

NHS Board Meeting  
30 June 2020

NHS Lanarkshire  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)

**SUBJECT: MONKLANDS REPLACEMENT PROJECT  
CONCLUSION OF SITE OPTIONS APPRAISAL PROCESS**

**1. PURPOSE**

The paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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**2. ROUTE TO THE BOARD**

This paper has been :

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Monklands Replacement Oversight Board (MROB) on 22 June 2020.

**3. SUMMARY OF KEY ISSUES**

**3.1 Background**

The Monklands Replacement Project developed a detailed response to the Independent Review Panel report which was published in June 2019. This included a process to identify additional viable sites and an additional programme of public engagement. A key element of this process was a site scoring and benefits criteria weighting event which was undertaken on 10<sup>th</sup> March 2020.

The site scoring and weighting event was undertaken in conjunction with the Consultation Institute as planned but was not concluded satisfactorily. Although the briefing element of the planned programme was successfully completed, when the scoring element was undertaken the electronic scoring system failed.

This significant failure did lead to some confusion amongst participants as we were required to quickly switch to a paper-based system. Following a review of the completed paperwork, we believe that this may have led to some participants not understanding the process completely, and/or not completing the paper scoring forms fully.

It also became clear after the event that there were gaps amongst the public participants who actually turned up, leading to an imbalance in the numbers from each postcode area which negated the planned representation of public participants recommended by the Monklands Replacement Oversight Board (MROB) and agreed by the NHS Lanarkshire Board. This particular issue was not apparent until the paper forms were collated after the completion of scoring. In addition, we believe that some people who signed the attendance register left prior to the scoring and consequently the breakdown of numbers from the attendance register and

the summary of paper forms did not correspond. The Monklands Project Team was not confident that a form was completed satisfactorily by each individual attendee.

In reviewing the outturn of the process on 14<sup>th</sup> March 2020 the NHS Board were concerned that the scoring and weighting process was not reliable and should be set aside.

A lessons learned review identified that there were two key points of potential failure with the technicalities of the process:

- Reliance on an electronic scoring process; and
- Inability to ensure proportionate public turnout on the day.

and that any further process would need to address these issues in order to ensure success and provide a level of assurance to key stakeholders.

### **3.2 Covid-19 Pandemic**

There will be diverging views on whether the scoring exercise should have been paused in light of the current circumstances. Significant consideration has been given to the impact of undertaking a revised scoring process during the Covid-19 global emergency. The Consultation Institute advice is that completing the option appraisal exercise is clearly in the public interest and that we should proceed unless by continuing the process we are removing essential staff that might otherwise support the Covid-19 response. To mitigate this risk they have recommended that the scoring is completed by adopting a postal and telephone scoring process and that the management of this scoring process is taken forward under their independent auspices to minimise impact on NHS Lanarkshire staff. Full details of the new proposed approach are set out at section-3.3-below.

Also, the previous Chief Executive had received unequivocal representation from senior doctors at University Hospital Monklands urging a swift conclusion to the options appraisal process to expedite the planned delivery of a new fit for purpose hospital (including a regional infectious disease unit and single patient bed rooms) at the earliest opportunity.

This need for expedient delivery of the new clinical model (as set out in our Initial Agreement) has been brought into sharp focus given the improvements that will be delivered through the implementation of an individual single patient bedroom regime, provision of a purpose built infectious disease facility and the development of the assessment village concept. These benefits will address emerging future health challenges and, in light of this, NHS Lanarkshire strongly believes that the preparations for replacing University Hospital Monklands cannot be delayed. The proposals developed by the Consultation Institute for a postal and telephone scoring process will enable this work to be taken forward at this time and in a manner which ensures the safety of participants, while facilitating their full engagement in the process.

The Consultation Institute has developed a methodology which offers a safe and practical mechanism for participants to take part, even when undergoing strict self-isolation.

### **3.3 Consultation Institute - Postal and Telephone Scoring Process Proposal**

We have received recommendations from the Consultation Institute on the conduct of a process which would enable us to complete the options appraisal in a robust, transparent and timely manner. These proposals meet Best Practice requirements and achieves the ambitions of Lanarkshire's NHS Board.

The Consultation Institute has recommended a postal process (with options for internet and telephone participation) and have incorporated a number of elements designed to ensure transparency, equity and proportionality. In addition, they have noted that whilst **Good Practice** would allow the benefits criteria weighting process completed at the scoring event to be retained, a **Best Practice** approach would see this process be rerun. The proposed process incorporates this recommendation.

Their proposal also incorporates a number of additional response options to ensure that members of the public and staff can safely participate during the Covid-19 outbreak. In particular this makes provision for an electronic means of submitting completed scoring pro-formas by smartphone or e-mail and a telephone response option meaning that participants who do not wish to leave their homes to return a pre-addressed envelope via a post box will not require to do so.

Additionally, the provision of a freecall telephone helpline will ensure that support is available for members of the public and staff should they require any clarification on the process, the site options, the site information or timescale. This is a key benefit of the Consultation Institute approach.

Key points of the proposed process are:

- Postal process (but with options for electronic and telephone returns) to determine benefits criteria weighting – two week process;
- Separate postal process (but with options for electronic and telephone returns) to determine site scores – two week process;
- Clearly laid-out information pack (prepared by the Consultation Institute);
- Telephone help line (staffed by Consultation Institute) to provide support and assist with completion of the scoring pro-formas;
- All members of the public who self-nominated invited to participate (a total of 327);
- All members of staff who self-nominated invited to participate (a total of 75);
- Mechanism (averaging) to ensure agreed proportionality of participants is achieved; and
- Process will be completely managed by the Consultation Institute with no impact on the NHSL staff involved in responding to the Covid-19 pandemic.

In addition, the Electoral Commission has provided guidance on the mechanics of the process and has engaged with the Consultation Institute to ensure that **Best Practice** is achieved. Whilst this falls out with their regular scope - it is not an election or referendum – they have kindly provided this additional level of governance.

### 3.3.1 Proposed Timeline

The intention is that the process will run over the course of a month and will be followed by a two week period seeking public feedback, as per the previously agreed communications and engagement plan.

The process will take place during July and August and involves:

- |        |   |
|--------|---|
| Step 1 | Issue introductory/explanatory letter to participants   |
| Step 2 | Issue instructions, supporting information and return documentation for benefit criteria weighting                  |
| Step 3 | Confirm Benefits Criteria weightings  |
| Step 4 | Issue instructions, supporting information and return documentation for site scoring (plus process evaluation form) |

- Step 5 Consultation Institute issue site scores to NHS Lanarkshire
- Step 6 NHS Lanarkshire to issue Option Appraisal report including cost per benefit point and sensitivity analysis
- Step 7 Two week period for public feedback
- Step 8 NHS Board to consider Option Appraisal report, engagement report and summary of public feedback
- Step 9 NHS Board to determine preferred location for new hospital
- Step 10 NHS Board to seek Cabinet Secretary approval of preferred location

Health Improvement Scotland – Community Engagement (formerly Scottish Health Council) has formally approved the principles of the proposed process and contributed to the development of the documentation that will be issued to participants. The postal security aspects of the process have been advised by the Electoral Commission.

Scottish Government Health and Social Care Directorate have been advised of this timeline.

### **3.3.2 Addressing Previously Identified Process Failures**

The new process addresses the two points of failure identified previously by proposing a simple to understand paper based approach and by significantly extending the number of participants to ensure that sufficient responses are received to achieve the agreed proportionality. Additionally the process will incorporate a transparent weighting to ensure that the agreed proportionality of public/staff and geographical locality is achieved – this weighting or apportionment will be clearly set out in detail in the final option appraisal report which will be published prior to the public feedback period.

### **3.3.3 Participant Selection**

This process improves on the previous process in terms of assuring the proportionality by involving a significantly higher number of participants to ensure that the relevant proportions/percentages can be delivered. A total of 100 participants were invited to the event on 10<sup>th</sup> March with only 85 attending. By comparison a total of 402 respondents who have self-nominated will be invited to participate in the postal and telephone process with each category being over represented. The over representation will ensure that the relevant percentages can be achieved. The Consultation Institute advises that a response rate of around 30% should be expected and that this will be sufficient to meet best practice guidelines. They have also agreed to monitor participation levels and will take action to encourage participants to return all completed documentation.

The 402 participants comprise all individuals, members of the public and staff, who responded to NHS Lanarkshire's formal request for participants to take part in the scoring part of the option appraisal process in February 2020 (a total of 263) and those participants in the representative survey who indicated a preference to be further involved in the process (an additional 139).

All scores will be collated by the Consultation Institute in a transparent process to ensure that they are accurately assessed and apportioned to reflect the agreed proportionality. This will eliminate any concerns of bias.

A timeline for implementation of the process described above has been developed and is appended for information. It is noted that the complete postal and telephone scoring process will take seven weeks to complete after formal approval.

### 3.4 Assurance

The process will be undertaken independently by the Consultation Institute and the invitations and information packs will be issued direct to members of the public and staff from their head office in Bedfordshire. All postal and electronic responses will be returned to their head office where the verification of returns and analysis will be conducted by their staff.

The Electoral Commission has kindly provided advice and support on the individual elements of the process, although this is out with their normal terms of reference as it is not an election or a referendum. They have made a number of helpful suggestions which have been taken on board by the Consultation Institute - this has resulted in a number of improvements to the process based upon the Electoral Commissions experience of conducting postal processes in support of elections and referenda.

In addition the process has been designed to be easy to understand with the completion pro-formas requiring minimal input from respondents. The provision of a Freephone telephone helpline will assist any members of the public or staff who require support prior to completing the pro-formas.

Despite the current circumstances this is a process which does not place any participants at risk. This approach and the associated timeline has been shared with the Scottish Government Directorate of Health and Social Care.

There are a number of key documents supporting the process, these are appended for information:

- 1) Introductory letter to participants
- 2) Invitation letter - Benefits Criteria Weighting
- 3) Information Pack - Benefits Criteria Weighting
- 4) Benefits Criteria Weighting pro-forma
- 5) Invitation letter – Site Scoring
- 6) Information pack – Site Scoring
- 7) Site Scoring pro-forma
- 8) Evaluation form

The detailed proposals and documentation have been subject to a significant degree of scrutiny by Healthcare Improvement Scotland – Community Engagement (HIS-CE), formerly known as the Scottish Health Council, over the course of April and May and their comments and suggestions have been reflected in the final suite of documents. HIS-CE has formally approved the principles and timeline – copy attached (Document 9).

Additionally, the complete suite of documentation has been independently sense checked for clarity, transparency and bias by members of the Stakeholder Engagement Group, a sub-group of MROB comprising public and staff side representatives, on an individual basis – their comments have been reflected in the final documentation.

The principles of the proposed process were shared with local MSPs and MPs in advance of a formal briefing session held on 12<sup>th</sup> June 2020. Following a detailed explanation of the process by a senior member of the Consultation Institute there was broad support to take the process forward. There were however a number of comments on the proportions of scoring participants raised and an assurance sought that the documentation used would be objective and unbiased. It was agreed that the Consultation Institute would review the rationale and proportions of scorers and carefully consider all points raised. Additionally it was agreed that they would undertake an assessment of the key information issued to scoring participants to ensure that it

is presented in an objective and impartial manner. Their conclusion on scoring proportions is attached at Document 10 and recommends an adjustment to the staff scoring proportions for 'others' at University Hospital Monklands and South Health & Social Care Partnership.

The complete suite of documents, including the change recommended by the Consultation Institute, were considered by the Monklands Replacement Oversight Board (MROB) on 22 June 2020. The MROB was established as part of the response to the Independent Review and comprises independent lay members, members of the public, non-executive board members of NHS Lanarkshire and a representative from the Scottish Government National Infrastructure Board. It is chaired by a non-executive board member of NHS Lanarkshire. MROB received a detailed explanation of the change being recommended by the Consultation Institute and took the opportunity to seek clarification on a wide number of points. Following this clarification members of the Oversight Board concluded that the process was robust, independent and transparent, and were satisfied that this approach could be taken forward safely in the context of Covid-19. They also accepted the Consultation Institute's recommendation setting out minor changes to the staff scoring proportions.

The Consultation Institute has now completed their review of key information for objectivity and impartiality - this is attached at Document 11 - and the Consultation Institute have also suggested further improvements. These further suggestions for improvement will be considered by MROB and brought back to the Board for final approval

#### 4. STRATEGIC CONTEXT

This paper links to the following:

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

#### 6. MEASURES FOR IMPROVEMENT

None

## 7. FINANCIAL IMPLICATIONS

Delay to the process will increase the capital cost of the project - current projections are that delay equates to an increase in capital costs of approximately £1.5m - £3.0m per month.

## 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The most significant risk is that of further delays to taking forward the planning process for delivering the new hospital. This will result in a delay to replacing the existing hospital despite the fact that it has already been assessed as no longer fit for purpose and urgently requiring replacement. This is of particular relevance at the moment as the hospital plays a key role in supporting the regional infectious diseases function and the regional response to Covid-19. Key elements of the new hospital proposals will address the current lack of single patient bedrooms, provide a purpose build Infectious Diseases facility and the introduction of the assessment village approach.

There are also concerns that it may not be the best use of NHS resources to take forward this process during Covid-19 outbreak. Utilising the Consultation Institute to take forward the process resolves this concern and will free critical NHS staff to focus on the Covid-19 response.

Concerns have also been raised suggesting that members of the public and staff may not wish to leave their homes to return completed documents via the postal service. The process has been designed to provide two options for anyone in this position to ensure that the weightings/scores can be completed without requiring individuals to leave their homes. The options are to return scores by e-mailing a picture of the completed form or to return weightings/scores by telephone. Both of these options are supported by the Consultation Institute who will independently manage the processes.

There is also a concern that insufficient completed scoring documents may be returned by participants resulting in a statistically invalid sample size. The Consultation Institute has developed a number of steps within the process to overcome this concern. These are:

- Increase sample size from 100 to 402 participants
- Offer three different options for returning completed documents
- Inclusion of freecall telephone helpline
- Daily monitoring of level of returns/response
- Escalation process if low levels of returns are noted (immediate telephone and text contact with participants to encourage submission of returns)
- CI have additional staff resilience if any of their staff are affected by illness

NHS Lanarkshire believes that there is a far greater level of risk to future service provision if the option appraisal process were to be delayed – this is echoed by the senior doctors and other clinical staff at University Hospital Monklands.

The development of detailed plans for the future use of the existing site are being taken forward under the auspices of the Fairer Scotland Duty assessment process. This process will run in parallel with the Monklands Replacement Project and will evolve in conjunction with North Lanarkshire Council and the University of Strathclyde later this year.

## 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. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

The Consultation Institute has provided assurance the process described in this paper meets Best Practice standard for public inclusion and engagement. The current iteration of the EDIA is included with the documents appended to this paper (Document 12).

## 11. CONSULTATION AND ENGAGEMENT

A detailed communications and engagement plan will support this process – this is attached for information (Document 13). A draft timeline is also attached (Document 14).

## 12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The NHS Board is asked to:

1. Approve the Consultation Institute recommendation to alter the staff scoring proportions for ‘others’ at University Hospital Monklands and South Lanarkshire Health and Social Care Partnership;
2. Approve the proposals for the completion of the options appraisal scoring process;
3. Note that the suggested further improvements to the documentation, outlined by the Consultation Institute in Document 11, will be considered by MROB and received by the Board electronically for approval by NHS Board Members thereafter; and
4. Agree to receive further reports on the options appraisal process.

## 13. FURTHER INFORMATION

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

Graham Johnston  
Head of Planning & Development

Colin Lauder  
Director of Planning, Property & Performance  
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