## **Document 10**

## MONKLANDS REPLACEMENT PROJECT PROPORTION OF SCORING PARTICIPANTS 19th June 2020



## **Recommendation from Consultation Institute**

Further to the concerns expressed by the MP and MSP for Airdrie and Shotts, regarding the balance of clinical, non-clinical and Health and Social Care participation ratios in the weighting and scoring exercises the Institute has undertaken a review of the ratios. In looking at this the Institute considered that whilst we are dealing with the pandemic any major recruitment effort to make significant changes to the proportions of NHS and Health and Social Care participation would be difficult as staff are generally too busy to be distracted by other activities. This would mean any major work to re-balance could take significantly more time and effort than if we had normality.

The original proportions set by NHS Lanarkshire were regarded by the Institute as good practice, in that the appraisal exercise was weighted in favour of public participation and presented the opportunity for up to 325 public participants. This might mean that public participation could be as much as 80%. This is unprecedented in terms of public vs NHS participation in such exercises. The Institute would confirm through its involvement in a great many such exercises has not seen such levels of public participation, the maximum previously seen being 60%. It is becoming common to see 50/50 but we still see the majority of programmes weighted to selective NHS participation. Some still allow no public participation. So, in this respect it should be understood that what NHS Lanarkshire is offering is by far the best practice we have seen with regards to public involvement and sets a new benchmark for others.

With regards to the concerns of the MP and MSP for Airdrie and Shotts, they felt that the proportion of medical participants versus nurses, midwives and non-medical staff participation was disproportionate based upon the numbers of each that work within the NHS locally. They also had concerns about Health and Social Care participation from North and South. Their points were well made.

The Institute therefore proposes that some small changes to the ratios be addressed for the participation, shown in red and reflected in the table appended overleaf. We also suggest that whilst we will apply weighting to responses by locality to ensure the ratios below are reflected in the scoring, that we also provide a clear breakdown of the Staff and Stakeholder/Service provider scoring, by characteristic as shown in the table, ensuring response is weighted to the ratios in the table. This would ensure that any person reading the report can compare and contrast the scoring of different Staff and Stakeholder/Service provider profiles, as well as the scoring by area.

It is the Institute's view this change to the ratios in the table and the enhanced reporting of the scoring should address the concerns of the MP and MSP.

Nicholas Duffin - TCI Fellow

Wichstan duff.

Category	Area	Description	Proportion of scoring (%)
Patients/Patient Representatives/C arers	Hospital Monklands catchment area	Airdrie – ML6	12
		Coatbridge – ML5	11
		Bellshill – ML4	3
		Cumbernauld/Kilsyth – G65, 67, 68 & 69	11
		Viewpark/Uddingston – G71	3
	University Hospital Wishaw catchment area	All	7
	University Hospital Hairmyres catchment area	All	4
	Sub-total		51
Staff side		Acute Division	5
representatives	Representati ves	Health & Social Care Partnerships	2
Stakeholders/Servi	University	Site Operational Lead	1
ce providers		Medical	6
	Monklands	Nursing	6
		Other	6
		Site Operational Lead	1
		Medical	3
	Hairmyres	Nursing	2
	Linivorsity	Other	1
		Site Operational Lead Medical	3
	-	Nursing	2
	VVISITAVV	Other	1
	Health &	North	5
		South	2
	Partnerships		
		Scottish Ambulance Service	2
	Sub-total		49
	Total		100%