal Scoring Exercise**

The engagement process and postal scoring exercise were independently assessed by Healthcare Improvement Scotland – Community Engagement (HIS-CE), formerly known as the Scottish Health Council.

In their assessment report HIS-CE stated that the work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months met the expectations set out in their recommendations from June 2019 and followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

HIS-CE found that NHS Lanarkshire:

- Took a rigorous approach to engagement and option appraisal on the new site for University Hospital Monklands over the last 12 months;
- Responded positively to questions. People have been given the opportunity to question the clarity or accuracy of the external assurance information and identify potential gaps, resulting in information being added to and refined as the process progressed;
- Endeavoured to ensure objectivity and balance, paying particular attention to achieving parity in the external assurance activities and reports provided for the three shortlisted sites;
- Undertook engagement over the last 12 months on the three shortlisted sites that was robust and would support the Board of NHS Lanarkshire in identifying a preferred location for the new University Hospital Monklands.

The design and implementation of the engagement process and postal scoring exercise were supported through independent input from the Consultation Institute (tCI).

Throughout the engagement process we saw a good and consistent level of participation from stakeholders. There was a total of more than 185,000 stakeholder interactions with the largest element being via social media. The telephone survey conducted for NHS Lanarkshire by The Campaign Company in October 2020 found a high level of general awareness of plans related to University Hospital Monklands. People found out about the plans through a wide range of



routes including newspapers, social media, word of mouth, website, newsletters and leaflets in the community and public meetings. This reflected the multi-channel approach to communications and engagement that was used.

There was a general belief that the process had been fair, as indicated by 77 per cent of respondents to the telephone survey conducted in October 2020. In addition, the vast majority of participants in the February community discussions felt that they had the chance to give their views and actively contribute.

There were a number of negative comments throughout the process, based on a perception that a decision on the location of the hospital had already been made. Prior to the option appraisal exercise some expressed the belief that it was already decided it was going to Gartcosh. Following the option appraisal, the same view was more likely to be expressed in relation to Wester Moffat. The view was also expressed through various routes that there had been insufficient consultation with the public and that more information should have been provided. The validity of some of the information provided by NHS Lanarkshire was questioned.

Actions were taken during the engagement process to address perceptions regarding decision-making, making additional information available, and giving stakeholders the opportunity to present additional evidence to the People's Hearing. The People's Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites.

With the exception of the two random, geographically-targeted telephone surveys, participants in the process self-selected when providing feedback. This has been taken into account when analysing stakeholder feedback and reaching the conclusions in this report.

Elected representatives' submissions followed the pattern of other responses and generally mirrored the site preferences of the communities they represent. Therefore, there was not a unanimous view of the preferred site from local politicians.

The opportunity to undertake face-to-face engagement was halted by the COVID-19 pandemic. Alternative methods of achieving stakeholder input, including the postal scoring exercise and virtual focus groups, were used to address this challenge.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback mirrored in large part the themes seen in the 2018 Monklands Replacement/Refurbishment Project public consultation process.

#### **14.2. Feedback on site locations**

Transport and travel was the most widely cited reason for a particular site preference. A general theme running through feedback received from stakeholders was that most people expressed a preference for the site that was closest to where they lived. This was demonstrated most clearly in the responses to the second telephone survey.

It is further reinforced in the direct feedback received during the engagement period in September/October with each of the sites receiving positive comments about accessibility from some stakeholders and negative comments from others.

It should be noted that a reasonable proportion of individuals said they were not concerned with which site was selected. This was generally among car owners and those for whom there was little difference in travel time to the different sites.

Gartcosh received the strongest support from stakeholders providing direct feedback and commenting on social media during the engagement period. 70 per cent of those providing direct feedback who indicated a preferred site were in support of Gartcosh compared to 25 per cent for Wester Moffat. Stakeholders providing feedback through this route self-selected in contrast to the telephone survey's random sampling, which showed a more balanced perception of the sites among respondents.

Throughout the engagement process there has been a trend that stakeholders from different areas have been more vocal depending on their perception of the likely outcome. There was more negative sentiment about Gartcosh from stakeholders particularly from Airdrie when they believed this was the likely site of the hospital, and more positive sentiment about Gartcosh primarily from Cumbernauld, when Wester Moffat was seen as the likely outcome.

Throughout the engagement process, stakeholders demonstrated and reported a lower level of awareness of Wester Moffat and its exact location. Some stated that it was harder to judge its suitability as a result. This is likely because it was added as a potential site more recently in the process and did not enjoy the awareness of the other two sites that had built up during the engagement and consultation carried out in 2018. This was despite the fact that detailed information about Wester Moffat, including a site map, was included on the MRP webpage.

There was a consistent strength of feeling during the process from respondents in Airdrie that the site of the hospital should remain within Monklands, taken to mean the traditional Monklands area as per the boundaries of the former Monklands District Council. There was a clear sense of loss at the prospect the hospital may move further away, particularly if the site was Gartcosh. Indeed, significant numbers made it clear that they would prefer for the hospital to remain the existing site and that they did not understand the need to change location.

Independent of location, stakeholders commented positively on the vision for the new hospital and its ability to provide an enhanced clinical model for the people of Lanarkshire. There were also positive comments about the opportunities presented by the redevelopment of the current site of the hospital.

The vast majority of respondents living in Airdrie who participated in the second telephone survey indicated that there would be a significant impact for them if the hospital were relocated to Gartcosh.

For Glenmavis, those based in Coatbridge most often stated that there would be some impact, with Viewpark/Uddingston respondents having the largest number saying that the impact would be 'a lot'.

The lowest proportion of respondents who were likely to report a major impact of the hospital moving to Wester Moffat were those based in Airdrie.

It is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. It is important that this is addressed through further communications and engagement on the development of the hospital once the location is identified.

### **14.3. Travel and transport**

As detailed in the section above on site location, travel and transport have continually featured as the most important factor for stakeholders when considering the site of the hospital. For example, during the online focus groups, there was overwhelming agreement that public transport access to each site should be a key factor when assessing options.

A number of specific themes emerged in relation to travel and transport:

- The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh;
- Concerns that the East Airdrie Link Road (EALR) will not be built and that it is being described as a single carriageway when it will be a dual carriageway;
- Concerns that people of low income will be adversely affected if the hospital is located out with Airdrie;
- Concerns that suitable public transport (bus) will not be provided when the hospital relocates;
- Concerns that current bus services to University Hospital Monklands are poor;
- Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area;
- NHS Lanarkshire will not upgrade road infrastructure sufficiently;
- Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to crime campus and rail station;
- Height above sea level of Glenmavis site is a concern for some due to potential impact of adverse weather conditions in winter.

Stakeholders also identified that the project provides a great opportunity to develop innovative, sustainable travel solutions.

### **14.4. Impact on health inequalities and deprivation**

In addition to stakeholders highlighting concerns about health inequalities and deprivation during the overall engagement process, there was specific stakeholder engagement in the development of the Fairer Scotland Duty Assessment (FSDA).

Public, staff and some local politicians raised general concerns that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation, particularly those within Airdrie, Coatbridge, and the wider Monklands area, and those who did not have a car.

The positive economic benefits of the new hospital development to the area it was located in were also raised by stakeholders.

Stakeholders were concerned that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital of Airdrie in terms of loss of income, increased travel costs and the loss of a community asset. Some stakeholders highlighted concerns about those who lived in deprived areas in other parts of Lanarkshire.

Lower-paid staff expressed concerns around maintaining employment should the site move further away. There were also concerns regarding employment opportunities being lost to areas out with Lanarkshire particularly if the site is moved to Gartcosh, which is near Glasgow.

Public and staff indicated that the availability of discounted fares and improved routes/services would encourage greater use of public transport. Staff also noted that many lower-paid staff undertake split shifts or have two jobs and therefore travel costs and travel time would be very important to them if the journey time to the new hospital were to be greater.

Stakeholders were keen to have accessible space to be able to walk at hospital grounds and that this should be natural greenspace if possible. There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution.

There are concerns about congestion, particularly within the vicinity of the Gartcosh and Glenmavis sites, where there are other ongoing build developments.

#### **14.5. Site contamination**

Stakeholders raised concerns about the level of contamination at Gartcosh using words such as “toxic” and “contaminated”. The sites use as a former steelworks was cited by stakeholders with concerns about whether it had been adequately remediated, or could be fully. There were also

concerns raised about the associated costs. There were some concerns raised by stakeholders during the process about contamination at the Glenmavis site.

A common theme emerging about site contamination from stakeholders was that the information provided during the engagement process was inaccurate and biased. These concerns were considered through the People's Hearing process.

#### **14.6. Cross-boundary flow**

There was concern, particularly from members of the community who opposed the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow).

A common theme was that information on cross-boundary flow was inaccurate and biased – in particular that the impact of cross-boundary flow at Gartcosh is understated. The opportunity to raise concerns in respect of the robustness or accuracy of the data was provided during February 2020 and no representations were made. The People's Hearing Panel concluded that all of the cross boundary flow information provided was robust and accurate.

## 15. Next steps

### 15.1. Considerations prior to recommendation for a preferred site

NHS Lanarkshire's Board should consider the stakeholder feedback presented in this report and take it into account in reaching its decision on the location of the new hospital. Scottish Government guidance, CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, states: "An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions."

A decision-making framework has been developed by the NHS Lanarkshire Board to assist it with meeting its duty to listen to and take into account the views of stakeholders when making its decision on the site of the hospital.

The framework includes consideration of briefing papers which set out evidence in relation to the factors highlighted by stakeholders: contamination; the engagement process; environmental impacts/green agenda; plans for the existing UHM site; the regional perspective; travel and transport.

The framework includes the following questions that the Board should consider when assessing the information in this report and other parts of the process:

- What have we heard from the process and peoples' contributions?
- How have we acted on what we have heard and what else are we intending to do going forward? (future proposals/actions)
- What factors have not influenced our thinking and why?
- In summary, what are we considering and why? What are we not considering and why?
- What conclusion has the Board reached on the best option for patients and staff from its assessment of the information?

This process ensures the issues raised by stakeholders are at the heart of the Board's considerations when determining a site for the new hospital.

## **15.2. Actions to follow confirmation of the site for new University Hospital Monklands**

Following the Board's decision to recommend a preferred site to the Cabinet Secretary for Health and Sport, communication will be carried out to provide clear feedback to stakeholders, demonstrating how their views were taken into account in line with the process set out in 15.1.

This report highlights the range of issues that were important to stakeholders in determining the location of the hospital. By far the most important factor for stakeholders was travel and transport to the hospital. As a consequence, stakeholders generally expressed a preference for the site that they perceived to be most accessible to them. Therefore, it is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. Further engagement and communication once the location is identified should recognise this challenge and work with communities to address their concerns.

To help achieve this it will be important to set out a clear vision for the new hospital on its chosen location and the continuing involvement of stakeholders should be central to this work. It will also be necessary to issue further information as soon as possible on how plans for the redevelopment of the existing University Hospital Monklands site are being progressed, underlining NHS Lanarkshire's commitment to engaging with the community on the future use of the site.

A 12-week public consultation will form part of the process of seeking planning consent for the new development once a preferred site is identified. This will flow from NHS Lanarkshire's engagement with North Lanarkshire Council's planning team, who will advise precisely what level of detailed information they require on all relevant matters, including road infrastructure and public transport provision, to assist the formal planning process.

Future communications and engagement work following identification of a new site should provide assurances on road infrastructure and public transport provision and involve stakeholders in the development of innovative, sustainable transport options.

NHS Lanarkshire will continue to engage with HIS-CE for advice on future engagement on the hospital development.



## 16. Engagement timeline

<b>Monklands Replacement Project: key steps in the engagement process – 2016-2020</b>	
<b>Date</b>	<b>Activity</b>
2016	NHS Lanarkshire three-month public consultation on healthcare strategy Achieving Excellence. This included consideration of the redevelopment of University Hospital Monklands.
2017	Scottish Government approval of Initial Agreement for replacement/refurbishment of University Hospital Monklands.
2018	
June	Option appraisal on the clinical model of care, refurbishment or replacement and potential site of new hospital.
July-October	Three-month public consultation on the replacement or refurbishment of University Hospital Monklands.
November	Cabinet Secretary for Health and Sport announces independent review in response to concerns raised by public and political representatives.
2019	
June	Independent review panel reports on its findings and recommendations. Cabinet Secretary for Health and Sport responds to report. NHS Lanarkshire instructed to broaden out the site selection and discount rebuilding on the existing Monklands site due to concerns over cost, timescales and patient safety. Scottish Health Council publishes quality assessment report on consultation.
July	NHS Lanarkshire approves plans to implement review recommendations.
October-December	NHS Lanarkshire invites the public to submit nominations for alternative sites for new University Hospital Monklands.
2020	
January	Three sites shortlisted: Gartcosh, Glenmavis and new site at Wester Moffat. Vision for a new digital hospital with video and stills published.
February	Information to support consideration and discussion on the three shortlisted sites published.
February	Community discussions held in Gartcosh/Gartlea/Cumbernauld/Coatbridge. Representative telephone survey of 750 people.
March	People's Hearing. Site scoring event takes place but outcomes withdrawn.
March-June	Public advised that a postal scoring exercise will be facilitated. Public-facing element of process paused due to COVID-19 restrictions.
July-August	Postal and telephone site scoring exercise involving group of public and staff.

September- October	Feedback collated from site scoring/economic and risk appraisals completed. Outcome of 'site feasibility option appraisal' published – this marked the start of a public feedback period from 30 September-18 October
October	Fairer Scotland Duty Assessment published. Public feedback period concludes.
November	Healthcare Improvement Scotland – Community Engagement (formerly Scottish Health Council) publishes quality assessment report on engagement.

# A report on NHS Lanarkshire's engagement on the Monklands Replacement Project

November 2020



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# 1. Introduction

## Healthcare Improvement Scotland – Community Engagement

*Healthcare Improvement Scotland – Community Engagement* became the operating name of the Scottish Health Council on 1 April 2020.

*Healthcare Improvement Scotland – Community Engagement* works with NHS boards and Integration Authorities to support engagement with local communities throughout changes to services.

The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'<sup>1</sup>, outlines the process NHS boards should follow to involve people in decisions about local services. When the Scottish Government considers a proposal to be a 'major service change', we provide assurance that people and communities have been effectively involved.

For those service changes that are considered major, Ministerial approval on the Board's decision is required. In 2018, the Scottish Government gave its view that proposals to replace or refurbish University Hospital Monklands was a major service change.

## Background

From August to October 2018, NHS Lanarkshire undertook a public consultation on the replacement or refurbishment of University Hospital Monklands.

While we found that NHS Lanarkshire's engagement and consultation process enabled local people to be informed about and give their views on the proposals, concerns were raised by some people on aspects of the information provided, for example travel times, site contamination and consultation process. It was our view that the requirements of the national guidance were not fully met until NHS Lanarkshire addressed these concerns and engaged further with people.

Our assessment report<sup>2</sup> of NHS Lanarkshire's engagement and consultation was published in June 2019<sup>3</sup>.

We made four recommendations for NHS Lanarkshire to assist them in their next steps to fully meet national guidance. These were:

1. Review the outcome of external assurance activities which included; assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
2. Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with appropriate demographic and

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<sup>1</sup> Informing, Engaging and Consulting People in Developing Health and Community Care Services, Scottish Government [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

<sup>2</sup> Scottish Health Council report on NHS Lanarkshire's consultation on the Replacement or Refurbishment of University Hospital Monklands, <https://www.hisengage.scot/service-change/reports/university-hospital-monklands-consultation/>

<sup>3</sup> In November 2018, the Cabinet Secretary for Health and Sport announced that a broader, independent review on the consultation process followed by NHS Lanarkshire was to be established. Following this announcement we took the decision to pause the publication of our report and publish this at the conclusion of the work of the independent review panel

socio-economic information, and set out any proposed mitigating actions to take account of potential adverse impacts on any groups.

3. Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.
4. Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

Following the public consultation, and prior to the Board of NHS Lanarkshire recommending a preferred option, the Cabinet Secretary for Health and Sport announced that a broader independent review of the processes undertaken by NHS Lanarkshire to plan for the redevelopment of Monklands Hospital was to be established<sup>4</sup>. The independent review panel published its [report](#) in June 2019 and made three recommendations to assist NHS Lanarkshire in its endeavors to restore public confidence in the process.

## Further engagement

Over the past 12 months, NHS Lanarkshire has sought to take forward a rigorous approach to engagement (see appendix 1) in line with the recommendations made by the independent review panel<sup>5</sup> and ourselves.

NHS Lanarkshire set up the Monklands Replacement Oversight Board<sup>6</sup> and undertook an open process for people to suggest potential site options for the new University Hospital Monklands. This resulted in an additional viable option being identified at Wester Moffat for consideration alongside the Glenmavis and Gartcosh sites identified and consulted on in 2018.

NHS Lanarkshire also commissioned and prepared supporting information in response to concerns people raised. This information was used to support public engagement and the option scoring exercise.

## Our view

The work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months has been assessed in line with our recommendations and those identified by the independent review panel. This report confirms that NHS Lanarkshire has met the expectations set out in our recommendations from June 2019. It has also followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

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<sup>4</sup> [https://www.parliament.scot/S5\\_HealthandSportCommittee/General%20Documents/20181210\\_Letter\\_to\\_HandS\\_Comm\\_-\\_Monklands\\_Hospital.pdf](https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20181210_Letter_to_HandS_Comm_-_Monklands_Hospital.pdf)

<sup>5</sup> An independent review of the engagement and consultation process followed by NHS Lanarkshire Monklands Replacement/Refurbishment Project (MRRP), University of Glasgow, [https://www.gla.ac.uk/media/Media\\_653870\\_smxx.pdf](https://www.gla.ac.uk/media/Media_653870_smxx.pdf)

<sup>6</sup> The Monklands Replacement Oversight Board provides the required degree of assurance on the progression of the Monklands Replacement Project – four patient/public representatives are members of this Governance Committee.

It is our view, based on the work that NHS Lanarkshire has taken forward, information made publicly available, engagement activities including option appraisal and feedback from participants that they **have** met the expectations set out in our recommendations of 2019.

From our assessment, we have found that NHS Lanarkshire has followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project. This will support NHS Lanarkshire in identifying a preferred location option to take forward.



## 2. Public engagement

*Healthcare Improvement Scotland – Community Engagement* has regularly met with NHS Lanarkshire to discuss and provide advice on the further engagement process for a new University Hospital Monklands.

Our advice has focused primarily on the recommendations set out in our assessment report (June 2019). It has taken account of the Cabinet Secretary for Health and Sport's decisions<sup>7</sup> based on the independent review panel report, including the decision to exclude the existing site at Monklands from the re-evaluation process on the basis that "building a new hospital on an existing site takes longer, costs more and risks infection and other patient safety concerns." We have also recognised the wider context for engagement, for example the COVID-19 pandemic.

In June 2020, we prepared an interim assessment (Appendix 2) for NHS Lanarkshire on the engagement undertaken from October 2019 to March 2020.

In our interim assessment, we confirmed that *"on the basis of the information available to us, and our observations of the engagement that NHS Lanarkshire has undertaken to date, activity has met the expectations set out in our recommendations of June 2019, with one recommendation; recommendation 4 to be further progressed as part of the remaining planned engagement activity."*

We have therefore focused this report on subsequent activity undertaken in response to recommendation 4. This relates to further engagement, including option appraisal.

*"Engage with local people and communities in relation to additional information to ensure their views are understood and can be fully taken into account when any decisions are being made."*

A site scoring event was held in March 2020 on the three shortlisted sites, Gartcosh, Glenmavis and Wester Moffat. However, NHS Lanarkshire withdrew the outcomes of this due to a technical failure in the electronic voting system and issues of participant representation. We supported this decision on the basis that the outcomes were unreliable and not sufficiently robust.

In mid-March 2020 national restrictions were put in place in response to the COVID-19 pandemic. This public health crisis resulted in a pause in NHS Lanarkshire's engagement activities because of the requirement to comply with social distancing, self-isolation and shielding.

NHS Lanarkshire and an external commissioned consultation agency, [the Consultation Institute](#), subsequently developed plans to implement a new scoring exercise with people taking part by post or telephone.

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<sup>7</sup> Scottish Government news, Replacement of Monklands Hospital, 27 June 2019, <https://www.gov.scot/news/replacement-of-monklands-hospital/>

We continued to meet with officers from NHS Lanarkshire to provide advice on the process, feedback on the draft scoring information pack and to set out clear, practical expectations. These were arranged into three main themes:

Theme	Expectation
<b>Information</b>	<ul style="list-style-type: none"> <li>• Information meets national standards and guidance, for example it is clear and easy to access and understand.</li> <li>• Information is provided in different formats to meet people’s needs and support their involvement.</li> <li>• People have access to the information they feel is relevant to the engagement.</li> <li>• Information is factually accurate.</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>• People are clear on the process and are able to contribute.</li> <li>• People find the process easy to follow.</li> <li>• People are clear how each step informs the next.</li> <li>• People know how and are able to get additional information or support if they need it.</li> <li>• People understand the decision making process, and feel able to inform this.</li> </ul>
<b>Evaluation</b>	Feedback from participants should indicate that their involvement has been positive and that they felt enabled and supported to undertake each task in the process as required.

## 2a. Equalities impact assessment

NHS Lanarkshire prepared and published equality impact assessments for each of the three shortlisted location options for the new hospital. The assessments, with action plans to address adverse impacts, for example, the integrated community transport hub, were published on NHS Lanarkshire’s website in early February 2020. This enabled people to consider them in advance of the community discussion sessions and People’s Hearing referenced to in our interim assessment (Appendix 2).

NHS Lanarkshire also prepared an equalities impact assessment on the postal and telephone scoring exercise. This was to help identify whether any group of people may experience a particular challenge in getting involved and if so, how this could be reduced. We suggested, for example, that a Freephone number be provided and dedicated support put in place for participants if needed. The suggested actions were incorporated by NHS Lanarkshire.

## 2b. Postal and telephone scoring exercise

Due to national restrictions, NHS Lanarkshire carried out a postal and telephone scoring exercise in July and August 2020. It used the same breakdown by geographic area for public participants for the March 2020 event<sup>8</sup>. An adjustment to staff representation was made in response to feedback received.

Additional steps were taken to ensure that as many people as possible could be involved and there was sufficient representation from all communities. People who had initially self-nominated to participate in the option scoring event, together with respondents to a telephone survey who had expressed an interest, were invited to take part. In total this involved 317 patients, carers and members of the public and 81 staff members. Patient and public representatives' scoring made up 51%, from across geographic communities, with staff making up 49%. This goes beyond expectations set out in guidance. The number of people involved in the postal and telephone scoring is also very high compared with previous option scoring exercises from across Scotland.

NHS Lanarkshire, with advice from the Consultation Institute and Electoral Commission, agreed the use of an algorithm to ensure scoring reflected proportionality from each of the geographic areas<sup>9</sup>.

The supporting information pack for participants to weight and score the non-financial benefits criteria was made publicly available on NHS Lanarkshire's [webpage](#)<sup>10</sup>. In addition, 'Frequently Asked Questions' from the site scoring event held in March 2020 were provided to support shared understanding. This was updated to include new questions.

A report<sup>11</sup> prepared by the Consultation Institute shows that of the 317 patients and public representatives who were invited to participate, returns were received from:

- 122 (total number of participants=174) who weighted the benefits criteria, and
- 113 (total number of participants=178) who scored the benefits criteria for each option

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<sup>8</sup> MRP postal scoring – participant proportions,

<https://www.nhslanarkshire.scot.nhs.uk/?wpdmdl=12849&ind=1593558506586>

<sup>9</sup> New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, 2020, the Consultation Institute, <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458870234&filename=Appendix-B-Consultation-Institute-weighting-and-scoring-report.pdf&wpdmdl=15061&refresh=5f88bd47318ac1602796871>

<sup>10</sup> <https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/>

<sup>11</sup> New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, Summer 2020 <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458870234&filename=Appendix-B-Consultation-Institute-weighting-and-scoring-report.pdf&wpdmdl=15061&refresh=5f8f130c907b91603212044>

The collated weightings (table 1) were shared with participants prior to the scoring exercise.

Table 1

Criterion 1: travel times (public)	Criterion 2: travel times (staff)	Criterion 3: access/connectivity	Criterion 4: contamination	Criterion 5: cross-boundary flow impact
31.10%	22.96%	19.27%	14.47%	12.20%

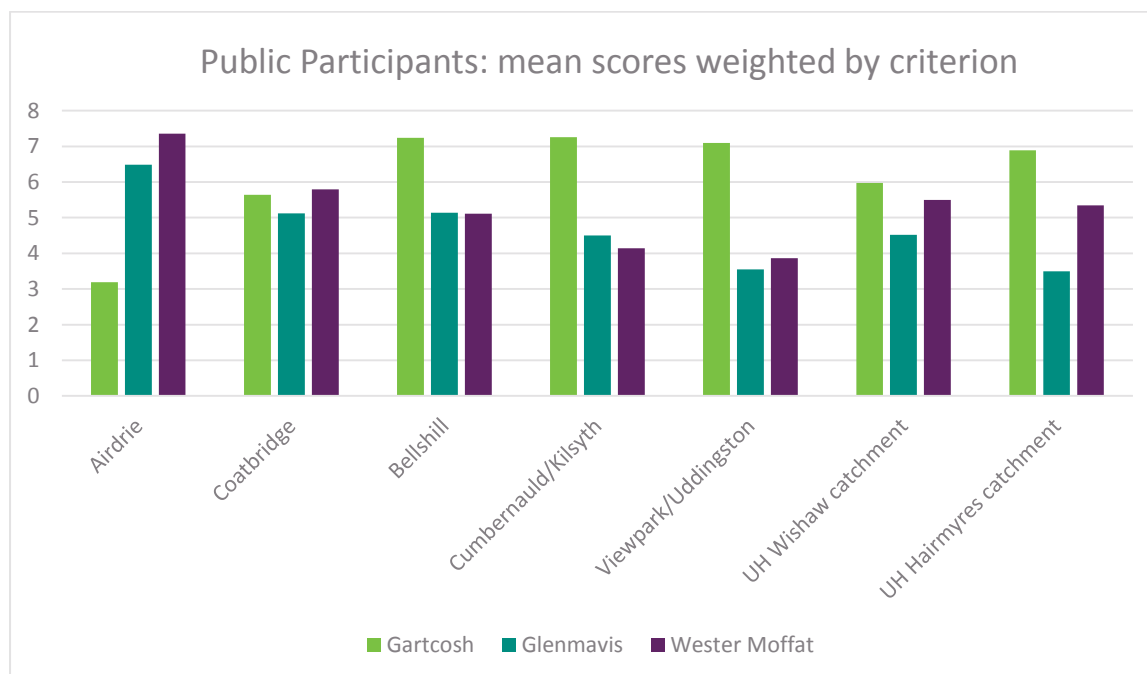
Following the scoring exercise, the total collation of scores for non-financial benefits criteria taking into account criteria weightings and applying proportionate representation of scoring by community was:

Table 2

Gartcosh	Glenmavis	Wester Moffat
5,319.07	4,295.15	4,808.18

Statistics from the remote criterion-weighting and scoring exercise report, shared by NHS Lanarkshire, show the public participants' means scores, that is, the average of a group of scores, weighted by criterion, for each of the three sites. This is shown in the graph below.

Graph 1



This illustrates that more public groupings scored Gartcosh to greater or lesser extent over the other options. The exceptions being public participants from Airdrie and, to a lesser extent, Coatbridge. After Gartcosh, most public groupings scored Wester Moffat over Glenmavis with the exception, although the differences are very small, of public participants from Bellshill and Cumbernauld.

## 2c. Feedback from patients and the public who took part in the option scoring

NHS Lanarkshire received evaluation feedback from 102 of the 113 public participants (90% response) who took part in the scoring exercise. We consider this a very high response rate compared to similar exercises carried out.

Of the 102 public representatives who provided evaluation feedback, 77% described their interest in taking part in the option scoring as solely 'patient/service user, carer or public' and 12% as 'voluntary or community group'.

Feedback on people's views and experiences of their involvement compares favourably with figures from previous option appraisal exercises conducted across Scotland. It also provides assurance against the expectations outlined above. A summary of responses from public participants is given below. The feedback was provided using a five-point scale.

- 91% of respondents found the information clear (ranging from somewhat, very or extremely clear)
- 88% of respondents found it easy to some degree to allocate weighting to the criteria (ranging from somewhat, very or extremely easy)
- 86% of respondents found it easy to some degree to allocate scores (ranging from somewhat, very or extremely easy)
- 76% of respondents felt the process gave them the chance to provide meaningful input (ranging from agree to strongly agree)
- 75% of respondents felt the information clearly explained how the criteria were developed (ranging from agree to strongly agree)
- 89% of respondents knew how to contact someone for more information and support if needed (ranging from agree to strongly agree)
- 79% of respondents felt the next steps in the Monklands Replacement Project have been made clear (ranging from agree to strongly agree)

## 2d. Steps after option scoring

NHS Lanarkshire responded to the key themes emerging from people's feedback to the options weighting and scoring exercise as described above by undertaking risk analysis on: contamination, cross-boundary flow and transport infrastructure.

The scoring from this was combined with the economic appraisal, net present cost per benefit point, which resulted in the overall site feasibility option appraisal<sup>12</sup> scores. Gartcosh and Wester Moffat received relatively similar scores at 194.12 and 195.74 respectively and Glenmavis scored lower on 156.84. The scores are highlighted in table 3 below.

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<sup>12</sup> <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/>

Table 3

Gartcosh	Glenmavis	Wester Moffat
194.12	156.84	195.74

## 2e. Fairer Scotland Duty assessment

The January 2020 Fairer Scotland Duty assessment was [updated](#) to take into account the additional site at Wester Moffat and feedback from public and stakeholder engagement exercises, including concerns raised by some option scoring participants on the impact of travel on people with low incomes. A standard approach was taken to consider the three sites across four themes: multiple deprivation and income inequality; employment and economy; transport and connections; and environment. The assessment noted that further analysis of transport, including evaluation of transport costs, will be undertaken following site selection. This part of the process was validated by the Chair of the Scottish Health Inequalities Impact Assessment Network and shared on NHS Lanarkshire’s website.

## 2f. Public feedback period

From 30 September to 18 October 2020, NHS Lanarkshire invited public feedback on the outcome of the site feasibility option appraisal. It stressed that these scores did not reflect a final decision by NHS Lanarkshire on the location of the new University Hospital Monklands. Supporting information on all work carried out until the end of September was provided on NHS Lanarkshire’s [webpage](#)<sup>13</sup>. A summary paper on the option appraisal report and an easy read version was also provided.

During this period, people were able to share their views by post, telephone or email. NHS Lanarkshire confirmed they received 766 responses, with 55 from staff email addresses.

## 2g. Supporting remote and digital engagement

From mid-March 2020 there have been restrictions on how people interact in their community and with health and care services. This has required organisations, including NHS boards, to share information and engage with people in different ways.

NHS Lanarkshire continued to share information at key stages in the process. This has primarily been through their website, press releases, an extensive social media campaign using Facebook, Twitter and Instagram®, internal staff communications, mailings to their partners and stakeholders including Community Councils and briefings for elected representatives. The opportunity to distribute information, for people to see and read, through local facilities such as public libraries and GP surgeries has inevitably been limited by the pandemic.

We have reviewed social media comments and the main themes we identified are given below.

- Location – a strong sense from people who support the Glenmavis or Wester Moffat site that the new hospital should be central to the Monklands catchment area and therefore retained in its

<sup>13</sup> <https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/>

current locality. A similar sense from those who support Gartcosh that the Monklands catchment area is wider than the Airdrie and Coatbridge vicinities, and Gartcosh is more accessible to Cumbernauld.

- Transport and access – a general view that public transport networks across Lanarkshire are currently inadequate and must be significantly improved whichever location is chosen. Some people queried the current road infrastructure for the three sites and how this may impact on emergency ambulance journeys.

It has not been possible to hold public meetings or focus groups in person and so NHS Lanarkshire has taken a 'remote' approach, using phone survey and deliberative conversations; as well as two online surveys, one for patients who travel across Lanarkshire to access specialist services at University Hospital Monklands and one for young people.

- **Phone survey and deliberative conversations**

NHS Lanarkshire commissioned a second phone survey to be undertaken from 2 to 9 October of 500 people: 78.5% living in the Monklands catchment area, 14% from Wishaw and 7.5% from Hairmyres. This randomised approach gathered information from the wider population on awareness of the proposals; experience of services; and, opinions and potential impacts in relation to each of the three proposed sites.

More than half, 54% of people who live in the Monklands catchment area had used the hospital in the past year, as had 15% of people from the outside catchment area.

The survey found that 70% of people within the catchment area had heard about plans for University Hospital Monklands in the past 12 months, with 9% having heard about the scoring outcome. From the description given, 77% felt the process to this point has been fair.

Qualitative feedback from responses show that 84% of people were aware of the Gartcosh and Glenmavis options, with 60% of people aware of Wester Moffat site.

For each of the proposed sites, around half of respondents believe they would be impacted if the hospital were moved to that location, with the chief concern being the distance they would be required to travel and issues with transport in reaching each site.

Twenty nine people took part in deliberative conversations which were either focus groups or phone calls. Key messages were:

- Public transport across NHS Lanarkshire would need to improve whichever site is chosen.
- The voice of people who use the hospital the most, those most reliant on public transport and those people who are vulnerable, for example people with learning disabilities should carry a greater weight compared to others.
- Consensus that the needs of staff currently working at the Monklands site should be taken into account.
- People tend to get information from local Facebook groups, information in community settings, through community individuals like hairdressers, and external advertising.

- **Online survey – specialist services**

A targeted online survey was designed to gauge potential impacts on people who access specialist services from across Lanarkshire. Nine patients from renal services provided feedback.

The site option that tended to polarise views on potential impact appeared to be Gartcosh. Respondents who referred to 'a lot of' impact viewed Gartcosh as distant from the Monklands area, with main concerns raised being transport, travel and related cost.

Respondents indicated that a new hospital at either Glenmavis or Wester Moffat would have either no impact or 'a little, but they would be able to deal with it'.

- **Online survey – young people**

Social media posts and Facebook advertisements were used to seek the views of residents aged 13 to 17 years in the NHS Lanarkshire area, this resulted in 16 completed responses. Transport and distance were the main factors considered in relation to potential impact on the respondents. Three people in this age group were unclear why the existing hospital could not be refurbished or replaced on the existing site.



# 3. Summary and conclusions

## Summary

We have assessed the engagement work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months in line with our recommendations<sup>14</sup> in 2019 and those identified by the independent review panel<sup>15</sup>.

At the time of making our recommendations in 2019 the site option for a new University Hospital Monklands at Wester Moffat had not been identified. We consider the open process for members of the public and others to identify potential alternative sites for the new University Hospital Monklands as demonstrating a live and dynamic process. In this instance it resulted in a third viable option being identified.

Our findings are based on our attendance at events, information materials shared by NHS Lanarkshire, evaluation feedback and review of online social media platforms and local media.

This report confirms that NHS Lanarkshire has met the expectations as set out in our recommendations from June 2019.

NHS Lanarkshire has also followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project. We believe the work that has been undertaken will support NHS Lanarkshire in identifying a preferred location option to take forward.

## Our conclusions

NHS Lanarkshire has taken a rigorous approach to engagement and option appraisal on the new site for University Hospital Monklands over the last 12 months.

During this further period of engagement NHS Lanarkshire has responded positively to questions. People have been given the opportunity to question the clarity or accuracy of the external assurance information and identify potential gaps, resulting in information being added to and refined as the process progressed.

In our view, NHS Lanarkshire has endeavoured to ensure objectivity and balance, paying particular attention to achieving parity in the external assurance activities and reports provided for the three shortlisted sites.

We welcome the focus given to potential socio-economic factors that may result from the decision on the location of the new hospital. The Fairer Scotland Duty assessment has benefited from its 'live' status

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<sup>14</sup> Scottish Health Council report on NHS Lanarkshire's consultation on the Replacement or Refurbishment of University Hospital Monklands, <https://www.hisengage.scot/service-change/reports/university-hospital-monklands-consultation/>

<sup>15</sup> An independent review of the engagement and consultation process followed by NHS Lanarkshire Monklands Replacement/Refurbishment Project (MRRP), University of Glasgow, [https://www.gla.ac.uk/media/Media\\_653870\\_smx.pdf](https://www.gla.ac.uk/media/Media_653870_smx.pdf)

meaning that new evidence as it emerges is taken into account. The Fairer Scotland Duty assessment has already made a number of recommendations that have been accepted by NHS Lanarkshire. This includes a proposal to co-develop and co-produce a health and wellbeing hub on the existing Monklands site.

A range of engagement methods was offered to enable people to be involved for example community discussions, People's Hearing, option scoring, phone surveys.

The restrictions imposed as a result of the COVID-19 pandemic have impacted on communication and engagement approaches. An example was the need for NHS Lanarkshire to re-run its option scoring remotely. We recognise the challenges this presented NHS Lanarkshire, for example the lack of opportunity for people to openly discuss, share, hear and understand different perspectives and potentially reach consensus. However, people's positive evaluation of the process demonstrates the effective delivery of this work despite the challenges.

In our June 2020 interim report we commented that *"the process has benefited from the way in which it has been made clear how people's feedback at each stage has informed the next"* and this pro-active approach has continued. For example, people's concerns during option appraisal informed the risk analysis and Fairer Scotland Duty assessment.

The Cabinet Secretary for Health and Sport was unequivocal on the reasons why the new hospital could not be built on the existing site. Generally, this has enabled dialogue to move forward. However, feedback from NHS Lanarkshire's surveys and our observations from social media indicate that some people remain unclear as to why the current site is unsuitable.

People's expressed preferences for the location of the new University Hospital Monklands tend to reflect where they live and align with geographic catchments. Therefore regardless of which location is supported or preferred, the outcome is likely to leave some communities feeling disenfranchised.

It is our view that the engagement NHS Lanarkshire has undertaken over the last 12 months on the three shortlisted sites is robust and will support the Board of NHS Lanarkshire in identifying a preferred location for the new University Hospital Monklands.

However, it is important to highlight that the Wester Moffat site has not been subject to the same level of public consultation as the Gartcosh and Glenmavis sites in 2018.

Any further public engagement or consultation should serve to add value to the process and consideration will need to be given to this once a preferred site is identified.

## 4. Recommendations

At the time of writing this report NHS Lanarkshire has not identified a preferred option for the location of a new University Hospital Monklands.

The wider engagement on the three sites, Gartcosh, Glenmavis and Wester Moffat, over the last 12 months has been robust, and it is our view that any further public engagement or consultation should serve to add value to the process.

Our recommendations to the Board of NHS Lanarkshire as it proceeds with identifying a preferred option for the location of the new hospital, are:

1. **Actively involve** service users, community representatives, staff and the Third Sector in reviewing the concerns raised and co-designing solutions to issues arising from the location. Regardless of which location is supported or preferred, the outcome is likely to leave some communities feeling disenfranchised and it is important that steps are taken to address this. This will include engaging with people on how the new hospital may operate within the strategic aims of Achieving Excellence.
2. **Consider** how proposed mitigating factors identified in the Fairer Scotland Duty assessment may be 'tested' and refined with communities who will be most impacted. For example, public transport and travel infrastructure have been consistently raised as a concern throughout the process and apply to all three locations. NHS Lanarkshire must provide assurance that they understand these concerns and will work with communities to address them.
3. **Engage with** *Healthcare Improvement Scotland – Community Engagement* to determine what further focused and proportionate public engagement or consultation may be required once a preferred location is identified. This is in recognition that whilst all three sites have been subject to robust public engagement over the past 12 months, Wester Moffat has not been the subject of formal public consultation, which the other locations of Gartcosh and Glenmavis were in 2018.
4. **Provide feedback** to people on NHS Lanarkshire's preferred location for the new University Hospital Monklands, demonstrating how the views received through the public consultation in 2018 and engagement in 2020 was taken into account.
5. **Discuss** with *Healthcare Improvement Scotland – Community Engagement* how it could help support the co-design of the proposed Health and Wellbeing Hub on the existing University Hospital Monklands site.

With the aim of contributing to continual improvement in the quality of public involvement activities in the NHS in Scotland, we have identified the following points which we hope will inform future practice. These are summarised as areas of good practice and learning points.

### **Areas of good practice identified by *Healthcare Improvement Scotland – Community Engagement***

- NHS Lanarkshire was able to secure robust geographic representation because of the large number of people invited to participate in the postal and telephone scoring.

- Flexible and innovative approaches were incorporated in the engagement process, for example the People’s Hearing was recorded live and enabled NHS Lanarkshire to proactively respond to the number of submissions it received in ‘real time’
- NHS Lanarkshire responded proactively to the number of submissions received and used time effectively to add value to next steps.
- Recordings and notes from the community discussion events and the People’s Hearing were placed on the webpage to support openness and transparency.
- Despite the challenges presented by the COVID-19 pandemic, NHS Lanarkshire acknowledged the inadequacies of the option scoring event in March 2020 and developed a viable proposal to re-run the process by post.
- Collaborative working with relevant external partners and national groups added robustness to the process and provided assurance on key areas of public concern, for example the Fairer Scotland Duty assessment.
- The open process for selecting potential sites for a new hospital enabled an additional viable option to be identified for appraisal.

### **Learning points identified by *Healthcare Improvement Scotland – Community Engagement* for future processes**

- Involving people and communities from the outset of the process is vital in relation to securing public confidence. Keeping NHS Lanarkshire’s engagement with local community, carer and Third Sector groups under review will help to ensure public confidence is maintained.
- Achieving maximum reach and effective involvement in the development of service redesign and change will continue to be pertinent given the constraints presented by the COVID-19 health crisis.
- Support continuous improvement through the use of new approaches to interactive dialogue and consensus building.

## 5. Appendix 1

Key steps in the engagement process for University Hospital Monklands: 2016 – 2020

Date	Activity
2016	NHS Lanarkshire three-month public consultation on 'Achieving Excellence'. This included consideration of the redevelopment of Monklands Hospital.
2017	Scottish Government approval of Initial Agreement for University Hospital Monklands.
2018	
March	Option appraisal on the clinical model of care, refurbishment or replacement and potential site of new hospital.
July – October	Three-month public consultation on the replacement or refurbishment of University Hospital Monklands.
November	Cabinet Secretary for Health and Sport announces independent review in response to concerns raised by public and political representatives.
2019	
June	<p>Independent review panel reports on its findings and recommendations. Cabinet Secretary for Health and Sport responds to report.</p> <p>NHS Lanarkshire instructed to broaden out the site selection and discount rebuilding on the existing Monklands site due to concerns over cost, timescales and patient safety.</p> <p>We publish our quality assessment report on the engagement and consultation process.</p>
July	NHS Lanarkshire approves plans to implement review recommendations.
October – December	NHS Lanarkshire invites the public to submit nominations for alternative sites for new University Hospital Monklands.
2020	
January	<p>Three potential sites shortlisted Gartcosh and Glenmavis and new site at Wester Moffat.</p> <p>Vision for a new digital hospital with video and stills published.</p>
January – February	Information to support consideration and discussion on the three shortlisted sites published.
February	<p>Community discussion sessions held in Gartcosh, Gartlea, Cumbernauld and Coatbridge.</p> <p>Representative telephone survey of 750 people.</p>
March	People's Hearing and site scoring event takes place but outcomes withdrawn.

<b>March – June</b>	Public advised that a postal scoring exercise will be facilitated. Public-facing element of process paused due to public health restrictions in place in response to COVID-19 pandemic.
<b>July – August</b>	Postal and telephone option scoring exercise.
<b>September</b>	Feedback collated from option scoring and financial and risk analysis taken forward.  Outcome of 'site feasibility option appraisal' reported – this marked the start of a two-week public feedback period starting on 30 September.
<b>September – October</b>	Fairer Scotland Duty assessment to be updated and shared on 13 – 18 October.  Public feedback concludes on 18 October 2020.

## 6. Appendix 2

Healthcare Improvement Scotland – Community Engagement’s Interim assessment (June 2020) on the engagement undertaken from October 2019 to March 2020

### **Healthcare Improvement Scotland – Community Engagement’s Interim assessment on NHS Lanarkshire’s engagement process for the Monklands Replacement Project**

**June 2020**

#### **1. Introduction**

In our [June 2019 report](#), the Scottish Health Council<sup>16</sup> assessed NHS Lanarkshire’s engagement and consultation process on a proposal to refurbish or replace University Hospital Monklands against national guidance<sup>17</sup>. The report made recommendations for the next steps in this project. A summary of these recommendations, together with the actions taken by NHS Lanarkshire to respond to them and our findings to date, are detailed in appendix 1.

We have also reviewed the recommendations set out in the [Monklands Independent Review Panel report](#) which relate to engagement and indicated how we believe these requirements have been, or will be responded to moving forward (appendix 2).

This interim assessment provides details of the engagement work undertaken by NHS Lanarkshire from October 2019 up until the option scoring event on 10<sup>th</sup> March 2020. The findings are based on information that has been shared with us or is publicly available, feedback from participants and our observations at local engagement events.

The engagement work still to be undertaken, including the proposed next steps for the option appraisal and scoring process, will be reported on following its conclusion (currently anticipated to be August 2020).

#### **2. Engagement process to date**

NHS Lanarkshire has promoted the key stages in the public engagement process through a range of local press and social media activities.

Key stages to date were:

- an open process for suggesting potential site options for the new University Hospital Monklands (October-December 2019) – almost 200 suggestions were received
- shortlisting of options against five criteria (January 2020) – an additional option at Wester Moffat was identified (along with Gartcosh and Glenmavis)
- preparation and publication of supporting information on NHS Lanarkshire’s website (January-March 2020)
- engagement on shortlisted sites (January-March 2020) – four community discussion sessions; four community information events; telephone poll; and People’s Hearing
- scoring event for shortlisted sites (10<sup>th</sup> March 2020)

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<sup>16</sup> The Scottish Health Council’s operating name changed to *Healthcare Improvement Scotland – Community Engagement* from 1 April 2020. For more information on its role please visit: [www.hisengage.scot](http://www.hisengage.scot)

<sup>17</sup> [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

### 3. Findings

- I. **Community discussion sessions** – four events (in Airdrie, Gartcosh, Cumbernauld and Coatbridge) were held in February and attended by a total of 141 people. NHS Lanarkshire received 84 feedback forms from participants (60% response rate), which they shared with us. The feedback forms indicate that those participants came from the areas most impacted by the proposal. Responses included:
  - **88%** of respondents strongly agreed or agreed that they had the chance to give their views
  - **94%** of respondents strongly agreed or agreed they were able to actively contribute
  - **82%** of people strongly agreed or agreed that they were confident their views had been recorded

In our experience these are high satisfaction responses when compared to those from other engagement and consultation processes.

- II. **People's Hearing** – this one day event provided an open platform for people to raise specific concerns or questions regarding the external assurance information provided and to scrutinize the engagement process. The panel received four submissions for consideration – from two members of the public, elected representatives and a medical staff group.
- III. **Scoring event** – from our observations at the scoring event on 10<sup>th</sup> March, we were alert to issues relating to representativeness of participants and the technical failure in the electronic voting system. We fully support NHS Lanarkshire's decision to withdraw the results and have subsequently provided advice on proposals for a postal and telephone scoring exercise. This advice has been provided in the context of the COVID-19 pandemic, with cognisance given to Scottish Government guidance on social distancing, shielding and isolation.

### 4. What went well

It is our view that NHS Lanarkshire appears to have been thorough in the information it has provided in response to questions and concerns people raised on key areas such as transport, groundworks and contamination. The information has been available to people during the engagement process to allow scrutiny, and updated in response to further queries demonstrating a 'live' process.

From our observations at the community discussion sessions, the issues people raised were positively listened to by the independent facilitator and NHS Lanarkshire and questions appeared to be answered. For example, checks were made that the points people raised were fully understood by reading back questions prior to responding. People were also given the opportunity to ask questions in the full group or during round table discussions.

In particular, we feel that the process has benefited from the way in which it has been made clear how people's feedback at each stage has informed the next. For example, an additional option was identified as a result of the site identification process and the non-financial benefit criteria have been changed following people's feedback from the community discussion sessions and submissions.

### 5. Interim assessment

On the basis of the information available to us, and our observations of the engagement that NHS Lanarkshire has undertaken to date, activity has met the expectations set out in our recommendations of June 2019, with one recommendation (Recommendation 4 in appendix 1) to be further progressed as part of the remaining planned engagement activity.

This is our interim assessment and further engagement, including option scoring, is planned to proceed in the coming months.

### 6. Next steps in the process

*Healthcare Improvement Scotland – Community Engagement* will continue to provide advice on the postal and telephone scoring exercise currently scheduled to take place in July, with engagement on the highest scoring option planned for August 2020. We advise that:



- For the postal and telephone scoring exercise, NHS Lanarkshire takes into account our feedback dated 22<sup>nd</sup> May 2020 on draft information and materials. This included: explaining the different elements of option appraisal and scoring; supporting people to participate; and describing how scores will be analyzed.
- NHS Lanarkshire uses its communications and engagement plan to undertake an inclusive process for people to receive information about the outcome of the option scoring exercise and give their views on this.

Following completion of these remaining planned engagement activities, we will provide a report detailing our feedback on all the engagement you have undertaken since October 2019 and recommending any relevant next steps.

*Healthcare Improvement Scotland – Community Engagement* has welcomed the constructive discussions with NHS Lanarkshire regarding its engagement approach for the Monklands Replacement Project and looks forward to our continuing dialogue.

### Healthcare Improvement Scotland – Community Engagement June 2020 Appendix 1 - Summary of Scottish Health Council recommendations from June 2019, actions taken in response by NHS Lanarkshire and our findings

	Scottish Health Council recommendation (June 2019)	What NHS Lanarkshire did	Findings
1.	Review the outcome of external assurance activities e.g. assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.	Comprehensive external assurance activities have been undertaken, with reports published on NHS Lanarkshire's website during January and February 2020. People were given the opportunity to raise questions or seek clarity on the information provided at a People's Hearing held on 2 March 2020.	Information prepared covered many of the issues raised during consultation and further public engagement. Reports for the three candidate sites included: historical ground conditions; ground (intrusive site) investigations; site summary and Monklands Replacement Project (MRP) costs.  A MRP Transport Strategy was published, which takes into account Transport Scotland's draft National Transport Strategy.  The MRP Transport Strategy considers current and potential accessibility in terms of: walking and cycling, bus and rail travel, road network and drive time analysis. It also considers potential demand management measures. A paper entitled <i>Updated Drive Times</i> (collated drive time figures for peak (8am weekday) and off peak (10am weekday) showing difference from existing hospital to each of the candidate sites, was uploaded on 10 <sup>th</sup> March 20.
2.	Complete and publish a full, updated, equality impact assessment that takes into account the evidence received	NHS Lanarkshire has published an updated interim Fairer Scotland Duty Assessment and Equality Impact Assessments for each of	The <a href="#">interim Fairer Scotland Duty Assessment</a> (January 2020) builds on evidence from a number of sources, including

	<p>through the public consultation together with appropriate demographic and socio-economic information, and sets out any proposed mitigating actions to take account of potential adverse impacts on any groups</p>	<p>the candidate sites on its website to detail this information.</p> <p>It has also prepared a <a href="#">briefing paper</a> on the Scottish Index of Multiple Deprivation in North Lanarkshire.</p>	<p>locality profiles, a Fairer Scotland Duty stakeholder workshop and focus groups held in October 2018. This work was reviewed to take account of any additional socio-economic impacts for the new shortlisted site, Wester Moffat.</p> <p>The three main themes identified from the stakeholder workshop and three focus groups (both of which included public representatives) were broadly: accessibility, travel and transport; employment; and, sense of belonging.</p>
3.	<p>Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.</p>	<p>Similar to a recommendation set by the Monklands Independent Review Panel. NHS Lanarkshire's public exercise at the end of 2019 generated a large volume of suggested sites which were reviewed and informed a short list of options. Further opportunities, including the People's Hearing, provided opportunities to consider alternative options and inform next steps.</p>	<p>External assurance activity has been undertaken for the three sites to provide comparable information and much of this was published on NHS Lanarkshire's website in advance of the four community discussion sessions in February and People's Hearing in March 2020.</p> <p>Information stalls were organised in local healthcare settings in Airdrie, Coatbridge, Cumbernauld and at University Hospital Monklands.</p> <p>Four community discussion sessions took place in February 2020 (Airdrie, Gartcosh, Cumbernauld and Coatbridge) to gather people's views on the shortlisted sites and to invite them to consider the non-financial benefits criteria for scoring. The events were attended by a total of around 140 people and the main themes raised were: transport and parking; contamination; cross-boundary flow; socio-economic impacts; trust and the engagement process. Notes and audio recordings from the events were made publicly available on NHS Lanarkshire's website. There was visibility of the main points raised at the community discussion sessions being taken forward to the People's Hearing in March.</p> <p>People could join the People's Hearing, held at the Excelsior Stadium, Airdrie, in person or through a live recording on the Monklands Facebook page. It</p>

			<p>was broadly structured into three parts: submissions received in advance, consideration of non-financial benefits criteria (drawn from the community discussion sessions and submissions), responding to questions to people in the audience or posted via Facebook. A full video recording of the session is available on <a href="#">NHS Lanarkshire's website</a>. A report on the People's Hearing has not yet been finalised.</p> <p>The Scottish Health Council provided feedback on questions to be used for a telephone poll. The poll included questions on: people's experience of using the acute hospitals in NHS Lanarkshire and beyond; level of awareness of the proposal to replace Monklands; and view on priorities for a new site. We have not received information on the methodology used and responses.</p> <p>NHS Lanarkshire has issued two sets of Frequently Asked Questions – these are dated July 2019 and February 2020 and reflect the different stages in the process and development of proposals.</p>
4.	Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.	<p>The non-financial benefits criteria have been amended to reflect feedback from previous engagement and now include consideration of contamination and impact of cross-boundary flow.</p> <p>The results of the scoring event held on 10<sup>th</sup> March were discounted due to issues around representativeness of participants and a technical failure in the electronic voting system. NHS Lanarkshire has commissioned an independent consultation agency to facilitate a postal and telephone scoring process in July<sup>18</sup>, which <i>Healthcare Improvement Scotland – Community Engagement</i> has provided on-going advice and feedback on.</p>	

<sup>18</sup> The timeline for this engagement will be subject to consideration of the changing external context, relevant Scottish Government guidance and any restrictions that may be in place regarding the Covid-19 pandemic.

		Following the outcome of the scoring process, there will be a further period of public engagement.	
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**Appendix 2 - Summary of Monklands Independent Review Panel report recommendations relating to engagement from June 2019, actions taken in response by NHS Lanarkshire and our findings**

	<b>Monklands Independent Review Panel report – recommendations relating to engagement (June 2019)</b>	<b>What NHS Lanarkshire did</b>	<b>Observations</b>
1.	Re-evaluation of the top two scoring options:	The exercise to invite suggestions for alternative sites carried out in the latter part of 2019 resulted in a large volume of feedback from the public, with a third option being identified through shortlisting. The work being undertaken appears to address this recommendation and will be used to inform next steps.	As described above, comparable information for each of the three sites has been prepared. This evidence will be considered as part of the postal and telephone scoring process in July 2020.
2.	Clear vision for the existing site to take account of views within the local community:	<p>This work appears to be ongoing with agreement to work with North Lanarkshire Council and the University of Strathclyde to develop proposals for future use of the existing site, with a recognition that public involvement is key to proposals.</p> <p>A separate project team/ structure will be established to take this proposal forward. Confirmation of these arrangements expected in 2020.</p>	The <a href="#">Fairer Scotland Duty Assessment</a> notes that relocating the hospital requires consideration of a range of mitigation measures including: <i>“NHS Lanarkshire, North Lanarkshire Council and the Scottish Government working together with the local community to ensure that should the hospital move, any new development at the vacated site benefits the community and seeks not just to mitigate the loss of the local asset but to decrease socio-economic inequalities through community development and regeneration opportunities. Specifically, the board should consider providing community healthcare facilities within the vacated site”</i> .

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor by email at  
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**Monklands Replacement Project**  
**Statement from the Chair of the Monklands Replacement Oversight Board**  
**Assurance on Engagement and Options Appraisal Process**

The Monklands Replacement Oversight Board (MROB) met via MS Teams on Thursday 26<sup>th</sup> November 2020 to consider the request from the NHS Lanarkshire Board that, as part of the MRP Decision-Making Framework, MROB should consider the various stages of the process, and assess whether all of the compliance aspects have been followed satisfactorily. The meeting was attended by 9 of the 13 members of the Oversight Board and was, therefore, quorate. The meeting was also attended by officers of NHS Lanarkshire, Scottish Government, Health and Social Care Directorate, Health Facilities Scotland and the Consultation Institute.

The elements of the engagement and options appraisal process that the NHS Board asked MROB to consider were:

- Meeting the MRRP Independent Review Panel recommendations and subsequent Cabinet Secretary recommendations
- Compliance with the Scottish Capital Investment Manual (SCIM)
- Compliance with CEL 4 (2010) Informing, Engaging and Consulting People In Developing Health and Community Care Services
- Compliance with the Fairer Scotland Duty (FSD)
- Appropriate development and application of Equality Impact Assessments.

The Oversight Board Members were provided with a suite of documentation and the opportunity to ask questions in advance of the meeting.

During the course of the meeting MROB Members considered:

- Work which has been undertaken by NHS Lanarkshire and other parties under each of these areas; and
- The respective assurances and validation provided with respect to due process, guidance and good practise.

I can report that at the conclusion of the discussion, MROB Members agreed unanimously that NHS Lanarkshire, through the Monklands Project Team, has fully complied with the processes required and sought validation in each aspect, namely:

- The recommendations made by the Independent Review Panel and subsequent Cabinet Secretary recommendations have been fully met;
- The guidance within the Scottish Capital Investment Manual (SCIM) has been followed, and externally validated;
- CEL 4 (2010) Informing, Engaging and Consulting People In Developing Health And Community Care Services has been followed, and externally validated;
- A Fairer Scotland Duty Assessment has been conducted and externally validated;
- Equality Impact Assessments have been undertaken and validated.

and

- having complied with the relevant guidance, agreed that the NHS Lanarkshire Board should use the validated reports to assist in the decision-making on the selection of a new site for new University Hospital Monklands.

A full minute of the meeting will be available, as per normal practice, to the NHS Board, in due course.

I would be happy to answer any questions on this process when the NHS Board meets to consider the outcome of the engagement and options appraisal process.

**Dr Lesley Thomson QC**  
 Chair of the Monklands Replacement Oversight Board  
 Non-Executive Board Member, NHS Lanarkshire

27 November 2020

**Monklands Replacement Project  
Briefing Paper on Fairer Scotland Duty and Equality Impact Assessments**

**Introduction**

This paper documents the Fairer Scotland Duty (FSD) and Equality Impact Assessment of the proposal to rebuild University Hospital Monklands (UHM).

This report builds upon previous work in 2018 and an interim FSD report in January 2020.

As a result of the recommendations of the 2018 FSD assessment, NHS Lanarkshire fully commits to developing detailed proposals for a community focussed facility at the current site. This will form a separate project to the Monklands Replacement Project and will be supported by its own communication and engagement programme. This will include a specific website and communication strategy which will be published in due course.

A FSD report (October 2020) documents the Fairer Scotland Duty (FSD) assessment of the proposal to rebuild UHM on one of three short-listed sites – Glenmavis, Gartcosh and Wester Moffat. It complements the 2018 assessment and findings.

The scope of this assessment is to consider the impact of moving UHM to another site from the perspective of those affected by poverty and to identify opportunities to mitigate negative impacts and maximise positive impacts. The assessment is not a detailed socio-economic analysis but rather has aimed to identify key themes for consideration by the Board.

It is important to note this is not a full Health Inequalities Impact Assessment (HIIA); the HIIA will be carried out once the NHS Lanarkshire Board has decided on the new location, and will accompany the outline business case.

Additionally, the protected characteristics (age, pregnancy/maternity, disability, sex, gender reassignment, sexual orientation, marriage & civil partnerships, race and religion/belief) have been considered separately in a series of Equality Impact Assessments published in January 2020.

## 1. Approach – Fairer Scotland Duty

The FSD assessment considers the impact of the proposed change on socio-economic inequalities. A separate equality impact assessment for each site has considered impacts by protected characteristics. The FSD report does not seek to identify a preferred site option. It aims to provide relevant information about impacts on socio-economic inequality and makes recommendations that will apply for all three options. A full health inequalities impact assessment will be carried out to accompany the business case for the preferred option.

An FSD project team, led by the NHS Lanarkshire's Director of Public Health, considered the key themes and recommendations from the 2018 assessment, reviewed these to determine their relevance and then assessed them for each of the three site options. This assessment included a stakeholder scoping exercise, which builds upon the issues identified in the 2018 assessment. It included evidence from focus groups of lower paid staff, a number of data sources and published literature. The report presents findings for each of four identified themes:

- *multiple deprivation and income inequality*
- *employment and economy*
- *transport and connections*
- *environment*

It makes recommendations to address the issues identified for each of these themes.

To identify the themes above the team used guidance set out in the Scottish Health and Inequalities Impact Assessment Network (SHIAN) publication, Health Impact Assessment Guidance for Practitioners.

The FSD project team undertook detailed work in 2018 and 2020, which is set out in the Fairer Scotland Duty Assessment which was published in October 2020. Full detail of the issues considered, by theme and site, and the proposed mitigation is set out in detail within the Assessment at <https://www.nhslanarkshire.scot.nhs.uk/download/fairer-scotland-duty-assessment/> (Appendix Fii)

A description of each of these areas of work in detail and by theme is provided to give a greater understanding of the approach taken, and the degree of detail considered.

The methodology employed has been validated as reasonable and proportionate by Dr Margaret Douglas, University of Edinburgh, and Chair of the Scottish Health Inequalities Impact Assessment Network (SHIAN).



2. Fairer Scotland Duty - Summary of Evidence and differences between the sites

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
<b>Multiple deprivation and income inequality</b>	<p>Stakeholders are concerned that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital out of Airdrie in terms of loss of income, increased travel costs and loss of the community asset.</p> <p>It was noted that there are high levels of deprivation in the East of Glasgow which would benefit from the hospital being in Gartcosh however these residents are not part of the NHS Lanarkshire catchment population.</p> <p>The MRP survey and focus groups reported a greater impact of the</p>	<p>People of low income have poorer physical and mental health than more affluent people.</p> <p>Multiple deprivation is where people in communities are experiencing disadvantage across different aspects of their lives and these areas have a significantly greater burden of disease.</p> <p>Resilience in communities is related to identity, and focuses on connectedness, financial security and opportunity, or about positive feelings about place. Having a sense of control and involvement in local decision making are also important to good wellbeing.</p>	<p>There are much fewer multiple deprivation SIMD 1 areas overall in the North locality than in the other UHM catchment localities. It also has the highest number of SIMD 5 areas.</p> <p>It should be noted that Gartcosh takes in some of the deprived areas of Coatbridge within a 3-mile radius. Coatbridge has two of the 1% most deprived datazones in Scotland.</p> <p>Also of note within the 3-mile radius is a significant proportion of the population within Glasgow postcode areas living within SIMD 1. This could significantly increase patient flow and requires careful</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most deprived areas attend</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most deprived areas attend</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	hospital move regardless of the chosen site for those living in more deprived areas who relied on public transport or walking.		<p>consideration in terms of increasing hospital capacity, infrastructure and staffing.</p> <p>The actual number of people who are income deprived in North locality is more than other areas but the overall proportion is less.</p> <p>Residents from the North locality proportionately make up less of the outpatient and emergency presentations at UHM in part due to the proximity to GG&amp;C acute sites.</p>	<p>more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>	<p>more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>
<b>Employment and economy</b>	Stakeholders are keen the new hospital build creates and retains jobs for those living in the local area.	Unemployment brings poorer health outcomes and is associated with increased mortality, poorer physical and mental health, and	The North locality has proportionately less people suffering from employment deprivation. However, this masks that there are as many	The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation	The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>Lower paid staff have concerns around maintaining employment should the site move further away, particularly those who work two jobs or work split shifts</p> <p>Opportunities should be considered for supporting the local economy through procurement and supporting local businesses</p> <p>There should be opportunities for employment at the community hub which will be built on the existing UHM site</p> <p>There are concerns regarding employment opportunities being lost to areas out with Lanarkshire, particularly if the site is moved to</p>	<p>higher GP consultation and hospital admission rates.</p> <p>Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety.</p> <p>There is a strong link between economic development and health. Scotland has a national inclusive growth agenda, which aims to achieve economic growth through promoting good quality jobs, equality and sustainability.</p> <p>Community wealth building (CWB) is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and</p>	<p>people employment deprived across this area as the other three areas.</p> <p>This area also borders Coatbridge which has proportionately the highest number of people who are employment deprived.</p> <p>Gartcosh appears to have local amenities and shops in proximity to the hospital site which may allow for the hospital to support the local economy. The site where the hospital is to be based already has the Police Crime campus so has already had development Relocating the hospital here may support further improvements to the local area in terms of employment further opportunities and economic development.</p>	<p>relative to the North Lanarkshire position.</p> <p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>Glenmavis appears to have less local amenities and shops near to the hospital site so there may be less opportunity for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.</p> <p>Workforce data shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of</p>	<p>relative to the North Lanarkshire position.</p> <p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>Wester Moffat appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.</p> <p>Workforce data shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>Gartcosh which is near Glasgow.</p>	<p>benefits into the hands of local people.</p> <p>Anchor Institutions are large employers with a strong local presence in an area. The Scottish Government is committed to exploring the potential for CWB through anchor institutions as an approach to delivering inclusive growth across Scotland.</p> <p>NHS Lanarkshire are involved in work to progress this agenda in terms of procurement, employability and Fair Work.</p> <p>The building of the new hospital, regardless of where it is sited, has huge potential to support the community wealth building agenda through building on the strong</p>	<p>Workforce data shows only 3% of Band 1 and 5% of Band 2 and 3 staff reside in the North locality postcodes however 23% reside in Coatbridge. The expectation is that staff will be supported to move to the new site.</p> <p>A larger hospital at Gartcosh may result in slightly more employment opportunities.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from Glasgow given</p>	<p>Band 3 staff live in the ML6 Airdrie area thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>	<p>ML6 Airdrie area thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
		partnerships that are already in place in order to support improved employment and economic opportunities.	proximity of site to the city.		
<b>Transport and connections</b>	<p>A 2017 survey to support the MRP found 9% of staff currently use public transport and 7% for visitors. 3% of staff walk to work whilst 6% of visitors walk. 1% of staff cycle to work and cite distance, lack of time and traffic as reasons for not cycling. 86% of visitors to the hospital arrived by car or taxi.</p> <p>Reasons given for not using public transport included inadequacy of public transport routes and timetables and unreliability of services.</p> <p>Both staff and visitors said the availability of</p>	<p>Transport is essential to connect individuals to communities and for access to education, work, retail, leisure and health.</p> <p>Affordable, accessible transport can be considered a determinant of health and wellbeing itself<sup>1</sup>.</p> <p>Transport links in and out of North Lanarkshire are good, however, connections within the area are poor. There has been a decline in bus journeys by 23% whilst road and rail use has increased by 8% and 34% between 2008 and 2017.</p>	<p>82% of the population within UHM catchment area can currently access Gartcosh within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Gartcosh site as good for car and bus travel, adequate for rail and cycle access and poor for walking access</p> <p>There is a requirement to walk distances of 1.3 and 1.6km (out with the 400m maximum) from the hospital to the nearest bus stops and 750m (maximum walk</p>	<p>39% of the population within UHM catchment area can currently access Glenmavis within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Glenmavis site as good for car and bus travel, poor accessibility for cycling and not accessible for rail or walking</p> <p>There are no bus stops within 400m of the site as the closest stop is 1.9km away and an hourly service available 7 days a week. However,</p>	<p>62% of the population within UHM catchment area can currently access Wester Moffat within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Wester Moffat site as good for car and bus travel, adequate accessibility for cycling but poor accessibility for rail or walking.</p> <p>There are no bus stops within 400m of the site with the closest stop just under 1km away.</p> <p>Wester Moffat will have more buses operating</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>discounted fares and improved routes and services would encourage use of public transport</p> <p>Concerns re poor public transport were also highlighted by stakeholders and staff consulted in 2020</p> <p>A second MRP survey in 2020 of 500 residents (with 40% from SIMD 1) found 19% reporting using public transport.</p> <p>Staff noted many lower paid staff undertake split shifts or two jobs so travel and the time taken is very important. Concerns were also raised around managing caring responsibilities if journey time to the hospital was greater.</p>	<p>Research has suggested that access to concessionary travel passes has population-wide benefits. Levels of physical activity increased as did a sense of belonging whilst reducing social exclusion.</p> <p>Outpatient attendances are predominantly from the UHM catchment and highest within SIMD 1 across the localities.</p> <p>Workforce data shows that 67% of UHM staff live within SIMD 1, 2 and 3 with 29% living in SIMD 1 areas.</p>	<p>800m) to the railway station.</p> <p>There are no Sunday bus services available to Coatbridge.</p> <p>The train line services Cumbernauld and Easterhouse but not Airdrie, Coatbridge or Bellshill or South Lanarkshire areas.</p>	<p>this is limited in the areas it covers. The railway stations of Airdrie and Drumgelloch are 5km south of the site, therefore considerably out with the 800m walking distance.</p>	<p>Monday to Saturday than the other sites and has significantly more Sunday services operating. The train line services Airdrie and Coatbridge but not Cumbernauld or Bellshill or South Lanarkshire areas.</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
<b>Environment</b>	<p>Stakeholders are keen to have accessible space to be able to walk on hospital grounds and that this is natural greenspace if possible.</p> <p>There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution</p> <p>There are ongoing concerns that there is land contamination at the Glenmavis site.</p> <p>There are concerns about the proximity of a flooded quarry (though not part of the site) and by a golf club, which may hamper progression of walkways, at the Wester Moffat site.</p> <p>Community stakeholders perceive that the Wester</p>	<p>Air pollution is shown to be of great detriment not only to the environment and climate change, but to the health and wellbeing of individuals and population health leading to increasing levels of mortality and morbidity<sup>8</sup>.</p> <p>The most vulnerable in our communities, children and older people, are most impacted by air pollution which is compounded for those living in areas of greater socio-economic deprivation as we know these areas suffer from poorer air quality further deepening social inequalities.</p> <p>It is of note that people living within proximity of major roads have an increased risk of</p>	<p>The proposed site is within Gartcosh Business Interchange on the former site of the former Gartcosh Steel Mill.</p> <p>The site has walking and cycling infrastructure connected to the wider sustainable network. To the West of the site is the Scottish Crime Campus and the Gartcosh Nature Reserve.</p> <p>East of the site is Junction 2A of the M73. Gartcosh &amp; Glenboig is identified as one of the 3 Community Growth areas in North Lanarkshire that were originally designated in 2006.</p> <p>The initial indicative overall capacity of 3,000</p>	<p>The proposed site is North of Airdrie and East of the A73 Stirling Road (2.5km away) and is considered a mix of Green Belt and Countryside.</p> <p>To the West is Darngavil Road, which is rural road with no road markings. The closest walkway is approximately 1.5km away to the North of the site and Airdrie town centre is 2.5km to the South of the site.</p> <p>No settlements are within a 30-minute walk of the site.</p> <p>A Sustrans National Cycle route is around 4.9km South of the site.</p> <p>The site is currently rural with limited road, walking, cycling and</p>	<p>Around Wester Moffat, the land east of the North Calder Water and north of Inver House is designated as Green Belt.</p> <p>The site is currently agricultural land containing farm buildings.</p> <p>There is limited vehicular, walking and cycling access.</p> <p>There is a Sustrans cycle route (NCR 75) approximately 600m north of the site. However, this may cross into private land as may any walking routes. Stepends Road which is a single-track, rural road close to the site, has no footpath. However, West of the site is the Craigens Road and Towers Road with</p>

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>Moffat site is free of land contamination.</p> <p>There are concerns about congestion, particularly in the vicinity of the Gartcosh and Glenmavis sites where there are other ongoing build developments</p>	<p>developing childhood asthma and mortality overall. However, it is not clear what proportion of these impacts are related to transport generated air pollution.</p> <p>There is an increasing amount of research around the positive impacts of greenspace on physical and mental health.</p> <p>Research evidence supports the benefits of greenspace on acute sites and in the community on patients mental and physical recovery and contributing to reducing staff stress levels and increased productivity.</p>	<p>new homes is subject to change.</p> <p>Housing developments are currently under way, with more activity on the Gartcosh (West) side of the M73.</p> <p>The homes under construction are not low-cost therefore, will not benefit those with income deprivation.</p> <p>Construction of new homes and the hospital could coincide which will negatively impact air quality through increased traffic and construction machinery to the area.</p> <p>There is a risk of exposure to land contaminant during any excavation and construction. Therefore, these developments pose increased risks to the</p>	<p>public transport access, however,</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p> <p>This will afford faster, more reliable, more direct access to/from the strategic road network. It is anticipated that this development will reduce traffic congestion and improve air quality on the A73 through Chapelhall as well as bring development opportunities.</p> <p>There are plans to develop new housing and this could potentially mean low-cost housing being made</p>	<p>footpaths on both sides linking to the centre of Airdrie via the A89 though this does not currently connect to the site.</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p> <p>However, it is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community</p>



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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
			<p>residents and construction workforce through impaired air quality.</p> <p>Taking cognisance of the research around the impact of air pollution, it is important to note that this site is in close proximity to the M73 motorway and major roads.</p> <p>Added to this is the new home construction projects potentially generating exposure to land contamination and increased traffic, albeit on a temporary basis. However, this is potentially very disruptive to the lives of residents of this area with the potential for long-term health impacts.</p> <p>Mitigating factors are the availability of good</p>	<p>available, though this is not confirmed.</p> <p>The site is above the snowline and could present issues regarding access in winter.</p> <p>There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p> <p>It is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site.</p> <p>Development of this environment has the potential to bring physical, psychological, social cohesion benefits to the wider community if the greenspace area is developed and made accessible.</p>	<p>by improving access routes, particularly if the greenspace area is accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond. There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p>

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
			walking and cycling infrastructure and access to the nearby Gartcosh Nature Reserve in terms of access to natural greenspace.	Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.	

**3. Approach - Equality Impact Assessments (EQIA)**

There is a Public Sector Equality Duty contained in section 149 of the *Equality Act 2010*, which requires public authorities to have due regard to equality considerations when exercising their functions.

Section 149 replaced pre-existing duties concerning race, disability and sex. It extended coverage to the additional “protected characteristics” of age, gender reassignment, religion or belief, pregnancy and maternity, sexual orientation and, in certain circumstances, marriage and civil partnership. An Equality Impact Assessment is often carried out by public authorities prior to implementing policies or changing provision of services with a view to predicting their impact on equality. The *Equality Act 2010* does not specifically require them to be carried out, although they are a way of facilitating and evidencing compliance with the Public Sector Equality Duty.

In line with NHS Lanarkshire policy an EQIA has been completed in respect of each of the three prospective site and the final documents validated by Health Improvement Scotland – Community Engagement. Each assessment has been prepared by a small group of Stakeholder Engagement Group members, comprising public representatives and members of staff. A copy of each assessment was published in February 2020 and is available at:

- <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-gartcosh/>
- <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-glenmavis/>
- <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-wester-moffat/>

The primary focus of the assessment was to assess the impact of the proposed change, in this case, the development of a new hospital at an alternative site, either negatively or positively on any groups of the community and where appropriate, if negative impacts were identified, to recommend alternative measures to ensure equal access to services and opportunity.

In particular, this was applied to a range of agreed groups referred to as having ‘protected characteristics’ e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation. The impact of the proposed change was considered for each group and recorded along with any potential mitigation. This is was carried out in an objective manner using a pre-agreed template and the outcome reflected the agreed output from those participating.

The final outcomes were developed into an action plan which provided detail on the proposed mitigation for each identified area of concern.

#### **4. Feedback from stakeholders**

There has been a considerable level of engagement with stakeholders throughout the project with a series of public meetings in February 2020 across Airdrie, Coatbridge, Cumbernauld and Gartcosh, a two week formal period of feedback following publication of the option appraisal report in October 2020 and a comprehensive representative survey in October 2020 undertaken by an independent engagement organisation.

In addition the engagement process for the FSD assessment included:

- FSD assessment stakeholder online workshop
- Two focus groups with lower paid staff
- Consideration of findings from the Monklands Replacement Project consultation telephone survey and focus groups

Stakeholders themes which emerged from this process were:

- Concern that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital out of Airdrie in terms of loss of income, increased travel costs and the loss of a community asset.
- Concerns that lower paid staff will lose employment opportunities should the site move further away.
- Concerns regarding employment opportunities being lost to areas out with Lanarkshire particularly if the site is moved to Gartcosh which is near Glasgow.
- Public and staff indicated that the availability of discounted fares and improved routes/services would encourage greater use of public transport.

- Staff also noted that many lower paid staff undertake split shifts or have two jobs and therefore travel costs and travel time would be very important to them if the journey time to the new hospital were to be greater.
- Stakeholders are keen to have accessible space to be able to walk at hospital grounds and that this should be natural greenspace if possible.
- There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution.
- There is ongoing concern that there is land contamination at the Glenmavis site.
- Community stakeholders perceive that the Wester Moffat site is free from contamination.
- There are concerns about congestion, particularly within the vicinity of the Gartcosh and Glenmavis sites, where there are other ongoing new build developments.

### 5. Summary of analysis – FSD and EQIA

#### Fairer Scotland Duty

Regardless of which site is selected, the proposal to rebuild University Hospital Monklands will have positive impacts on the Lanarkshire population. These include socio-economic outcomes such as employment during the build phase and employment at the new site, improved healthcare due to optimal clinical model, potential wider benefits of an improved transport infrastructure and community transport model, wider economic benefits and greenhealth opportunities.

NHS Lanarkshire has an opportunity as an anchor institute to adopt a community wealth building approach to the new hospital development in order to support the local economy and enhance local employment opportunities.

There will also be a significant socio-economic benefit to the existing area and community through redevelopment of the current site once the hospital is relocated.

Relocating the hospital from Airdrie could have a negative impact on the local Airdrie community, particularly staff and patients/carers on low incomes who do not have access to a car as public transport is not currently sufficient and the commute to the new site may be more expensive and longer for those who live closest to the current UHM.

However, public transport is inadequate across all of North Lanarkshire thus whichever site is chosen it is important to ensure transport routes, especially public transport, enable low income people across the catchment area to access the hospital easily and maximise the potential for employment and wider economic benefit.

Recognising these issues, NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

The sense of belonging and pride in the current UHM by the local community should not be under-estimated. The community may feel a sense of loss of a long standing community asset and this may be more acutely felt given the Airdrie area already has significant multiple deprivation. However, there are other deprived areas, most notably Coatbridge and pockets of North locality, which may benefit from the hospital being relocated to the Gartcosh site.

Several key points can be highlighted from the results presented:

- The SIMD data shows that there is more density of multiple deprivation in Airdrie, Coatbridge and Bellshill localities than North locality and the proportion of the population affected by income and employment deprivation is higher. Coatbridge has two datazones in the 1% most deprived in Scotland. Despite this, when looking at crude numbers of people affected by income and employment deprivation North locality has as many people adversely affected.
- NHS Lanarkshire's patient flow analysis shows that 82.4 % of outpatient attendances are from the Monklands catchment and a significant proportion of outpatient and unscheduled care attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most deprived quintile. Local DNA data shows those living in areas of deprivation are also more likely to miss appointments.
- NHS Lanarkshire (as an anchor organisation) have an important role to play in creating a sustainable and inclusive economy in their decision making in relation to procurement, capital investments and fair work practices and in supporting the local economy e.g. by encouraging use of local retailers and businesses by staff and visitors.
- A larger number of lower paid workers (bands 1-3) at UHM live close to the site in comparison to higher paid staff so relocation will affect this group more, particularly those who work two jobs or split shifts. Lower paid staff are also more likely to live in SIMD areas 1 and 2 in comparison to higher grades of staff.
- The data in terms of travel show there will not be a significant detrimental impact for staff and visitors as long as the proposed road enhancements are made to Wester Moffat and Glenmavis as well as the improvements in public and community transport. Staff have expressed concern not only in how they will travel but also in terms of the extra time it will take them. Fair work practices such as flexible working and family friendly policies could be maximised to support staff if needed.

- The greenspace surrounding the new site will be advantageous to health and wellbeing of both staff and patients and has been a factor in both the stakeholder workshop and staff focus groups. The Airdrie sites have more access to natural greenspace than the Gartcosh site which is close to a motorway and in a business centre. However, it should be noted that there is a nature reserve close by.
- As in previous reports, belonging and pride around the hospital staying in Airdrie was a strong theme that emerged from staff and stakeholders consulted. It should be noted that concern was raised about meaningful engagement of communities in the MRP process at this time given the anxieties around the impact of covid-19.
- The impact of the COVID-19 pandemic will be more severe on those who are most socio-economically disadvantaged and experiencing inequality.

### **Equality Impact Assessment**

The key themes emerging from this assessment across all sites are:

- Congestion and lack of available public transport options at each site currently
- Impact on moving from current site for those on low incomes
- Impact on moving from current site for staff who walk to work or use public transport

In particular there are concerns around congestion caused by increased traffic flow at each site and recognition that the current public transport arrangements will be insufficient to support the development of a new hospital irrespective of site.

A common theme emerging is the impact of relocating the hospital from Airdrie for those on low incomes and for staff who live close to the current site.

**6. Mitigation actions required**

The FSD assessment has recommended that there are a number of measures NHS Lanarkshire should consider in order to mitigate negative impacts of the hospital relocation and to maximise opportunities to reduce poverty through the build and hospital relocation process. These include:

	<b>Mitigation</b>	<b>Sites Affected</b>	<b>Action</b>
1	Undertake further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.	All	Part of Transport Impact Assessment - refer to Transport & Travel section (Appendix G)
2	Develop innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.	All	Part of Transport Impact Assessment - refer to Transport & Travel section (Appendix G)
3	Ensure the new EALR new road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.	Glenmavis and Wester Moffat	Confirmed by North Lanarkshire Council - refer to Transport & Travel section (Appendix G)
4	Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time.	All	Mitigated by the existing NHS Lanarkshire HR policies which provide staff with reimbursement of excess travel costs for a four year period.
5	Work with community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.	All	To be taken forward by Project team once site location determined
6	Routinely examine the causes of non-attendance (DNAs) and frequent attenders to reduce barriers to access and adopt preventative approaches.	All	To be taken forward by Project team once site location determined
7	Maximise procurement possibilities and facilitate training opportunities for those in the most socio-economically disadvantaged areas to allow them to benefit from new construction jobs and jobs in the new hospital.	All	This is recognised as an important feature of taking the project forward

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8	Prioritise a Community Wealth Building approach and ensure leadership and a whole systems approach to Employability.	All	There will be a significant socio-economic benefit to the existing area and community through the redevelopment of the current site once the hospital is relocated
9	Work with North Lanarkshire Council and the local community to regenerate the old Monklands hospital site as part of the overall vision for the town of Airdrie in line with the Plan for North Lanarkshire. The decision by the board to provide community healthcare facilities within the vacated site is welcomed.	Existing site	To be taken forward in partnership with North Lanarkshire Council, University of Strathclyde and other partners
10	Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.	All	To be taken forward by Project team once site location determined
11	Consider how the new hospital can be designed to support the local community in terms of access to local amenities around the new site.	All	To be taken forward by Project team once site location determined
12	Ensure that the ambitions of ‘Achieving Excellence’, shifting the balance of care from hospital to local communities, is fully achieved including maximising access to local community satellite clinics for scheduled care.	All	To be taken forward as part of implementation programme for ‘Achieving Excellence’.
13	Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.	All	To be taken forward by Project team once site location determined
14	Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.	All	To be taken forward by Project team once site location determined
15	Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 201521 and the North Lanarkshire Council Air Quality Action Plan 2018-2021	All	To be taken forward by Project team once site location determined



The EQIA process also recommends a number of actions to mitigate issues arising. Whilst these broadly fall into the category of Transport & Travel and will be considered by Board Members as part of their separate consideration of Transport and Travel (see Appendix G), the issues of relocating the new hospital out with the Airdrie locality and the impact on those with low incomes, mirrors concerns raised within the Fairer Scotland Duty.

### **7. Points for consideration**

There are a number of points around the complex issues raised through the Fairer Scotland Duty and Equality Impact Assessments which should be considered. There is recognition that:

- Development of a new hospital will have a major social-economic impact for the wider Lanarkshire population in terms of the economy, improved transport infrastructure and delivery of the new clinical model, whichever site is selected.
- Development of new road infrastructure in East Airdrie will result in improved travel and journey times to the Glenmavis and Wester Moffat sites. In particular this will positively impact on the communities of Cumbernauld, Northern Corridor and South Lanarkshire.
- Development of a new hospital will bring significant employment opportunities for the local community, whichever site is selected.
- There will be a significant socio-economic benefit to the existing area and community through the redevelopment of the current site once the hospital is relocated.

There are strong concerns among those consulted however, that staff and patients on low incomes within the Airdrie community may be adversely affected if the hospital is relocated from Airdrie through increased travel time to access the new facility and through increased travel costs.

Additionally, there is a view that the development of a new hospital as an anchor facility at the Glenmavis or Wester Moffat sites will have greater advantage in terms of potential to impact positively on deprivation.

There is recognition of the sense of loss within the Airdrie community - as a major employer and as an economic anchor - if the hospital is relocated out with the Airdrie area.

There is also a recognition that the rural nature of the Glenmavis and Wester Moffat sites may offer a greater level of opportunity for the future development of Greenspace (as set out in Appendix I).

# FAIRER SCOTLAND DUTY ASSESSMENT OF UNIVERSITY HOSPITAL MONKLANDS REPLACEMENT PROJECT

Version 3: 13 November 2020

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## Foreword

In order to meet its statutory obligations, NHS Lanarkshire completed a Fairer Scotland Duty<sup>1</sup> (FSD) assessment in 2018 of the proposal to replace/refurbish University Hospital Monklands (UHM). The report covered the existing site, Gartcosh and Glenmavis. The Cabinet Secretary subsequently commissioned an independent review of the process. In June 2019, the Cabinet Secretary for Health and Sport, announced that staying on the current UHM site should no longer be an option for the project, explaining that “building a new hospital on an existing hospital site takes longer, costs more, risks infection and other patient safety issues, while creating performance and access issues during the long construction phase”. A further site for consideration was subsequently identified by the Monklands Replacement Project Team – farm land at Wester Moffat (which will be referred to as Wester Moffat in the report).

The FSD assessment team reviewed the original assessment to ascertain if the new site generated any additional socio-economic impacts or additional issues for consideration. They sought the advice of Dr Margaret Douglas, Chair of Scottish Health and Inequalities Impact Assessment Network (SHIAN), who had provided guidance and independent verification of the original process. Dr Douglas confirmed that the findings from the additional assessment were appropriate and these were subsequently incorporated into the report. An interim report<sup>2</sup> was published in January 2020 and can be accessed here:

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-fairer-scotland-duty-assessment/>

Following further guidance, a new Fairer Scotland Duty assessment has taken place, with a stakeholder event and staff focus groups in September 2020; focussing on the three current shortlisted sites of Glenmavis, Gartcosh and Wester Moffat. Analysis of up-to-date data around the sites has also taken place. This report will highlight these findings. It will complement the 2018 and January 2020 FSD assessment reports and findings.

External expert validation of the process was provided by Dr Margaret Douglas (Consultant in Public Health Medicine at the University of Edinburgh) who chairs the Scottish Health Inequalities Impact Assessment Network (SHIAN). The Fairer Scotland Duty assessment is only one part of the decision-making process for the NHS Lanarkshire Board; it will be considered alongside the formal consultation findings and other relevant background information.



## 1.0 Introduction

This paper documents the Fairer Scotland Duty (FSD) assessment of the proposal to rebuild University Hospital Monklands (UHM). This report builds upon previous work in 2018 and an interim report in January 2020<sup>2</sup>. As a result of the recommendations of the 2018 FSD assessment NHS Lanarkshire Board has agreed to build a Community Hub at the existing site.

Therefore, this report (November 2020) documents the Fairer Scotland Duty (FSD) assessment of the proposal to rebuild UHM on one of three new short-listed sites – Glenmavis, Gartcosh and Wester Moffat. It complements the 2018 assessment and findings.

The scope of this assessment is to consider the impact of moving UHM to another site from the perspective of those affected by poverty and to identify opportunities to mitigate negative impacts and maximise positive impacts. The assessment is not a detailed socio-economic analysis but rather will aim to identify key themes for consideration by the Board. The methodology employed has been validated as reasonable and proportionate by Dr Margaret Douglas, University of Edinburgh, Chair of the Scottish Health Inequalities Impact Assessment Network (SHIAN).

It is important to note this is not a full Health Inequalities Impact Assessment (HIIA); the HIIA will be carried out once the NHS Lanarkshire board has decided on the new location, and will accompany the outline business case. The protected characteristics (age, pregnancy/maternity, disability, sex, gender reassignment, sexual orientation, marriage & civil partnerships, race and religion/belief) are considered separately in an Equality and Diversity Impact Assessment.

## 2.0 Background

### 2.1 The Fairer Scotland Duty

The Fairer Scotland Duty (FSD) was implemented in April 2018 and exists to protect those most affected by poverty in our communities. It places a legal responsibility on public bodies to pay due regard to socio-economic inequalities of outcome when making policy decisions.

For *each* major strategic decision, public bodies must:

- actively consider how they could reduce inequalities of outcome;
- involve relevant communities of people with direct experience of poverty and disadvantage at all stages;
- publish a written assessment.

An *appropriate officer* must be involved in any assessment process under the Duty, in this case it is Mr Gabe Docherty, NHS Lanarkshire's Director of Public Health. The FSD will be phased in over a three-year period, during which time the Scottish Government (SG) will review, with the European Human Rights Commission, how the Duty is working in practice over the period and will "offer assistance and opportunities to share best practice". The duty will remain a statutory requirement from 1 April 2018 despite having a phased implementation. The Scottish Government also wants to encourage innovation in how public bodies meet the Fairer Scotland Duty and welcomes different approaches.

The guidance<sup>1</sup> states that "how much regard is due will depend on the relevance of the decision to the scale of socio-economic disadvantage and inequalities of outcome in relation to each strategic issue." It also states that "Due regard does not mean there is an obligation to achieve a result". Public bodies are not required to reduce inequalities of outcome as part of any decision made under the Duty. There may be a range of good reasons why it's not possible to seek to do so in any particular case. However, if it is possible for public bodies to make changes to a policy, programme or decision to reduce inequalities of outcome, and there are no compelling reasons for not doing so, due regard would suggest that those changes should be made." Appendix 1 Table 1 shows the five stages of the FSD process.



## 2.2 Fairer Scotland Duty Assessment (2018)

The methodology used for the FSD assessment conducted in 2018 was twofold. Firstly, we considered what data and evidence was available which would help inform our understanding of the impact of poverty on hospital rebuild/relocation. Secondly, we consulted with local stakeholders and community members to elicit their views and concerns of the potential impacts that need to be considered. Consultation with local stakeholders was undertaken through a FSD assessment stakeholder workshop and through three focus groups (two held with community members and one with lower paid staff from across different areas of the current UHM hospital).

The Fairer Scotland Duty assessment workshop entailed working through a checklist developed by NHS Grampian which combines NHS Health Scotland's Health Inequalities Impact Assessment checklist<sup>3</sup>, with the FSD. We amended the NHS Grampian document by removing the fields relating to the nine protected characteristics (already assessed in an Equality Impact assessment), leaving only the sections relating to socio-economic impacts. The checklist, along with the full methodology was approved by Dr Margaret Douglas (Chair of Scottish Health and Inequalities Impact Assessment Network (SHIAN)) prior to the stakeholder event. The workshop attendees were made up of stakeholders with particular knowledge of the local area and population.

The key high level impacts which emerged from the stakeholder session and focus groups were:

- Travel and transport
- Employment
- Sense of belonging/UHM as an asset in local community

The impacts identified were considered, and supported by the data and evidence available, and it was concluded that moving UHM from its existing location would require measures to be taken to mitigate the impact of the move on poverty and that there were opportunities to use the relocation of the hospital as an opportunity for reducing inequalities of outcome.

The following recommendations were made:

- Innovative, enhanced community and public transport links.
- Facilitate lower paid staff to maintain employment at the new hospital.
- Facilitate training opportunities for those in the most socio-economically disadvantaged areas.

- Partners should work together to ensure that the hospital move benefits the community and seeks not just to mitigate the loss of the local asset but to decrease socio-economic inequalities.
- Consider providing community healthcare facilities on the vacated site.
- Ensure that the ambitions of “Achieving Excellence”<sup>4</sup>, shifting the balance of care from hospital to local communities, are fully achieved.

These recommendations were accepted by the Accountable Officer and subsequently by NHS Lanarkshire Board. In response to the recommendations, NHS Lanarkshire Board specifically committed to an enhanced community transport model and to retain and regenerate the existing site to support reduction of health inequalities using a community development approach.

### 3.0 Methodology

The FSD project team consider the key themes and recommendations from the 2018 review to still be relevant to the status of the Monklands Replacement Project in 2020 as they are primarily focused on the impacts of taking the hospital off the existing site to another location.

The purpose of this second report, therefore, is to ensure the data being considered is the most up to date available and to build on the 2018 findings and recommendations by highlighting any differences across the three shortlisted sites that may be relevant.

Further consultation with stakeholders has been undertaken to discuss the impacts identified in 2018 in relation to the three sites and also to identify any new impacts that should be considered.

The consultation methods employed to identify potential impacts were as follows:

- FSD assessment stakeholder online workshop
- Two focus groups with lower paid staff
- Consideration of findings from the MRP consultation telephone survey and focus groups conducted October 2020

A brief description of each of these methods is described below.

### 3.1 FSD assessment stakeholder online workshop

The Fairer Scotland Duty assessment stakeholder workshop took place on the 8th September and was delivered online in light of COVID-19 restrictions.

The same assessment checklist (see 2.2 above) was used as previously in 2018. Participants received background information on the data outlined above in relation to the three sites of Glenmavis, Gartcosh and Wester Moffat. Presentations were given around the background of the Monklands Replacement Project, Fairer Scotland Duty and Scottish Index of Multiple Deprivation<sup>5</sup> (SIMD).

The list of stakeholders who were invited to participate is listed at Appendix 2 and included a range of community planning partners who would be able to bring a perspective around the local community, local services or the impact of poverty. The MRP Stakeholder Engagement Group (SEG) made up of 12 community members representing different areas of Lanarkshire were also invited. In total 20 people participated in the exercise, however, unfortunately only two community members from the SEG attended (see Appendix 2).

Working through the checklist, participants were asked to focus on the perceived positive and negative impacts for each site. Discussions were written up, displayed alongside the original 2018 findings and sent back out to the participants for any further comments and feedback (see Appendix 3 for the checklist summary).

### 3.2 Staff focus groups

19 UHM staff members from Property and Support Services Division (PSSD) participated in two focus groups on the 16<sup>th</sup> September 2020. The focus groups were conducted by NHS Lanarkshire Qualitative Researcher and a member of the Public Health/Health Improvement Team.

The staff were self-selected and were asked to consider the three new shortlisted sites of Gartcosh, Glenmavis and Wester Moffat and outline their preference and reasons for their choice. Participant's job roles and where they live were captured. Staff who participated lived in Airdrie or Coatbridge with a few in Bellshill. Job roles were catering assistants, domestic assistants, domestic

supervisors and porters. Another focus group with administrative staff and health care support workers was planned for October 2020, however, due to pressures of COVID-19, this focus groups could not go ahead at this time.

Full details of the focus groups are provided at Appendix 4.

### **3.3 Consideration of findings of MRP consultation telephone survey and focus groups<sup>6</sup>**

As part of the Monklands Replacement Project (MRP) public engagement, a telephone survey of 500 (MRP Phase 2 Survey) local people took place in the 2 weeks following publication of the site options appraisal report which outlines the scores assigned to each site following the postal ballot. Online focus groups then took place with a geographically representative sample of those who engaged in the telephone survey.

The survey sample was selected to reflect those who most use the hospital and was purposefully skewed towards participants who live in SIMD quintile 1 (most deprived) in order to ensure the views of those most affected by poverty were considered. 40% of survey respondents were from SIMD 1.

Participants were specifically asked:

*'What impact on you would there be, if any, if University Hospital Monklands was relocated to Gartcosh/Glenmavis/Wester Moffat?'*

Within these MRP focus groups there was an opportunity to explore participant's suggestions re mitigation measures or opportunities with regards the impacts identified.

### **3.4 Data sources**

A range of data sources have been considered to support the impacts identified through the consultation methods including:

- Monklands Replacement Project Transport analysis report (2020)
- Scottish Index of Multiple Deprivation (2020)
- NHSL HR Workforce data (2020)
- NHS Lanarkshire Hospital Activity Data (2020)

- Hospital relocation literature review<sup>2</sup> (2018)
- Relevant academic literature and reports
- Monklands Replacement Project Phase 2 Survey (2020)

## 4.0 Results

The stakeholder session and staff focus groups identified a range of positive and negative impacts which are worthy of further consideration (see Appendix 3 and Appendix 4). Many of these impacts had already been identified in the 2018 report and some are relevant to all three sites whilst others were perceived to have a differential impact across the sites.

In order to bring together the data and evidence base with the qualitative views expressed through the consultation methods the FSD team have grouped the key impacts into four high level themes:

- **Multiple deprivation and income inequality**
- **Employment and economy**
- **Transport and connections**
- **Environment**

The following questions have been used to present the evidence and data available for each theme:

- What did stakeholders tell us?
- What does the data/evidence tell us?
- What are the differences between the 3 proposed sites?
- What are the limitations of this assessment?
- How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

## 5.0 Multiple deprivation and income inequality

### 5.1. What did stakeholders tell us?

- There is significant concern from those who have contributed to the consultation exercises that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital out of Airdrie.
- The majority of points raised in relation to income through the stakeholder event, focus groups and open sessions were concerns of increasing costs of travel for staff and patients and concern re loss of employment in an area of high multiple deprivation.
- It is felt to be important that healthcare is easily accessible to those in our more deprived communities who experience poorer health outcomes.
- There is also a significant concern expressed by stakeholders around the loss of a local community asset in the Airdrie area with a strong sense of pride felt by both local people and staff in the current UHM.
- It was noted that there are high levels of deprivation in the East of Glasgow which would benefit from the hospital being in Gartcosh however these residents are not part of the NHS Lanarkshire catchment population.
- Participants in the MRP Phase 2 Survey Report<sup>6</sup> and focus groups who are living in more deprived areas in Airdrie reported they were more likely to have accessed UHM than others.

The MRP survey and focus groups reported a greater impact of the hospital move regardless of the chosen site for those living in more deprived areas who relied on public transport or walking.

### 5.2 What does the data/evidence tell us?

There is strong evidence that people of low income have poorer physical and mental health than more affluent people. For almost every health condition or health indicator, there is a gradient of better health with increasing affluence<sup>7</sup>.

Multiple deprivation is where people in communities are experiencing disadvantage across different aspects of their lives. The disease burden in deprived areas is significantly greater than in the least deprived areas<sup>8</sup>.

Resilience or social cohesion in communities is related to identity, and focuses on links between groups within a community, financial security and opportunity, or about positive feelings about place. Having a sense of control and involvement in local decision making have also been shown to be effective in maintaining good mental health and wellbeing<sup>7</sup>.

### 5.2.1 Scottish Index of multiple deprivation (SIMD, 2020)

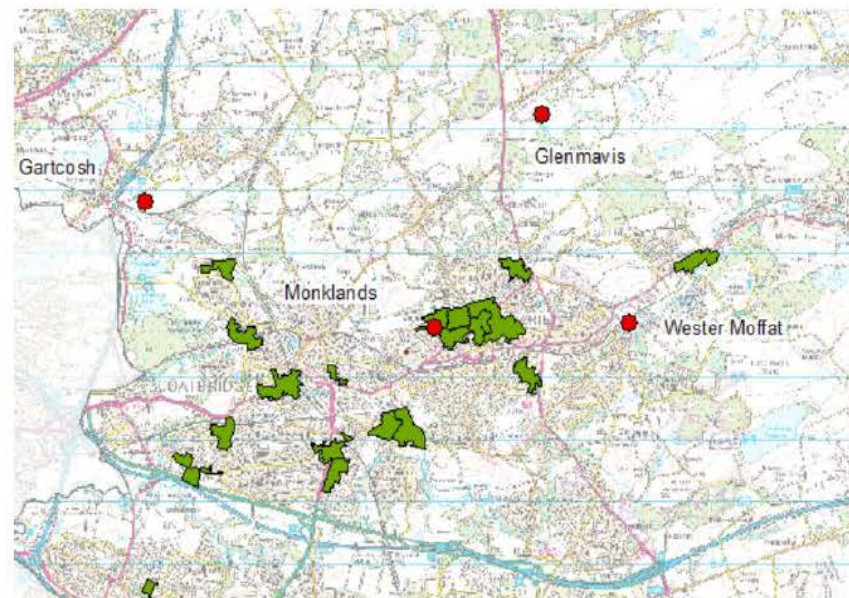
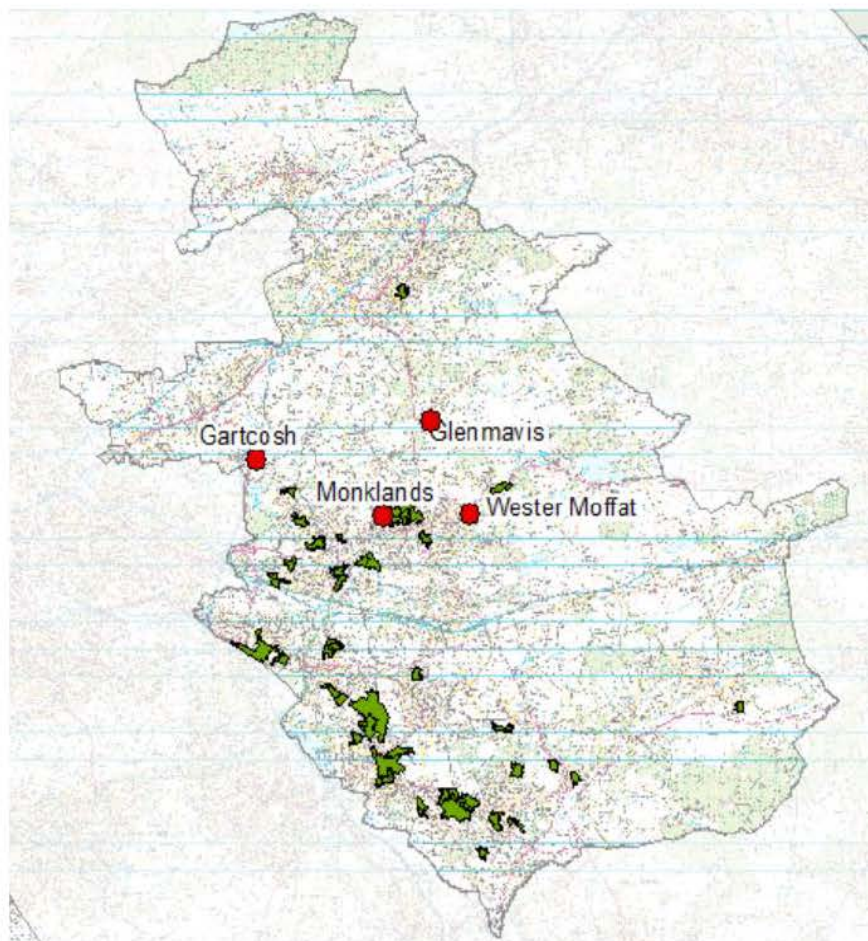
The SIMD 2020<sup>5</sup> consists of 7 weighted domains made up of more than 30 indicators of deprivation to inform the final overall SIMD rank. It is an area based model of deprivation. The domains are income, employment, education, health, access to services, crime and housing.

Datazones are small geographical areas and in North Lanarkshire the population in each datazone varies from 345 to just under 1,600 people.

It is important to note the SIMD provides a 'relative' measure of deprivation across datazones by ranking these small areas across Scotland and is not based on 'absolute' measures of poverty. Therefore, the SIMD should be used in conjunction with 'absolute' measures of household poverty where appropriate, e.g. where individuals and households may be living in poverty outwith the designated deprived areas. However, deprivation should not be viewed as relating solely to 'poor' or 'low income' families, but can also reflect limited resources and opportunities, e.g. where health and education is concerned, so there is a need to look at the SIMD data which reflects multiple deprivation alongside more absolute measures.

Figure 1 shows the datazones in North Lanarkshire within the 20% most deprived in Scotland in relation to the UHM proposed sites. There are 2 datazones within UHM catchment that are in the 1% of most deprived areas in Scotland, both of these are in Coatbridge. See Appendix 2 for full Public Health Scotland locality profiles for all UHM catchment localities.

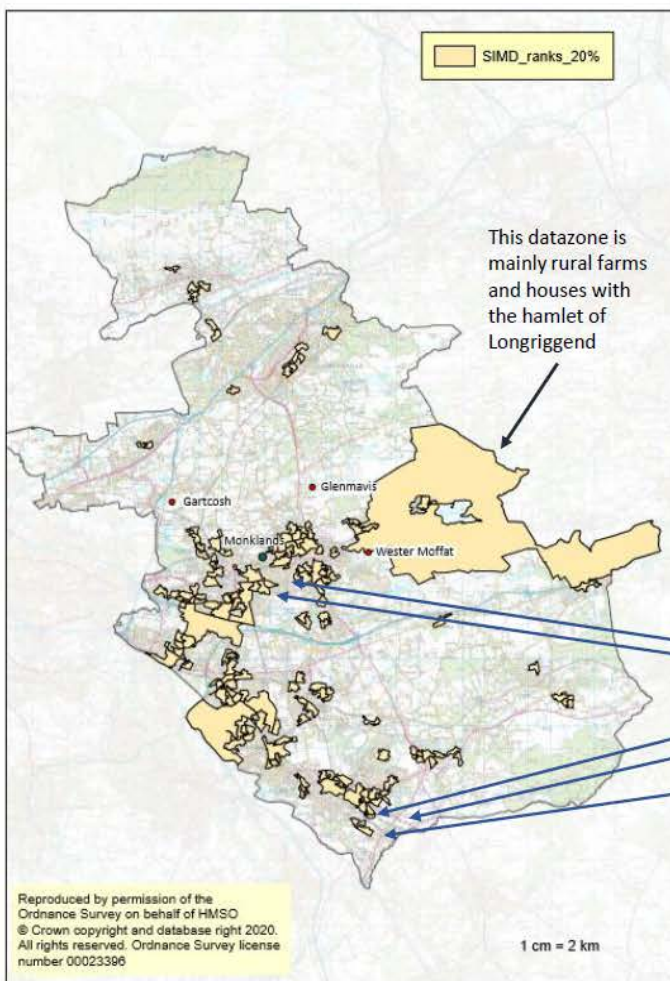
Figure 1: North Lanarkshire SIMD 2020- datazones with a ranking within the 20% most deprived communities in Scotland.



SIMD 2020 datazones with a ranking within the 20% most deprived communities in Scotland.



**Figure 2: Five North Lanarkshire Datazones in the 1% of most deprived communities in Scotland**



- The Scottish Index of Multiple Deprivation (SIMD) is published by the Scottish Government to show relative deprivation in the datazones across the country.
- It was most recently published in February 2020.
- Each datazone is given a rank from 1 – very deprived to 6,976 not at all deprived.
- Datazones ranking from 1 to 1395 are known collectively as the 20% most deprived in the country
- This may also be referred to as the datazones in “SIMD 1”
- 153 datazones in NLC are in this 20% most deprived
- Within this 20% some datazones experience acute deprivation and are within the 1% most deprived in the country.

Datazone Number	Datazone Name	SIMD Rank
S01011598	Cliftonville - Towers and Dunbeth nursery	3
S01011609	Greenend - John Smith Gardens to Southfield Crescent	36
S01011383	Craigneuk - Meadowhead Street to Kimberley Street	49
S01011361	Gowkthrapple - Birkenshaw Brae	53
S01011384	Craigneuk - Flaxmill Avenue to Aldersyde Avenue	55

Table 1 shows the % of the UHM catchment population living in SIMD 1 ranked areas (SIMD 1 areas are those that are within the 20% **most** deprived areas in Scotland) alongside those in the **least** deprived (SIMD 5).

**Table 1: % of population living in SIMD 1 and 5**

Locality	% living in SIMD 1 (most deprived)	% living in SIMD 5 (least deprived)
Airdrie	42.3%	3.2%
Bellshill	41.2%	3.6%
Coatbridge	40.9%	9.4%
Hamilton	29.6%	15.3%
North	12.3%	21.5%

Appendix 5 shows SIMD colour coded maps for each of the NHS localities in the UHM catchment and demonstrates the difference in the extent of deprivation between areas. It is colour coded from green to red to show best to worst respectively.

A summary overview of each locality area in the UHM Catchment zone is also provided in Table 2 below. The table is colour coded from green to red to show best to worst respectively.

Table 2: Summary of SIMD 2020 data

Category	Measure/Description	Type	Airdrie	Bellshill	Coatbridge	North	Bothwell/ Uddingston (SLC)
Population	Total number of Datazones	N	76	57	65	111	17
Deprivation	Datazones in 5% most deprived data zones in Scotland	N	3	6	6	0	0
		%	3.9%	10.5%	9.2%	0.0%	0.0%
	Datazones in 20% most deprived data zones in Scotland	N	34	21	28	15	1
		%	44.7%	36.8%	43.1%	13.5%	5.9%
Income Deprivation	Datazones above NLC average of 15% for income deprivation	N	42	25	41	36	1
		%	55.3%	43.9%	63.1%	32.4%	5.9%
Employment Deprivation	Data zones above NLC average of 11% for employment deprivation	N	43	29	36	38	1
		%	56.6%	50.9%	55.4	34.2%	5.9%

### 5.2.2 Income deprivation

Table 2 above shows that there are proportionately more income deprived datazones in Airdrie, Bellshill and particularly Coatbridge than in the North locality. Appendix 6 shows the 20% most income deprived datazones across North Lanarkshire and provides 1, 2 and 3 mile radii around the three proposed sites.

The indicator data for the income domain of SIMD includes an actual count of people who are income deprived. Each locality has a total number of people who are income deprived and this is shown in Table 3. These individuals live in all the datazones in the locality that are within all SIMD ranks. This data shows a different picture from purely considering SIMD rank areas alone.

**Table 3: Count of those income deprived**

	No. income deprived	Locality population	% of locality population
Airdrie	8994	56435	15.9%
Bellshill	6745	41967	16.1%
Coatbridge	8595	50435	17.0%
North locality	9455	85761	11.0%
NLC total	50897	339960	15.0%
Bothwell/Uddingston	962	12,956	7.4%

*Note: population figures are based on former NLC local area partnership boundaries/ Health and Social Partnership Integration boundaries. This corresponds with the boundaries used by Public Health Scotland. SIMD population data for income and employment deprivation is 2017 based.*

### 5.2.3 Hospital presentations

Monklands Catchment area includes the North Lanarkshire localities of Airdrie, Bellshill, Coatbridge and North as well as the Bothwell and Uddingston areas of the Hamilton locality in South Lanarkshire.

It is important to note that whilst patients attend the hospital from across North and South Lanarkshire for some scheduled care, the majority of unscheduled care patients live within the hospital catchment area. For the purposes of this assessment the focus is more on unscheduled care appointments and outpatients' appointments given these are likely to have a greater impact on travel than planned scheduled admissions.

NHS Lanarkshire's patient flow analysis (see Appendix 5) shows that 82.4 % of outpatient attendances are from the Monklands catchment and 17.6% from elsewhere. 27% are from Airdrie, 23% are from Coatbridge, 20% are from North and 13% are Bellshill.

A significant proportion of outpatient attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most

deprived quintile. Local 'Did Not Attend' (DNA) data shows those living in areas of deprivation are also more likely to miss appointments (see Appendix 7). A similar pattern is observed for emergency admissions. (See Appendix 7).

It is important to note that the residents of North locality also use hospitals in NHS Greater Glasgow and Clyde (NHS GGC), therefore, the outpatient and emergency admissions will not be a true indication of hospital activity in the area. Public Health Scotland data shows that A&E attendances and admissions at Monklands are higher for Airdrie and Coatbridge residents than for other localities. Attendances are highest within SIMD 1 across the localities<sup>9</sup>.

Over time, how scheduled care is delivered will change in line with the ambitions of 'Achieving Excellence'<sup>4</sup>. We have already seen the expansion of technological approaches for patient care and innovations within the community such as satellite clinics and use of digital technology. This will reduce the need for some travel to hospitals in the future. There is also a national review of unscheduled care which aims to better support patients within the community and reduce the need for unscheduled care presentations.

Technological advances also create a challenge in how we can support patients who are digitally excluded. This disproportionately affects vulnerable people, low-income groups, the elderly and the more marginalised communities in our society. Individuals from higher socio-economic groups are more likely to have digital skills and access to higher quality digital devices and peripherals, with stable access to higher speeds of connectivity and less limitation on data<sup>10</sup>. People who are digitally excluded are also likely to be high users of NHS services<sup>10</sup>.

## **5.3 What are the differences between the 3 proposed sites?**

### **5.3.1 Gartcosh**

Gartcosh sits within the North locality. Table 1 shows that there are much fewer multiple deprivation SIMD 1 areas overall in the North locality than in the other UHM catchment localities. It also has the highest number of SIMD 5 areas. However, it is important to recognise that the locality boundaries are set by the statutory sector and do not necessarily represent discrete communities. Gartcosh takes in some of the deprived areas of Coatbridge within a 3-mile radius of the site and Coatbridge has two of the 1% most deprived datazones in Scotland. Also of note within the 3-mile radius is a significant proportion of the population within Glasgow postcode areas living within SIMD 1. This could significantly increase patient flow and requires careful consideration in terms of increasing hospital capacity, infrastructure and staffing.

The actual count of those who are income deprived shows that whilst the North locality has proportionately less people who are income deprived relative to the wider locality population, they have the highest crude number of people who are income deprived. This reflects the larger size of the North locality overall and that the areas of residence are more spread out and less densely concentrated than in the Airdrie locality. To the west of Gartcosh, patients living in more deprived areas of Easterhouse may also benefit from the hospital being sited here, however, these would be residents of Greater Glasgow and Clyde Health Board area rather than Lanarkshire.

Residents from the North locality proportionately make up less of the outpatient and emergency presentations at UHM relative to their population (see Appendix 7). However, this is likely due to their usage of hospitals in Greater Glasgow and Clyde which are in close proximity.

### **5.3.2 Glenmavis and Wester Moffat**

Glenmavis and Wester Moffat are both within Airdrie locality. This locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment. From the SIMD data, Airdrie locality has more datazones in the 20% most deprived than other localities, but slightly less than Coatbridge and Bellshill with respect to the 5% most deprived.

In comparison to the Gartcosh site, Wester Moffat and Glenmavis are both surrounded by more areas of multiple deprivation and have few areas zoned within the least deprived.

Overall, the Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill. In terms of crude numbers, North locality has the most income deprived people followed by Airdrie and then Coatbridge and Bellshill.

Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those in the most deprived areas attend more than those in the least deprived areas. Those who miss appointments are also more likely to be from deprived areas (see Appendix 7).

UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff. There may be a sense of loss for local people if the hospital is moved from this area.

## 5.4 What are the limitations of this assessment?

This assessment has taken into consideration current SIMD data and datazones which are based on ranking areas made up of populations of 345 to just under 1,600 people and provided some broad analysis of localities based on deprivation relative to the rest of North Lanarkshire and Scotland as a whole. It is important to note that whilst Airdrie and North localities have different SIMD profiles, the area of Coatbridge, which is adjacent to both, is an area of significant deprivation.

It is important to note the locality boundaries are imposed by NHS Lanarkshire and do not represent discrete communities. Thus, significant caution must be applied when discussing SIMD data at locality level.

It is also important to note the different ways that SIMD data has been presented above in terms of overall SIMD area ranks and individuals who are income deprived across all SIMD areas.

We can't predict the future changes to SIMD data as a result of the hospital relocation as this would be dependent upon wider economic and social policy.

## 5.5 How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

- Work with partners and the local community to use community wealth building approaches to maximise the opportunities that both the hospital build and any new development at the vacated site can bring to the local community in terms of community development, regeneration and employment. This will help to mitigate the loss of the local asset and also contribute to reducing socio-economic inequalities through community development and regeneration opportunities, using a community wealth building approach.
- Recognise moving the hospital to Gartcosh would be moving the hospital out of an area which has significant multiple deprivation to an area with proportionately less multiple deprivation. However, there are still pockets of multiple deprivation in the North locality. Gartcosh is however close to Coatbridge which also has significant multiple deprivation and the highest number of people affected by income deprivation live in the North locality.
- Work with our community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.
- Routinely examine the causes of non-attendance (DNAs) and proactively seek to reduce barriers to access experienced by particular groups.
- Maximise access to local community satellite clinics for scheduled care.



- Work with partners to support frequent attenders at A&E to access community supports earlier thus ensuring a preventative and early intervention approach.

## 6.0 Employment and Economy

### 6.1 What did stakeholders tell us?

- There are concerns around ensuring the new hospital build creates jobs for those living in the local area.
- Lower paid staff have concerns around maintaining employment should the site move to Gartcosh particularly those who work two jobs or work split shifts.
- Consideration should be given to working with partners to support those lower paid staff who may not be able to sustain employment at new site to gain other training or employment.
- Stakeholders are keen that there are opportunities for jobs for local people in the new hospital both as part of the build process and beyond.
- Opportunity should be considered for supporting the local economy through procurement practices including community benefit clauses.
- There should be opportunities for employment at the community hub which will be built on the existing UHM site.
- Opportunities for employment for young people through apprenticeships should be maximised both in the build process and in the new hospital.
- There may be opportunities to support the local economy around the hospital and attract other businesses to the area.
- Availability of a selection of shops where people can buy fresh healthy food and support the local economy should be a consideration.
- A larger hospital at Gartcosh, due to expected cross boundary flow, may result in slightly more employment opportunities. However, this is countered by concerns that people from Greater Glasgow and Clyde may more likely benefit from employment opportunities. This may also be relevant, to a lesser extent for the Airdrie sites, in terms of proximity to West Lothian.
- Improving transport overall across North Lanarkshire will increase access to other employment in the area and beyond.
- In the MRP focus groups, there was a concern around increased unemployment and the particular impact this would have on people not being able to afford taxi's if public transport is not sufficient.

### 6.2 What does the evidence and data tell us?

The building of the new hospital, regardless of where it is sited, has huge potential to support the community wealth building agenda through building on the strong partnerships that are already in place.

There is good evidence that for the majority of people, being unemployed brings poorer health outcomes and is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates.

Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety<sup>11</sup>

A recent report by the Health Foundation (September 2020) on 'Using Economic Development to improve health and reduce inequalities', has highlighted the great importance of the link between economic development and public health<sup>12</sup>. Scotland has a national inclusive growth agenda, which aims to achieve economic growth through promoting good quality jobs, equality and sustainability. Community wealth building (CWB) is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people. Anchor Institutions, are large employers with a strong local presence in an area. The Scottish Government is committed to exploring the potential for CWB through Anchor Institutions as an approach to delivering inclusive growth across Scotland.

In NHS Lanarkshire we are involved and committed to this approach through our work around Public Health Priority 5: *A Scotland where we have a sustainable and inclusive economy with equality of outcomes for all*<sup>13</sup>. A Public Health Scotland network, sponsored by the Directors of Public Health, is ensuring that Health Boards have the opportunity to work together in agreeing key priorities and sharing local learning in this area.

NHS Boards are taking part in conversation events hosted by the Health Foundation to explore the NHS role as an Anchor Institution as part of a Community Wealth Building approach. The results from these learning events will be published in 2021. There are already good practice examples in Scotland, for example in North Ayrshire partners have developed an Anchor Institute Charter which outlines agreed partnership intentions. Locally, work is being progressed with our procurement team to ensure that our suppliers can identify and progress the community benefits clause within their contracts that reflect our local priorities in terms of both child poverty action plans and Local Outcome Improvement Plans. We are also progressing work with our community planning partners on how we commission Community and Voluntary sector organisations, who are also seen as local 'Anchor organisations' within our community. This places more control into the hands of local people.

NHS Lanarkshire was the first territorial board in Scotland to achieve Living Wage accreditation and this reflects our commitment to the Fair Work agenda in terms of our procurement practices/spend and also as a role model and influencer in our community.

A Lanarkshire Employability Partnership has been created which we are part of and actively seeks to improve employability opportunities for local people, recognising that this can only be achieved if all partners work together. This includes working with our Local Authority partners, Skills Development Scotland, Department for Work and Pensions (DWP), local colleges and schools.

One example of this is the Health and Social Care skills academy (see [www.carecareersnl.co.uk](http://www.carecareersnl.co.uk)) which was launched in 2018 by Health and Social Care North Lanarkshire, in partnership with NHS Lanarkshire and North Lanarkshire Council, to provide curriculum opportunities linked to the health and social care sector. These are targeted at young people in the senior phase of learning and allows pupils to gain qualifications as well as work-related learning experiences which will assist them in gaining employment and will assist in meeting the workforce requirements of this sector. The main areas are health and social care, general nursing and allied health professions.

### 6.2.1 Employment deprivation

Table 2 above shows Airdrie, Bellshill and Coatbridge all have proportionately more datazones who are *employment deprived* than the North locality.

Figure 2 in Appendix 6 shows the datazones where more than 20% of the datazone population are employment deprived and provides 1, 2 and 3 mile radii around the three proposed sites.

The indicator data for the employment domain of SIMD includes an actual count of people who are employment deprived for each locality. These individuals live in all the datazones in the locality across all SIMD ranks. Table 4 shows that the actual % of people employment deprived is higher than the North Lanarkshire average for Airdrie, Bellshill and Coatbridge but less for the North locality and that there are as many people unemployed in the North locality overall as in Airdrie and Coatbridge.

**Table 4: Count of those employment deprived**

	No. of Employment deprived	Working Age Population	% locality working age
Airdrie	4297	36576	11.7%
Bellshill	3322	27604	12%
Coatbridge	4154	32830	12.7%
North locality	4679	54923	8.5%
NLC total	24796	<b>219694</b>	11.3%

Bothwell/ Uddingston	502	8081	6.2%
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*Note: population figures are based on former NLC local area partnership boundaries/ Health and Social Partnership Integration boundaries. This corresponds with the boundaries used by Public Health Scotland. SIMD population data for income and employment deprivation is 2017 based.*

### 6.2.2 Current University Hospital Monklands employment

Appendix 8 Tables 1, 2 and 3 show that just over half the staff currently employed at UHM reside in SIMD 1 or 2 with the majority of Bands 1,2 and 3 (lower paid) staff residing in SIMD 1. Appendix 8 Table 3 shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area. A further 23% of each of the Bands 1-3 reside in the ML5 area (Coatbridge).

There is an expectation that current staff will be fully supported to move with the hospital relocation and retain their employment at the new site.

## 6.3 What are the differences between the 3 proposed sites?

### 6.3.1 Gartcosh

The North locality has proportionately less people suffering from employment deprivation. However, the affluence in this locality masks that there are as many people employment deprived across this area as the other three areas. This area also borders Coatbridge which has proportionately the highest number of people who are employment deprived.

Gartcosh appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. The site where the hospital is to be based already has the Police Crime campus so has already had development. Relocating the hospital here may support further improvements to the local area in terms of further employment opportunities and economic development.

Only 3% of Band 1 and 5% of Band 2 and 3 staff reside in the North locality postcodes, however, 23% of staff from Bands 1-3, reside in Coatbridge.

There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

### **6.3.2 Glenmavis**

The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position. There are also similar levels of unemployment across Coatbridge and Bellshill.

Glenmavis appears to have less local amenities and shops near to the hospital site, in comparison to the other proposed sites, so there may be less opportunity for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.

We know from the workforce data that many lower paid staff reside in the Airdrie area, or in the neighbouring area of Coatbridge, thus moving the hospital from this area may reduce the jobs available in close proximity to where these staff live. There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

### **6.3.3 Wester Moffat**

The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position. There are also similar levels of unemployment across Coatbridge and Bellshill.

Wester Moffat appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. Given this site has not yet been developed relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.

We know from the workforce data that many lower paid staff reside in the Airdrie area, or in the neighbouring area of Coatbridge, thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live.

There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

## 6.4 What are the limitations of this assessment?

This assessment has taken into consideration current SIMD data and datazones which are based on ranking areas made up of populations of 345 to just under 1,600 people. It is also important to note the different ways that SIMD has been presented above in terms of overall SIMD area ranks and individuals who are income deprived across all SIMD areas. We have not undertaken an economic analysis and therefore cannot robustly make any assessment on future economic impacts.

The construction of the new hospital will bring positive economic impacts regardless of where it is sited. The demolition of the old hospital will also bring positive socio-economic impacts related to employment. There wouldn't be easily demonstrable site-specific differential economic impacts, given that they are all in North Lanarkshire and it is very difficult to generate robust economic data below local authority level. Trading impacts on local shops and businesses are difficult to ascertain without being underpinned by survey information that could easily be too hypothetical to be relied upon, for example if the hospital goes to site x, then y% might use the local hairdresser/ grocer/ restaurant within z km radius and spend £a.

We have presented data at a point in time and this may change as there are other economic developments in each of the areas under consideration. Appendix 9 summarises potential areas of development from the North Lanarkshire Council Local Development Plan and briefly outlines the ambitions of The Plan for North Lanarkshire. Workforce data will also be subject to change over time.

## 6.5 How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

As an Anchor Institution, the new hospital presents an excellent opportunity for NHS Lanarkshire to build on their good work to date to support an inclusive, sustainable economy in their decision making around procurement, fair work, recruitment and retention of staff; and capital Investments.

- Maximise community benefit opportunities through procurement processes related to the demolition and build process including facilitating training and employment opportunities for those in the most socio-economically disadvantaged areas.
- Choosing a site close to local amenities and shops or with the opportunity to develop this to support both staff/ patients and the local economy and ensure good access, ideally with active travel routes.
- Apply Fair Work practices such as flexible working to ALL staff regardless of their role, to support them to maintain or gain employment at the new hospital or the community hub on the existing UHM site.

- As part of our broader aims consider development of an Anchor Institute strategy or partnership charter which supports Community Wealth Building.
- Establish NHS Lanarkshire executive level leadership and governance for the employability agenda to support National and local employability programmes and a whole system plan.
- Work with local employability partners to support lower paid staff who are unable to sustain employment at new site.
- Further develop the North Lanarkshire's Health and Social Care Skills Academy to maximise opportunities for the local area opportunities.
- Continue to work in partnership with Community Planning Partners, including the Community and Voluntary Sector to understand emerging local issues and priorities and ensure we listen to seldom heard voices and those with lived experience.



## 7.0 Transport and connections

### 7.1 What did stakeholders tell us?

- A 2016 staff and patient survey collated for the SYSTRA Monklands Replacement/Refurbishment Project (MRRP) Site Appraisal 2017<sup>14</sup> gathered the views of 385 staff respondents, out of a possible 2,000 (at that time) and the views of 123 visitors to the hospital. The survey found only 9% of staff currently use public transport and 7% for visitors. 3% of staff walk to work whilst 6% of visitors walk. 1% of staff cycle to work and cite distance, lack of time and traffic as reasons for not cycling. However, over a third of staff said they would consider cycling if there were lockers and changing facilities. The survey found that 86% of those visitors to the hospital surveyed (125 people), arrived by car or taxi with 49.5% of them citing there is no direct public transport available and logistics as to why they could not use public transport. This survey replicates the findings of Transport Scotland Local Area Analysis, 2016<sup>15</sup>.
- The survey found reasons given for not using public transport (staff and visitors) included inadequacy of public transport routes and timetables and unreliability of services. Staff also cited the requirement for a car to use whilst at work.
- Both staff and visitors who responded to the survey said the availability of discounted fares and improved routes and services would encourage use of public transport.
- Concerns re poor public transport were also highlighted by stakeholders and staff consulted in 2020 regarding transport outwith core working hours and the costs and time taken to travel if the hospital is moved out of Airdrie.
- Staff noted many lower paid staff undertake split shifts. Staff can go home in-between at present, but couldn't if hospital was sited further away, so expressed a desire for the hospital to remain as close to the current UHM as possible. Many staff have two jobs as contracts are part-time, so travel and the time taken is very important. They also noted that staff have been able to walk to work when the weather is bad.
- Stakeholders noted concern around managing caring responsibilities if journey time to the hospital was greater.
- Concern has been expressed about increased travel congestion around the new hospital site.
- Wester Moffat having a railway line, was considered by the stakeholders consulted, a more appealing site over Glenmavis.
- The recent MRP Phase 2 Survey Report<sup>6</sup> asked about mode of travel to the current UHM site. This showed a greater use of public transport (19% usage) than the earlier SYSTRA survey. However, walking was recorded as 3% compared to the previous 6%. No mention is made of other forms of active travel such as cycling.

- Whilst 56% of respondents stated they had their own car, 22% responded to say that they had accessed the hospital via friends or relatives taking them to their appointments; taxis or patient transfer ambulances.
- The survey highlighted the concerns stated in the SYSTRA<sup>14</sup> survey of staff and patients around the issue of poor public transport accessibility.
- The MRP survey<sup>6</sup> and focus groups found that for all sites, residents greatest concerns were seeing an increase in the distance they would need to travel to access any of the new sites and they had concerns over ease of transport to get there.
- The MRP survey and focus groups also found that pedestrians and public transport users reported there would be a higher negative effect on them, regardless of where the site was placed.
- There has been an acknowledgment that current public transport links could be better and plans are in place to mitigate this regardless of the site chosen.

### 7.2 What does the data/evidence tell us?

Transport is essential to connect individuals to communities and for access to education, work, retail, leisure and health. Transport poverty can exclude individuals and communities, diluting socio-economic wellbeing for all. Affordable, accessible transport can be considered a determinant of health and wellbeing itself<sup>16,17</sup>.

NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy<sup>18</sup>, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

Transport links in and out of North Lanarkshire are good, however, connections within the area are poor. There has been a decline in bus journeys by 23% whilst road and rail use has increased by 8% and 34% between 2008 and 2017<sup>19</sup>.

Travel and transport have numerous impacts on our health. Research has suggested that access to concessionary travel passes has population-wide benefits irrespective of age and socio-economic status. Levels of physical activity increased as did a sense of belonging whilst reducing social exclusion<sup>20, 21</sup>. Appendix 10 summarises the changing demographics and usage of concessionary fares across Lanarkshire.

As outlined earlier, outpatient attendances are predominantly from the Monklands catchment area and highest within SIMD 1 across the localities. The workforce data shows that 67% of UHM staff live within SIMD 1, 2 and 3 with 29% living in SIMD 1 areas. Analysis of distance travelled to work in relation to staff grade, highlights that many staff in lower-paid roles banded 1, 2 and 3, live closest to UHM and travel between 2.4 and 7.2 miles (see Appendix 8). The staff in these roles are likely to bear most of the economic impact on moving to a new site.

Consideration must be given to satisfaction levels with public transport as a barrier to usage. The Scottish Household Survey of 2018, found that 56% of North Lanarkshire residents were happy with public transport (satisfaction rate dropping yearly from 2007) but 25% (rate increasing yearly) were very dissatisfied<sup>22</sup>. 53% of those in SIMD 1 and 61% in SIMD 2 were happy with the services provided. Whilst most attendances at UHM are from SIMD 1, most DNA occurrences are also within SIMD 1 and particularly those from Airdrie despite closer proximity to the current site. There is therefore the potential to increase DNA rates due to extended travel time and costs.

The MRP Transport Strategy<sup>18</sup> acknowledges that due to the remote nature of all sites, public transport and inter-hospital transport provision will need to be greater than is currently provided at UHM. It is proposed that once a site is selected a more detailed study, which will consider inclusion/inequality, will be undertaken and will include a demand mapping exercise be commissioned to ensure that all within the Monklands catchment have fair access to services.

The following information is taken from the Monklands Replacement Project (MRP) Transport Strategy<sup>18</sup> report. The report reflects current Scottish Government policy which seeks to encourage people to move from car driving to walking, cycling and public transport (modal shift) and provides additional travel time information for each possible site.

Table 5 taken from the MRP Transport Strategy Report<sup>18</sup> summarises indicative scores given to each site on the current status of travel infrastructure and potential availability when development work is complete. The indicative costs of the planned upgrades are also given. Glenmavis requires the least capital input, whilst Wester Moffat requires the most.

Table 5: An indicative score for each candidate site for each mode of travel for both the existing and potential conditions

Blank = Not accessible / ✓ = poor accessibility / ✓✓ = Adequate Accessibility / ✓✓✓ = Good Accessibility

Aspect	Mode	Gartcosh	Glenmavis	Wester Moffat
Existing	Walking	✓		
	Cycling	✓✓		
	Public Transport - Bus			
	Public Transport - Rail	✓✓		
	Car	✓✓✓	✓	✓
Potential	Walking	✓		✓
	Cycling	✓✓	✓	✓✓
	Public Transport - Bus	✓✓✓	✓✓✓	✓✓✓
	Public Transport - Rail	✓✓		✓
	Car	✓✓✓	✓✓✓	✓✓✓
Costs	Walking / Cycling / Road Infrastructure	£8.25m	£7.33m	£11.19m
	Public Transport	£2.60m to 3.00m	£2.34 to £2.70m	£1.69m to £2.10m
	<b>Total</b>	<b>£10.85m to £11.25m</b>	<b>£9.67m to £10.03m</b>	<b>£12.88m to £13.29m</b>

### 7.2.1 Car travel

Appendix 10 Table 1, shows that all three proposed sites are accessible by car and are more accessible to the Monklands catchment population than the existing site. All sites can be accessed by car within 30 minutes by those living within the Monklands catchment area. Appendix 10 Tables 2 and 2a, gives detailed information on the drive-time analysis for the various localities that the hospital serves. These tables were updated in March 2020 to include an analysis of the Wester Moffat site.

Given that 86% of staff and 70% of hospital visitors travel by car, there requires a modal shift to encourage a more active and sustainable way to travel such as improved public transport and an increase in travel concessions.

In terms of car travel, the area most impacted by the move to a new site, irrespective of which site is chosen, is Coatbridge. Airdrie and Plains are most affected if the move is to Gartcosh. In terms of income and employment deprivation, Coatbridge is the hardest hit and increased travel fares and miles travelled, could make travel to the hospital inaccessible. A more detailed analysis of the impact of the move on all areas of Lanarkshire requires to be undertaken as areas of deprivation have not been included in the current analysis.

### 7.2.2 Public transport

“Guidelines for Planning for Public Transport in Developments” Institution of Highways and Transportation (IHT, 1999)<sup>23</sup>, states

*“New Developments should be located so that public transport trips involve a walking distance of less than 400m from the nearest bus stop or 800m from the nearest railway station”.*

Appendix 10 Table 3, shows the current accessibility by public transport to the proposed sites is not as good as that provided to the current site. Proposed changes to bus services will alleviate some of these issues as can be seen in Table 7 above. However, consideration must be given to those staff and visitors who have childcare and/or caring responsibilities and staff with early/late shift patterns.

### 7.2.3 Bus services

A planning requirement will also be placed on NHS Lanarkshire (as developer). This requirement (Section 75 of The Planning etc. (Scotland) Act 2006 (amendment order 2011) – contribution towards transport)<sup>24</sup> will ensure that access to bus services is at least equivalent to existing Monklands for all sites.

Table 6 shows there is a considerable walk from the bus stops to the proposed sites and none are within the 400m guidance for new hospital developments. NHS Lanarkshire will aim to improve the access to any new site via bus services. This will include the construction of a bus interchange immediately at the front door of the hospital, similar to the new hospitals in Forth Valley and Dumfries.

**Table 6: Proposed Public Transport bus provision comparing current site with proposed sites and walking distances (all assuming a walking speed of 400m every 5 minutes)**

Proposed Site	Buses per hour Mon-Sat	Buses per hour Sunday	UHM provision Mon-Sat	Difference Mon-Sat	UHM provision Sunday	Difference Sunday	Walking Distance	Time taken to walk (mins)
Gartcosh	11	11	14	v 3	9	^ 2	1.3/1.6km	~20
Glenmavis	11	11	14	v 3	9	^ 2	1.9km	~25
Wester Moffat	16	16	14	^2	9	^7	1/0.9km	~15/10
Legend: Trajectory v Down ^ Up								

\*Walking times are dependent on level of fitness and ability

### 7.2.3 Rail services

Table 7, shows that Glenmavis and Wester Moffat sites have train stations situated more than 800m walking distance away from the sites. Gartcosh site is within the 800m walking distance. However, this depends on a level of fitness to walk and must be factored in as a potential barrier to using the train services if there is no railway to hospital site transport.

The Drumgelloch station is on a line which allows rail access to the towns of Airdrie and Coatbridge but not Cumbernauld. The Gartcosh line services Cumbernauld but not Airdrie and Coatbridge.

**Table 7: Train services available and approximate walking distances from station to proposed site (all assuming a walking speed of 400m every 5 minutes)**

Station	Destinations	Walking Distance	Time taken to walk (mins)
<b>Gartcosh</b> (Gartcosh)	Glasgow Queen Street, Edinburgh and Cumbernauld	750m	~10
<b>Glenmavis</b> (Airdrie/Drumgelloch)	Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill	5km	~45-60
<b>Wester Moffat</b> (Drumgelloch)	Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill	1.3km	~20

\*Walking times are dependent on level of fitness and ability.

## 7.3 What are the differences between the 3 sites?

### 7.3.1 Gartcosh

82% of the population within UHM catchment area can currently access Gartcosh within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Gartcosh site as good for car and bus travel, adequate for rail and cycle access and poor for walking access. However, there is a requirement to walk distances of 1.3 and 1.6km (outwith the 400m maximum) from the hospital to the nearest bus stops and 750m (maximum walk 800m) to the railway station. It is also of note that there are no Sunday bus services available to Coatbridge. The train line services Cumbernauld and Easterhouse but not Airdrie, Coatbridge or Bellshill or South Lanarkshire areas.

### 7.3.2 Glenmavis

39% of the population within UHM catchment area can currently access Glenmavis within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Glenmavis site as good for car and bus travel, poor accessibility for cycling and not accessible for rail or walking. For Glenmavis, there are no bus stops within 400m of the site as the closest stop is 1.9km away and an hourly service available 7 days a week. However, this is limited in the areas it covers. The railway stations of Airdrie and Drumgelloch are 5km south of the site, therefore, outwith the 800m walking distance.

### 7.3.4 Wester Moffat

62% of the population within UHM catchment area can access Wester Moffat within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Wester Moffat site as good for car and bus travel, adequate accessibility for cycling but poor accessibility for rail or walking. However, there are no bus stops within 400m of the site with the closest stop just under 1km away. Wester Moffat will have more buses operating Monday to Saturday than the other sites and has significantly more Sunday services operating. The train line services Airdrie and Coatbridge but not Cumbernauld or Bellshill or South Lanarkshire areas.

## 7.4 What are the limitations of this assessment?

How we access our hospitals is changing. We are unable to predict with any great certainty how moving the site would affect health outcomes for those living in poverty across all of Lanarkshire.

- Whilst a comprehensive transport analysis has been undertaken, a fuller analysis will be undertaken following site selection. Therefore, there is no evaluation of transport costs to the individual available to undertake a socio-economic assessment at this point. Independent bus services have not been specified in the WSP report, however, may be included as a comprehensive coverage of bus provision.
- The SYSTRA survey<sup>14</sup> undertaken in 2016, whilst in keeping with a national analysis of mode of transport, does not provide full information on shift patterns for staff. The SYSTRA sample is small (19.25% of staff) and has not captured those staff who start earlier than 8am, nor those who work backshifts, nightshifts or split shifts. This does not allow for planning of services to ensure there is provision of public transport at times convenient for starting and finishing these shifts. There were no questions around other considerations of childcare and/or caring responsibilities.



- SIMD level data is not a reliable indicator for individual deprivation as disadvantage occurs in multiple ways across the SIMD spectrum. Therefore, it is difficult to make assessment of public transport needs when not all areas of Lanarkshire have been assessed.
- Assessment is being made on proposed plans for upgrading of road and travel infrastructure, therefore, until the capital investment has secured the commencement of works, this is a tentative assessment only.
- There is currently no community transport hub for UHM, therefore, this cannot be factored into this assessment. However, NHS Lanarkshire has committed to capital investment in this.

## **7.5 How can concerns be mitigated or positive impacts maximised by NHS Lanarkshire?**

An affordable, accessible transport system connecting to UHM, is vital for communities of all ages particularly when attendances at hospital are highest amongst those from SIMD 1.

The MRP Transport Strategy acknowledges that due to the remote nature of all sites, public transport and inter-hospital transport provision will need to be greater than is currently provided at UHM. It is proposed that once a site is selected a more detailed study which will consider inclusion/inequality and will include a demand mapping exercise be commissioned to ensure that all within the Monklands catchment have fair access to services.

In relation to hospital re-provision, Transport Scotland's National Transport Strategy 2 (NTS2) will follow the Sustainable Investment Hierarchy to support the Sustainable Transport Hierarchy to make better use of existing capacity, optimising existing transport networks and systems and reduce unsustainable travel methods<sup>25</sup>. The vision for this is to reduce inequalities; take climate action; help deliver inclusive economic growth and, improve our health and wellbeing.

This is supported by recommendations 14 and 15 of the North Lanarkshire Fairness Commission<sup>26</sup>. The recommendations centre on analysis of public transport particularly in isolated communities and in the creation of community transport hubs. Taking this approach can lead to improved travel outcomes as well as improved health and wellbeing outcomes.

It is vital that we ask staff in particular, what they need in terms of provision of public transport. As the Scottish Government moves to a more active and sustainable travel vision of the future, we must ensure that we do not disadvantage staff and visitors in terms of connection to the new site. The current UHM site invokes a sense of belonging to the staff and stakeholders we spoke with and it is important that we harness this and ensure they feel a part of the new hospital and have a desire to work and visit there.

The following mitigating actions are recommended:

- Conduct a comprehensive staff survey with a particular set of questions about travel mode, travel time, shift pattern, childcare responsibilities and caring responsibilities.
- Consideration of the extension of existing services to ensure that this does not cause travellers, whether staff or visitors, to have an extended travel time. Consideration to be given to fares as this will disproportionately affect those furthest away.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider a community transport hub that connects public transport to the proposed sites. This would mitigate the issues around walking for those with limited abilities and where there have been delays in public transport for starting shifts. Transport should be accessible for those who use walking aids or are wheelchair users.
- Consider active travel options for staff. This can be in the form of a bike loan or as part of the cycle to work scheme (Cyclescheme) with support to purchase a bike. Partnership with Cycle Scotland and Sustrans and Lanarkshire Green Partnership for Health, has seen the provision of free bikes, bike loans and supporting infrastructure to enable safer walking, cycling and wheeling and safe storage of bikes whilst on site. These initiatives should be supported at the new site with protected cycling routes.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport. This could also be available for staff in key worker roles, particularly as projected population statistics suggest an ageing population requiring increasing care.
- Improvement of routes to bus stops and railway stations with an Infrastructure to support walking such as street lights have to be factored in to any costing.
- Improvement in services to rural areas would help encourage more staff and visitors to use public transport.

## 8.0 Environment

### 8.1 What did stakeholders tell us?

- Staff focus groups have outlined the desire of staff to have accessible space to be able to walk on hospital grounds and that this is natural greenspace if possible.
- There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution. The MRP survey<sup>6</sup> also reported concerns around toxic contamination at this site.
- There are ongoing concerns that there is land contamination at the Glenmavis site. Plains Community Council have campaigned to address the issues of past sewage sludge deposits since 2013. However, the land owner refuted these claims during the consultation process. The land report from Curie and Brown is found at this link <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-glenmavis-site-report-revised/>
- Community stakeholders have raised concerns about the proximity of a flooded quarry (though not part of the proposed site) and by a golf club, which may hamper progression of walkways, at the Wester Moffat site.
- Community stakeholders perceive that the Wester Moffat site is free of land contamination.
- There are concerns about congestion, particularly in the vicinity of the Gartcosh and Glenmavis sites where there are other ongoing build developments

### 8.2 What does the data/evidence tell us?

Air pollution is shown to be of great detriment not only to the environment and climate change, but to the health and wellbeing of individuals and population health leading to increasing levels of mortality and morbidity<sup>27, 28</sup>.

Nitrous Oxide (NO) and in particular, Particulate Matter (PM) measured in PM<sub>2.5</sub> and PM<sub>10</sub>, are the pollutants most cited as being as contributing factors to the development of numerous conditions, including asthma, cancer, cardiovascular and respiratory diseases. In Scotland, 2.8% of annual mortality (approximately 1,500 early deaths per year) are estimated to be attributable to long-term exposure to PM<sub>2.5</sub><sup>28,29,30,31</sup>.

The most vulnerable in our communities, children and older people, are most impacted by air pollution which is compounded for those living in areas of greater socio-economic deprivation as we know these areas suffer from poorer air quality further deepening social inequalities<sup>32,33,34,35</sup>

It is of note that people living within proximity of major roads have an increased risk of developing childhood asthma and mortality overall. However, it is not clear what proportion of these impacts are related to transport generated air pollution<sup>29</sup>.

Children are most affected by air pollution, therefore, in building a hospital for the future, optimisation of greenspace with investment in active travel infrastructure in tandem with counteracting air pollution is a necessity.

Four areas of Coatbridge, one in Airdrie and one in Chapelhall are monitored for air quality by North Lanarkshire Council. It is significant that air pollution has been high in the Coatbridge areas given the levels of socio-economic deprivation and levels of co-morbidities<sup>34</sup>.

There is an increasing amount of research around the impacts of greenspace on health. Evidence suggests that these impacts are positive in terms of health and wellbeing irrespective of socio-economic status<sup>35, 36</sup>. Evidence from the Faculty of Public Health: Our Natural Health Service briefing statement<sup>36</sup>, outlines the key benefits of greenspace on physical and mental health and wellbeing.

Of note, this paper also cites research evidence that patients required less pain relieving medication and had better post-operative recovery outcomes, where they had hospital window access to greenspace. Likewise, for patients suffering from stress, who experienced reduced levels of fear and anger. Staff also benefitted from reduced stress and increased productivity<sup>36, 37, 38, 39, 40, 41</sup>.

In building a new hospital, greenspace must be a consideration to support improved patient and staff health and wellbeing, particularly given the depressed socio-economic status of the local authority area. Greenspace could also offer local residents an area to enjoy outdoor gyms akin to that already in existence on the adjacent grounds to University Hospital Wishaw.

### **8.3 What are the differences between the 3 proposed sites?**

Information from the WSP MRP Transport Strategy<sup>17</sup> has been used to review the environmental information of the proposed sites.

#### **8.3.1 Gartcosh**

The proposed site is within Gartcosh Business Interchange on the former site of the former Gartcosh Steel Mill. The site has walking and cycling infrastructure connected to the wider sustainable network. To the West of the site is the Scottish Crime Campus and the Gartcosh Nature Reserve. East of the site is Junction 2A of the M73.

Gartcosh & Glenboig is identified as one of the 3 Community Growth areas in North Lanarkshire that were originally designated in 2006. The initial indicative overall capacity of 3,000 new homes is subject to change. Housing developments are currently under way, with more activity on the Gartcosh (West) side of the M73. The homes under construction are not low-cost therefore, will not benefit those with income deprivation.

Construction of new homes and building of the hospital could coincide which will negatively impact air quality through increased traffic and construction machinery to the area. There is a risk of exposure to land contaminant during any excavation and construction. Therefore, these developments pose increased risks to the residents and construction workforce through impaired air quality.

Taking cognisance of the research around the impact of air pollution, it is important to note that this site is in close proximity to the M73 motorway and major roads. Added to this is the new home construction projects potentially generating exposure to land contamination and increased traffic, albeit on a temporary basis. However, this is potentially very disruptive to the lives of residents of this area with the potential for long-term health impacts. Mitigating factors are the availability of good walking and cycling infrastructure and access to the Gartcosh Nature Reserve. Whilst these are beneficial to the health and wellbeing of staff, patients and visitors, it is important to understand if these negate the potential impacts of air pollution from the roads in close proximity to the site.

### **8.3.2 Glenmavis**

The proposed site is North of Airdrie and East of the A73 Stirling Road (2.5km away) and is considered a mix of Green Belt and Countryside. To the West is Darngavil Road, which is rural road with no road markings. The closest walkway is approximately 1.5km away to the North of the site and Airdrie town centre is 2.5km to the South of the site. No settlements are within a 30-minute walk of the site. A Sustrans National Cycle route is around 4.9km south of the site. The site is currently rural with limited road, walking, cycling and public transport access, however, NLC are planning construction of the Pan-Lanarkshire (Pan-Lan) orbital route, which includes construction of the East Airdrie Link Road (EALR). This will afford faster, more reliable, more direct access to/from the strategic road network. It is anticipated that this development will reduce traffic congestion and improve air quality on the A73 through Chapelhall as well as bring development opportunities. Construction of the EALR is expected to start between 2024 and 2026<sup>40</sup>.

There are plans to develop new housing and this could potentially mean low-cost housing being made available, though this is not confirmed.

The site is above the snowline and could present issues regarding access in winter.

The current site at Glenmavis has limited options for walking, cycling and transport and therefore requires investment as is planned by the construction of the EALR. This has the potential to bring development opportunities to the area. However, it is vital that these roadworks are completed prior to the construction of the hospital if this site is selected, as without this, the site is very limited in terms of socio-economic development. There are significant health and wellbeing opportunities afforded by the natural greenspace. It is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site and it is more rural than the other sites in terms of access. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community by improving access routes, particularly if the greenspace area is made accessible<sup>41,42</sup>. Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.

### **8.3.3 Wester Moffat**

Around Wester Moffat, the land east of the North Calder Water and north of Inver House is designated as Green Belt. The site is currently agricultural land containing farm buildings. There is limited vehicular, walking and cycling access. There is a Sustrans cycle route (NCR 75) approximately 600m north of the site. However, this may cross into private land, as may any walking routes. This needs to be clarified with the farm owner. Current access to the site is via farm tracks and farm vehicles only. Stepends Road which is a single-track, rural road close to the site, has no footpath. However, west of the site is the Craigens Road and Towers Road with footpaths on both sides linking to the centre of Airdrie via the A89, though this does not currently connect to the site.

As above, akin to the Glenmavis site, the construction of the EALR is essential to make this site accessible as a hospital site.

However, it is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community by improving access routes, particularly if the greenspace area is accessible<sup>41,42</sup>. Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.

## 8.4 What are the limitations of this assessment?

- The EALR is not yet in construction, therefore, we cannot adequately assess the benefits of developing the Glenmavis and Wester Moffat sites.
- We do not have an assessment of the air quality around the 3 proposed sites and the potential impact of construction (road and building works).

## 8.5 How can concerns be mitigated or positive impacts maximised by NHS Lanarkshire?

- In choosing the site for the hospital, there has to be a commitment to completion of necessary roadworks and infrastructure enabling active travel and connecting communities building social cohesion. This is particularly important for the rural locations of the proposed sites at Glenmavis and Wester Moffat.
- Assessment of the emissions of air pollutants produced by transport and industry in proximity to the sites currently and extrapolating to include projected increase in emissions due to increased traffic. These increases will impact on air quality particularly for those walking and cycling to work and to those living close to the hospital sites.
- Construction sites should seek to employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015<sup>38</sup> and the North Lanarkshire Council Air Quality Action Plan 2018-2021<sup>34</sup>.
- Ensure that greenspace is provided either by utilising the natural landscape of the site chosen or created to benefit staff and patient health and wellbeing and the wider community.
- Promote active travel where possible and particularly in close proximity to the site by working with partners to provide cycling, walking and wheeling infrastructure and access to bikes.

## 9.0 Impact of COVID-19

COVID-19 has had significant impact on the health and wellbeing of the nation both directly and indirectly. Evidence shows that the consequences of the disease and the resultant direct and indirect impacts, are most severe amongst people who are socio-economically disadvantaged and experiencing inequality. People living in SIMD 1 are known to be at greater risk of COVID-19 infection and whilst there are complex reasons for this, structural health and social inequalities underpin the increased risk.

We now know that COVID-19 is a multi-system disease with the potential for long-term harm. The longevity of these effects on individuals and communities are not yet fully understood, however, we do know that the impacts are not just physical.

Looking at the wider impacts on the people of North Lanarkshire, the unemployment claimant count has increased by 84% since March 2020 (see Appendix 6 Table 1). Whilst this has a direct effect on personal finances, evidence suggests that loss of good employment is detrimental to emotional, physical and psychological health (with a 67% rise in mortality rates)<sup>43</sup>. Therefore, the impact of unemployment leads to poorer health outcomes and increased mortality and morbidity rates. Add to this the potential impacts of 'long-COVID' and the ageing population of North Lanarkshire, the demand for primary and secondary care services could increase significantly.

Delivery of care throughout the pandemic has changed. Urgent and emergency care visits decreased, but rose again with lifting of lockdown. Elective surgery and outpatient appointments were cancelled and have borne the brunt of the indirect impacts of lockdown. Psychological and mental health services have also seen an increase in demand. Staff working across health services have had to adapt to new working conditions and fear of taking the infection home. 'Near Me' technology and remote consultations across primary and secondary care have been rolled out and are likely to remain in place with provision of face-to-face consultations as required. However, whilst there are advantages to remote consultations, there are also negative consequences to be considered, particularly in terms of connectedness and social isolation.

The direct and indirect impacts of COVID-19 are likely to stretch long into the future. With Community Planning Partners, we must adopt a holistic planning approach that is not only focussed on the hospital build itself, but is place based and community facing supporting those in our communities suffering the greatest deficits to their social, physical and emotional wellbeing. Building a hospital that embraces greenspace as part of its therapeutic prescriptions and offers a community transport system that enables our communities, particularly in areas of deprivation, to access hospital services at the right time for them; will acknowledge the detriments to individuals and communities and offer some mitigation for the impact of COVID-19.

## 10.0 Summary points

The following points summarise the evidence presented in the assessment:



- The SIMD data shows that there is more density of multiple deprivation in Airdrie, Coatbridge and Bellshill localities than North locality and the proportion of the population affected by income and employment deprivation is higher. Coatbridge has two datazones in the 1% most deprived in Scotland. Despite this, when looking at crude numbers of people affected by income and employment deprivation North locality has more people adversely affected due to the size of the locality.
- NHS Lanarkshire's patient flow analysis (see Appendix 5) shows that 82.4 % of outpatient attendances are from the Monklands catchment and a significant proportion of outpatient and unscheduled care attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most deprived quintile. Local DNA data shows those living in areas of deprivation are also more likely to miss appointments.
- NHS Lanarkshire (as an anchor institution) have an important role to play in creating a sustainable and inclusive economy in their decision making in relation to procurement, employability, capital investments and fair work practices and in supporting the local economy e.g. by encouraging use of local retailers and businesses by staff and visitors.
- A larger number of lower paid workers (bands 1-3) at UHM live close to the site in comparison to higher paid staff so relocation will affect this group more, particularly those who work two jobs or split shifts. Lower paid staff are also more likely to live in SIMD areas 1 and 2 in comparison to higher grades of staff.
- The data in terms of travel show there will not be a significant detrimental impact for staff and visitors as long as the proposed road enhancements are made to Wester Moffat and Glenmavis as well as the improvements in public and community transport. Staff have expressed concern not only in how they will travel but also in terms of the extra time it will take them. Fair work practices such as flexible working and family friendly policies could be maximised to support staff if needed.
- The greenspace surrounding the new site will be advantageous to health and wellbeing of both staff and patients and potentially local residents and has been a factor in both the stakeholder workshop and staff focus groups. The Airdrie sites have more direct access to natural greenspace within the hospital site than the Gartcosh site which is close to a motorway and in a business centre. However, it should be noted that there is a nature reserve close by to the Gartcosh site which has the potential to offer access to greenspace.
- As in previous reports, belonging and pride around the hospital staying in Airdrie was a strong theme that emerged from staff and stakeholders consulted. It should be noted that concern was raised about meaningful engagement of communities in the MRP process at this time given the anxieties around the impact of COVID-19.

- The impact of the COVID-19 pandemic will be more severe on those who are most socio-economically disadvantaged and experiencing inequality.

## **11.0 Conclusions and Recommendations**

Regardless of which site is selected the proposal to rebuild University Hospital Monklands will have positive impacts on the Lanarkshire population. These include socio-economic outcomes such as employment during the build phase and employment at the new site, improved healthcare due to optimal clinical model, potential wider benefits of an improved transport infrastructure and community transport model, wider economic benefits and greenhealth opportunities. Opportunities should be maximised to utilise the role of NHS Lanarkshire as an anchor institute which adopts a community wealth building approach to the new hospital development in order to support the local economy and enhance local employment opportunities.

There will also be a significant socio-economic benefit to the existing area and community through redevelopment of the current site once the hospital is relocated.

Relocating the hospital from Airdrie could have a negative impact on the local Airdrie community, particularly staff and patients/carers on low incomes who do not have access to a car as public transport is not currently sufficient and the commute to the new site may be more expensive and longer for those who live closest to the current UHM.

However, public transport is inadequate across all of North Lanarkshire, thus, whichever site is chosen, it is important to ensure transport routes, especially public transport, enable low income people across the catchment area to access the hospital easily and maximise the potential for employment and wider economic benefit.

Recognising these issues, NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

The sense of belonging and pride in the current UHM by the local community should not be under-estimated. The community may feel a sense of loss of a long standing community asset and this may be more acutely felt given the Airdrie area already has significant multiple deprivation. However, there are other deprived areas, most notably Coatbridge and pockets of North locality, which may benefit from the hospital being relocated to the Gartcosh site.

In terms of differences between the three sites Dr Margaret Douglas was asked to summarise her assessment of the evidence presented and concluded the following:

*“I don’t think the evidence here would identify a clear preferred site based on deprivation levels- from the map, Wester Moffat is nearer for the areas of multiple deprivation in Airdrie but Gartcosh is nearer for Coatbridge, which has a similar level of income deprivation. Glenmavis may be in Airdrie locality but it looks further from the areas of multiple deprivation. Of course transport routes may make sites difficult to access even if they look close on the map. I think the priority should be to maximise the potential of whichever site is chosen – in particular, to improve public transport access for people across Lanarkshire, provide training and to support the local economy. And to retain the previous recommendation about a community health resource on the Monklands site.”*

### **Recommendations**

There are a number of measures NHS Lanarkshire should consider in order to maximise opportunities to reduce poverty through the new hospital development and to mitigate negative impacts of the hospital relocation.

These include:

- Undertake further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.

- Develop innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.
- Ensure the new EALR new road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.
- Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time. Consider working with local employability partners to support other opportunities for staff if required.
- Work with community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.
- Routinely examine the causes of non-attendance (DNAs) and frequent attenders to reduce barriers to access and adopt preventative approaches.
- Maximise procurement possibilities and facilitate training opportunities for those in the most socio-economically disadvantaged areas to allow them to benefit from new construction jobs and jobs in the new hospital.
- Prioritise a Community Wealth Building approach and ensure leadership and a whole systems approach to Employability.
- Work with North Lanarkshire Council and the local community to regenerate the old University Hospital Monklands site as part of the overall vision for the town of Airdrie in line with the Plan for North Lanarkshire. The decision by the board to provide community healthcare facilities within the vacated site is welcomed.
- Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.
- Consider how the new hospital can be designed to support the local community in terms of supporting access to local amenities, such as local retail, around the new site.

- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.
- Ensure that the ambitions of “Achieving Excellence”, shifting the balance of care from hospital to local communities, is fully achieved including maximising access to local community satellite clinics for scheduled care.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.
- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.

### **12.0 Fairer Scotland Duty Statement**

I can confirm that NHS Lanarkshire has paid due regard to meeting the requirements of Fairer Scotland Duty (FSD) in assessing the impact of the relocation of University Hospital Monklands on inequalities. The FSD assessment process that was followed has been validated by Dr Margaret Douglas, Chair of the Scottish Health Inequalities Impact Assessment Network. I advise NHS Lanarkshire that the recommendations outlined above should be implemented as the Monklands Replacement Project is taken forward.

**Signed**

Gabe Docherty, B Ed (Hons), MSc, MPH, FFPH

Director of Public Health

NHS Lanarkshire

13<sup>th</sup> November 2020

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# FAIRER SCOTLAND DUTY ASSESSMENT OF UNIVERSITY HOSPITAL MONKLANDS REPLACEMENT PROJECT

## SUMMARY VERSION

Version 3: 13 November 2020

## Introduction

NHS Lanarkshire completed a Fairer Scotland Duty (FSD) assessment in 2018 of the proposal to replace/refurbish University Hospital Monklands (UHM). The report covered the existing site, Gartcosh and Glenmavis. The Cabinet Secretary subsequently commissioned an independent review of the process. In June 2019, the Cabinet Secretary for Health and Sport, announced that staying on the current UHM site should no longer be an option for the project. A further site for consideration was subsequently identified by the Monklands Replacement Project Team – farm land at Wester Moffat (which will be referred to as Wester Moffat in the report).

The FSD project team consider the key themes and recommendations from the 2018 review to still be relevant to the status of the Monklands Replacement Project in 2020 as they primarily focused on the impacts of taking the hospital off the existing site to another location.

The purpose of this second report, therefore, is to ensure the data being considered is the most up to date available and to build on the 2018 findings and recommendations by highlighting any differences across the three shortlisted sites that may be relevant.

External expert validation of the process was provided by Dr Margaret Douglas (Consultant in Public Health Medicine at the University of Edinburgh) who chairs the Scottish Health Inequalities Impact Assessment Network (SHIAN).

The Fairer Scotland Duty assessment is only one part of the decision-making process for the NHS Lanarkshire Board; it will be considered alongside the formal consultation findings and other relevant background information.

The scope of this assessment is to consider the impact of moving UHM to another site from the perspective of those affected by poverty and to identify opportunities to mitigate negative impacts and maximise positive impacts. The assessment is not a detailed socio-economic analysis but rather will aim to identify key themes for consideration by the Board.

## Methodology

Further consultation with stakeholders has been undertaken to further discuss the impacts identified in 2018 in relation to the three sites and also to identify any new impacts that should be considered.

The consultation methods employed to identify potential impacts were as follows:

- FSD assessment stakeholder online workshop
- Two focus groups with lower paid staff at UHM
- Consideration of findings from the MRP Phase 2 consultation telephone survey and focus groups

The Fairer Scotland Duty assessment workshop entailed working through a checklist developed by NHS Grampian which combines NHS Health Scotland's Health Inequalities Impact Assessment checklist with the FSD. We amended the NHS Grampian document by removing the fields relating to the nine protected characteristics (already assessed in an Equality Impact assessment), leaving only the sections relating to socio-economic impacts.

The workshop attendees were made up of stakeholders with particular knowledge of the local area and population.

A range of data sources were considered to support the impacts identified through the consultation methods including:

- Monklands Replacement Project Transport analysis report (2020)
- Scottish Index of Multiple Deprivation (2020)
- NHSL HR Workforce data (2020)
- NHS Lanarkshire Hospital Activity Data (2020)
- Hospital relocation literature review (2018)
- Relevant academic literature and reports (2020)
- MRP Phase 2 Survey (2020)

## Results

The stakeholder session and staff focus groups identified a range of positive and negative impacts which are worthy of further consideration. Many of these impacts had already been identified in the 2018 report and some are relevant to all three sites whilst others were perceived to have a differential impact across the sites.

In order to bring together the data and evidence base with the qualitative views expressed through the consultation methods, the FSD team have grouped the key impacts into four interrelated high level themes:

- **Multiple deprivation and income inequality**
- **Employment and economy**
- **Transport and connections**
- **Environment**

Table 1 Summary of evidence and differences between sites

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
<b>Multiple deprivation and income inequality</b>	<p>Stakeholders are concerned that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital out of Airdrie in terms of loss of income, increased travel costs and loss of the community asset.</p> <p>It was noted that there are high levels of deprivation in the East of Glasgow which would benefit from the hospital being in Gartcosh however these residents are not part of the NHS Lanarkshire catchment population.</p> <p>The MRP survey and focus groups reported a greater</p>	<p>People of low income have poorer physical and mental health than more affluent people.</p> <p>Multiple deprivation is where people in communities are experiencing disadvantage across different aspects of their lives and these areas have a significantly greater burden of disease.</p> <p>Resilience in communities is related to identity, and focuses on connectedness, financial security and opportunity, or about positive feelings about place. Having a sense of control and involvement in local decision making are also important to good wellbeing.</p>	<p>There are much fewer multiple deprivation SIMD 1 areas overall in the North locality than in the other UHM catchment localities. It also has the highest number of SIMD 5 areas.</p> <p>It should be noted that Gartcosh takes in some of the deprived areas of Coatbridge within a 3-mile radius. Coatbridge has two of the 1% most deprived datazones in Scotland.</p> <p>Also of note within the 3-mile radius is a significant proportion of the population within Glasgow postcode areas living within SIMD 1. This could significantly increase patient flow and requires</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>impact of the hospital move regardless of the chosen site for those living in more deprived areas who relied on public transport or walking.</p>		<p>careful consideration in terms of increasing hospital capacity, infrastructure and staffing.</p> <p>The actual number of people who are income deprived in North locality is more than other areas but the overall proportion is less.</p> <p>Residents from the North locality proportionately make up less of the outpatient and emergency presentations at UHM in part due to the proximity to GG&amp;C acute sites.</p>	<p>deprived areas attend more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>	<p>deprived areas attend more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>
<b>Employment and economy</b>	<p>Stakeholders are keen the new hospital build creates and retains jobs for those living in the local area.</p> <p>Lower paid staff have concerns around maintaining employment</p>	<p>Unemployment brings poorer health outcomes and is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates.</p>	<p>The North locality has proportionately less people suffering from employment deprivation. However, this masks that there are as many people employment deprived</p>	<p>The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position.</p>	<p>The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position.</p>



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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>should the site move further away, particularly those who work two jobs or work split shifts</p> <p>Opportunities should be considered for supporting the local economy through procurement and supporting local businesses</p> <p>There should be opportunities for employment at the community hub which will be built on the existing UHM site</p> <p>There are concerns regarding employment opportunities being lost to areas out with Lanarkshire, particularly if the site is moved to Gartcosh which is near Glasgow.</p>	<p>Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety.</p> <p>There is a strong link between economic development and health. Scotland has a national inclusive growth agenda, which aims to achieve economic growth through promoting good quality jobs, equality and sustainability.</p> <p>Community wealth building (CWB) is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people.</p> <p>Anchor Institutions are large employers with a strong local presence in an</p>	<p>across this area as the other three areas.</p> <p>This area also borders Coatbridge which has proportionately the highest number of people who are employment deprived.</p> <p>Gartcosh appears to have local amenities and shops in proximity to the hospital site which may allow for the hospital to support the local economy. The site where the hospital is to be based already has the Police Crime campus so has already had development. Relocating the hospital here may support further improvements to the local area in terms of employment further opportunities and economic development.</p>	<p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>Glenmavis appears to have less local amenities and shops near to the hospital site so there may be less opportunity for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.</p> <p>Workforce data shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area thus moving the hospital from this area will reduce the</p>	<p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>Wester Moffat appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.</p> <p>Workforce data shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area thus moving the hospital from this area will reduce the</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
		<p>area. The Scottish Government is committed to exploring the potential for CWB through anchor institutions as an approach to delivering inclusive growth across Scotland.</p> <p>NHS Lanarkshire are involved in work to progress this agenda in terms of procurement, employability and Fair Work.</p> <p>The building of the new hospital, regardless of where it is sited, has huge potential to support the community wealth building agenda through building on the strong partnerships that are already in place in order to support improved employment and economic opportunities.</p>	<p>Workforce data shows only 3% of Band 1 and 5% of Band 2 and 3 staff reside in the North locality postcodes however 23% reside in Coatbridge. The expectation is that staff will be supported to move to the new site.</p> <p>A larger hospital at Gartcosh may result in slightly more employment opportunities.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from Glasgow given proximity of site to the city.</p>	<p>jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>	<p>jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>
<b>Transport and connections</b>	A 2017 survey to support the MRP found 9% of staff	Transport is essential to connect individuals to	82% of the population within UHM catchment	39% of the population within UHM catchment	62% of the population within UHM catchment

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>currently use public transport and 7% for visitors. 3% of staff walk to work whilst 6% of visitors walk. 1% of staff cycle to work and cite distance, lack of time and traffic as reasons for not cycling. 86% of visitors to the hospital arrived by car or taxi.</p> <p>Reasons given for not using public transport included inadequacy of public transport routes and timetables and unreliability of services.</p> <p>Both staff and visitors said the availability of discounted fares and improved routes and services would encourage use of public transport</p> <p>Concerns re poor public transport were also highlighted by</p>	<p>communities and for access to education, work, retail, leisure and health.</p> <p>Affordable, accessible transport can be considered a determinant of health and wellbeing itself<sup>1</sup>.</p> <p>Transport links in and out of North Lanarkshire are good, however, connections within the area are poor. There has been a decline in bus journeys by 23% whilst road and rail use has increased by 8% and 34% between 2008 and 2017.</p> <p>Research has suggested that access to concessionary travel passes has population-wide benefits. Levels of physical activity increased as did a sense of belonging whilst reducing social exclusion.</p>	<p>area can currently access Gartcosh within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Gartcosh site as good for car and bus travel, adequate for rail and cycle access and poor for walking access</p> <p>There is a requirement to walk distances of 1.3 and 1.6km (out with the 400m maximum) from the hospital to the nearest bus stops and 750m (maximum walk 800m) to the railway station.</p> <p>There are no Sunday bus services available to Coatbridge.</p> <p>The train line services Cumbernauld and Easterhouse but not Airdrie, Coatbridge or</p>	<p>area can currently access Glenmavis within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Glenmavis site as good for car and bus travel, poor accessibility for cycling and not accessible for rail or walking</p> <p>There are no bus stops within 400m of the site as the closest stop is 1.9km away and an hourly service available 7 days a week. However, this is limited in the areas it covers.</p> <p>The railway stations of Airdrie and Drumgelloch are 5km south of the site, therefore considerably out with the 800m walking distance.</p>	<p>area can currently access Wester Moffat within an hour by public transport.</p> <p>The indicative scores given by the Transport Strategy report rates the potential for the Wester Moffat site as good for car and bus travel, adequate accessibility for cycling but poor accessibility for rail or walking.</p> <p>There are no bus stops within 400m of the site with the closest stop just under 1km away.</p> <p>Wester Moffat will have more buses operating Monday to Saturday than the other sites and has significantly more Sunday services operating. The train line services Airdrie and Coatbridge but not Cumbernauld or Bellshill or South Lanarkshire areas.</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>stakeholders and staff consulted in 2020</p> <p>A second MRP survey in 2020 of 500 residents (with 40% from SIMD 1) found 19% reporting using public transport.</p> <p>Staff noted many lower paid staff undertake split shifts or two jobs so travel and the time taken is very important. Concerns were also raised around managing caring responsibilities if journey time to the hospital was greater.</p>	<p>Outpatient attendances are predominantly from the UHM catchment and highest within SIMD 1 across the localities.</p> <p>Workforce data shows that 67% of UHM staff live within SIMD 1, 2 and 3 with 29% living in SIMD 1 areas.</p>	<p>Bellshill or South Lanarkshire areas.</p>		
<b>Environment</b>	<p>Stakeholders are keen to have accessible space to be able to walk on hospital grounds and that this is natural greenspace if possible.</p> <p>There are concerns about the Gartcosh site being next to a motorway due to</p>	<p>Air pollution is shown to be of great detriment not only to the environment and climate change, but to the health and wellbeing of individuals and population health leading to increasing levels of mortality and morbidity<sup>8</sup>.</p>	<p>The proposed site is within Gartcosh Business Interchange on the former site of the former Gartcosh Steel Mill.</p> <p>The site has walking and cycling infrastructure connected to the wider sustainable network. To</p>	<p>The proposed site is North of Airdrie and East of the A73 Stirling Road (2.5km away) and is considered a mix of Green Belt and Countryside.</p> <p>To the West is Darngavil Road, which is rural road with no road markings.</p>	<p>Around Wester Moffat, the land east of the North Calder Water and north of Inver House is designated as Green Belt.</p> <p>The site is currently agricultural land containing farm buildings.</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
	<p>risk of exposure to air pollution</p> <p>There are ongoing concerns that there is land contamination at the Glenmavis site.</p> <p>There are concerns about the proximity of a flooded quarry (though not part of the site) and by a golf club, which may hamper progression of walkways, at the Wester Moffat site.</p> <p>Community stakeholders perceive that the Wester Moffat site is free of land contamination.</p> <p>There are concerns about congestion, particularly in the vicinity of the Gartcosh and Glenmavis sites where there are other ongoing build developments</p>	<p>The most vulnerable in our communities, children and older people, are most impacted by air pollution which is compounded for those living in areas of greater socio-economic deprivation as we know these areas suffer from poorer air quality further deepening social inequalities.</p> <p>It is of note that people living within proximity of major roads have an increased risk of developing childhood asthma and mortality overall. However, it is not clear what proportion of these impacts are related to transport generated air pollution.</p> <p>There is an increasing amount of research around the positive impacts of greenspace on</p>	<p>the West of the site is the Scottish Crime Campus and the Gartcosh Nature Reserve.</p> <p>East of the site is Junction 2A of the M73. Gartcosh &amp; Glenboig is identified as one of the 3 Community Growth areas in North Lanarkshire that were originally designated in 2006.</p> <p>The initial indicative overall capacity of 3,000 new homes is subject to change.</p> <p>Housing developments are currently under way, with more activity on the Gartcosh (West) side of the M73.</p> <p>The homes under construction are not low-cost therefore, will not benefit those with income deprivation.</p>	<p>The closest walkway is approximately 1.5km away to the North of the site and Airdrie town centre is 2.5km to the South of the site.</p> <p>No settlements are within a 30-minute walk of the site.</p> <p>A Sustrans National Cycle route is around 4.9km South of the site.</p> <p>The site is currently rural with limited road, walking, cycling and public transport access, however,</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p> <p>This will afford faster, more reliable, more direct</p>	<p>There is limited vehicular, walking and cycling access.</p> <p>There is a Sustrans cycle route (NCR 75) approximately 600m north of the site. However, this may cross into private land as may any walking routes. Stepends Road which is a single-track, rural road close to the site, has no footpath. However, West of the site is the Craighens Road and Towers Road with footpaths on both sides linking to the centre of Airdrie via the A89 though this does not currently connect to the site.</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p>

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	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
		<p>physical and mental health.</p> <p>Research evidence supports the benefits of greenspace on acute sites and in the community on patients mental and physical recovery and contributing to reducing staff stress levels and increased productivity.</p>	<p>Construction of new homes and the hospital could coincide which will negatively impact air quality through increased traffic and construction machinery to the area. There is a risk of exposure to land contaminant during any excavation and construction. Therefore, these developments pose increased risks to the residents and construction workforce through impaired air quality.</p> <p>Taking cognisance of the research around the impact of air pollution, it is important to note that this site is in close proximity to the M73 motorway and major roads. Added to this is the new home construction projects potentially generating exposure to land contamination and</p>	<p>access to/from the strategic road network. It is anticipated that this development will reduce traffic congestion and improve air quality on the A73 through Chapelhall as well as bring development opportunities.</p> <p>There are plans to develop new housing and this could potentially mean low-cost housing being made available, though this is not confirmed.</p> <p>The site is above the snowline and could present issues regarding access in winter.</p> <p>There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p> <p>It is still to be understood how much of this site can</p>	<p>However, it is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community by improving access routes, particularly if the greenspace area is accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond. There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p>

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
			<p>increased traffic, albeit on a temporary basis. However, this is potentially very disruptive to the lives of residents of this area with the potential for long-term health impacts. Mitigating factors are the availability of good walking and cycling infrastructure and access to the nearby Gartcosh Nature Reserve in terms of access to natural greenspace.</p>	<p>be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, social cohesion benefits to the wider community if the greenspace area is developed and made accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.</p>	<p>It is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, social cohesion benefits to the wider community if the greenspace area is developed and made accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.</p>

## Limitations of assessment

- This assessment has taken into consideration current SIMD data and datazones which are based on ranking areas made up of populations of 345 to just under 1,600 people and provided some broad analysis of localities based on deprivation relative to the rest

of North Lanarkshire and Scotland as a whole. It is important to note that whilst Airdrie and North localities have different SIMD profiles, the area of Coatbridge, which is adjacent to both, is an area of significant deprivation.

- It is important to note the locality boundaries are imposed by NHS Lanarkshire and do not represent discrete communities thus significant caution must be applied when discussing SIMD data at locality level.
- It is also important to note the different ways that SIMD data has been presented above in terms of overall SIMD area ranks and individuals who are income/employment deprived across all SIMD areas.
- The construction of the new hospital will bring positive economic impacts regardless of where it is sited. The demolition and regeneration of the old hospital will also bring positive impacts. There wouldn't be easily demonstrable site-specific differential economic impacts, given that they are all in North Lanarkshire and it is very difficult to generate robust economic data below local authority level.
- We have presented data at a point in time and this may change due to wider factors and changes in economic and social development and policies. Most notably, we are aware of the negative economic impact of COVID-19 on local unemployment and health and wellbeing. Workforce data will also be subject to change over time.
- How we deliver healthcare is changing with increased digitisation and community satellite clinics delivered closer to home thus the acute presentations reported now may change significantly by the time the new hospital is built.
- Whilst a comprehensive transport analysis has been undertaken, a fuller analysis will be undertaken following site selection. Therefore, there is no evaluation of transport costs to the individual available which will be an important consideration in terms of socio-economic impact.
- Assessment is being made on the assumption that the proposed plans for upgrading of road and travel infrastructure will be delivered.

### Summary points

The following points summarise the evidence presented in the assessment:



- The SIMD data shows that there is more density of multiple deprivation in Airdrie, Coatbridge and Bellshill localities than North locality and the proportion of the population affected by income and employment deprivation is higher. Coatbridge has two datazones in the 1% most deprived in Scotland. Despite this, when looking at crude numbers of people affected by income and employment deprivation North locality has more people adversely affected due to the size of the locality.
- NHS Lanarkshire's patient flow analysis shows that 82.4 % of outpatient attendances are from the Monklands catchment and a significant proportion of outpatient and unscheduled care attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most deprived quintile. Local DNA data shows those living in areas of deprivation are also more likely to miss appointments.
- NHS Lanarkshire (as an anchor institution) have an important role to play in creating a sustainable and inclusive economy in their decision making in relation to procurement, employability, capital investments and fair work practices and in supporting the local economy e.g. by encouraging use of local retailers and businesses by staff and visitors.
- A larger number of lower paid workers (bands 1-3) at UHM live close to the site in comparison to higher paid staff so relocation will affect this group more, particularly those who work two jobs or split shifts. Lower paid staff are also more likely to live in SIMD areas 1 and 2 in comparison to higher grades of staff.
- The data in terms of travel show there will not be a significant detrimental impact for staff and visitors as long as the proposed road enhancements are made to Wester Moffat and Glenmavis as well as the improvements in public and community transport. Staff have expressed concern not only in how they will travel but also in terms of the extra time it will take them. Fair work practices such as flexible working and family friendly policies could be maximised to support staff if needed.
- The greenspace surrounding the new site will be advantageous to health and wellbeing of both staff and patients and potentially local residents and has been a factor in both the stakeholder workshop and staff focus groups. The Airdrie sites have more direct access to natural greenspace within the hospital site than the Gartcosh site which is close to a motorway and in a business centre. However, it should be noted that there is a nature reserve close by to the Gartcosh site which has the potential to offer access to greenspace.
- As in previous reports, belonging and pride around the hospital staying in Airdrie was a strong theme that emerged from staff and stakeholders consulted. It should be noted that concern was raised about meaningful engagement of communities in the MRP process at this time given the anxieties around the impact of COVID-19.

- The impact of the COVID-19 pandemic will be more severe on those who are most socio-economically disadvantaged and experiencing inequality.

## Conclusions and Recommendations

Regardless of which site is selected the proposal to rebuild University Hospital Monklands will have positive impacts on the Lanarkshire population. These include socio-economic outcomes such as employment during the build phase and employment at the new site, improved healthcare due to optimal clinical model, potential wider benefits of an improved transport infrastructure and community transport model, wider economic benefits and greenhealth opportunities. Opportunities should be maximised to utilise the role of NHS Lanarkshire as an anchor institute which adopts a community wealth building approach to the new hospital development in order to support the local economy and enhance local employment opportunities.

There will also be a significant socio-economic benefit to the existing area and community through redevelopment of the current site once the hospital is relocated.

Relocating the hospital from Airdrie could have a negative impact on the local Airdrie community, particularly staff and patients/carers on low incomes who do not have access to a car as public transport is not currently sufficient and the commute to the new site may be more expensive and longer for those who live closest to the current UHM.

However, public transport is inadequate across all of North Lanarkshire thus whichever site is chosen it is important to ensure transport routes, especially public transport, enable low income people across the catchment area to access the hospital easily and maximise the potential for employment and wider economic benefit.

Recognising these issues, NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

The sense of belonging and pride in the current UHM by the local community should not be under-estimated. The community may feel a sense of loss of a long standing community asset and this may be more acutely felt given the Airdrie area already has significant multiple deprivation. However, there are other deprived areas, most notably Coatbridge and pockets of North locality, which may benefit from the hospital being relocated to the Gartcosh site.

In terms of differences between the three sites Dr Margaret Douglas was asked to summarise her assessment of the evidence presented and concluded the following:

*“I don’t think the evidence here would identify a clear preferred site based on deprivation levels- from the map, Wester Moffat is nearer for the areas of multiple deprivation in Airdrie but Gartcosh is nearer for Coatbridge, which has a similar level of income deprivation. Glenmavis may be in Airdrie locality but it looks further from the areas of multiple deprivation. Of course transport routes may make sites difficult to access even if they look close on the map. I think the priority should be to maximise the potential of whichever site is chosen – in particular, to improve public transport access for people across Lanarkshire, provide training and to support the local economy. And to retain the previous recommendation about a community health resource on the Monklands site.”*

### **Recommendations**

There are a number of measures NHS Lanarkshire should consider in order to maximise opportunities to reduce poverty through the new hospital development and to mitigate negative impacts of the hospital relocation.

These include:

- Undertake further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.
- Develop innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.

- Ensure the new East Airdrie Link Road (EALR) road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.
- Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time. Consider working with local employability partners to support other opportunities for staff if required.
- Work with community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.
- Routinely examine the causes of non-attendance (DNAs) and frequent attenders to reduce barriers to access and adopt preventative approaches.
- Maximise procurement possibilities and facilitate training opportunities for those in the most socio-economically disadvantaged areas to allow them to benefit from new construction jobs and jobs in the new hospital.
- Prioritise a Community Wealth Building approach and ensure leadership and a whole systems approach to Employability.
- Work with North Lanarkshire Council and the local community to regenerate the old University Hospital Monklands site as part of the overall vision for the town of Airdrie in line with the Plan for North Lanarkshire. The decision by the board to provide community healthcare facilities within the vacated site is welcomed.
- Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.
- Consider how the new hospital can be designed to support the local community in terms of supporting access to local amenities, such as local retail, around the new site.
- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.

- Ensure that the ambitions of “Achieving Excellence”, shifting the balance of care from hospital to local communities, is fully achieved including maximising access to local community satellite clinics for scheduled care.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.
- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.

### **Monklands Replacement Project Briefing Paper on Transport, Travel and the East Airdrie Link Road (EALR)**

#### **Introduction**

The issue of transport and travel is recognised as a key factor in the decision-making process and is the issue most raised by the public and staff. This paper sets out how NHS Lanarkshire has approached the issue of transport and travel, the steps that have been undertaken to ensure the provision of robust and accurate transport information and the role this information has played in the assessment of options. It also sets out the steps that will be taken to address any concerns around transport and travel at the selected site, once this is known.

#### **1. Approach**

Transport and travel issues typically fall into 3 broad categories:

- Access by road,
- Access by bus,
- Access by rail.

Detailed work has been undertaken in each of these areas by our external advisers WSP who are experts in transport planning and road infrastructure. This work is set out in considerable detail in the Transport Strategy which was published in February 2020, and this has been overseen and validated by Transport Scotland. In addition, a key area of work within the strategy: Access by Bus, has been undertaken by Strathclyde Partnership for Transport (SPT) independently. A description of each of these areas of work in detail is provided to give a greater understanding of the approach taken, and the degree of detail considered.

It is also important to recognise that this level of detail is significantly in excess of what would typically be required at this stage in a project of this nature e.g. site selection. Further significant work will be undertaken when a site is selected as part of the formal local authority planning process. This will form part of the Transport Impact Assessment.

#### **2. Access by Road**

Access by road is a key element of the consideration in any site selection process as this is the primary method by which patients, staff, goods, and services gain access to the hospital site. The recognised technical approach is to undertake an assessment of the existing road infrastructure and to determine on an individual junction by junction basis the impact of the additional traffic activity that would flow should the hospital be re-provided at that site. This is then translated into a programme of capital works to improve the necessary junctions and/or road infrastructure to ensure that they will be able to cope with this projected additional activity. This is a comprehensive and complex piece of work and the outcome for each site is set out in the Transport Strategy, where a significant number of improvements are identified and have been costed. These costs sit within the individual site option cost plans published in February 2020 and are available at: <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-cost-report/>

The second element of work was to undertake a number of travel time assessments including a travel time analysis, for the collective catchment area, on a 5-minute band basis e.g. 0-5 minutes, 5-10 minutes, 10-15 minutes etc. and also a point to point travel time analysis from each local township to each proposed new site and to the current site. This provided data for review by members of the

public, elected representatives, and staff. The opportunity to raise concerns in respect of the robustness or accuracy of the data was provided during February 2020 in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information. The People's Hearing Panel concluded that all of the transport information provided in the Transport Strategy, overseen by Transport Scotland, was robust and accurate.

In terms of transport infrastructure associated with the Glenmavis and Wester Moffat sites, the key element is the provision of the proposed new East Airdrie Link Road (EALR) as part of the Glasgow City Region City Deal project which is part of this report.

Section 10 of this paper confirms the arrangements supporting the delivery of the new EALR and identifies an opportunity to seek early release of enabling funds at the Glenmavis or Wester Moffat sites. This will ensure early provision of a site access road which will reduce the construction programme by six months and reduce the overall cost of the project by £6m.

The views of the Scottish Ambulance Service (SAS) have been sought and they have indicated that they do not have a preference over which site is selected. They ask that NHS Lanarkshire consider the following points as part of its decision making process:

- Site should have good access and connectivity by road
- Moving from the Airdrie locality may impact on SAS ability to deploy their fleet efficiently
- A site that would impact on patient flow into and out of other NHS Board areas would be more challenging for the Ambulance Service

### 3. Access by Bus

Access by bus is a key element for a relatively small but important group of patients and staff. Strathclyde Partnership for Transport (SPT) are the recognised expert in the respect of the provision of bus services. SPT have reviewed the provision of bus services to the existing hospital and have assessed the increase in bus services that would be required to provide a comparable service at each of the potential alternative sites. They have undertaken this assessment independently and it has been approved by Transport Scotland. The outcome of this information is set out in the Transport Strategy along with the recurring revenue costs (ranges) that would be required to achieve this increase in service at each alternative site if it is not possible to take this forward on a commercial basis. This is a necessary assessment which would be conducted as part of the Transport Impact Assessment, required as part of a formal local authority planning process. These estimated cost ranges are:

Gartcosh	£2.60m - £3.00m per annum
Glenmavis	£2.34m - £2.70m per annum
Wester Moffat	£1.69m - £2.10m per annum

It is important to acknowledge that in relation to access by bus NHS Lanarkshire has publically stated that it will provide a level of service consistent with the existing levels of service and would seek to improve upon these once a preferred site option is identified. It is also useful to note that the work NHS Lanarkshire has undertaken to establish a Transport Hub.

NHS Lanarkshire has established a Transport Hub in line with our Achieving Excellence ambitions. The focus is to manage our external transport activity and migrate that to community transport provision where possible. We now have established arrangements with Community Transport Glasgow, Getting Better Together and Larkhall Volunteer Drivers. This has been particularly

important in managing our response to Covid-19 situation and supporting community assessment centres, testing at care homes and specimen deliveries.

The development of the Transport Hub continues to make good progress and will form a central element of our wider transport offering, particularly for patients who are not supported by public transport options or are unable to access public transport option - irrespective of the preferred site option selected.

#### **4. Access by Rail**

WSP have also assessed the key activity of access by rail for the existing site and each of the alternative sites. The Gartcosh and Wester Moffat sites both have access to local rail stations at Gartcosh and Drumgelloch respectively. There is no local rail station at the Glenmavis site with the nearest station being a 3 miles distance at either Drumgelloch (Airdrie) or Greenfaulds (Cumbernauld).

ScotRail, Transport Scotland, Network Rail and SPT have worked together and identified a number of service changes that would be made to improve connectivity between Gartcosh and stations on the Motherwell/Lanark line should the Gartcosh site be selected as the preferred option.

Rail connectivity at the Gartcosh and Wester Moffat sites would be to Glasgow, Edinburgh and Coatbridge. In addition the Gartcosh site could be accessed from Cumbernauld and the Wester Moffat site accessed from Airdrie.

#### **5. Option Appraisal Process**

The Option Appraisal Process, which has been taken forward in accordance with Scottish Government Guidance, the Scottish Capital Investment Manual (SCIM), required the identification of relevant and appropriate benefits criteria, weighting of these benefits criteria and then scoring of each criterion for each site. Identification of benefits criteria was undertaken through a call to the public for proposals for individual criteria and the consideration of these proposals by the People's Hearing panel. The panel concluded on the basis of the representations made to them that 3 of the 5 criteria should reflect transport and travel matters.

These were:

Criterion 1 - travel times by road and public transport - patients

Criterion 2 - travel times by road and public transport - staff

Criterion 3 - Access/Connectivity to regional centres (including other NHS Lanarkshire hospitals)

These criteria were then weighted by scoring participants. A total of 174 participants took part in this part of the process and the weightings below were confirmed:

Criterion 1 – 31.10%

Criterion 2 – 22.96%

Criterion 3 – 19.27%

Therefore, 73.33% of the total criteria considered by scoring participants were attributable to transport and travel.

Each of the options was scored by participants against the benefits criteria.



The full Option Appraisal report is available at Appendix B and at:  
<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report>

## 6. Risk Appraisal

On completion of the option appraisal, the Consultation Institute, an independent engagement organisation who managed the process on behalf of NHS Lanarkshire, recommended that a number of areas should be given further consideration prior to any decision-making process in accordance with SCIM requirements. In particular, they recommended that transport infrastructure should be subject to a formal risk appraisal, along with contamination and impact of cross-boundary flow, and that travel access for people on low incomes should be considered within the Fairer Scotland Duty Assessment process (see section 7).

The formal risk appraisal process was undertaken by the NHS Lanarkshire's external technical advisers who considered the question for each alternative site – *what is the risk of transport infrastructure assumptions being wrong?*

They considered the likelihood and impact for each site and scored as follows:

Site	Likelihood	Impact	Score
<b>Gartcosh</b>			
<b>Road Infrastructure</b>	2	1	2
<b>Glenmavis</b>			
<b>Road Infrastructure</b>	2	4	8
<b>Wester Moffat</b>			
<b>Road Infrastructure</b>	2	4	8

The advisers added comments to support their assessment:

**Gartcosh** – Established motorway links in place so minimal concern over the ability to provide improvements at this site in line with project programme.

**Glenmavis and Wester Moffat** – The road infrastructure risk is made up of two main elements, provision of the East Airdrie Link Road (EALR) and the timing of its opening.

The viability of Glenmavis and Wester Moffat is dependent upon the East Airdrie Link Road as the site is remote from the existing A73. If the plans for the new road were halted then this could potentially make the hospital location unviable due to lack of access. Assurance has been provided by North Lanarkshire Council Chief Executive that this road will be in place prior to the opening of a new hospital.

There is, however, a risk that delays in construction and opening of the proposed East Airdrie Link Road could have an impact on the opening of the new hospital. An allowance has been made within the current programme for a longer construction phase to allow an access road to be created. The risk assessment considers the impact of this longer construction phase being insufficient and the hospital

being delayed if the EALR is not ready for hospital opening. This would impact the opening of the hospital and/or increase costs.

The two elements of road infrastructure risk, provision of the East Airdrie Link Road and timing of its opening, have been combined in the above risk score. These are not considered to be significant risks.

The full Risk Appraisal report is available at:

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458879699&filename=Appendix-G-MRP-technical-advisers-risk-appraisal.pdf&wpdmdl=15061&refresh=5f92f88fd51731603467407>

### **7. Fairer Scotland Duty Assessment/Equality Impact Assessment (EQIA)**

The Fairer Scotland Duty Assessment (FSDA) is a relatively recent legislative requirement which requires public bodies to specifically consider socio-economic impacts when developing major infrastructure projects.

A detailed assessment was undertaken by NHS Lanarkshire Public Health team. In terms of transport they concluded that whilst the area surrounding each of the sites would gain an economic stimulus from the development of a new hospital that locating the hospital out with the Airdrie area could have a negative impact on patients and staff in the lower income brackets by increasing their travel time and travel costs.

A series of key findings and proposed mitigations from the FSDA and EQIA (Appendix F) relate to Transport and Travel. These are:

#### **Fairer Scotland Duty**

- Undertake further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.
- Develop innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.
- Ensure the new EALR new road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.
- Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.

#### **EQIA**

- Congestion and lack of available public transport options at each site currently
- Concerns over provision of sufficient parking for those with disabilities
- Impact on moving from current site for those on low incomes
- Impact on moving from current site for staff who walk to work or use public transport

The full Fairer Scotland Duty Assessment report is available at:

<https://www.nhslanarkshire.scot.nhs.uk/download/fairer-scotland-duty-assessment/>

The EQIA report for each potential site location is available at:

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-gartcosh/>

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-glenmavis/>

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-edia-wester-moffat/>

There is a separate briefing paper on the Fairer Scotland Duty Assessment at Appendix F.

## 8. Issues Raised by Stakeholders & Mitigation

There has been a considerable level of engagement with stakeholders throughout the project with a series of public meetings in February 2020 and a formal period of feedback following publication of the option appraisal report.

The most common themes emerging are:

- ***The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh***

The information on transport and travel has been prepared by WSP (transport engineers) and Strathclyde Partnership for Transport (SPT) independently and has been validated by Transport Scotland prior to publication. This information was published in February 2020 and the opportunity to raise concerns in respect of the robustness or accuracy of the data was offered to members of the public and staff in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information. The People’s Hearing Panel concluded that all of the transport information provided in the Transport Strategy, overseen by Transport Scotland, was robust and accurate.

- ***Concerns that the East Airdrie Link Road (EALR) will not be built and that it is being described as a single carriageway when it will be a dual carriageway.***

The development of East Airdrie Link Road and the associated timescale for delivery has been confirmed by the North Lanarkshire Council Chief Executive. This indicates that the road will be single carriageway, will be completed 12-18 months prior to the hospital opening and will be funded through the Regional City Deal project. This will ensure better access to the sites at Glenmavis or Wester Moffat.

- ***Concerns that people of low income will be adversely affected if the hospital is located out with Airdrie.***

Moving the hospital may result in additional travel costs and travel time for people (patients and staff) who live close to the existing University Hospital Monklands site. Mitigation of impact on those with low incomes within the community through higher transport costs and longer travel times would be assisted by retaining the hospital within the Airdrie area rather than moving to Gartcosh.

All NHS Lanarkshire staff who incur additional travel costs relocating from University Hospital Monklands to the new location are able to seek reimbursement for any additional costs incurred through the existing excess travel costs policy – this allows reimbursement for a period of four years.

- ***Concerns that suitable public transport (bus) will not be provided when the hospital relocates. Concerns that current bus services to University Hospital Monklands are poor.***

NHS Lanarkshire has committed to providing connectivity by bus which is at least comparable to that available for the existing site and where possible this will be improved. Provision of comparable public transport, if not deliverable commercially, can be provided by investing the following funds:

Gartcosh	£2.60m - £3.00m per annum
Glenmavis	£2.34m - £2.70m per annum
Wester Moffat	£1.69m - £2.10m per annum

A further mitigation of this concern will be through the continued development of our partnership with community transport operators and delivery of our Transport Hub.

- ***Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area.***

There would be no direct link from Airdrie to the Gartcosh site by rail.

- ***NHS Lanarkshire will not upgrade road infrastructure sufficiently.***

The proposed road infrastructure improvements have been assessed in detail by WSP and are set out on a site by site basis in the Transport Strategy and are summarised in the cost report by Currie & Brown. This includes all road infrastructure improvements that will be required to meet the increase in traffic volume associated with the new hospital development, provision of access to each site, construction of car parks, and the development of a transport hub (bus terminus) at each site. These costs have been considered within the economic appraisal as part of the site feasibility option appraisal. This process will ensure that road networks are sized appropriately and will resolve concerns around congestion.

This assessment has also concluded that provision of the EALR as a single carriageway is sufficient to meet the additional traffic flow associated with development of a new hospital.

- ***Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to Crime Campus and Rail station.***

Car parking requirements, including the number of disabled parking bays, will be set out by each local authority and it is anticipated that this will be significantly greater than the parking available at the current site which is approximately 1,100 spaces. NHS Lanarkshire will engage with North Lanarkshire Council once a site is selected to agree parking provision. It is recognised that this engagement will require to take cognisance of the parking challenges which currently exist adjacent to the Gartcosh site.

It is anticipated that parking control measures, in line with NHS Lanarkshire Policy, would be required at the Gartcosh site to ensure that hospital car parking is protected for the use of patients, visitors and staff. Such measures would not be required at the Glenmavis and Wester Moffat sites.

- *Height above sea level (snow line) of Glenmavis site is a concern for some due to potential impact of adverse weather conditions in winter.*

Our Advisors have indicated that the height of all three sites should not be regarded as a determining factor.

These concerns have been addressed during engagement sessions with members of the public and elected representatives. Detailed responses have been added to our FAQ's on the NHSL Website which are regularly updated.

The current FAQ's are available at:

<https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/mrp-faqs/>

<https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/scoring-faqs/>

### **9. Mitigation – Selected site**

The primary mitigation will be taken forward through the Transport Impact Assessment process which forms part of the formal local authority planning application process. It is important to note that this will be a public process and that the local authority will seek the views of members of the public on the detailed proposals from NHS Lanarkshire as developer of the new hospital.

It is acknowledged that upgrades to road infrastructure and improvements to public transport services will be required to be confirmed in detail and shared widely after a preferred site has been selected.

The local authority will require to verify that these proposed changes will deliver the stated benefits to the road infrastructure and to the travelling public and members of staff. This is a requirement that must be achieved prior to planning permission being granted.

### **10. East Airdrie Link Road**

The East Airdrie Link Road (EALR) is the name given to the section of the Pan Lanarkshire orbital transport corridor that runs between the M8 and Cumbernauld which would provide a primary point of access should the new hospital be built at either Glenmavis or Wester Moffat.

This section will link with the existing Ravenscraig access infrastructure, south of the M8, to provide a north south route through North Lanarkshire.

The new road infrastructure will:

- improve journey times and transport reliability
- improve connections between residential areas, town centres, business centres, employment and education
- improve air quality, by relieving congestion along the existing A73

The road building project will create a new single carriageway road link with pedestrian and cycle ways from north of the M8 (A723/Newhouse Interchange) through to the A73, north of Stand.

The road will be designed to have limited connections (junctions) to the local road network in order to optimise traffic flow and will therefore reduce journey times. Following identification of a preferred route, there will be a significant amount of site investigation work undertaken to inform the detailed design of the new road. This needs to be completed to allow the necessary statutory and funding approvals (planning consent and business case) which are required before any construction works commence.

### **Funding, Commitment and Timeline**

The road will be funded through the existing Glasgow City Region City Deal, this is an agreement between the UK Government, the Scottish Government and the eight local authorities across Glasgow and the Clyde Valley. Funding of £190m has been already been allocated and set aside for construction of the complete Pan Lanarkshire Orbital Transport Corridor. This funding will be made available following completion of the Outline Business Case and the award of detailed planning consent.

North Lanarkshire Council's Chief Executive has confirmed that the East Airdrie Link Road is a key strategic commitment for the Council and has advised that a dedicated development team are currently employed on the implementation of the project and are in regular contact with the Monklands Replacement Project Team.

The key actions and associated timelines are appended along with the short-listed routes. Each of the three proposed routes (Red, Blue & Green) would support the development of a new hospital at Glenmavis or Wester Moffat. If either Glenmavis or Wester Moffat are selected as a preferred option than the precise detail of the route selected for the EALR will be developed jointly by North Lanarkshire Council and NHS Lanarkshire to optimise the road route and the hospital positioning.

### **Impact on Programme**

If either of the Glenmavis or Wester Moffat sites is selected for the development of the new hospital then a second point of access (road) into the site will require to be developed. The construction of this additional access road is expected to take six months to complete and consequently would increase the construction period by six months. The current plans and cost projections for each of these options make full provision for this and it is recognised that early construction of this road is a necessity to ensure access to the site for construction traffic. This would not be a requirement at the Gartcosh site as this site is currently served by two separate roads.

There is an opportunity to expedite construction of this second point of access by seeking early release of funds from Scottish Government following approval of the Outline Business Case (OBC) and prior to submission of the Final Business Case (FBC). It is helpful to note at this point that approval of the OBC is the key decision point in the project with the primary purpose of FBC approval to confirm value for money following the completion of the competitive tender process for construction works. This approach has been previously been accepted by the Scottish Government on other projects and is recognised as entirely appropriate. Early notification of this requirement to the Scottish Government would be required.

Early release of these funds would reduce the new hospital construction period by six months allowing the hospital to open earlier than originally planned. This would also reduce construction costs by £6m as a direct consequence of reducing the programme and the associated impact of construction inflation.

## APPENDIX G

If the preferred site option is identified as Glenmavis or Wester Moffat this approach will be incorporated and become an explicit element of the Outline Business Case.

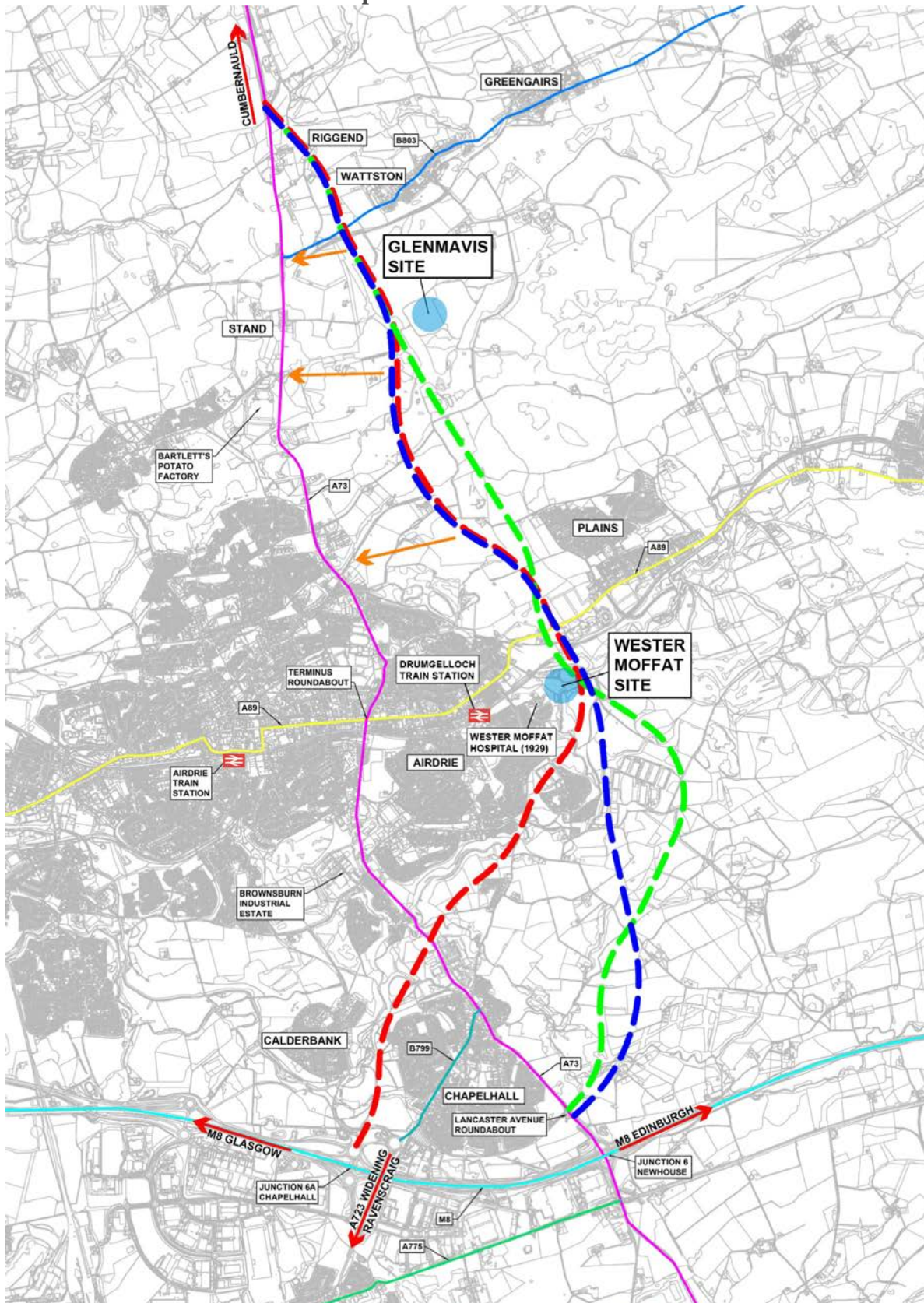
However if Gartcosh is selected there is no impact on the construction programme.

*The new road timeline (below) indicates that the road would be operational in 2026 which is well in advance of the proposed opening of the new hospital in 2028.*

### Expected timetable:

Key Actions	Timeline
Conclusion of Stage 1 - identify short list of options and public events (virtual)	Spring 2020 - completed
Commence Stage 2 - development and appraisal of short-listed options	Summer 2020 - underway
Stage 2 public events (virtual)	Autumn/Winter 2020/21
Conclude Stage 2 appraisal identifying the preferred route option	Winter 2020/21
Appoint consultant to undertake design work	Winter 2020/21
Submit Outline Business case	Winter 2021/22
Submit Planning application	Spring 2022
Commence Land purchases	Autumn 2022
Commence construction	Summer/Autumn 2024
Complete construction	Autumn/Winter 2026

East Airdrie Link Road - Route options





### 11. Points for consideration

Analysis of the detailed data indicates that no site has significantly better connectivity or accessibility for the University Hospital Monklands unscheduled care catchment population or for the wider population of Lanarkshire.

Concerns over provision of the East Airdrie Link Road (EALR), or delay in its delivery, are not considered to be significant risks.

Given that each of the three alternative sites are currently poorly served by public transport a range of mitigation measures in terms of both road infrastructure and public transport will be required, irrespective of the site selected, to ensure that the selected site is able to support the delivery of clinical services to the whole Lanarkshire population.

The continued development of an NHS Lanarkshire Transport Hub will form a central element of our wider transport offering. This will be available for patients who are not supported by public transport options, or are unable to access public transport, irrespective of the site selected.

It is noted that:

- Moving the hospital will most affect those who live closest to it by increasing travel costs and travel times. This is specifically noted in the Fairer Scotland Duty Assessment as impacting on patients and staff on low incomes should the hospital move out with the Airdrie area to Gartcosh.
- It is likely that parking control measures would be required to ensure that parking at the Gartcosh site is protected for the use of patients, visitors and staff. Such measures would not be required at the Glenmavis and Wester Moffat sites.
- The costs of providing additional public transport infrastructure (bus services), if not deliverable commercially, are lowest for the Wester Moffat site.
- The provision of the EALR and the wider Pan Lanarkshire Orbital Road will improve transport accessibility for the communities of Cumbernauld, Northern Corridor and South Lanarkshire.
- An opportunity exists to seek early release of enabling funds at the Glenmavis or Wester Moffat sites. This will ensure early provision of a site access road which will reduce the construction programme by six months and reduce the overall cost of the project by £6m.
- The site at Gartcosh is not impacted by the East Airdrie Link Road.

## **Monklands Replacement Project Briefing Paper on Contamination**

### **Introduction**

The issue of contamination is recognised as a key factor in the decision-making process and has been raised by the public and staff on a regular basis. This paper sets out how NHS Lanarkshire has approached the issue of contamination and sets out the steps that have been undertaken to ensure the provision of robust and accurate contamination information and the role this information has played in the assessment of options. It also sets out the steps that will be taken to address remediation of contamination at the selected site, once this is known.

### **1. Approach**

Contamination is a generic term within the construction industry and generally refers to the presence of materials that require to be addressed (remediated) before a site can be developed. In our case the definition of the term is extended to cover the existing ground conditions prevalent on the site.

Contamination occurs typically as a consequence of previous use of the site, in many cases reflecting previous industrial use such as steel works at Gartcosh or coal mining at Glenmavis. Ground conditions typically reflect either topography (undulating at Glenmavis) or geographical features (river valley at Wester Moffat).

A significant level of detailed work has been undertaken at each site by our external advisers WSP, experts in contamination and ground conditions, and a range of specialist sub-contractors who are specialists in site investigation. This work is set out in the Transport Strategy which was published in February 2020 and has been overseen by Transport Scotland. The level of work undertaken at each site is in proportion to scale of contamination which has been identified through the full assessment of historical records and detailed site information. Mitigation of contamination and ground conditions has been fully assessed and costed – this is set out in detail within the Transport Strategy (<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-transport-strategy/>)

A description of each of these areas of work in detail by site (set out alphabetically) is now provided to give a greater understanding of the approach taken, and the degree of detail considered. It is also important to recognise that this level of detail is significantly in excess of what would typically be required at this stage in a process e.g. site selection. Further significant work will be undertaken when a site is selected as part of the formal local authority planning process.

### **2. Gartcosh**

The site at Gartcosh is brownfield land with historic industrial uses and has been subject of various remediation treatments over the years to address contaminated land matters. On-site potential sources of ground issues include the former steel works and associated made ground and demolition rubble over the majority of the site, as well as railway land and sidings to the south of the site. Historical third-party reporting includes information on previous asbestos remediation works, alkali soil and groundwater assessments and bio-remediation of hydrocarbon contamination.

There is nothing within our Phase 1 Site Investigation Report that has identified a major constraint with developing the hospital on this site. Some legacy risks remain in connection with historic contamination remediation treatments.

Obstructions from historic structures and infrastructure on the site are likely to be present within the made ground.

From the Coal Authority Interactive map viewer there is an area of past shallow coal mining on the southern border of the site. This is considered out with the zone of the potential hospital development.

There is nothing within the Phase 1 Site Investigation Report that has identified a major constraint with developing the hospital on this site.

A more comprehensive extract of the adviser report is attached at Appendix A.

### **3. Glenmavis**

The site at Glenmavis has historically been occupied by coal mining activities which over the history of the site has included collieries, railway and tramline infrastructure, multiple pits and shafts, with evidence of spoil heaps and infilling. The site has been subject to both open cast and sub-surface mining, and most recently sewage sludge spreading as part of ground improvement techniques to industrial land to restore it to agriculture or improve its ecological value. Historical records identify 24 mine shafts and 16 mine adits (horizontal tunnels) recorded within the site boundary of the area identified for the hospital development.

The Phase 1 Site Investigation Report that has identified historic mine workings as a potential constraint with developing the hospital on this site. The presence of sewage sludge has also been identified from SEPA records.

There is nothing within the Phase 1 Site Investigation Report that has identified a major constraint with developing the hospital on this site.

A more comprehensive extract of the adviser report is attached at Appendix B.

### **4. Wester Moffat**

The overall available site at Wester Moffat comprises agricultural land. The large size of the available land allows the hospital to be located out with the main areas of constraints from historical mining and existing power lines.

Part of the overall site has been subject to extensive coal related activities including multiple collieries, mine shafts and a quarry, although the location of the new hospital could be positioned out with this zone to avoid the majority of historic mine workings. A train line once traversed the whole site, although this is generally out with the area of the zone identified for potential development of the hospital. The NHS Lanarkshire planning assumption is that the overall site will be split into two by the line of the proposed East Airdrie Link Road (EARL) creating west and east development zones. This leaves sufficient space with expansion available for the development of a hospital in either zone.

The western section of the site has overhead electricity transmission lines which will impact on any development viability/cost. The eastern section provides a north and south zone for potential construction of the hospital. The north zone allows for better use of natural site topography, avoids potential constraints at where the EARL may enter the site, and is in a location closer to Drumgelloch rail station.

There is nothing within the Phase 1 Site Investigation Report that has identified a major constraint with developing the hospital on this site.

A more comprehensive extract of the adviser report is attached at Appendix C.

## 5. Site specific Cost Information

A summary of all costs associated with ground works, remediation of contamination, mine workings and utilities is shown below for comparative purposes:

	Gartcosh (£m)	Glenmavis (£m)	Wester Moffat (£m)
Site preparation - Groundwork	0.75	3.00	7.00
Remediation of contamination	1.61	3.75	-
Mine workings	-	2.60	-
<b>SUB-TOTAL</b>	<b>2.36</b>	<b>9.35</b>	<b>7.00</b>
Utilities	3.80	5.15	2.15
<b>TOTAL</b>	<b>6.16</b>	<b>14.5</b>	<b>9.15</b>

## 6. Option Appraisal Process

The Option Appraisal Process, which has been taken forward in accordance with Scottish Government Guidance, required the identification of relevant and appropriate benefits criteria, weighting of these benefits criteria and then scoring of each criterion for each site. Identification of benefits criteria was undertaken through a call to the public for proposals for individual criteria and the consideration of these proposals by the People's Hearing panel. The panel concluded on the basis of the representations made to them that 1 of the 5 criteria should reflect contamination.

This criterion was then weighted by scoring participants. A total of 174 participants took part in this part of the process and the weighting below was confirmed:

Contamination 14.47%

Therefore, a total of 14.47% of the total criteria considered by scoring participants was attributable to contamination.

The full Option Appraisal report is available at: <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report>

## 7. Risk Appraisal

On completion of the option appraisal the Consultation Institute, an independent engagement organisation who managed the process at arm's length, recommended that a number of areas should be given further consideration prior to any decision making process. In particular they recommended that contamination should be subject to a formal risk appraisal, along with transport infrastructure and impact of cross-boundary flow, and that travel access for people on low incomes should be considered within the Fairer Scotland Duty Assessment Report (see Appendix F).

The formal risk appraisal process was undertaken by the NHS Lanarkshire's external technical advisers who considered the question for each alternative site – *what is the risk of greater than expected levels of contamination?*

They considered the likelihood and impact for each site and scored as follows:

Site	Likelihood	Impact	Score
<b>Gartcosh</b>			
<b>Contamination</b>	3	3	9
<b>Glenmavis</b>			
<b>Contamination</b>	4	3	12
<b>Wester Moffat</b>			
<b>Contamination</b>	2	3	6

The advisers added comments to support their assessment:

**Gartcosh** – Contamination – There is a risk that there could be contamination beyond what has been allowed for, however, a lot of historical work has already taken place to remediate this site and to understand the residual contamination present. The impact of additional contamination may add time to the programme but would not prevent the use of the site as a healthcare facility.

**Glenmavis** Contamination – A level of risk of contamination greater than allowed for remains due to restrictions on Site Investigation works due to large areas of trees restricting access and the uncertain nature of the sludge found.

**Wester Moffat** – Contamination – Risk of contamination over what has been allowed for is low due to the historical farming use of the site. There has however been relatively limited Site Investigation undertaken at this site to confirm this compared to the other two.

The full Risk Appraisal report is available at: <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458879699&filename=Appendix-G-MRP-technical-advisers-risk-appraisal.pdf&wpdmdl=15061&refresh=5f92f88fd51731603467407>

## 8. Summary of assurance

A detailed independent technical assessment of the various elements of contamination and ground conditions has been undertaken by WSP and their contractors. This has been overviewed by our lead adviser, Currie & Brown, and the outcomes of this validated by Transport Scotland for assurance.

The information has been published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information.

## 9. Mitigation actions taken

Initial mitigation has been taken through the Peoples Hearing process where all formal representations from interested parties were fully considered. The panel indicated that whilst four representations were made in relation to the robustness, accuracy and validity of the information, no evidence was presented which challenged the accuracy or robustness of the reports presented by WSP and the adviser team. This included formal submissions from local elected members which were fully considered. The panel concluded that the information issued by WSP and the adviser team should therefore be taken forward to inform the option appraisal process.

Further mitigation will be taken forward through the development of detailed plans which will result in proposed construction arrangements. These plans will require to be approved by the local authority Building Control team and must meet all regulatory and legislative standards.

The detailed plans for the development of the preferred site will also be subject to public scrutiny as part of the formal planning process as the local authority will seek the views of members of the public on the detailed proposals from NHS Lanarkshire as developer of the new hospital.

### **10. Feedback from stakeholders**

There has been a considerable level of engagement with stakeholders throughout the project with a series of public meetings in February 2020 and a formal period of feedback following publication of the option appraisal report. This is assessed in detail within the Engagement Report (Appendix C).

The most common theme emerging is the view that information on contamination is inaccurate and is biased. In particular there are concerns raised by some that the level of contamination at Gartcosh has been understated by NHS Lanarkshire as it is believed that this site is the NHS Lanarkshire preferred option.

NHS Lanarkshire has no preference for a site and have stated this publicly with all of the site information published having been prepared by independent technical experts operating on a commercial basis. Such companies will only publish information that they believe to be true (and can evidence to be so) as they are legally responsible for this and require to warrant that this is the case. The opportunity to review this information has been provided as part of the Peoples Hearing process.

The landowner at Glenmavis, and some local elected members, have also raised concerns regarding the accuracy of the information produced for that site and believe that it overstates the extent of contamination and therefore costs. The particular concern is in relation to the extent to which sewage sludge has been disposed of across the site. WSP and their contractors have reviewed their analysis and are satisfied that they have accurately assessed the volume, necessary remediation works and associated costs.

### **11. Equality Impact Assessment (EQIA)**

There are no site specific issues of materiality identified within the EQIA reviews.

### **12. Points for consideration**

Each of the sites has a level of contamination and each will require a level of remediation. The level of remediation required will vary as will the level of specialist works required to mitigate this. This is normal practice when developing a site prior to the construction of a major development such as a new hospital.

Our advisers have confirmed that each of the sites can be brought to a level which will allow the construction of a hospital with the construction period for each site being of a similar timescale.

Our advisers risk assessment however concludes that the Wester Moffat site has the lowest risk as the detailed historical records available indicate a low level of former industrial use of the main part of the site.

Each of the other two sites have been subject to significant historical industrial use - heavy industry at Gartcosh and coal mining/waste disposal at Glenmavis respectively - resulting in a higher ranking for both from a risk perspective.

## Appendix A - Extract from Advisers report - Gartcosh

### Historical Ground Conditions

The site was formerly a brick and steelwork which was demolished in late 1990's. Residual underground structures remain from the historic use, and the site has been subject to various remediation treatments to address historic contamination matters.

### Phase 1 Site Investigation Reports

An extensive Phase 1 Site Investigation Report (200+ pages) on the historical ground conditions report has been prepared for the site, and available on NHS Lanarkshire's website. This report captured information on the historical uses of the site and the extensive works undertaken previously across the site address contamination remediation.

### Geology

According to BGS mapping, the underlying geology is underlain by superficial deposits and the Scottish Lower Coal Measures Formation. The site is located within a Coal Mining Reporting Area. From extensive third-party site investigation reports relating to the site, the ground conditions comprise substantial made ground deposits of demolition rubble and reworked natural clays, overlying sandy, gravelly, cobbly clays, overlying sedimentary sequences of sandstone, mudstone and siltstone.

### Preliminary Coal Mining Risk Assessment

From the Coal Authority Interactive map viewer there is an area of past shallow coal mining on the southern border of the site. The Lower Drumgray Coal seam also outcrops through the site forming a semi-circle pattern trending east to west with the midpoint of arc centred on the northern boundary of the site. To the south of the site boundary there are four mine shafts and two adits recorded on mine plans. The coal authority identifies a rectangular section in the south east of the site as a development high risk area. This relates to a conjectured outcropping of the Lower Drumgray Coal Seam. Extensive mining approximately 300m to the east of the site is also recorded. The areas of mine workings are considered to be out with the potential development zone for the new hospital, however unrecorded workings in the vicinity cannot be ruled out, but the risk is considered to be low

### Contamination & Remediation

On-site potential sources include the former steel works and associated made ground and demolition rubble over the majority of the site, as well as railway land and sidings to the south of the site. Historical third party reporting includes information on previous asbestos remediation, alkali soil and groundwater assessments and bioremediation of hydrocarbon contamination. Given the time elapsed since the third party reporting, the current status of any residual contamination is unknown.

### Preliminary Geotechnical Appraisal

It is likely that deep foundations will be required to transfer the loads to the underlying bedrock. Due to the likely presence of boulders within the underlying glacial till and potential obstructions in the made ground, driven piles may not be feasible.

The site is relatively level therefore it is not expected then major earthworks or excavation will be required. Obstructions from historic structures and infrastructure on the site are likely to be present within the made ground and consideration of these should be made both in terms of excavation and stability.

**Appendix B - Extract from Advisers report - Glenmavis****Historical Ground Conditions**

The site is currently vacant land which has previously been subject to mine working.

**Phase 1 Site Investigation Reports**

An extensive Phase 1 Site Investigation Report (200+ pages) on the historical ground conditions report has been prepared for the site, and available on NHS Lanarkshire's website. This report captured information on the historical uses of the site.

**Geology**

The BGS mapping indicates that artificial deposits, comprising small pockets of Made Ground are found in the vicinity of the site. The drift geology is shown to comprise Glacial Till. Peat is also recorded along the southern boundary. Bedrock geology across the majority of site comprises Scottish Middle Coal Measures, with Scottish Lower Coal Measures within the south.

**Preliminary Coal Mining Risk Assessment**

Coal Authority data indicates that the site is located in a Development High Risk Area comprising past and probable shallow coal mine workings. Abandonment plans record workings in several seams at shallow depth beneath parts of the site. Much of the site lies within the boundary of a licence for open cast coal mining, the extents of which on site are not clearly defined. There are 24 mine shafts and 16 mine adits recorded within the site boundary. Mitigation of coal mining risks is required, potentially including grout consolidation of shallow mine workings, location and treatment of mine entries, and additional measures, such as deep piles, for any areas of backfilled opencast. Figure 7 – Glenmavis recorded mine workings, outline of proposed site indicated in red Figure 8 – Glenmavis recorded mine workings, outline of proposed site indicated in red

**Contamination & Remediation**

On-site potential sources include contamination associated with coal mining activities and the supporting infrastructure. In addition, there is evidence of landfilling, the nature and extent of which is not fully known. However, there is evidence to show the site has, at least in part, been spread with sewage sludge. The Waste Management Licensing (Scotland) Regulations 2011 provides a mechanism (Waste management exemption Paragraph 8.2 (PARA8.2)) that allows the use of bio-solids to restore derelict land provided that site specific criteria is established and met. Bio-solids can only be used on land that has been impacted by industrial activity either to restore it to agriculture or improve its ecological value. Figure 9 – Glenmavis area of sewage sludge spreading, outline of proposed site indicated in red and yellow indicates potential area of sewage sludge from SEPA records The wider site area includes coal mining activity including further mines, pits, shafts, in-filled ground, tips, quarries and spoil and associated infrastructure in all directions from the planned hospital site. Sewage sludge has also been spread in the wider surrounding area.

**Preliminary Geotechnical Appraisal**

With regards to geotechnical considerations, the following conclusions are made for site. Deposits of Made Ground are expected across site, including possible deep opencast backfill material, which may give rise to high total and differential settlements. Where Made Ground is not present, and firm Glacial Till or natural bedrock is present at shallow depth, consideration could be given to conventional shallow foundations. In areas of deep Made Ground it is likely that piled foundations will be required to transfer structural loads to the underlying bedrock. The expected presence of deep and variable thickness of Made Ground is likely to have an impact on the performance of roads and hard standings, with the risk of total and differential settlement affecting finished surfaces and drainage. The landfilling of sewage sludge may have generated increased thickness of organic soils at the surface which are unlikely to be suitable as a formation for a build development and may require removal /redistribution.



## Appendix C - Extract from Advisers report - Wester Moffat

### Historical Ground Conditions

The site has predominantly been used for agricultural purposes, although there were extensive coal related activities in the west, including multiple collieries, mine shafts and a quarry. A train line once bisected the site and a former reservoir is located towards the south of the overall site.

### Phase 1 Site Investigation Reports

An extensive Phase 1 Site Investigation Report (500+ pages) on the historical ground conditions report has been prepared for the site, and available on NHS Lanarkshire's website. This report captured information on the historical uses of the site and the extensive works undertaken previously across the site address contamination remediation.

### Geology

According to BGS mapping, the site is predominantly underlain by Glacial Till, with Alluvium present adjacent to the river in the north of the site. An area free from superficial deposits is present in the east of the site. The bedrock geology is predominately the Midland Valley Sill (igneous), with a band of Scottish Lower Coal Measures Formation along the western edge of site and Scottish Middle Coal Measures along the western fringes. The site is located within a Coal Mining Reporting Area.

### Preliminary Coal Mining Risk Assessment

Coal Authority sources show the north and west of the site to be underlain by widespread shallow coal mining and 31 mine entries. The area of the site identified for the potential hospital development is in the north of the site and has limited shallow coal mining and mine entries. Treatment of shallow mine workings and treatment and capping of mine entries are likely to be required in the hospital development zone.

### Contamination & Remediation

Potential sources of contamination have been identified associated with historical and current land use on site and in the immediate surrounding area. Potential contaminant linkages have been identified with regards to soil, groundwater and ground gas.

Identified risks from Phase 1 study include: (Zone identified for hospital development)

- Made ground associated with the former colliery buildings;
- Made ground associated with mining spoil, slag heaps and refuse tips from former colliers and mines;
- Made ground associated with former West Moffat Farm;
- Potential fuel tanks on former West Moffat Farm
- Ground gas associated with made ground and former mining;
- Unspecified former tanks onsite.

### Preliminary Geotechnical Appraisal

Traditional spread foundations and ground bearing floor slabs may be suitable for the majority of the site, although due consideration will need to be given to alternative foundation solutions where thick Made Ground, Alluvium or soft spots within Glacial Till are present. Groundwater control and ground support are likely to be required. The risk of in-ground obstructions is considered to be low. The shallow coal mining risk is considered to be moderate.

## Monklands Replacement Project Briefing Paper on Environmental and Green issues

### Introduction

The issue of environmental and green considerations is recognised as a factor in the decision-making process and has been raised by members of the public and by staff. This paper sets out how NHS Lanarkshire has approached this matter, identifies the steps that have been undertaken to ensure the provision of robust and accurate information and demonstrates the role this information has played in the assessment of options.

It also sets out the steps that will be taken forward at the selected site, once this is known.

This subject is closely related to contamination and ground conditions which are covered in detail in a separate briefing paper (Appendix H).

### 1. Approach

Environment and green are seen as generic terms within the construction industry and generally refer to the condition/previous use of the site, pollution, congestion and the impact that building on that site would have on the local and wider environment.

Greenspace is a term which is now in common use and recognised to promote improved mental and physical health and wellbeing. Greenspace includes urban parks and wetlands which include vegetation. Benefits of greenspace are generally recognised as:

- Encouraging exercise
- Providing space for socialising
- Reducing noise and air pollution
- Improving immune response
- Providing respite for over-stimulated minds
- Encouraging psychological relation and stress alleviation

A significant level of detailed work has been undertaken at each site by our external advisers WSP, experts in contamination and ground conditions, and a range of specialist sub-contractors who are specialists in site investigation. This work is set out in the Transport Strategy which was published in February 2020 and has been overseen by Transport Scotland. The level of work undertaken at each site is significant and has been identified through a full assessment of historical records and detailed site information. This is set out in detail within the Transport Strategy (<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-transport-strategy/>).

Additionally, information on environment, greenspace and congestion/pollution has emerged from the Fairer Scotland Duty assessment, the Equality Impact Assessments and also from members of the public and staff during the feedback period and the representative survey.

A description of each of the key areas in detail by site (set out alphabetically) is now provided to give a greater understanding of the approach taken, and the degree of detail considered. It is also important to recognise that this level of detail is significantly in excess of what would typically be required at this stage in a process e.g. site selection. Further significant work will be undertaken when a site is selected as part of the formal local authority planning process.

## **2. Gartcosh**

The site at Gartcosh is brownfield land with historic industrial uses and has been subject of various remediation treatments over the years to address contaminated land matters. On-site potential sources of ground issues include the former steel works and associated made ground and demolition rubble over the majority of the site, as well as railway land and sidings to the south of the site. Historical third-party reporting includes information on previous asbestos remediation works, alkali soil and groundwater assessments and bio-remediation of hydrocarbon contamination.

The site is adjacent to the M73 motorway and there is a comprehensive existing road infrastructure providing access to the site, providing both primary and secondary resilient access routes. Some upgrade works will be required to address increased use, however, this is not considered as unusual for major hospital developments.

The level of congestion would likely to be reduced through the provision of suitable public transport services.

The site is bounded to the south by a rail line which provides good connectivity to both Glasgow and Cumbernauld and has confirmed potential to connect to Coatbridge and Motherwell.

Provision of public transport by bus is currently limited and would be improved by the development of a hospital at this site. The cost to NHS Lanarkshire of providing a suitable service by bus, if it is not possible to do this commercially, has been assessed by Strathclyde Partnership for Transport to be in the range of £2.60m - £3.00m per annum.

The site sits within an area designated as a development area - Gartcosh Business Park - with significant office accommodation (Scottish Crime Campus) already in place, a number of industrial units under construction and a popular train station within the Business Park. There are car parking challenges currently within the Business Park and limited expansion opportunities.

The Business Park is also adjacent to the Gartcosh Local Nature Reserve which could be accessed by patients and staff.

The site is also inhabited by the great crested newt and sensitive development will be required to protect this habitat.

## **3. Glenmavis**

The site at Glenmavis has historically been occupied by coal mining activities which over the history of the site has included collieries, railway and tramline infrastructure, multiple pits and shafts, with evidence of spoil heaps and infilling. The site has been subject to both open cast and sub-surface mining, and most recently sewage sludge spreading as part of ground improvement techniques to industrial land to restore it to agriculture use or improve its ecological value.

There is no main road infrastructure to the site. The development of the site is wholly reliant on the construction of the East Airdrie Link Road, the cost of which will be covered by North Lanarkshire Council. NHS Lanarkshire have made a number of working assumptions related to the East Airdrie Link Road for planning purposes; these are detailed elsewhere in this report at in Appendix G.

A secondary access road, to provide resilience and achieve compliance with healthcare best practice (Health Building Note 00-07 / Scottish Health Planning Note 00-07 Planning for a resilient healthcare estate, will be required to be provided as part of the hospital development. A stated ambition for the development of the East Airdrie Link Road is to improve air pollution by reducing congestion levels.

The level of congestion would likely be reduced through the provision of suitable public transport services.

There is no railway station within reasonable walking distance from the site.

Provision of public transport by bus is currently very limited and would be improved by the development of a hospital at this site. The cost to NHS Lanarkshire of providing a suitable service by bus, if it is not possible to do this commercially, has been assessed by Strathclyde Partnership for Transport to be in the range of £2.34m - £2.70m per annum.

The site is rural in nature although a range of residential and industrial developments are currently planned. This includes provision of over 500 new houses, a “heat from waste” plant, a food processing plant and a number of retail units.

The site is also inhabited by the great crested newt and sensitive development will be required to protect this habitat.

#### **4. Wester Moffat**

The overall available site at Wester Moffat currently comprises agricultural land. The large size of the available land allows the hospital to be located out with the main areas of constraints from historical mining and existing power lines.

Part of the overall site has been subject to extensive coal related activities including multiple collieries, mine shafts and a quarry, although the location of the new hospital would be positioned out with this zone to avoid the majority of historic mine workings. A train line once traversed the site, although this is generally out with the area of the zone identified for potential development of the hospital. The NHS Lanarkshire planning assumption is that the overall site will be split into two by the line of the proposed East Airdrie Link Road creating west and east development zones. This leaves sufficient space with expansion available for the development of a hospital on either of the development zones.

There is no main road infrastructure to the site. The development of the site is wholly reliant on the construction of the East Airdrie Link Road, the cost of which will be covered by North Lanarkshire Council. A secondary access road, to provide resilience and achieve compliance with healthcare best practice (Health Building Note 00-07 / Scottish Health Planning Note 00-07 Planning for a resilient healthcare estate), will be required to be provided as part of the hospital development. A stated ambition for the development of the East Airdrie Link Road is to improve air pollution by reducing congestion levels.

The level of congestion would likely be reduced through the provision of suitable public transport services.

The site is bounded to the north by the Airdrie to Bathgate train line. It is noted that this lies within a cutting providing a barrier to noise and air pollution, and provides good connectivity to Glasgow, Coatbridge and Airdrie.

Provision of public transport by bus is currently limited and would be improved by the development of a hospital at this site. The cost to NHS Lanarkshire of providing a suitable service by bus, if it is not possible to do this commercially, has been assessed by Strathclyde Partnership for Transport to be in the range of £1.69m - £2.10m per annum.

Although the site is close to the town of Airdrie and a number of its established communities, it remains rural in nature and is currently in use as a working farm. The site includes the North Calder water within its boundary and the river valley would not form part of the hospital development. This is an existing nature trail and is considered to be natural greenspace which would be retained.

There is no record of the site being inhabited by the great crested newt.

## 5. Risk Appraisal

On completion of the formal option appraisal process to score the three sites objectively, the Consultation Institute, an independent engagement organisation who managed the option appraisal process on behalf of NHS Lanarkshire, recommended that a number of areas should be given further consideration prior to any decision making process. In particular, they recommended that contamination should be subject to a formal risk appraisal, set out in the Board briefing paper on contamination (Appendix H), along with transport infrastructure and the impact of cross-boundary flow, and that travel access for people on low incomes should be considered within the Fairer Scotland Duty Assessment process (see transport briefing, Appendix F). The Consultation Institute noted no requirement to undertake a risk assessment on any factors related to the environment or Greenspace.

## 6. Summary of assurance

A detailed independent technical assessment of the various elements of contamination and ground conditions has been undertaken by WSP and their contractors. This has been overviewed by our lead adviser, Currie & Brown, and the outcomes of this validated by Transport Scotland for assurance.

The information has been published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. No representations were made to the Panel.

## 7. Feedback from stakeholders

There has been a considerable level of engagement with stakeholders throughout the project with a series of public meetings in February 2020 and a formal period of feedback following publication of the option appraisal report. This is assessed in detail within the Engagement Report (Appendix C).

The most common themes emerging in respect of environment and green issues are:

- Increases in congestion through the development of a new hospital, particularly in terms of traffic increases in the village of Gartcosh which would be compounded by the ongoing and significant development of housing (3,000 units).
- Development of the East Airdrie Link Road is key to resolving potential congestion issues at the Glenmavis and Wester Moffat sites.
- Level of air and noise pollution in the vicinity of the hospital at all sites.
- Lack of public transport by bus to each of the potential sites
- Concerns that proximity to the motorway at Gartcosh will result in higher levels of emissions, air and noise pollution.
- Reuse of former industrial land at Gartcosh and Glenmavis will result in ongoing environmental issues once the hospital is commissioned.
- Opportunities to incorporate Greenspace should be maximised at all sites. This is considered to be easier to deliver at those sites which are currently rural in nature – Glenmavis and Wester Moffat. In addition, both of these sites are regarded as having greater Greenspace opportunity due to the overall size of the sites, although a level of future residential and industrial development is noted at Glenmavis.

## 8. Fairer Scotland Duty and Equality Impact Assessments (EQIA)

There are a number of site specific issues identified within the Fairer Scotland Duty Assessment and the EQIA reviews. The assessments mirror the general issues raised by stakeholders and are in relation to:

- Congestion - All sites
- Increase in air and noise pollution - particularly Gartcosh
- Increase in emissions - All sites
- Opportunity to improve access to Greenspace - Glenmavis and Wester Moffat
- Protection of greater crested newts and their environments - Gartcosh and Glenmavis

## 9. Mitigation action

Initial mitigation has been taken through the Peoples Hearing process where all formal representations from interested parties were fully considered. The information was published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. The panel indicated that whilst four representations were made no evidence was presented which challenged the accuracy or robustness of the reports presented by WSP and the adviser team. This included formal submissions from local elected members which were fully considered. The panel concluded that the information issued by WSP and the adviser team should therefore be taken forward to inform the option appraisal process.

After a preferred site has been selected, further mitigation will be taken forward through the development of detailed plans which will result in proposed construction arrangements. These plans will require to be approved by the local authority Building Control team and must meet all regulatory and legislative standards. This process would incorporate an environmental impact assessment including proposals to mitigate issues arising such as protection of the habitat of the great crested newt. This is routine in such developments.

The detailed plans for the development of the preferred site will also be subject to public scrutiny as part of the formal planning process as the local authority will seek the views of members of the public on the detailed proposals from NHS Lanarkshire as developer of the new hospital. This process is specifically designed to address any site issues relevant to environment and Greenspace and will also include a comprehensive Transport Impact Assessment, which will address concerns around provision of public transport and set out plans to ensure the provision of sufficient public transport to the selected site.

## 10. New Hospital carbon ambitions

The MRP (Monklands Replacement Project) Initial Agreement Design Statement set a target of 'Excellent' for BREEAM\* and engagement with Health Facilities Scotland is ongoing to achieve this. The MRP has also been identified as one of the two Pathfinder Projects to develop and implement standards for Net Zero Carbon. This pathfinder work will be carried out in conjunction with Scottish Futures Trust and Zero Waste Scotland to ensure that the new hospital is environmentally friendly and supports the Scottish Government's vision for a net zero carbon economy.

## 11. Points for consideration

There will be an environmental and green impact at each site if it is selected for the development of the new hospital.

Congestion and air/noise pollution are high ranking factors and are regarded as of greatest concern at Gartcosh due to the impact of additional traffic on local village transport infrastructure and the close proximity of the site to the motorway.

Development of the East Airdrie Link Road will improve access and reduce congestion in the areas and communities adjacent to the Glenmavis and Wester Moffat sites.

Each of the sites will require a level of remediation to mitigate contamination linked to the sites former use. This is lowest at the Wester Moffat site (no cost), higher at Gartcosh (£1.51m) and highest at Glenmavis (£3.75m).

There are remaining concerns that mitigation of historical contamination at the Gartcosh site will be challenging due to its previous heavy industrial engineering use.

The development of accessible Greenspace is regarded as important for communities with opportunities for the development regarded as greater at the Glenmavis and Wester Moffat sites. It is noted however that a level of future residential and industrial development is already planned at Glenmavis.

It should also be noted that there is an existing nature reserve at Gartcosh.

The costs of providing additional public transport infrastructure to ensure that congestion is minimised, if not deliverable commercially, are lowest for the Wester Moffat site.

### **\*BREEAM**

*BREEAM is the world's leading sustainability assessment method for mater planning projects, infrastructure and buildings. It recognises and reflects the value in higher performing assets across the built environment lifecycle, from new construction to in-use and refurbishment.*

*BREEAM does this through third party certification of the assessment of an asset's environmental, social and economic sustainability performance, using standards developed by BRE (Building Research Establishment). This means BREEAM rated developments are more sustainable environments that enhance the well-being of the people who live and work in them, help protect natural resources and make for more attractive property investments.*

**Monklands Replacement Project**  
**Briefing paper on Regional Working and Cross Boundary Flow**

**Introduction**

The matter of regional working and the impact of cross boundary flow are recognised as key factors in the decision-making process and have been raised by the public and staff on a regular basis. This paper sets out how NHS Lanarkshire has approached these matters and sets out the steps that have been undertaken to ensure the provision of robust and accurate information, and the role this information has played in the assessment of options. It also sets out the steps that will be taken to ensure that regional working is maintained and that the impact of cross boundary flow is mitigated at the selected site, once this is known.

**1. Approach - Regional Working**

Regional working is a cornerstone of healthcare provision and strong regional working arrangements currently exist within the West of Scotland. The development of a replacement for University Hospital Monklands is based upon ensuring a strong commitment to a continuation and development of these regional working arrangements.

Regional working arrangements are managed through the Regional Delivery Programme Board and the development of the Monklands Replacement Project (MRP) has been the subject of regular updates at the Programme Board in recent years. The Programme Board continue to be supportive of the development of MRP and are fully engaged in approvals process.

The Programme Board formally confirmed this commitment as part of the approval process prior to submission of the Initial Agreement to the Scottish Government in 2017 and will perform a similar role prior to submission of the Outline Business Case in 2021.

The Programme Board confirmed that there are two key areas of work that currently impact on Regional working – continued provision of radiotherapy services via the Lanarkshire Beatson and scope for future service expansion. All three of the potential alternative sites will accommodate the inclusion of the Lanarkshire Beatson and this is confirmed as a definitive element of the new hospital irrespective of site location. Scope for future expansion will also be available at all sites and will meet the required 20% in accordance with planning guidance. However, there is recognition that scope for further expansion, noted by Monklands Replacement Project (MRP) external advisers at up to 50%, would be possible at the Glenmavis and Wester Moffat sites due to greater availability of land. There is no scope for further expansion beyond the 20% requirement at Gartcosh.

Connectivity by road at each site will be enhanced relative to the current site with Gartcosh and Wester Moffat also offering connectivity by rail.

Engagement with Regional Partners will be extended once a preferred site is selected.

**2. Approach - Cross Boundary Flow**

Cross boundary flow is a generic term used within the healthcare environment and generally refers to movement of patients from one Health Board area to another. In particular it can be used to reflect the impact on communities of relocating services or facilities. It is primarily used to reflect unscheduled care activity (attendance at Emergency Departments) as this is generally a patient-selected option.

Cross boundary flow currently exists with significant numbers of Lanarkshire patients attending hospitals in Glasgow and Forth Valley. These patients are primarily located within Cumbernauld and the Northern



Corridor although there are also small numbers impacted within the Cambuslang / Rutherglen area. The relocation of University Hospital Monklands will provide an opportunity to improve access to services for patients who live in the Cumbernauld and Northern Corridor areas, and these communities will be encouraged and supported to use NHS Lanarkshire facilities irrespective of site selection.

The methodology adopted for this assessment is to identify the current flow of unscheduled care activity (hospital of choice) for the whole of the Lanarkshire population and then assess the changes to this for each of the prospective sites. This is undertaken on a very detailed level by assessing activity within each postcode sector individually and predicting expected patient movement of each community on the basis of actual travel times and distance.

This is a methodology well used within the healthcare environment and underpinned the analysis of projected patients flows to University Hospital Hairmyres when the Victoria Infirmary on the south side of Glasgow closed in 2015. It was similarly used in 2011 prior to the commissioning of the new Forth Valley Royal Hospital. The data was found to be very useful in both these cases in terms of ensuring that services were planned based upon accurate and appropriate activity projections.

A summary of the impact at each location in terms of Emergency Department attendances, inpatient admissions and bed numbers has been determined and is available at:

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-assessment-of-impact-on-catchment-areas/>

A description of each of these areas of work in detail by site (set out alphabetically) is now provided to give a greater understanding of the approach taken, and the degree of detail considered. It is also important to recognise that this level of detail is significantly in excess of what would typically be required at this stage in a process e.g. site selection. Further significant work will be undertaken when a site is selected as part of the formal local authority planning process.

This modelling of activity assumes current (2019/20) proportions and volumes of patients between the “heralded” (referred by a GP or Scottish Ambulance Service) patients and “self-presenting” patients. The Redesign of Urgent Care (RUC) programme has an ambition to convert a proportion of these self-referring patients into scheduled appointments at each Emergency Department (ED). This work is at pilot stage, so no changes to the size of the unscheduled care referral numbers (and hence the size of the proposed hospital) have been made - this will remain under review as we work to “mainstream” the RUC model through 2021.

### **3. Gartcosh - modelling of activity**

The site at Gartcosh is located at the western edge of Lanarkshire and is close to the populations covered by Greater Glasgow and Clyde – particularly Easterhouse and Garthamlock. It is also closer to the Lanarkshire populations of Cumbernauld and Northern Corridor than the current University Hospital Monklands.

The impact on unscheduled care activity, per annum, is set out below:

Gartcosh	Flow from Greater Glasgow & Clyde (GG&C)/Forth Valley (ED attendances)	Flow to UH Wishaw (ED Attendances)	Net impact at UH Monklands (ED Attendances)	Net impact at UH Monklands (Beds)
Activity	10,546	2,290	8,256	21.9

This would represent a significant increase in activity at University Hospital Monklands (up to 8,256 additional ED attendances) which currently sits at approximately 70,000 attendances per annum (pre-Covid). The estimated cost to NHS Lanarkshire of managing this additional activity is £990,720 per annum.

The increase in activity is split fairly evenly between Lanarkshire patients (Cumbernauld and Northern Corridor) electing to use the Gartcosh site in preference to Glasgow Royal Infirmary and Forth Valley Royal Hospital, and Glasgow patients, in the Easterhouse and Garthamlock areas predominantly, electing to use the Gartcosh site in preference to Glasgow Royal Infirmary. This would represent a significant increase in terms of the number of Lanarkshire patients using the new Lanarkshire hospital.

Additionally, a number of patients in the south of the hospital catchment area (Bellshill, Holytown and Chapelhall) would elect to use University Hospital Wishaw in preference to the new hospital if it were located at Gartcosh (up to 2,290 additional ED attendances against a baseline of approximately 75,000 per annum).

The impact of these movements in activity would be to increase the scale of the Emergency Department at University Hospital Monklands and increase the number of beds provided on site by one ward unit. The impact at University Hospital Wishaw would be much less with the additional ED attendances and admissions expected to be able to be managed within existing accommodation.

**4. Glenmavis - modelling of activity**

The site at Glenmavis is located to the north east of Airdrie in a relatively rural landscape. It is close to Airdrie and closer to Cumbernauld than the current University Hospital Monklands.

The impact on unscheduled care activity, per annum, is set out below:

Glenmavis	Flow from GG&C/Forth Valley (ED attendances)	Flow to UH Wishaw (ED Attendances)	Net impact at UH Monklands (ED Attendances)	Net impact at UH Monklands (Beds)
Activity	6,030	3,651	2,379	5.7

This would represent a relatively minor increase in Emergency Department activity (2,379 attendances) at University Hospital Monklands which currently sits at approximately 70,000 attendances per annum (pre-Covid). The estimated cost to NHS Lanarkshire of managing this additional activity is £285,480 per annum.

The increase in activity is generated by Lanarkshire patients (Cumbernauld and the Northern Corridor) electing to use the Glenmavis site in preference to Glasgow Royal Infirmary and Forth Valley Royal Hospital. This would represent an increase in terms of the number of Lanarkshire patients using the new Lanarkshire hospital.

Additionally, a number of patients in the south of the hospital catchment area (Bellshill, Holytown and Chapelhall) would elect to use University Hospital Wishaw in preference to the new hospital if it were located at Glenmavis (up to 3,651 additional attendances against a baseline of approximately 75,000 per annum).

Whilst there may be an impact in terms of Lanarkshire patients who had previously used Hospitals outwith NHS Lanarkshire now using the new NHS Lanarkshire hospital, this would not increase the scale of the ED at University Hospital Monklands or impact on the number of beds provided on the site. Similarly, the impact at University Hospital Wishaw would be of a similar scale with the additional ED attendances and admissions expected to be able to be comfortably managed within existing accommodation.

**5. Wester Moffat - modelling of activity**

The site at Wester Moffat is located to the east of Airdrie and lies close to the town. However, the East Airdrie Link Road would make this site more accessible to patients in Cumbernauld and Northern Corridor.

The impact on unscheduled care activity, per annum, is set out below:

Wester Moffat	Flow from GG&C/Forth Valley (ED attendances)	Flow to UH Wishaw (ED Attendances)	Net impact at UH Monklands (ED Attendances)	Net impact at UH Monklands (Beds)
Activity	2,124	2,434	-310	-0.3

This would represent a small decrease in Emergency Department activity at University Hospital Monklands (310 fewer patients) which currently sits at approximately 70,000 attendances per annum (pre-Covid). There is no cost associated with this change in activity.

This small decrease in activity is generated by projecting that Lanarkshire patients in Cumbernauld and the Northern Corridor, may choose to use the Wester Moffat site in preference to going to Glasgow Royal Infirmary and/or Forth Valley Royal Hospital. However, a similar number of patients in the south of the hospital catchment area (Bellshill, Holytown and Chapelhall) may choose to use University Hospital Wishaw in preference to the new hospital if it were located at Wester Moffat, resulting in a net impact of 310 fewer patients using the new Hospital. (Up to 2,434 additional ED attendances at University Hospital Wishaw against a baseline of approximately 75,000 per annum).

The impact of these movements in activity is marginal and would not increase the scale of the ED at University Hospital Monklands or impact on the number of beds provided on the site. Similarly, the impact at University Hospital Wishaw would be minor with the additional ED attendances and admissions expected to be able to be managed within existing accommodation

## **6. Option Appraisal Process**

The Option Appraisal Process, which has been taken forward in accordance with Scottish Government Guidance, required the identification of relevant and appropriate benefits criteria, weighting of these benefits criteria and then scoring of each criterion for each site. Identification of benefits criteria was undertaken through a call to the public for proposals for individual criteria and the consideration of these proposals by the People's Hearing panel. The panel concluded on the basis of the representations made to them that 2 of the 5 criteria should reflect access to regional services and cross boundary flow.

These criteria were then weighted by scoring participants. A total of 174 participants took part in this part of the process and the weightings below were confirmed:

Access/connectivity to regional centres - 19.27%  
 Cross boundary flow - 12.20%

Therefore, a total of 31.47% of the total criteria considered by scoring participants were attributable to regional working and cross boundary flow. The full Option Appraisal report is available at: <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report>

## **7. Risk Appraisal**

On completion of the option appraisal the Consultation Institute, an independent engagement organisation who managed the process at arm's length, recommended that a number of areas should be given further consideration prior to any decision-making process. In particular they recommended that cross boundary flow should be subject to a formal risk appraisal, along with transport infrastructure and contamination, and that travel access for people on low incomes should be considered within the Fairer Scotland Duty Assessment process (see Appendix F).

The formal risk appraisal process was undertaken by the NHS Lanarkshire’s external technical advisers who considered the question for each alternative site – *what is the risk of greater than allowed for cross boundary flow?*

They considered the likelihood and impact for each site and scored as follows:

Site	Likelihood	Impact	Score
<b>Gartcosh</b>			
<b>Cross boundary flow</b>	3	2	6
<b>Glenmavis</b>			
<b>Cross boundary flow</b>	2	1	2
<b>Wester Moffat</b>			
<b>Cross boundary flow</b>	2	1	2

The advisers added comments to support their assessment:

**Gartcosh - Cross-Boundary Flow** - The hospital has been sized to allow for an increase in ED (A&E) attendances and beds (22 beds) based on cross boundary flows; 8,256 additional ED attendances are included within the capacity planning model. This risk is mitigated by the control NHS Lanarkshire has in managing unscheduled care pathways i.e. the Scottish Ambulance Service transport patients to their local hospital and General Practitioners refer patients with an acute illness in the same way. The risk of any additional ED attendances would therefore be more likely in circumstances where people self-present, more often with a minor injury or minor illness; the new clinical pathways within the ED have been specifically designed to manage this type of attendance more efficiently. An increase in minor attendances will not affect inpatient bed requirements or scheduled care as modelled.

**Glenmavis - Cross-Boundary Flow** - There is less risk of greater than allowed for cross-boundary flow due to the distance from NHS GG&C’s boundary although there is a potential for an impact on ED attendance at University Hospital Wishaw.

**Wester Moffat - Cross-Boundary Flow** - There is less risk of greater than allowed for cross-boundary flow due to the distance from NHS GG&C’s boundary although there is a potential for an impact on ED attendance at University Hospital Wishaw.

The full Risk Appraisal report is available at: <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458879699&filename=Appendix-G-MRP-technical-advisers-risk-appraisal.pdf&wpdmdl=15061&refresh=5f92f88fd51731603467407>

## 8. Summary of Assurance

A detailed independent technical assessment of the various elements of cross boundary flow has been undertaken by NHS Lanarkshire. This has been overviewed by our Healthcare Planning Adviser, Buchan Associates, and our Lead Adviser, Currie & Brown. The information was published in detail (February 2020) and comments on its robustness, accuracy and validity invited in advance of a Peoples Hearing process. Representations were made to the Peoples Hearing, but no evidence was presented which challenged the robustness of the information.

**9. Mitigation actions taken**

Mitigation of any issues in relation to regional working will be taken forward through a channel of open engagement with our regional partners. This channel is already in place through the Regional Delivery Programme Board and will continue to be utilised to ensure continuing support for the project at regional level.

Mitigation of the impact of the projected additional activity has been taken forward in the development of plans for the hospital should the selected site be Gartcosh – this has resulted in increases to the size of the Emergency Department to cope with the additional 8,256 attendances per year and the provision of one additional ward to deal with the associated additional patient admissions. The costs of this additional accommodation have been included in the cost plans for this site and equate to approximately £10m.

**10. Feedback from stakeholders**

There has been a considerable level of engagement with stakeholders throughout the project with a series of public meetings in February 2020 and a formal period of feedback following publication of the option appraisal report.

The most common theme emerging is the concern that information on cross boundary flow is inaccurate and is biased. In particular there are concerns raised by some that the impact of cross boundary flow at Gartcosh is understated as it is believed this site is the NHSL preferred option. NHSL has no preference for a site and has stated this publicly. All of the site information underpinning the assessment of impact has been published and has been available for review. This review process has been underpinned by the Peoples Hearing process and no alternative data or information has been presented by any party.

**11. Points for consideration****Regional Working**

The impact of site location on regional working is not a significant factor. Scope for future expansion will be available at all sites and will meet the required 20% in accordance with planning guidance.

There is a recognition that scope for further expansion, noted by MRP external advisers at up to 50%, would be possible at the Glenmavis and Wester Moffat sites due to greater availability of land. This additional expansion capacity would not be available at Gartcosh and could therefore limit NHS Lanarkshire future development ambitions.

**Cross Boundary Flow**

Cross boundary flow has been assessed for each of the potential alternative sites and mitigation has been applied at the site most at risk which is Gartcosh. Our advisers have confirmed that the current hospital build plans for each of the sites would provide sufficient accommodation to meet the projected patient activity.

The estimated annual cost to NHS Lanarkshire of managing the additional emergency department activity resulting from cross boundary flow is £990,720 per annum at Gartcosh and £285,480 per annum at Glenmavis. This represents an increase in operating costs which would require to be funded from within existing resources. There is no cross boundary flow cost impact at the Wester Moffat site.

Our advisers risk assessment concludes that the Gartcosh site has a greater risk of impact should cross boundary flow be greater than the levels projected. Their assessment resulted in higher risk scores for both likelihood and impact categories. It is recognised that if the new hospital is built at Wester Moffat then it is likely that some Cumbernauld and Northern Corridor patients may choose or continue to use Hospitals out with Lanarkshire.

**Monklands Replacement Project  
Briefing Paper on COVID-19****Introduction**

While it is acknowledged that Covid-19 had no material impact on the decision around the site to be selected, it is important that in the final analysis the Board acknowledged that it is aware of the issue, and had considered carefully any potential impact on the design of the Hospital.

**1. Fairer Scotland Duty Assessment**

The Fairer Scotland Duty Assessment incorporated views and reflections around the socio-economic impact of Covid (see Appendix F).

COVID-19 has had significant impact on the health and wellbeing of the nation both directly and indirectly. Evidence shows that the consequences of the disease and the resultant direct and indirect impacts, are most severe amongst people who are socio-economically disadvantaged and experiencing inequality. People living in SIMD 1 are known to be at greater risk of COVID-19 infection and whilst there are complex reasons for this, structural health and social inequalities underpin the increased risk.

We now know that COVID-19 is a multi-system disease with the potential for long-term harm. The longevity of these effects on individuals and communities are not yet fully understood. However, we do know that the impacts are not just physical.

Looking at the wider impacts on the people of North Lanarkshire, the unemployment claimant count has increased by 84% since March 2020. Whilst this has a direct effect on personal finances, evidence suggests that loss of good employment is detrimental to emotional, physical and psychological health (with a 67% rise in mortality rates). Therefore, the impact of unemployment leads to poorer health outcomes and increased mortality and morbidity rates. Add to this the potential impacts of 'long-COVID' and the ageing population of North Lanarkshire, the demand for primary and secondary care services could increase significantly.

Delivery of care throughout the pandemic has changed. Urgent and emergency care visits decreased, but rose again with lifting of lockdown. Elective surgery and outpatient appointments were cancelled for safety reasons and have been one of the indirect impacts of lockdown. Psychological and mental health services have also seen an increase in demand. Staff working across health services have had to adapt to new working conditions and fear of taking the infection home. 'Near Me' technology and remote consultations across primary and secondary care have been rolled out and are likely to remain in place with provision of face-to-face consultations as required. However, whilst there are advantages to remote consultations, there are also negative consequences to be considered, particularly in terms of connectedness and social isolation.

The direct and indirect impacts of COVID-19 are likely to stretch long into the future. With Community Planning Partners, we must adopt a holistic planning approach that is not only focussed on the hospital build itself but is also place based and community facing. Through this we will support those in our communities suffering the greatest deficits to their social, physical and emotional wellbeing. Building a hospital that embraces Greenspace as part of its therapeutic prescriptions and offers a community transport system is vital. This will enable our communities, particularly in areas of deprivation, to access hospital services at the right time for them and will acknowledge the detriments to individuals and communities and offer some mitigation for the impact of COVID-19.

### **2. Points for consideration**

The immediate impact of Covid-19 has no bearing on the site selection decision that the Board needs to consider.

It does, however, have significant bearing on the design of the Hospital.

Firstly, in terms of how patient services have been provided during the pandemic, which may continue, or accelerate, when the pandemic passes, such as the use of virtual or 'Near Me' technology and remote consultations across primary and secondary care.

Secondly, NHS staff have increasingly adopted an agile approach to work, with a blended approach to office, home and remote working, which will also have an impact on the design of the Hospital.

### **Monklands Replacement Project Briefing Paper on Place Based Approach**

#### **Independent Review Panel (IRP) Recommendation 3 – vision for the existing Monklands site**

*A clear vision for the existing Monklands site should be developed which takes account of views within the local community and which reflects emerging commitments to improve place-making such as the Place principle.*

The IRP recommended that a Place-Based Approach be adopted by the NHS Board in considering the future use of the current University Hospital Monklands (UHM) site to promote better health and wellbeing for our communities. This built on a recommendation contained within the first iteration of the Fairer Scotland Duty Assessment completed by NHS Lanarkshire in early 2018.

This approach recognises the significant level of support for the development of the existing site of the hospital which had been expressed by stakeholders during the public engagement process which took place in 2018. This support referenced the opportunity to help address inequalities in the area and to make use of the modern buildings housing the Beatson Radiotherapy Facility and Maggie's Centre.

NHS Lanarkshire has confirmed that the services provided at the Beatson Radiotherapy Facility and the Maggie's Centre will transfer to the new UHM. As a result of the transfer of these services, the current facilities for the Beatson and Maggie's Centre, which are modern and of a high standard, will be available to be incorporated into a vision for the existing site.

NHS Lanarkshire has established a new Partnership to develop a set of proposals for the future use of the current site following the relocation of the hospital. The Partnership currently comprises NHS Lanarkshire, North Lanarkshire Council, North Lanarkshire Health and Social Care Partnership and Strathclyde University. Other community planning partners will join this work as it evolves.

The new Partnership was established in spring 2020 and has met twice. This work is understandably at a very early stage of development and has been subject to some disruption as a consequence of the onset of the Covid-19 pandemic. The Partnership will be re-established in early 2021 to take forward the development of proposals for the current UHM site.

Community planning partners in both North and South Lanarkshire are working collaboratively to develop a joint set of values and approaches to support recovery and renewal from the effects of the Covid-19 pandemic. This will be informed by community engagement, including a stakeholder event in 2021. We will make clear links between this work and the Partnership to develop a vision for the existing UHM site to ensure it is part of the wider discussion on the recovery and renewal of Lanarkshire. This will also strengthen the involvement of communities and other community planning partners in the site development proposals.

NHS Lanarkshire fully commits to developing detailed proposals for a community focussed facility at the current site. This will form a separate project to the Monklands Replacement Project and will be supported by its own communication and engagement programme. This will include a specific website and communication strategy which will be published in due course.





## AREA CLINICAL FORUM

Date: 23<sup>rd</sup> November 2020  
Your Ref:  
Our Ref: ML/MB  
Enquiries to: Maureen Lees  
Direct Line: 07824307318  
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Mrs N Mahal  
Board Chair  
NHS Lanarkshire  
Kirklands Hospital  
Fallside Road  
Bothwell G71 8BB

Dear Mrs Mahal

### **Monklands Replacement Project**

The Area Clinical Forum is constituted under ‘Rebuilding our National Health Service’ – A Change Programme for Implementing ‘Our National Health’ Plan for Action, A Plan for Change, A Framework for Reform: Devolved Decision Making: Moving Towards Single System Working and CEL16 (2010) which clearly sets out the roles and responsibilities of Area Clinical Forums and their Chairs in NHS Scotland. These documents emphasise the importance of establishing an effective Area Clinical Forum and Professional Advisory Committee structures within NHS Boards ensuring:

- Effective systematic clinical engagement is established;
- The profile and status of the Area Clinical Forum is raised, maximising the contribution clinicians of all disciplines to the planning and delivery of services harnessing their knowledge, skills and commitment to the delivery of effective and efficient healthcare; and
- They play a significant role in progressing the key dimensions of the NHS Scotland Healthcare Quality Strategy.

To achieve this, the Area Clinical Forum supports the NHS Lanarkshire Board in the conduct of its business through the provision of multi-professional advice, maximising the contribution of clinicians in all aspects of the NHS Boards work, by representing the integrated multi-professional view of the advisory structures for: Allied Health Professions, Dental, Healthcare Sciences, Medical; Nursing and Midwifery; Optometric, Pharmaceutical and Psychological.

## APPENDIX M

Members of the Area Clinical Forum, along with Members of the Area Partnership Forum, were invited to attend a MS TEAMS presentation / question and answer session, which was chaired by Mr Colin Lauder, Director of Planning, Property and Performance, supported by Mr Graham Johnston, Head of Planning, on 11 November 2020, and this allowed Forum Members who were present to hear first-hand about the three sites being considered, and the main factors being addressed by the NHS Board.

A recording of the session was provided all to all Forum Members to allow those who had been unable to attend to hear the discussion.

The Area Clinical Forum then met on 19 November 2020 to consider the issue further. In doing so Forum Members took the opportunity to share the presentation with parent Committees where possible to canvas further views.

The overall view of the Area Clinical Forum is best summarised as

- There was a unanimous view that the site must be selected without delay and the new Hospital built as soon as possible; and
- There was also a unanimous view that the Forum had no preference for one site over another.

However, the Forum would want the NHS Board to give significant priority to the following factors when coming to any decision on the site to be recommended to the Cabinet Secretary.

- The impact of the site selected on the poorest communities, particularly in Airdrie, in the surrounding area, and indeed across NHS Lanarkshire, in terms of **deprivation**, most importantly for staff, but also for patients using the new Hospital.
- The need to provide good **access** for all residents in NHS Lanarkshire to the new Hospital, be that by road, via public transport, cycling or walking.
- **Public transport** links must be improved once the site is selected, particularly for the lowest paid staff who currently work in the University Hospital Monklands.

I hope this is useful in the Board's deliberations and I would like to thank Mr Lauder and Mr Johnston for taking Forum Members through the main features of the project so succinctly and providing answers to questions raised.

Yours sincerely



Maureen Lees  
Chair of the Area Clinical Forum  
NHS Lanarkshire

## **Monklands Replacement Project Area Partnership Forum Response November 2020**

The Area Partnership Forum (APF) and the Area Clinical Forum (ACF) met jointly on the 11<sup>th</sup> November to receive a presentation MRP process to date and were asked to submit a formal response to NHS Lanarkshire Health Board.

### **Below is the APF Staff Side Response**

The group was asked to consider two questions which were:-

- What factors are important to the Board in making their decision on a site to be selected for the new University Hospital Monklands?
  
- Are there particular issues that need to be highlighted to the Board?

While this Paper will attempt to provide points for consideration in relation to the above questions, it is also important that Staff Side provide an overview of the Appraisal Process so far and make comment on future planning and provision of the new hospital site.

In relation to the Appraisal Process which took place in March 2020 at Airdrie Football Stadium Mr Colin Lauder acknowledged that this event had been unsuccessful therefore the decision was made to move to postal/on-line balloting of the attendees. From the Staff Side Perspective it would appear that the event at Airdrie football stadium was poorly thought out and executed. The meeting venue was cold, space available was too small to accommodate the group, seating arrangements were poor with a number of attendees having to stand and attendees moved in and out of the room at intervals throughout the process. Staff side would contend that the venue was poorly thought out and unsuitable for the process, the lack of planning and preparation are areas for reflection and learning for future events. Equally there are points of leaning around the system failures and the lack of contingency planning for the event.

This has without doubt caused delayed in the site selection.

In relation to the postal/on-line voting process which followed the above, while the process seemed adequate, a member of staff Side raised an issue regarding contamination/topography which the MRP team failed to provide a respond to therefore it cannot be considered that the issue raised was given cognisance.

## Staff Side response to question:

- *What factors are important to the Board in making their decision on a site to be selected for the new University Hospital Monklands?*

Staff Side would consider that the following points are of vital importance to informing the Board in its decision making process:

1. Social deprivation within Airdrie, Coatbridge, Bellshill and surrounding areas which would be served by the new hospital should be the first priority.

Gartcosh is situated near to Glasgow and while it has a Glasgow postcode it remains part of Lanarkshire. Social deprivation in the Glasgow area should not be considered as part of this process as Glasgow is the catchment area for GG&C NHS Board and not part of NHS Lanarkshire. Areas of social deprivation within Airdrie, Coatbridge, Bellshill and surrounding areas are much closer to the other two sites of Glen Mavis and Wester Moffat.

The issues of deprivation within our communities will we know will be picked up within the Fairer Scotland Duty Assessment however, we would highlight that it is our impression that Gartcosh is seen as a more affluent area than much of the Airdrie localities.

2. Greater consideration should be given to those members of the workforce who are paid at lower bands and generally live locally to the current University Hospital Monklands.

Lower paid staff groups such as domestics, porters, clerical and admin staff within NHS Lanarkshire who currently work at University Hospital Monklands generally live locally to the hospital and can either walk or take short public transport journeys to work. If the chosen site is Gartcosh then these staff groups face longer journey times and much higher travel costs in order to get to work. If the chosen site is either Glen Mavis or Wester Moffat then travelling on public transport may be required for some, but not all of these staff, the cost of travel and the travelling times are likely to be less than that for Gartcosh.

3. Employment Opportunities.

Due to the previously discussed social deprivation, it would be reasonable to consider employment opportunities for those who live in our poorer, more socially deprived

areas as a priority rather than the consideration of travel ease of access and costs for those more affluent employees who may well be working at band 6 level and above. These staff groups generally make decisions about where they will work as a career choice and not for ease of access and costs.

4. Proximity of a new build to the current University Hospital Monklands.

The current University Hospital Monklands is seen as a 'Monument' and 'Icon' within the local community. For this reason, any new build should be as close as possible to the current hospital.

More importantly, the population which a new hospital will serve should be as local to that hospital as possible to provide them with ease of access, shortest travelling times and should also facilitate the acceptance of the new hospital and the transference of its importance in terms of 'monument' and 'icon' and its integration into those local communities.

**Staff Side Response to Question:**

- *Are there particular issues that need to be highlighted to the Board?*

There are a number of issues which Staff Side would like to highlight to the Board in relation to the parameters and constraints for a new build hospital. Whilst not exclusive to the task of site choice the staff side feel they are relevant to any new build and will give a more detailed response at an appropriate time.

5. Consistent and robust Workforce and Workload planning for a new build giving full consideration to 100% single room occupancy including:
  - The need to fully consider and implement the Fair Work Framework and the Fair Work First commitment by the First Minister in any new build throughout the business case process, from planning to construction. This should also include the consideration of the Unite Construction Charter.
  - Requirement for nurse staffing to meet single room occupancy
  - Requirement for PSSD staffing to meeting cleaning and hygiene standards in a larger hospital with single rooms, requirement to ensure staffing to facilitate patient movement within the hospital, requirement for catering staff to meet the requirement for increased catering activity in relation to both increased numbers of staff and increased numbers of patients. Requirements for Estates staff to meet the needs for a larger hospital

- Requirement for medical staffing to meet the needs of increased numbers of patients
  - Requirement of AHP staff to meet the needs of increased numbers of patients
  - Requirements of increased numbers of clerical and admin staff to meet the needs of the service as a whole.
  - Requirement to ensure sufficient facilities for staff such as rest and break rooms catering facilities, health and well-being facilities
  - Requirement to meet the spiritual needs of staff and patients
  - Requirement to meet the social and recreational needs of patients in terms of inside and outside spaces which promote healing
  - Requirement to meet the needs of staff and patients in terms of adequate car parking facilities, this together with the transport issue was the single biggest issue heightened in the UNISON survey of members on the Monklands site.
  - Requirement to ensure local bus transport services are robust
6. The Staff Side would like to make it clear to the board that we see this build as a Capital Project and not to be delivered through Private Finance Initiative or any replacement of this policy. Further we do not support the privatisation of staff who will be employed within the delivery of services either clinical or non-clinical services. We see the services being delivered by directly employed staff of NHS Lanarkshire.

Lilian Macer-Employee Director  
On Behalf of the Staff Side of the APF

26<sup>th</sup> November 2020



## MONKLANDS REPLACEMENT PROJECT

### DECISION MAKING FRAMEWORK

#### Section 1 COMPLIANCE

- Meeting Independent Panel Review recommendations /Cabinet Secretary requirements
- Scottish Capital Investment Guidance
- Compliance with CEL 4 (2010) - Healthcare Improvement Scotland - Community Engagement Report
- Validation by the Consultation Institute
- Fairer Scotland Duty Assessment
- Equality Impact Assessments

#### Section 2 REPORTS / INFORMATION TO BE CONSIDERED BY THE BOARD

- Option Appraisal Process & briefing paper
- Engagement Report & briefing paper
- Healthcare Improvement Scotland – Community Engagement report on compliance with CEL 4 (2010)
- Assurance Report from MROB
- Monklands Business Continuity Risks briefing paper
- Fairer Scotland Duty Assessment - report from the Director of Public Health
- Fairer Scotland Duty/Equality Impact Assessment briefing paper
- Travel, Transport and the East Airdrie Link Road briefing paper
- Contamination briefing paper
- Environmental and Green considerations briefing paper
- Regional Working and Cross Boundary Flow briefing paper
- COVID-19 briefing paper
- Place Based Approach briefing paper

#### Section 3 VIEWS FROM BOARD'S ADVISORY COMMITTEES

- Area Clinical Forum
- Area Partnership Forum

#### Section 4 OUR APPROACH TO MAKING A DECISION

Decision to be made: To identify a preferred site for the new University Hospital Monklands for recommendation to the Cabinet Secretary.

How to assess the information provided?

1. What have we heard from the process and peoples' contributions?
2. How have we acted on what we have heard and what else are we intending to do going forward? (future proposals/actions)
3. What factors have not influenced our thinking and why?
4. In summary, what are we considering and why? What are we not considering and why?
5. What conclusion has the Board reached on the best option for patients and staff from its assessment of the information?

26 November 2020