

SUBJECT: ELECTIVE ORTHOPAEDICS REDESIGN – PHASE 2

1. PURPOSE

This 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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The paper seeks approval to incorporate elective inpatient orthopaedic surgery in the new University Hospital Monklands (UHM) as part of the process described as Elective Orthopaedics Phase 2 Redesign.

The proposals within this paper seek to achieve two objectives:

- the continued improvement in the quality of the orthopaedic service provided for the people of Lanarkshire, and
- to create a strategic opportunity for the development of other clinical services at University Hospital Hairmyres as part of the revised healthcare strategy.

An inpatient elective orthopaedic procedure (e.g. hip or knee replacement), is for the majority of patients, a once in a lifetime experience. However, importantly the provision of elective outpatient assessment and follow up remains unchanged and will continue to be provided across the three acute sites in the three hospital outpatient departments.

NHS Lanarkshire carried out stakeholder engagement during August and September 2021 on Board Officers' preferred option of the new UHM as the future location of elective orthopaedic in-patient services in Lanarkshire.

This paper and the full engagement report (Appendix 1) set out the details of the engagement process and its findings.

The proposals are in the context of the Board's previously stated commitment to three Lanarkshire acute hospitals that have consultant-led emergency departments with access to emergency surgery and medicine, supported by critical care, diagnostics and outpatients.

The paper seeks to provide Board Members with assurance that a robust and comprehensive integrated equality and inequality assessment has been undertaken to determine the impact across the Lanarkshire population and NHS Lanarkshire workforce of the proposed relocation of elective inpatient orthopaedic services to the new University Hospital Monklands site.

Therefore, this paper seeks a final decision on the location of the elective inpatient orthopaedic service.

Board Members are asked to note the content of this paper and approve the recommendation to incorporate elective inpatient orthopaedic surgery in the new University Hospital Monklands (UHM) as part of the process described as Elective Orthopaedics Phase 2 Redesign.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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This paper has been prepared and reviewed by the Corporate Management Team.

3. SUMMARY OF KEY ISSUES

3.1 Background

The potential to make significant improvement in the NHS Lanarkshire trauma and orthopaedic (T&O) service began in 2011 with a service review which considered the following opportunities:

- Ensuring the safety and effectiveness of medical staffing;
- Redesigning more effective outpatient pathways;
- Accelerating the shift from inpatient stays to day surgery procedures;
- Improving postoperative rehabilitation through enhanced recovery process; and
- Providing better facilities for elective and for emergency inpatients;

The improvement opportunities which had been identified were then brought into sharper focus with the outcome of the Healthcare Improvement Scotland (HIS) Report “Rapid Review of Safety and Quality of Care for Acute Adults” published at the end of 2013. This Report identified the configuration of acute inpatient T&O - spread between three District General Hospitals (DGHs) - as being an unsafe and unsustainable model of care.

Therefore, as part of the accelerated response to the HIS report, inpatient services were transferred from the then Monklands District General Hospital and consolidated at Wishaw General Hospital and Hairmyres Hospital. This is described as the “phase 1” of the T&O service improvement process.

Whilst it was agreed by all parties that the ideal disposition would be to separate completely the trauma surgery and elective surgery components of the T&O service, there was insufficient laminar flow theatre and trauma bed capacity at that time to achieve this in “phase 1”, and University Hospital Hairmyres (UHH) and University Hospital Wishaw (UHW) subsequently provided both trauma and elective inpatient services. Outpatient clinics remain on all three sites. In that respect phase 1 was an improved, but not wholly satisfactory service model.

A prime concern prior to phase 1 was a view that this reconfiguration would undermine the ability of NHS Lanarkshire to provide three fully functional A&E departments at the DGHs. The Academy of Royal Colleges was asked by NHS Lanarkshire to conduct a peer review specific to this question. However, the Academy Report went beyond this and challenged NHS Lanarkshire with respect to the failure to achieve the full split of trauma and elective surgery.

The Academy Visitors found that whilst the initial stimulus for the redesign of services was the 2013 HIS review, there were many other drivers to redesigning services, including:

- The changing demography of patients presenting to healthcare;
- The nature and distribution of the workforce and especially the medical workforce; with fewer numbers of doctors in training;
- The requirement to comply with the Working Time Regulations;
- A changing understanding of the way that healthcare should be provided that sits ill with an established and distributed infrastructure which is of variable age and efficacy; and

- A trend towards specialisation which encourages concentration of expertise.

They noted:

- A lack of shared vision amongst the clinicians;
- Concerns about the effects of change in one specialty on others;
- A desire to achieve a high quality, sustainable service that would meet the needs of the whole population of Lanarkshire.

The consensus of opinion, amongst the Academy Visitors, was that there was an opportunity to develop a lasting and wide-ranging proposal that would meet the developing needs of the people of Lanarkshire.

They concluded that NHS Lanarkshire should be more radical in their ambitions and support a move towards a single Trauma Unit for Lanarkshire as this would help to address many of the pressures affecting the T&O service.

Stakeholder engagement (including with Scottish Government) took place, and in July 2016 the NHS Lanarkshire Board approved the recommendation:

“To begin immediate implementation of the initial step of two sites, viz: Wishaw General Hospital and Hairmyres Hospital providing a 50:50 Trauma and Elective split, working towards the longer-term Healthcare Strategy proposal of a single Trauma and a single Elective Site for Trauma and Orthopaedics.” (NHS Lanarkshire Board Meeting 14th July 2016)

Phase 1 was achieved in November 2016.

Phase 1 was recognised as a necessary compromise, which achieved some of the goals set out in the service redesign, but not all: it was proposed through consultation on the new healthcare strategy that this full split be delivered in a “phase 1a” move to a full split of elective and trauma service at UHH and UHW respectively, in the first instance. The Board recognised that the prospect of the replacement of Monklands District General Hospital (MDGH) was on the horizon and there were other factors which could affect the future, permanent disposition of the elective service (e.g. the Golden Jubilee National Hospital (GJNH) expansion and the new elective treatment centres). It was therefore agreed to keep open that question of permanent location until the New Monklands Business Case was developed.

Following public consultation, and Cabinet Secretary approval in early 2017, the NHS Lanarkshire Board published its longer term position which stated:

The trauma work of the orthopaedic service will become part of the West of Scotland major trauma network, focussed at Wishaw for Lanarkshire patients. This was supported by those who responded to the consultation. The timescale for this is dependent on the conclusion of national and regional planning for the new major trauma networks, and the planning of new/refurbished Monklands Hospital (which would allow changes to acute services to be made beyond the limitations of the current buildings).

Similarly, the future configuration of elective surgery may be affected by the Scottish Government’s plans for diagnostic and elective treatment centres. However, elective orthopaedic surgery will continue in some form in Lanarkshire and this would be concentrated on one site, either Monklands or Hairmyres.

There was no clear view from the consultation alone as to which hospital this should be, and further appraisal work and stakeholder engagement will take place before a decision on this can be made.

Both of these national and regional developments will have a bearing on the future level of services we provide for orthopaedic surgery, which when combined by the increase in the needs of the ageing population - and any opportunities for developing surgical services presented by the replacement/refurbishment of Monklands DGH - mean that the configuration of these surgical services is not yet finalised.

Achieving Excellence pp62, 2017

In the intervening period, the phase 1a reconfiguration took place, including the development of sufficient bed and theatre capacity (the “limitations on current buildings” referred to above) to allow the separation of trauma and elective inpatient services.

Phase 1a was completed in autumn 2020.

With the site selection for the Monklands Replacement Project completed in January 2021, the ambition of the NHS Lanarkshire Board is to complete the Outline Business Case (OBC) in 2022, with a view to opening the new hospital in 2028.

We, therefore, conducted the engagement with stakeholders described in Achieving Excellence to determine whether the elective orthopaedic inpatient service remains at UHH (i.e. the status quo option) or whether it moves to the new UHM in 2028.

In addition, NHS Lanarkshire Board has agreed to prepare a new healthcare strategy “Our Health Together” which will take our planning for the delivery of health and social care forwards towards the end of this decade. One element of this will be an opportunity to continue to provide better acute care in our three general hospitals. Providing additional clinic, ward and theatre accommodation at UHH through moving elective orthopaedics gives us an opportunity, with the new strategy, to consider the future development of other hospital services. Whilst this is at an early stage, it is already clear that this could see the expansion of other surgical and diagnostic services at UHH. It is important to note that any changes will be wholly predicated on the maintenance of a fully functional A&E and unscheduled care service at UHH.

3.2 The preferred option for inpatient elective orthopaedic surgery

The NHS Board has a choice of two options for the disposition of inpatient elective orthopaedic surgery.

The status quo option would see the provision of elective surgery provided in the main at UHH as it is at present. The second option would be to incorporate elective orthopaedic surgery in the new UHM.

Status quo with Lanarkshire elective surgery split between UHH, GJNH and independent sector (with small amount at UHW)

- Occupying 3 theatres and 1 ward (24 beds) at UHH
- Other independent sector surgery remains part of the NHS Lanarkshire service model
- No change to outpatient services, these remain on three acute sites

New UHM centre for elective orthopaedic surgery with continued use of GJNH

- Occupying 4 theatres and 1 ward (28 beds) at new UHM
- Independent sector surgery (principally general surgery, ophthalmology) taken in-house at UHH
- No change to outpatient services, these remain on 3 acute sites
- Expanded day surgery capacity at UHH

The preferred option is to relocate the service to the new UHM in 2028 for the following reasons:

- The provision of purpose-built wards and theatres at new UHM will allow for higher productivity and improved rehabilitation which will reduce length of stay and improve patient experience;
- Single room accommodation for post-operative orthopaedic patients is the “gold standard” with respect to the reduction in perioperative infection, a major risk in this type of surgery;
- Whilst phase 1a achieved some benefits and provided a safer service, the UHH service cannot accommodate all current elective activity with a significant proportion being carried out in the independent sector;
- Future demand for surgery will increase as the population ages and life expectancy increases, and so this “gap” will grow;
- There will be no inpatient and theatre capacity to accommodate future growth at UHH;
- This development will allow us to grow the orthopaedic team by eliminating the need to contract with the independent sector orthopaedic capacity; and
- There is broad clinical support for this by the NHS Lanarkshire orthopaedic team.

There could also be significant strategic benefits beyond orthopaedics. NHS Lanarkshire will have the opportunity to improve other services through the use of the vacated ward, theatre and clinics at UHH. This could include the repatriation of other independent sector surgery back to Lanarkshire and the continued development of the new vascular surgery service. The exact nature of this will be determined through the development of Lanarkshire’s new healthcare strategy, “Our Health Together” through 2022.

UHH will continue to provide full unscheduled care services (emergency department, intensive care unit, and emergency surgery).

The most recent discussion on the current clinical situation and the position of senior surgical staff on the phase 2 proposal is set out in the letters with appendices 2, 3 and 4 to this paper.

During the pandemic our DGHs have had to manage severe pressures on inpatient beds caused by both covid 19 and the upsurge of unscheduled care admissions. This has resulted in limitations on the elective service with cases being cancelled to free up additional beds for emergency admissions. This has impacted heavily on the UHH elective service with “boarders” into the elective ward and an increased backlog of patients who have not been able to access elective surgery.

Consequently, as part of the clinical prioritisation of elective patients on waiting lists undertaken at the beginning of the pandemic, in the region of 78% of patients were classified as category 4 by the clinical team. This meant that the clinicians felt that the patients could safely wait over 12 weeks for surgery. As part of NHSL response to the pandemic, the limited theatre capacity was allocated to P2 cases (clinically urgent and cancer cases) with a small number of P3 cases treated and very few P4 cases. However over time a number of patients’ have suffered a deterioration in their conditions and the clinical teams expressed significant patient safety concerns about the delay in treating patients. They also expressed concerns that this lack of elective operating capacity was having on staff morale, clinical skills and departmental reputation.

In response to these concerns, the Director of Acute Services met with clinical and managerial leads from orthopaedics and the UHM team to develop an action plan to address:

- Internal comms with the teams
- External comms with patients
- Managing expectations and frustrations
- Access to designated elective beds and 23-hour stay supported by a detailed Standard Operating Procedure (SOP)

Following several meetings, an SOP was agreed and 2 elective operating lists scheduled week beginning 15th December.

The orthopaedic surgical team recognise that the potential move to the new UHM would provide an opportunity to mitigate these risks to their service in the future. The ward environment in the new hospital will be a “bespoke” design to enhance our ability to reduce risk of infection.

They have concluded that their ideal construct would be a completely stand-alone surgical facility with no possibility of cross-boarding between scheduled and unscheduled care, and they themselves acknowledge that, regrettably, this is not within the gift of the NHS Lanarkshire Board in the foreseeable future.

They go on to state that in their view, not to have a stand-alone facility will continue to risk loss of capacity at times of high unscheduled care demand and potential issues with infection control unless there is rigorous attention to these risks in the design of the new facility. Importantly, the Monklands Replacement Project Team will ensure that their views on the design of the new facility will be taken forward in order to address these risks, which is outlined in the most recent response to the senior orthopaedic medical staff from the Board’s Chief Executive (Appendix 3).

Importantly, the senior medical staff within the trauma and orthopaedic directorate support the proposal outlined in this paper.

3.4 Views from Senior Medical Staff at UHH on the Proposals

The proposal to transfer inpatient elective orthopaedic services from the UHH site to the new UHM sites will have an impact on the future clinical footprint of the UHH. Therefore, a number of conversations had taken place over the summer months with senior medical staff from across a number of specialities who had indicate their general support for the proposals.

Consequently, when draft minutes from the November Medical Staff Association (MSA) which indicated some concerns in relation to the proposal, immediate clarity and confirmation was sought via a letter from the Board’s Chief Executive to the Chief of Medicine for the UHH site (Appendix 5). A letter outlining support for the proposal from across the senior medical body was received in reply (Appendix 6) and specified the need and their willingness to work with strategic planning and Acute colleagues to consider the opportunities for future service developments on the UHH site.

In summary, with the caveats detailed above the senior medical staff within University Hospital Hairmyres are content to support the completion of Phase 2. The development of the future clinical model will take place in 2022 under the Acute Workstream of “Our Health Together”, Whilst this work is in abeyance due to the pandemic, it is hope that this will recommence in the spring 2022.

3.5 Public and stakeholder engagement

The engagement process was carried out on the basis of a clear preferred option, which was set out by the Corporate Management Team, and the NHS Board endorsed this approach without reaching a view on the merits of the options to be the subject of further engagement.

The engagement process as set out in this section did, however, afford the opportunity to determine whether there were other factors which were not captured in the case for change which had not been identified and which could influence the Board’s final decision on this matter.

A communications and engagement plan was produced to ensure stakeholders were informed of the background to the orthopaedics service changes and previous engagement processes;

understood the reasons for the preferred option; were aware of the decision making process to determine the final location for the elective orthopaedic inpatient service; and most importantly had an opportunity to influence this process by commenting on the proposals.

This work built on the history of listening to the patient voice and staff perspective through previous stakeholder engagements on trauma and orthopaedics, including the Achieving Excellence consultation in 2016, and the options appraisal event in 2018.

Advice on the communications and engagement plan was sought from Healthcare Improvement Scotland - Community Engagement (HIS-CE) to ensure it was in line with the new national *Planning with People* guidance. HIS-CE confirmed that it was content that engagement was carried out on the basis of a clear preferred option being presented to stakeholders.

Communications and engagement took place during July, August and September 2021 and was targeted to the full NHS Lanarkshire stakeholder list. The following stakeholders were identified as particularly key to the process:

External

- Public
- Service users
- Members of the public who attended the March 2018 stakeholder options appraisal event
- Elected Representatives
- Scottish Government

Internal

- NHS Lanarkshire staff
- Trauma and orthopaedics staff
- Medical Staff Associations
- Senior charge nurses
- Allied Health Professions
- Area Clinical Forum *
- Area Partnership Forum **

*Area Clinical Forum - a formal Advisory Committee of the Board - advises on the provision of clinical care and services and on issues impinging on wider patient care across NHS Lanarkshire, also ensures effective engagement of clinicians in service design and development and maintaining contact with and representing the views of clinical staff of the Board area.

**Area Partnership Forum - a formal Advisory Committee of the Board - the forum ensures that all staff views have a direct route into the work of the NHS Board and that the Trades Unions and professional organisations have a similar voice. The forum is populated by representatives of staff organisations recognised by the Staff Council, and directors representing all of the areas of service delivery both clinical and non-clinical who all work together on a partnership basis to support the organisation in moving forward.

The Area Clinical Forum and the Area Partnership Forum held a joint meeting with the Director of Planning, Property and Performance to go through the advantages and disadvantages of both options and were supportive of the option to incorporate elective inpatient orthopaedic surgery in the new University Hospital Monklands (UHM) as part of the process described as Elective Orthopaedics Phase 2 Redesign. The Area Partnership Forum in particular highlighted the need to ensure that staff were appropriately supported through the application of the Board's

Organisational Change Policy, if they had to relocate from their existing Hospital to the new Hospital.

A full report on stakeholder feedback has been produced on completion of the engagement process (Appendix 1). Colleagues from HIS - Community Engagement have written to confirm that the process undertaken met the requirements of national guidance (Appendix 7).

A summary of the key themes from the stakeholder feedback highlighted that the majority of negative views on providing elective (planned) orthopaedic surgery at the new hospital related to geography, mainly that travel to the new hospital would be too difficult, it was too far away from where respondents lived, or they expressed a desire to retain services at their local hospital. Whereas of the positive responses submitted they were mainly around the new replacement University Hospital Monklands being better, primarily because the facilities would be more modern or be a centre of excellence. The neutral responses mainly covered similar themes. Overall, there were nearly as many positive responses (43%) as negative ones (44%) and 12% were neutral (three left responses left blank).

3.6 Assessing the inequality and equality impact of this proposal

Throughout our communication and engagement process we have worked hard to ensure that this is accessible, inclusive and reflects the diversity of our population. By assessing the impact of these proposals from an inequality and equality perspective this has also helped to inform our engagement approach.

We know that historically, Lanarkshire has had a higher burden of disease than most areas in Scotland. Also, people living in Lanarkshire have the second lowest life expectancy in Scotland and it remains one of the most deprived areas in Scotland. Therefore, it is essential that these facts are considered and inform our impact assessment process.

There are of course powerful economic, social and environmental forces which affect inequality across our population. We also know that social inequality refers to relational processes in society that have the effect of limiting or harming a group's social status, social class, and social circle. Areas of social inequality across Lanarkshire includes access to voting rights, freedom of speech and assembly, the extent of property rights and access to education, health care, quality housing, traveling, transportation, vacationing and other social goods and services. It can also be seen in the quality of family and neighbourhood life, occupation, job satisfaction, and access to credit.

We also know that the reasons for social inequality can vary, but are often broad and far reaching. It can emerge through a society's understanding of appropriate gender roles, or through the prevalence of social stereotyping. Social inequality refers to disparities in the distribution of economic assets and income as well as between the overall quality and of each person's existence within a society, while economic inequality is caused by the unequal accumulation of wealth; social inequality exists because the lack of wealth in certain areas prohibits these people from obtaining the same housing, health care, etc. as the wealthy, in societies where access to these social goods depends on wealth. Therefore, it was essential that our assessment process needed to consider a wide range of elements of inequality, when assessing the impact of this proposal.

The process of an equality impact assessment is a systematic and evidence-based tool, which enables us to consider the likely impact of this proposal on different groups of people. Completion of equality impact assessments is a legal requirement under race, disability and gender equality legislation. It is against the law to discriminate against someone because of their protected characteristics which are:

- age
- disability

- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Therefore, by acknowledging the intrinsic links between inequality and equality as outlined above, we have integrated our assessment process to consider the impact of these proposals across our population and staff groups (Appendix 8). A workshop session was held with key stakeholders from the orthopaedic service, Monklands Replacement Project, public health, and the equality and diversity lead to inform the context of the assessment and help to develop some initial mitigations.

The key concern that emerged through the consultation process and impact assessment was the implications of travelling to the new site which would be further for some members of the population and indeed our workforce. Further challenges raised included the impact of both accessibility and affordability of both private and public transport. Section 3.5 of the paper outlines the planning work underway in relation to the plans to develop the road network and public transport links and connections. Additionally, the continued provision of and extended scope of an integrated community transport hub will ensure that patients are enabled to attend the hospital for their planned hospital procedure. This will provide support for people with:

- Poor access to public transport due to rurality or other geographical factors
- complex or challenging health issues who are not eligible for ambulance transport e.g. people with limited mobility or short term acquired disabilities
- No access to private transport

Importantly, the integrated Equality Impact Assessment (EQIA) is a “live” document which we will update on an ongoing basis and the detail of this will continue to inform our engagement work across the system, with our workforce and guide our conversations with our communities going forward. Importantly, our actions to mitigate potential adverse impacts will continue to emerge as a result of our continued dialogue.

Colleagues from HIS - Community Engagement have also quality assured our integrated equality and inequality impact assessment (Appendix 9).

3.7 Travel and transport

It is evident from the engagement feedback and the work undertaken through the equality and inequality impact assessment that some communities will be negatively impacted in terms of travel and transport as a result of the proposed service relocation.

However as noted previously in this paper, the requirement to make a journey to hospital for elective orthopaedic surgery should be a “one-off” occurrence for the majority of patients and importantly the more regular appointments for outpatient care will continue to be provided at all of Lanarkshire’s three acute sites.

In addition, a carbon impact assessment of the site relocation proposal (Appendix 10) indicates an overall benefit in terms of reducing carbon emissions from car journeys.

The road access to the Wester Moffat site will be enhanced by the planned East Airdrie Link Road (EALR) - the section of the Pan Lanarkshire orbital transport corridor that will run between the M8 and the A73, south of Cumbernauld.

Furthermore, the Monklands Replacement Project has ensured that public transport infrastructure is at the heart of the development of the new UHM, and our team continues to work closely with partners like North Lanarkshire Council, Strathclyde Partnership for Transport and Transport Scotland to ensure necessary improvements to public transport are part of the overall project.

4. STRATEGIC CONTEXT

This paper links to the following:

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

The strategic vision outlined ahead of phase 1 of the trauma and orthopaedic redesign described the move to a single site for elective orthopaedics and a single site for orthopaedic trauma in Lanarkshire.

The strategic vision for trauma and orthopaedics is described in “Achieving Excellence” and was supported by the Academy of Medical Royal Colleges through the service review undertaken ahead of phase 1.

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 benefits were set out in section 3.2 and in terms of any impact on the quality of service delivery, taken together, these will

- Deliver both a better patient experience and improved and more consistent outcome for patients;
- Reduce the time patients spend in hospital after surgery;
- Improve waiting times performance and lessens dependence on capacity provided by external providers;
- Deliver improved support and training for junior doctors;
- Improve the sustainability of medical workforce at consultant and trainee levels.

6. MEASURES FOR IMPROVEMENT

Based on the key issues to be addressed through the service redesign the following points will be taken as measures for improvement within the service:

- Improved patient experience and safety;

- Reduction in length of stay including increased day surgery for trauma patients and revised pathways focused on admission avoidance;
- Establishment of an NHS Lanarkshire orthopaedic team with a sustainable medical workforce (consultants and trainees) with new models of working;
- Meeting waiting time standards;
- Reduced reliance and costs to the independent sector
- Financial balance for the service.

7. FINANCIAL IMPLICATIONS

A financial model will be developed detailing revenue costs with the aim of making future proposals fully affordable.

Discussions and engagement continues with the Scottish Government to ensure affordability of the Monklands Replacement Project.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There are four risks which have been identified through the development of this proposal. An outline of these risks and mitigations is provided below:

Risk	Mitigation
There is a risk that a skills gap emerges within the inpatient elective orthopaedic service if experienced staff do not move to the proposed new site or experienced staff are not attracted to the Monklands site.	<p>A transition plan, underpinned by the Board's Organisational Change Policy will be developed and implemented to support staff through the lead up to and throughout the change process if the proposal is accepted.</p> <p>A workforce plan will be developed which describes the resource requirements by discipline and speciality for the new Monklands Hospital. A recruitment campaign will be developed to underpin the plan.</p>
There is a risk that patients fail to attend for their planned procedure due to inaccessibility to private and/or public transport	<p>The continued provision of and extended scope of an integrated community transport hub will ensure that patients are enabled to attend the hospital for their planned hospital procedure. This will support provide support for people with:</p> <ul style="list-style-type: none"> • Poor access to public transport due to rurality or other geographical factors • Complex or challenging health issues who are not eligible for ambulance transport e.g. people with limited mobility or short term acquired disabilities • No access to private transport
There is a risk that the change of location of elective orthopaedic services results in the capital sum of MRP being less affordable for the NHS Board	Continued and ongoing engagement by Director of Planning & Performance with Scottish Government colleagues around the affordability of the project.
There is a risk that the Board is unable to repatriate the number of patients from the	A workforce model for all disciplines and specialities across the MPR project will be

independent sector to cover the potential revenue costs of the proposal	developed to ensure affordability for the Board.
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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	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes
No

A robust and integrated equality and inequality assessment has been undertaken to ascertain the impact of the proposed location of inpatient elective orthopaedic services. Please refer to Appendix 3. The assessment also incorporates the considerations and recommendations of the Fairer Scotland Duty Assessment undertaken to support the Monklands Replacement Project.

The impact assessment process has been informed by and connected to the communication and engagement approach. We have undertaken impact assessments on how the service design policy may affect different communities across Lanarkshire which takes into consideration equalities, human rights and inequalities.

The most challenging element of the proposed move is for some members of our staff and communities who would be required to travel further if the service was moved to the new Monklands site. Whilst the actual distance travelled cannot be changed, a number of mitigations for this impact is detailed within the assessment document e.g. this includes mitigations such as reimbursement of travel expenses for staff for four years as detailed within the Board's Organisational Change Policy and the accessibility of the transport hub.

11. CONSULTATION AND ENGAGEMENT

From July - September 2021, NHS Lanarkshire undertook a process of communications and engagement with stakeholders with regard to the preferred option for the future provision of elective orthopaedic surgery in Lanarkshire. The full report is included in Appendix 1.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

- Note the robust engagement approach undertaken on the preferred option put forward by the Corporate Management Team for elective orthopaedics, during July, August and September 2021;

2. Take into consideration the feedback from stakeholders through the engagement process as outlined in the Engagement Report (Appendix 1);
3. Note the linkage between the proposed changes to elective orthopaedics to both the completion of the Monklands Outline Business Case and to the emergent healthcare strategy “Our Health Together”;
4. Agree that further work will take place as proposals are developed to meet the recommendations outlined by HIS - Community Engagement (Appendix 7 and Appendix 9);
5. Note the challenges and mitigations identified within the integrated inequalities and equalities assessment (Appendix 8);
6. Approve the proposal to incorporate elective inpatient orthopaedic surgery in the new University Hospital Monklands (UHM) as part of the process described as Elective Orthopaedics Phase 2 Redesign.

13. FURTHER INFORMATION

Please contact:

Colin Lauder – Director of Planning, Property and Performance

Calvin Brown – Director of Communications

14. APPENDICES

Appendix 1	Engagement Report
Appendix 2	Letter on behalf of the senior medical staff within the Lanarkshire orthopaedic directorate (8 December 2021)
Appendix 3	Letter of reply from NHS L’s Board Chief Executive to Clinical Director for Trauma and Orthopaedic Directorate (9 December 2021)
Appendix 4	Letter from Trauma and Orthopaedic CD to NHSL’s Chief Executive regarding involvement of the directorate in MRP (14 December 2021)
Appendix 5	Letter from NHSL’s Board Chief Executive to Chief of Medicine at UHH (10 December 2021)
Appendix 6	Letter in reply from Chief of Medicine UHH to NHSL’s Boards Chief Executive (15 December 2021)
Appendix 7	Healthcare Improvement Scotland (HIS) - Community Engagement
Appendix 8	Integrated Equality and Inequality Impact Assessment (IE&IIA)
Appendix 9	HIS - Community Engagement comments on IE&IIA
Appendix 10	Carbon Impact Assessment of the site relocation proposal

Appendix 1

Engagement report Future provision of elective orthopaedic surgery November 2021

1. Executive summary

From 28 July - 30 September 2021, NHS Lanarkshire undertook a process of communications and engagement with stakeholders with regard to the preferred option for the future provision of elective orthopaedic surgery in Lanarkshire.

The service is currently provided primarily at University Hospital Hairmyres with some provision at University Hospital Wishaw. The preferred option, proposed by officers of NHS Lanarkshire, is to incorporate this service into the new, state-of-the-art University Hospital Monklands when it opens around 2028.

This report details the implementation and outcome of the programme of engagement on the preferred option. Communications and engagement activity was developed in line with Scottish Government guidance, Planning with People, 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 an assessment of NHS Lanarkshire's engagement process which has concluded: *"We have assessed your engagement on the future location of elective orthopaedic surgery for Lanarkshire, and found that this meets with expectations outlined in national guidance, Planning with People."*

NHS Lanarkshire's analysis of stakeholder feedback established the following key themes:

- Travel and transport
- Impact on waiting times
- Workforce
- Purpose built facility
- Reduction in use of other providers

The report draws conclusions on the proposed site of elective inpatient orthopaedics based on these themes, noting that:

- Participants were very supportive of receiving treatment in a new modern, fit for purpose hospital with appropriately trained and skilled staff within the new Monklands Hospital
- The majority of the apprehensions expressed relates to the availability of both public and private transport along with travelling times to the new site and therefore any decision around further location of the service requires to ensure that appropriate actions have been developed and implemented to mitigate these concerns
- The preferred location of inpatient orthopaedic service was influenced by place of residence – therefore no overall consensus among those who expressed a preference

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 future provision of elective orthopaedic surgery.

2. Communications and engagement plan

A communications and engagement plan was developed and approved by the Board of NHS Lanarkshire in July 2021. Advice on the plan and the process of engaging on a preferred option was received from HIS-CE.

The plan was supported by a stakeholder list including over 1000 individual contacts: NHSL Board; NHSL staff/staff-side; Scottish Government; MSPs/MPs/local elected members; North Lanarkshire Council; South Lanarkshire Council; community planning partners; community councils; public involvement groups; third sector; equality & diversity contacts; care providers; schools & colleges; HIS-CE; media.

An equality impact assessment (EQIA) specific to the plan was completed. This was designed to ensure all equality groups had the opportunity to provide input to influence the decision-making and were appropriately informed and involved during communications and engagement activities. The EQIA identified that relevant equality groups were included in the stakeholder contact list and that there was suitable provision of required support such as British Sign Language (BSL) interpretation at public events and a BSL video detailing engagement opportunities.

Communications and engagement activities

Activity	Detail
Engagement webpage – www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/	<ul style="list-style-type: none"> • Main page views – 1272. • Frequently asked questions page views – 138. • Engagement guide - 94 downloads. • Engagement presentation - 22 downloads.
Online survey	<ul style="list-style-type: none"> • See survey analysis in section 3
Media releases	<ul style="list-style-type: none"> • Launch of public engagement (109 views on NHS Lanarkshire website). • Reminder of chance to take part (47 views). • Additional public event (835 views). • Engagement period extended (121 views).
Pulse (digital staff magazine)	<ul style="list-style-type: none"> • Four articles – topics as media releases.
Other internal communications channels	<ul style="list-style-type: none"> • All-in Lanarkshire staff emails/email staff briefing/Firstport (intranet) banner with click-through to engagement webpage/NHSL social media reaches many staff.
Video	<ul style="list-style-type: none"> • British Sign Language video – Facebook: reach 18.5K; views 4500. • Also shared via Deaf Services Lanarkshire’s Facebook.
Media coverage	<ul style="list-style-type: none"> • Print: nine items in Airdrie & Coatbridge Advertiser/East Kilbride News/Carluke Gazette. • Online: three items on Lanarkshire Live local news website (content from Reach plc’s local publications). • All articles based on content of media releases, scoring “very positive” in internal media monitoring.
Stakeholder update emails	<ul style="list-style-type: none"> • Four updates to stakeholder list: content as media releases.

Elected representatives	<ul style="list-style-type: none"> • MP/MSP briefing – 3 September. Pre-meeting discussion with Dr Lisa Cameron MP (director of planning property and performance and director of communications). • Information in weekly briefing for MPs/MSPs/elected members throughout engagement.
Virtual public and staff events	<ul style="list-style-type: none"> • See section 4 for feedback summary
Additional internal meetings	<ul style="list-style-type: none"> • See section 5 for feedback summary
Social media	<ul style="list-style-type: none"> • NHS Lanarkshire Facebook – 52 posts: total reach 183,000; total engagement 1400. • NHSL Twitter - 47 tweets. NHSL Instagram 12 posts. <p><u>Facebook comments</u> Around 60 comments (overwhelmingly negative) Themes:</p> <ul style="list-style-type: none"> ○ loss of local service provision; ○ challenges of travel & transport; ○ engagement process (decision is already a done deal): ○ comments about current waiting list challenges.

3. Analysis of survey responses

An online survey was developed with advice from HIS-CE. The four questions were:

1. *What is important to you about the way elective (planned) orthopaedic surgery, such as hip or knee replacements, is delivered in Lanarkshire?*
2. *What are your views and experiences of the current inpatient orthopaedic service provided at University Hospital Hairmyres?*
3. *What are your views on relocating elective (planned) orthopaedic surgery from University Hospital Hairmyres to the new Hospital, which will replace the existing University Hospital Monklands?*
4. *What else should NHS Lanarkshire consider when deciding on the long-term location of elective orthopaedic surgery?*

A total of 386 people responded to the survey between 28 July and 30 September 2021.

85% of those who provided their gender were female and 56% of those giving their age were between 55 and 74 years of age (Figure 1). 98% were of white ethnic origin (Scottish, British, Irish, other), six were mixed background and three were of other ethnic background. 41% of respondents giving their details lived in Lanarkshire, while 56% were from the South and 2% were from Glasgow.

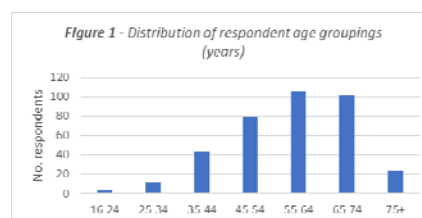
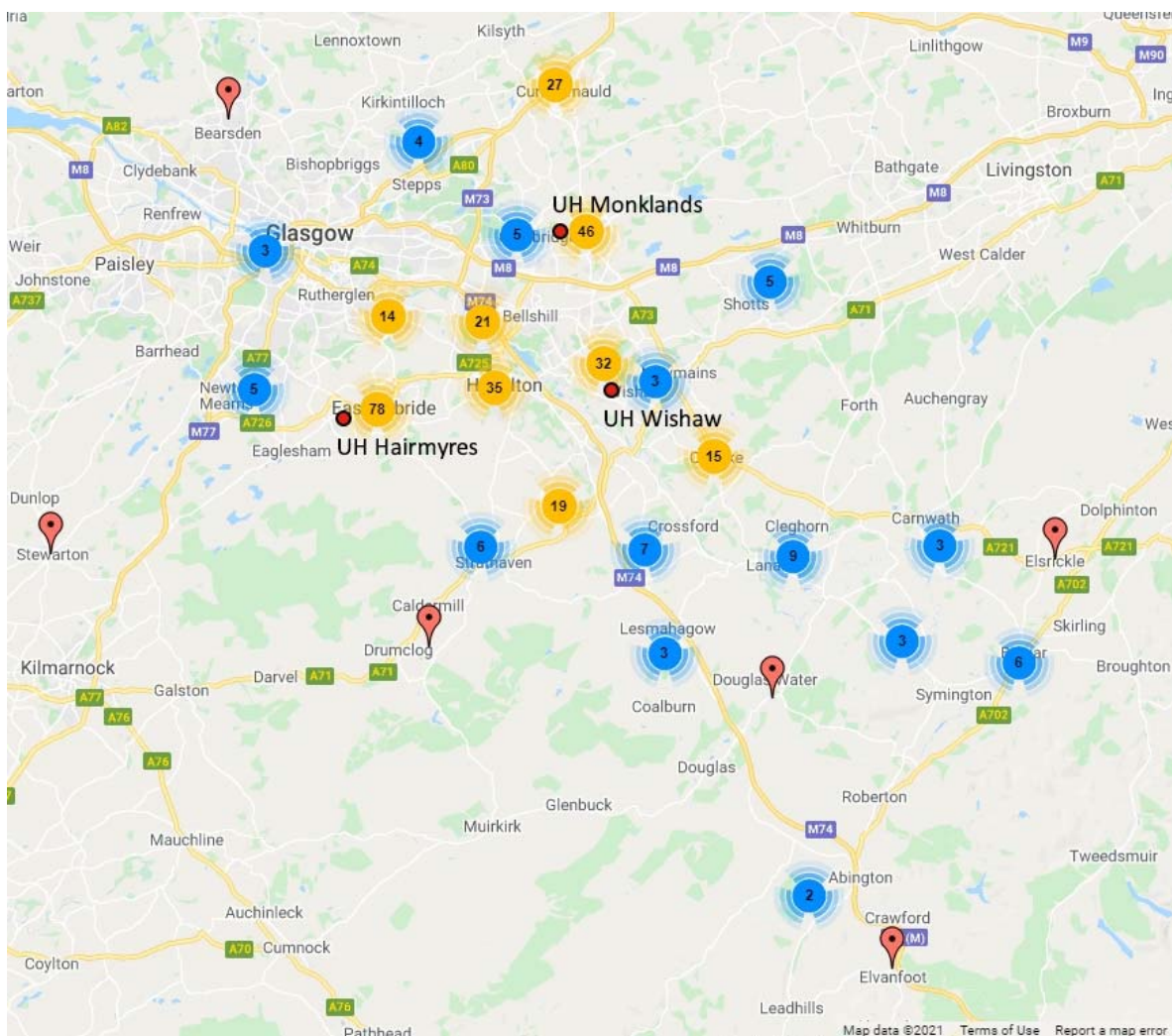


Figure 2 – *Distribution of where survey respondents live and locations of NHS Lanarkshire acute hospitals.*



Overview of responses to the four survey questions

Q1	What is important to you about the way elective (planned) orthopaedic surgery, such as hip or knee replacements, is delivered in Lanarkshire?	<ul style="list-style-type: none"> • Location/accessibility • Waiting times • Skilled staff • Quality of care
Q2	What are your views and experiences of the current inpatient orthopaedic service provided at University Hospital Hairmyres?	<ul style="list-style-type: none"> • Generally good to excellent among those with experience of the service • Waiting times too long • Under resourced
Q3	What are your views on relocating elective (planned) orthopaedic surgery from University Hospital Hairmyres to the new Hospital, which will replace the existing University Hospital Monklands?	<ul style="list-style-type: none"> • Travel/transport/location main topic • Mixed response based on location of respondent • Some happy to travel • More modern facilities
Q4	What else should NHS Lanarkshire consider when deciding on the long-term location of elective orthopaedic surgery?	<ul style="list-style-type: none"> • Transport • Parking • Staffing (levels, training, experience, skills) • Waiting times

		<ul style="list-style-type: none"> • Rehabilitation – staff and facilities
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Detailed analysis of Q3 and Q1

Views on providing elective (planned) orthopaedic surgery at the new hospital

This (Q3) was considered to be a key survey question so has been analysed in depth. Initially responses were categorised as positive/negative/neutral and then coded to generate more detailed themes (Table 1). Some people made more than one point, so the themes relate either to their main one (where this was clear) or the first one listed. Overall, there were nearly as many positive responses (43%) as negative ones (44%) and 12% were neutral (three left Q3 blank).

Table 1– Survey response themes on providing elective orthopaedic surgery at the new hospital

Positive responses (n=165)		Negative responses (n=170)		Neutral responses (n=48)	
More modern facilities	47	Travel too difficult	71	Location not critical	13
Better access	27	Too far away	51	Specific requirement	13
Shorter waiting times	19	Keep hospitals local	27	No view/don't know	9
Generally supportive	19	Wrong decision/disagree	8	Consider transport	6
Better services	17	Poor staff consultation	6	Specific question	3
Great/excellent	15	Need new hospital sooner	3	Consult with staff	1
Good/fine	15	Not enough beds	3	Positives > negatives	1
Happy to travel	6	<i>Disparaging comment *</i>	1	Ortho. not a priority	1

* *Disparaging comment about two Lanarkshire hospitals*

The positive responses submitted were mainly around the new replacement University Hospital Monklands being better, primarily because the facilities would be more modern or be a centre of excellence. Others said that access would be improved (presumably for those in the catchment area) although six said they were happy to travel. Some people felt that waiting times would be shorter. A number of people simply provided general statements or descriptors of support, some expressing more enthusiasm (great/excellent) than others (good/fine).

The majority of negative comments related to geography, mainly that travel to the new hospital would be too difficult, it was too far away from where respondents lived, or they expressed a desire to retain services at their local hospital. A few simply felt the location of the new hospital was wrong, although three negative responses related to it not being able to be built fast enough and three felt it would not have enough beds when it was. Six respondents felt that consultation with staff had not been good enough and one person disparaged two of the existing hospitals in response to this question.

The neutral responses mainly covered similar themes, but phrased as comments, questions or requirements to be considered rather than positive/negative views. The new hospital's location was not critical to some respondents and others asked that transport be considered. A number of specific requirements were suggested, including strict separation of orthopaedic facilities, increased inpatient beds, more staff and generally more resources. Specific questions were raised about the wards, clinics and waiting times, although quite a few respondents were either unaware of what was being proposed or did not have a strong view about it.

What's important about elective orthopaedic surgery delivery in Lanarkshire?

When asked what was important to them about elective orthopaedic surgery delivery in Lanarkshire (Q1), there was considerable commonality across the responses (Table 2).

Table 2 – Survey response themes about the most important aspects of delivery in Lanarkshire

Response theme	F	Response theme	f	Response theme	F
Waiting times	106	Local provision	84	High quality service	35
Stop cancellations	6	Access	72	Skilled staff	33

88% of the responses to this question fell into these categories and Table 2 shows that waiting times were important to the largest number of people. Local provision and access (focused on being able to get to the service rather than asking for it to be local) were next, followed by high quality services provided by skilled staff.

4. Virtual public and staff events - feedback

These events were supported by a number of NHS Lanarkshire staff and involved a presentation (covering the proposal, anticipated benefits, information on the new hospital and allied road/transport improvements, impact on staff, and engagement opportunities) followed by a question-and-answer session.

The ongoing impact of COVID-19 mitigated against in-person meetings and public/staff events were hosted on the Microsoft Teams virtual meeting platform.

Virtual public event – 26 August 2021 7-9pm	
<ul style="list-style-type: none"> ○ Registered to attend: 9 ○ Attended: 1 ○ Representation from Healthcare Improvement Scotland – Community Engagement 	
Theme	Comments
Travel & transport	<ul style="list-style-type: none"> ● Concern over access to new hospital from rural South Lanarkshire
Virtual public event – 2 September 2021 7-8pm	
<ul style="list-style-type: none"> ○ Registered to attend: 23 ○ Attended: 6 (including representation from North Lanarkshire Public Partnership Forum, Cambuslang Community Council, Clydesdale Health & Social Care Forum, Stonehouse Community Council, office of Monica Lennon MSP) ○ Representation from Healthcare Improvement Scotland – Community Engagement 	
Theme	Comments
Travel & transport	<ul style="list-style-type: none"> ● Concern over access to new hospital from South Lanarkshire ● High proportion not car owners ● Poor train access
Service model	<ul style="list-style-type: none"> ● Have other models been considered – i.e. using more than one hospital? ● Have a good plan for patient pathway and aftercare (current service user)
Waiting times	<ul style="list-style-type: none"> ● Potential to impact waiting list challenges over time?
Workforce	<ul style="list-style-type: none"> ● Need to ensure sufficient staffing for more surgery
Engagement process	<ul style="list-style-type: none"> ● More publicity required – extend engagement period

Evaluation of public events

From both events, a total of four participants completed an evaluation form. These indicated overall satisfaction as noted in the table below.

<i>Event rated on a scale of 1 to 5, from 5= strongly agree to 1=strongly disagree</i>				
	Response 1	Response 2	Response 3	Response 4
I had the chance to give my views	5	5	5	5
I was able to actively contribute	3	5	5	5
I feel confident that my views have been recorded	4	5	5	5
The organisation and communication about the event was clear	5	5	5	3

Virtual staff event – 27 August 2021 12-1.30pm	
<ul style="list-style-type: none"> ○ Registered to attend: 15 ○ Attended: 10 	
Theme	Comments
Service model	<ul style="list-style-type: none"> • Will commit fully at UHH for as long as service remains there • Separate elective treatment centre model needs consideration
Engagement process	<ul style="list-style-type: none"> • How much influence on decision staff can have? • Onus seems to be on staff to make an argument for staying at UHH

5. Additional internal meetings - feedback

These took the same form as the virtual public/staff events described above. There were meetings with trauma & orthopaedic staff, University Hospital Hairmyres Medical Staff Association, University Hospital Wishaw Medical Staff Association, University Hospital Hairmyres senior charge nurse forum, and a joint meeting of the Area Partnership Forum and Area Clinical Forum, which are both advisory committees to the NHS Lanarkshire Board.

Feedback was provided during some of these meetings as below.

Trauma & orthopaedic staff event – 23 August 2021	
Attendance: 15	
Theme	Comments
Engagement process	<ul style="list-style-type: none"> • Thanks for opportunity to engage
Service model	<ul style="list-style-type: none"> • Consultant ambition to reduce use of Golden Jubilee provision – volume/current treat-only model • Need for repatriation of independent sector provision • Further questions will come when we get down to discussing capacity/demand figures • New Monklands theatres design – suitable acoustics
University Hospital Hairmyres senior charge nurse forum – 7 September 2021	
Attendance: 44	
Theme	Comments
Engagement process	<ul style="list-style-type: none"> • 2 staff commented on perceived lack of engagement with orthopaedic service nurses (theatres/ward)
University Hospital Wishaw Medical Staff Association – 14 September 2021	
Attendance: 4	
Theme	Comments

Service model	<ul style="list-style-type: none"> • Any impact on site staffing (i.e. physios) through withdrawal of elective upper limb surgery from Wishaw • Opportunities for enhanced trauma surgery at Wishaw if elective procedures relocated
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Please note that site pressures led to the cancellation of scheduled meetings with University Hospital Monklands Medical Staff Association and the senior nurse forums at Monklands and Wishaw. These groups were provided with engagement information including presentation slides.

6. Submissions by email/phone

From	Themes	Summary of comments
Quothquan and Thankerton Community Council	Travel & transport	<ul style="list-style-type: none"> • Difficulty of travel for those without their own cars between rural Clydesdale and Monklands. • Community council survey find 19% of its population do not have access to own vehicle. • Disproportionately high number of residents in the older age ranges • This group are more likely to need this type of procedure and will form a large part of those who rely on public transport • Train travel option exists to and from Hairmyres • Give thought to more senior transport-poor residents of rural Clydesdale and how they would be able to reach the new facility
Staff member	Travel & transport Centralised service provision	<ul style="list-style-type: none"> • Concern re the centralisation of services • Already centralised ortho trauma to UHW • Public transport issue must be addressed first • No thought given to improving public transport links between the 3 hospitals • No thought has been given to how patients without cars can get to appointments, relatives without cars can get to visit, staff without cars who need to move with service can get to work • Particularly distressing for older patients, whose partners/visitors may not drive • A bus service should be provided that stops only at the three hospital sites
Staff member	Service design and provision	<ul style="list-style-type: none"> • This needs to fit into a wider strategy • The current 3 site acute care model failing patients and staffing of 3 sites long term is unsustainable • Planned movement of services should be in context of a gradual move to 2 then 1 acute site • Factor in phased expansion of the new UHM to effectively become main acute and inpatient site • One of the other sites converted into a state of the art day hospital including provision of 23 hour surgical services, outpatient radiology, clinics etc. • Inpatient (>24hrs) orthopaedics and orthopaedic trauma would be provided at the new hospital site along with all other acute services • Creating new UHM, moving services won't work

		<ul style="list-style-type: none"> • Lan should have one large acute teaching hospital
Member of North Lanarkshire Tenants Assoc	Support for proposal	<ul style="list-style-type: none"> • I and others I have spoken with are fully supportive of all proposals
Member of public	Support for proposal (elective) Service provision (trauma)	<ul style="list-style-type: none"> • During the consultation to take orthopaedics out of Monklands the head of the trust promised both trauma and elective would be back in the new hospital • Imperative that ortho comes back.

7. Submissions from MSPs/MPs

MSP/MP	Themes	Summary of comments
Neil Gray, MSP for Airdrie & Shotts and Anum Qaisar-Javed, MP for Airdrie & Shotts	Improved service provision for elective ortho Opportunity for improved services at UH Hairmyres Travel & transport	<ul style="list-style-type: none"> • Support for proposal • Capacity for this service can be absorbed and created in the new hospital • When trauma and orthopaedic services were being reorganised in 2016 as the then MSP and MP, Alex Neil and Neil Gray supported the reorganisation for healthcare and safety reasons • It was clear that providing both services on a separate and single site was the right thing to maximise surgical safety, healthcare outcomes for patients and to ensure staffing challenges could be managed • Pleased to note that the reorganisation has been a success in sustaining and enhancing services • Pleased that moving elective orthopaedic services to the new Monklands Hospital will stop the need to transfer patients to the private sector • New Monklands Hospital will be the most modern and state of the art digital hospital in the UK when it is built. It makes sense to take advantage of the new modern clinical setting and to maximise the services provided there • This provides a great opportunity to expand existing or new services in Hairmyres Hospital to provide for patients across Lanarkshire • Reiterate calls that have previously been made for NHS Lanarkshire to work with public transport providers to ensure all hospital settings are more accessible for patients. A circular bus service operating between the three hospital sites would be of great assistance to patients and visitors • We encourage the board of NHS Lanarkshire to consider this and approve the plan to move elective orthopaedic services to the new

			Monklands Hospital
Dr Cameron, for Kilbride, Strathaven & Lesmahagow	Lisa MP East	Concern over removal of local services Objection to proposed service model Travel & transport Environmental impact Engagement process	<ul style="list-style-type: none"> • Not supportive of proposal • East Kilbride is the sixth largest community in Scotland with a still growing population that requires to maintain local access to health and social care services at the point of need • Removal of these services from South Lanarkshire whereby EK covers such a vast area and population would be contraindicated • Have had numerous complaints about these matters and wish to ensure that they are fully appreciated within your consultation • Monklands is not at all accessible to my local population, with no direct bus route from most areas • Environmental impact that requiring up to 80,000 residents to travel out-with their area in East Kilbride to attend for treatment in Wester Moffat could have • I also note the carbon footprint for staff whom NHS Lanarkshire have said will be paid additional mileage for 4 years • No environmental audit of the proposals impact has been undertaken in advance - if NHS Lanarkshire is serious about its contribution to climate change then retaining services locally, within Hairmyres Hospital is essential • I object to proposals being taken forward without proper face-to-face consultation with our local public due to the pandemic particularly when such a significant service change is proposed • No valid reason that services couldn't be provided in both locations to serve each local population where they live • There are teams working on many clinical conditions based across Lanarkshire's hospitals who perform their duties very well under a locality based model. This reduces the need for unnecessary travel and impact upon locality based services • I wish for my objection to be formally noted and believe that any removal of these vital local services would represent a significant deterioration in local healthcare

8. Submission from orthopaedic staff

Members of the Corporate Management have met with the senior medical staff within the NHS Lanarkshire orthopaedic directorate in response to and to help understand the proposal outlined in this paper better, and in particular to ensure that any new unit would offer an improved patient environment and experience.

The orthopaedic surgical team recognise that the potential move to the new UHM would provide an opportunity to mitigate these risks to their service in the future. The ward environment in the new hospital will be a “bespoke” design to enhance our ability to reduce risk of infection.

They have concluded that their ideal construct would be a completely stand-alone surgical facility with no possibility of cross-boarding between scheduled and unscheduled care, and they themselves acknowledge that, regrettably, this is not within the gift of the NHS Lanarkshire Board in the foreseeable future.

They go on to state that in their view, not to have a stand-alone facility will continue to risk loss of capacity at times of high unscheduled care demand and potential issues with infection control unless there is rigorous attention to these risks in the design of the new facility. However, the Monklands Replacement Project Team will ensure that their views on the design of the new facility will be taken forward in order to address these risks.

The letter detailing their support for the completion of phase 2, with the caveat outlined above is provided in Appendix 5.

9. Responsive actions undertaken during engagement

- Engagement period extension
There was feedback at the second public event that more time should be given for engagement. Subsequently, the closing date for engagement was extended from 15 September to 30 September 2021.
- Additional virtual public event
Following the low turnout for the public event on 26 August, we immediately determined that another such event was required to enhance community engagement. Within 24 hours we had scheduled and promoted the second event, on 2 September, via press release, social media and internal comms. This was followed by a stakeholder update email over the weekend, which included local elected members among recipients.
- Paid social media
We used paid social media to promote the additional public event, running Facebook/Instagram ads from 30 Aug-2 Sep, showing a short video clip, targeted to all Lanarkshire residents aged 14 and over. Included in the ads video was a request to contact us if a daytime meeting would be preferable but we saw no demand for this option. Social ads were then used in the same way to boost awareness of the survey, between 10-13 Sep, resulting in an increase in rate of responses. Each set of ads had a reach of 38,000 and nearly 1000 link clicks.
- Stakeholder review of communications & engagement plan
 - Monklands Engagement Forum (MEF) -16 September 2021
The MEF is the Monklands Replacement Project’s forum for public engagement. Members were taken through the key points of the plan to “sense check” it and identify any significant gaps. Members were content and, as they had been included in the distribution of media releases and stakeholder updates, were aware of the process.
 - In addition, the plan was sent for review to Bill Angus, a service user who was the public rep on the project board for the previous phase of trauma & orthopaedics reconfiguration. Mr Angus indicated that he thought the plan was comprehensive.
- Webpage information update

At the request of HIS-CE, the public event presentation slides were published and the frequently asked questions were updated to reflect public event comments.

- Carbon impact assessment

In response to feedback regarding potential environmental issues related to the proposal to relocate the service, a carbon impact assessment has been prepared for the Board's consideration. Please see Appendix 6.

10. Conclusions

The following conclusions have emerged from the engagement process:

- Our engagement process has been robust and compliant with national guidance;
- A key theme surfacing through our conversations and survey findings has been concerns around the availability of transport and distance to travel to the new site;
- The preferred location of inpatient elective orthopaedic service is influenced by place of residence with therefore no overall consensus among those who expressed a preference;
- Area Clinical Forum, Area Partnership Forum, and clinical staff have expressed support for proposal;
- Further information about travel/transport access to the new hospital will be provided through our Monklands Replacement Project (MRP) engagement framework and communications plan to inform and update the public and our staff;
- We will continue to work collaboratively with orthopaedic staff and the public to influence new facility configuration through MRP design workshops; and
- We will develop a detailed engagement framework with our staff as part of the 24-month transition process to manage transfer to new site and address workforce gaps

11. Summary

The report draws conclusions on the proposed site of elective inpatient orthopaedics based on these themes, noting that:

- Participants were very supportive of receiving treatment in a new modern, fit for purpose hospital with appropriately trained and skilled staff within the new Monklands Hospital;
- The majority of the concerns expressed related to the availability of both public and private transport, along with travelling times to the new site, and therefore any decision around the location of the service requires to ensure that appropriate actions have been developed and implemented to mitigate these concerns;
- The preferred location of inpatient orthopaedic service was influenced by place of residence, therefore no overall consensus emerged among those who expressed a preference.

Appendix 2

Letter from Alastair Murray, Clinical Director, Trauma and Orthopaedics, NHS Lanarkshire, behalf of the senior medical staff within the Lanarkshire orthopaedic directorate

Department of Orthopaedics
NHS Lanarkshire
8th December 2021

To: Heather Knox, CEO NHS Lanarkshire

Dear Heather,

I am writing to you to express the view of the senior orthopaedic medical team in Lanarkshire on the proposed relocation of orthopaedic elective services to a new hospital at Wester Moffat in c2028.

The main driver for any relocation of orthopaedic elective services would be to deliver a unit which can function throughout the year without threat of interruption from unscheduled care demand. Loss of capacity has happened historically every winter with 20% or more of elective orthopaedic capacity lost each year and the demands of the pandemic and subsequent unscheduled care crisis has seen an almost total loss of elective orthopaedic services in Lanarkshire.

There is a genuine fear in the clinical team that continuation of anything resembling the current model of elective orthopaedic provision, at whatever location, would be to see the elective service we can offer our patients permanently compromised and inadequate for the people of Lanarkshire. This concern is making many members of the senior clinical team very cautious of what MRP is able to deliver. Many feel unable to support a relocation to Wester Moffat if that will ultimately deliver the same model as currently exists. Namely, a ward in an acute hospital which can be taken over by unscheduled care whenever demand requires. It has been expressed to me clearly that if the proposed new unit at Wester Moffat is to be the same model as the current one in UHH then the majority of the clinical team would not support a move. This view is reflected in the minute of the UHH MSA meeting (25/11/21).

What is also true however is that there would be a genuine enthusiasm to engage in a process to deliver a unit which was free of the risks described above with our current model and that would deliver the infection control and efficiency standards equivalent to the Treatment Centres being built in other Board areas across Scotland. It is understood that a physically separate facility is not proposed but there is an awareness that with appropriate design backed up with clearly articulated policies from the organisation, it is possible to provide a protected and successful orthopaedic unit in this setting. The NTC expansion models at Forth Valley and Fife are examples.

Perhaps the most crucial element of this is for the orthopaedic service to receive the assurances it seeks that a new elective orthopaedic unit at Wester Moffat would be protected from intrusion or loss of resources from unscheduled care. Ring fencing in its truest sense. This would be a new model for NHS Lanarkshire but also an opportunity for us to show that such a model can work and provide uninterrupted, high quality orthopaedic care year round. This could indeed be better than many of the NTC models currently being built which lack escalated care and can only offer a service to a defined cohort.

With the appropriate guarantees from NHS Lanarkshire that it is intended to deliver just such a model there would be wide support from the service and an extremely positive goal for the workforce to aim towards.

Alastair Murray, Clinical Director, Orthopaedics.

Appendix 3

Letter from NHS Lanarkshire's Board Chief Executive to Alastair Murray, Clinical Director Trauma and Orthopaedics supporting their request for a bespoke, ring-fenced unit and involvement in MRP

Letter by Email to:

Alastair Murray, Clinical Director,
Orthopaedics
Alastair.Murray@lanarkshirescot.nhs.uk

**NHS Lanarkshire
Kirklands**
Fallside Road
Bothwell

Alastair Murray, Clinical Director,
Orthopaedics Department of Orthopaedics

Date: 9 Dec 2021
Our Ref: HK/JM
Direct Line: 01698 752870
Email: Heather.knox@lanarkshire.scot.nhs.uk

Dear Alastair

Elective orthopaedic surgery

Thank you for your letter of 8th December which expressed the views of the senior medial staff in the NHSL orthopaedic on the proposal to create a new elective orthopaedic surgical unit at the new Monklands Hospital c. 2028.

It is very clear to me that the pandemic and its consequential disruption has taken a toll on the whole clinical team in T&O, and your ability to maintain even the reduced services we have been able to provide has been a tremendous effort over the last two years. I would be grateful if you could ensure the Team all know that these outstanding efforts are recognised by the NHS Board.

You highlight in your letter the loss of capacity and risks to the orthopaedic service brought on by the need to overflow unscheduled care patients and the consequential impact on all aspects of the service. It is highly regrettable that this measure has been forced on ourselves (and of course many other NHS Boards) by both the covid-19 presentations and also the emergency medical surge brought on by lockdown and other factors.

The NHS Board shares the ambition of the orthopaedic senior medial team to mitigate against such an overflow situation in the future - both in "ordinary" winter bed pressures, and also should we ever face another pandemic situation in the future. The Board recognises the impact this has not only had on the volume of essential surgery we can provide, but also the perioperative risks to arthroplasty patients this brings.

This is why we believe the Wester Moffat proposal gives us the shared opportunity to build a stand-alone unit (albeit within the body of the new hospital) with world-class perioperative facilities which will both protect the integrity of the orthopaedic inpatient service, allow for a high-performing surgical unit and also provide the safest possible patient environment. We believe this will see a step-change improvement in the care you and your colleagues will be able to provide.

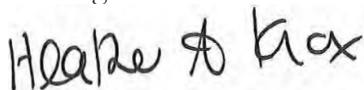
To achieve this, I will invite the elective orthopaedic clinical team to engage with the Monklands Replacement Project team to design a clinical unit in the new hospital which will

achieve these ambitions. We recognise that the ward needs to be both of sufficient size for future needs and should be bespoke in design and ring-fenced from the use by other specialties. I believe we have many good ideas with the orthopaedic team as to how this could be done and we will support this with all necessary architectural, engineering and planning advice through the MRP team. This would then, of course require a set of operational policies which would protect this unit in times of future extreme pressure on unscheduled care services. In making the decision to create this new elective orthopaedic surgical unit the Board will seek to ensure these elements design and operational procedures – are in place and signed off by the orthopaedic team and that implementation is supported by the senior management team.

I look forward to seeing the fruits of this work as it develops into a full design over the course of early 2022 I appreciate that the current extreme service pressures and the need to recover from the last two years' will limit the extent of that engagement and I have asked the MRP team to work with you and your colleagues as flexibly as possible to allow both the immediate and the longer term planning to progress in parallel.

I hope this provides the reassurances you are seeking. It would be really helpful if you could confirm your support and that of your colleagues for this proposed change as soon as possible.

Kind regards

A handwritten signature in black ink that reads "Heather Knox". The signature is written in a cursive, slightly slanted style.

Heather Knox
Chief Executive

Appendix 4

Letter from Alastair Murray, Clinical Director, Trauma and Orthopaedics, NHS Lanarkshire, behalf of the senior medical staff within the Lanarkshire orthopaedic directorate in relation to MRP involvement

Department of Orthopaedics

NHS Lanarkshire
14th December '21

To: Heather Knox
Chief Executive, NHS Lanarkshire

Dear Heather,
Orthopaedic involvement in MRP

Thank you for your letter of the 9th December in reply to my previous letter to you on the 8th. I circulated both of those letters to all of the orthopaedic consultants to allow them to return with further views or comments.

The workforce is of course very demoralised at present due to the effects of the pandemic. This makes it a difficult time to seek enthusiastic support for a major project which seems rather distant to current pressures. Feedback has however been generally supportive as a result of the Board's commitment, expressed by you, to guarantee a truly ring-fenced unit which would be protected from compromise by non-elective orthopaedic activity on the site. This has provided the reassurance that many sought that the project will deliver a better facility than can be provided currently at UHH. The general view is that as long as this commitment remains, there will be good engagement from the orthopaedic team to deliver the new unit at Wester Moffat.

There obviously remains much work to be done to ensure that the projected resources will meet the demand and standards required. The orthopaedic service looks forward to close collaboration with the project team to address these issues as the project progresses.

Another important part of delivering a successful orthopaedic unit in 2028 requires the continued support from the Board to deliver on the commitments described in Phase 1A which is of course an interim step to Phase 2. If Phase 1A is unsuccessful then enthusiasm for Phase 2 will be difficult to maintain. As rapid progress as possible to the provision of the orthopaedic ward at UHH is desperately needed in order to keep the service together and to build on the quality and efficiency improvements we need to make to fit the model envisaged for 2028. There is a strong desire for the ring fenced model to be delivered in UHH as soon as possible to secure the elective orthopaedic service and most importantly, to retain and attract high quality team members. This will be the most important element for the success of orthopaedics in Lanarkshire in the future.

With the consideration of all of these matters, the orthopaedic senior medical teams offer its support to the proposed completion of Phase 2 with a move of elective services to a bespoke, ring-fenced unit at Wester Moffat.

Kind regards,

Alastair Murray,
Clinical Director, Orthopaedics NHS Lanarkshire.

Appendix 5

Letter from NHS Lanarkshire's Board Chief Executive to Claire Mcdougall, Chief of Medicine UHH

Dear Claire

Proposed elective orthopaedic surgical unit at the new University Hospital Monklands

As you will know, the NHS Board meeting in December will consider the proposal from the Corporate Management Team to create a new elective orthopaedic inpatient surgical unit within our plans for a new hospital at Wester Moffatt, expected to open circa 2028.

By creating this new unit there would be significant opportunity to further improve the quality of patient care through planning for the medium/long term provision of this important element of the NHSL surgical service. These benefits were articulated in the recent public engagement process and I will also share the NHS Board paper on this when this is available.

The orthopaedic clinical team will also have the exciting opportunity over the coming months to co- design the new unit to enable the highest possible standards are achieved and also enable appropriate ring fencing of the new service when it is commissioned.

There will, of course, be an impact on the clinical footprint for UHH when this new unit is created, and the current elective ortho ward plus theatres will become available for other purposes. I know that this impact has been discussed over the summer months both with Mr James Saldanha and yourself and within the clinical community at UHH. My understanding from those conversations was that the overall clinical view on the site was supportive. I was, therefore, somewhat surprised to read the draft November MSA minutes indicating concerns. It would be very helpful for me to understand from yourself if those concerns are representative of a shared view amongst clinicians on the site?

NHS Lanarkshire will have the opportunity to improve other services through the use of the vacated ward, theatre and clinics at UHH. This could include the repatriation of other independent sector surgery back to Lanarkshire and the continued development of the new vascular surgery service. Other ideas will emerge I'm sure, and no decisions have been made: this gives us the opportunity to think imaginatively about the shape of services provided at UHH going forward.

Whilst no decisions have been made, I must, however, stress two "absolutes" in this which are also the Board's position:

- UHH will continue to provide full unscheduled care services; and
- The clinical spaces in UHH vacated by orthopaedics will be fully re-utilised post-2028.

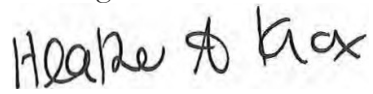
The exact nature of this will be determined through the development of Lanarkshire's new healthcare strategy, "Our Health Together" through 2022/3.

Service pressures are, of course, intense at the moment and our ability to plan for the future is limited by this. I do, however, want to commit to the clinical community at UHH that this planning for the future (under the banner of the new NHSL healthcare strategy) will commence as early as possible in 2022 to allow proper debate, planning and enactment of the emergent new service model before 2028. We believe this is an exciting prospect and opportunity for the UHH team and wider NHSL acute division.

I will be asking the acute division and the strategic planning team to 'work together to this end and confirm timescales when service pressures permit.

In advance of the Board discussion I would be very grateful if you could clarify the view of clinicians at University Hospital Hairmyres with respect to these proposed changes.

Kind regards

A handwritten signature in black ink that reads "Heather Knox". The signature is written in a cursive, slightly slanted style.

Heather Knox
Chief Executive

Appendix 6

Letter to NHS Lanarkshire's Board Chief Executive from Claire Mcdougall, Chief of Medicine, UHH

Dear Heather,

Elective orthopaedic surgery proposal and impact on University Hospital Hairmyres

Thank you for your letter on Friday. I wasn't able to attend the November meeting of the MSA, but I've now had the opportunity to discuss this with the MSA chair.

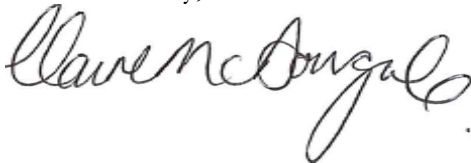
It was clear in the November meeting that the orthopaedic surgeon who was present was very keen that the proposed elective surgery unit at new UHM must achieve an improvement in the quality of service the Orthopaedic team are able to deliver, particularly given the severe pressures brought on by the pandemic. I understand that such dialogue with the Orthopaedic team has now taken place and that they have now separately written to you to indicate their support for a discrete new unit within the new Monklands Hospital at Wester Moffat.

An anaesthetic representative also voiced concerns that they would have to cover Orthopaedic surgery on three sites, but that was based on a misunderstanding of what was being proposed, and that reassurance will be fed back to the anaesthetists. There were no issues raised by other specialties.

I recognise also that this move will offer opportunities for future service development utilising the ward and theatre space vacated in 2028, and I look forward to working with you on this over the coming months.

I hope this makes the situation clearer.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Claire McDougall', written in a cursive style.

Claire McDougall.

Appendix 7

Letter from Healthcare Improvement Scotland – Community Engagement

Dear Calvin,

Thank you for sharing evaluation feedback from participants at the virtual public events, your engagement report and equality impact assessment on the communication and involvement process.

We have assessed your engagement on the future location of Elective Orthopaedic Surgery for Lanarkshire and found that this meets with expectations outlined in national guidance, Planning with People. This assessment is based on: NHS Lanarkshire's use of a range of engagement methods and the materials prepared; our observations at the virtual public events and people's feedback; and, coverage of the proposal on local and social media.

What we found

NHS Lanarkshire launched a seven-week public engagement on the future location of Elective Orthopaedic Surgery on 28 July. During this time, it issued four media releases and four stakeholder updates to community representatives, third sector groups and local elected representatives (a reach of over 1000 email addresses). It hosted two virtual public events and maintained a presence on social media e.g. Facebook, Instagram, Twitter.

Communication

The engagement plan was shared with the Monklands Engagement Forum for input and also with a service user who served as the public representative on the project board for the previous phase of trauma and Orthopaedics reconfiguration.

Information outlined recent changes to the Orthopaedic Service (started in 2016); the Board's preferred option to locate Elective Orthopaedic Surgery at University Hospital Monklands; explained why it is seeking people's views seven years in advance of change; and, how a final decision on location will be made. Materials included an information guide available on NHS Lanarkshire's webpage, supported by Frequently Asked Questions and a short video and script for BSL users. People were able to provide their views and feedback on the proposal via online survey, at the virtual public events, by email, phone or by writing to a Freepost address.

NHS Lanarkshire arranged a briefing with MSPs and MPs on 3 September to make them aware of the engagement and request their feedback. This was in addition to information previously shared with them.

Public events

Although the virtual public event on 26 August was promoted through press releases and social media, there was a low turnout with one attendee. Due to this low attendance NHS Lanarkshire arranged an additional virtual public event, and to increase awareness of the second event and the engagement process, paid for Facebook/Instagram ads to promote the event and show a short video clip, targeted to all Lanarkshire residents aged 14 years and over. The additional event took place on 2 September and a further six people attended.

From our observations at the two meetings we found that people welcomed the presentation (which outlined the reasons for change, concerns previously raised for example transport, and next steps). NHS Lanarkshire positively responded to people's questions and concerns. This is reflected in the four evaluation forms from participants (57% response rate):

100% of respondents felt NHS Lanarkshire clearly explained why it proposes to transfer the service to the new University Hospital Monklands

100% of respondents strongly agreed they had the chance to give their views

75% strongly agreed they were able to actively contribute (one person neither agreed nor disagreed).

Comments included:

“Presentation was very good”

“Event was fine however disappointed in attendance. It was also informative.”

“Being able to comment or raise questions and for answers to be given fully” (in response to what people liked most about the event)

The equality impact assessment (EQIA) on the engagement process did not identify any specific adverse impacts for people with protected characteristics. However, a number of actions were taken to support an inclusive process. This included a BSL interpreter present at the virtual public events, information provided via a short video and script for BSL users. People were offered a paper copy of the survey and could also send their feedback via a Freepost address or telephone. Paid social media was used to promote the engagement process, including the survey, which resulted in an increase in the rate of responses from people across the age spectrum (majority of responses from people aged 55-64 and 65-74 respectively). Given the current context we recognise the potential constraints in hosting physical face-to-face meetings. The impact assessment on the proposal has not been shared with us to date but we understand this is being further reviewed following engagement.

Ongoing evaluation

We welcome NHS Lanarkshire’s flexible and reflective approach to this engagement, which has resulted in pro-active communication, an additional public event, an extension of two weeks to the engagement period (in response to public feedback) and the use of your webpage to share information from the virtual public events and reflect the points raised by people via the updated Frequently Asked Questions.

Recommendations

We note that 389 responses were received to the online survey, which is comparable with similar engagement exercises nationally. At this time, the feedback on the proposal itself has not been shared with Healthcare Improvement Scotland – Community Engagement. In moving forward, we would recommend that NHS Lanarkshire:

- Gives genuine consideration to the views and experiences that people have shared through their engagement when making a decision on the permanent location for Elective Orthopaedic Surgery.
- Reviews the equality impact assessment for the proposal and co-designs solutions with people and communities, where possible, to mitigate potential adverse impacts.
- Provides feedback to people and demonstrates how feedback received through the engagement has been taken into account and specifically any changes made to the proposal as a result of the feedback.
- Continues to involve people and communities in the planning and design of any change to the elective Surgical Orthopaedic Service
- Evaluates the engagement process to identify areas of good practice and further improvement.

This feedback is based on the information available to Healthcare Improvement Scotland Community Engagement. If there is any change to the above, please let us know.

Kind regards

A handwritten signature in black ink, appearing to read 'D. Blues', written in a cursive style.

Derek C Blues
Engagement Programmes Manager (Grampian, Fife, Tayside and Service Change)
Healthcare Improvement Scotland – Community Engagement

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact hina.sheikh@lanarkshire.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	NHS Lanarkshire Trauma and Orthopaedic Re-design This EQA: <ul style="list-style-type: none"> • Focuses on the redesign of the NHS Lanarkshire Trauma and Orthopaedic Service, specifically the relocation of the Elective Orthopaedic's to the new Monklands Hopsital • It assesses the location and not the internal design or delivery of services within the building • A separate EQIA will be developed in regards to the design, once a location has been agreed • A separate EQIA has been undertaken to as part of the communication and engagement approach for the consultation process. 		
Names and role of Review Team:	David Murray – Interim Service Manager – T&O Alistair Murray – Consultant Surgeon Corinne Barrett – Acting Senior Nurse Fiona Cowan – MRP Clinical Lead Graeme Reid – MRP Project Director Kathryn Henderson – MRP Project Manager Elspeth Russell – Head of Health Improvement Hina Sheikh – Equality and Diversity Manager Kirsty Orr – Head of Planning and Development		October 2021
SECTION ONE AIMS OF THE POLICY			
1.1. Is this a new or existing Policy: New policy?			

Please state which: Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service Change <input checked="" type="checkbox"/> Guidance <input type="checkbox"/> Other <input type="checkbox"/>
1.2 What is the scope of this EQIA? NHS Lanarkshire wide <input type="checkbox"/> Service specific <input checked="" type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail)
1.3a. What is the aim? Currently NHS Lanarkshire Trauma and Orthopaedic service is delivered on all three acute sites with Trauma services are provided at UHW, Elective inpatient Ortho at UHH and elective outpatient services provided at all 3 sites. There is also support from Golden Jubilee to provide additional capacity to manage demand. The proposed relocation of NHS Lanarkshire Elective Orthopaedic service to the new University Hospital Monklands (UHM) would benefit from a modern technological and geographically accessible location. Importantly patients will continue to receive pre and post op elective orthopaedic care from their local hospital. Patients would require to travel via public or private transport to the proposed preferred site for surgery. This is likely to be a one off requirement. The design of UHM takes into account a number of the social, physical and environment factors which will benefit the placement of any service relocated to the site. The aim for the relocation is to: <ul style="list-style-type: none"> • Work towards the centralisation of the Elective Site for Trauma and Orthopaedics. • Support the construction of a healthcare facility according to current design standards. • Improve the atmosphere and setting in which care is provided • improve patient experience and the hospital staff's work environment and • Enable the Board to agree on a preferred option for the future location of elective orthopaedic service in NHS Lanarkshire.
1.3b. What is the objectives? <ul style="list-style-type: none"> • To consider the impact on people in Lanarkshire who are referred to the elective orthopaedic service • To consider the impact on NHS Lanarkshire staff who are impacted by the move of the elective orthopaedic service • To ensure that: Patients/Carers, staff and service providers are not negatively impacted by this preferred reconfiguration of service • To identify any specific groups or individuals who may be affected by the move of the elective orthopaedic services • It would be large enough to conduct all the elective orthopaedic surgery currently provided at Hairmyres and the small amount

done at Wishaw

- It would reduce or even remove the need for independent sector for external capacity. However, this does not include GJNH, which will continue to treat elective Ortho services for NHS Lanarkshire
- It would help us cope with the growing need of the people of Lanarkshire for joint replacements as we live longer lives
- The new hospital will have a single room for every patient, which is ideal for exercise and rehabilitation and has been shown by research to reduce the time spent in hospital and lessen the risk of an infection in the replaced joint.

1.3c. What is the intended outcome?

- To provide equity of access to elective Orthopaedic services for all NHS Lanarkshire adults aged 16 and over
- It is proposed that the proposal will reshape the service and the care environment for patients using the Trauma and Orthopaedics service, and
- the centralisation of the service provides an opportunity to bring together a skilled workforce to one location, better co-ordination and management of resources and equipment etc.
- The centralisation of services supports NHS Lanarkshire's ambition to provide a better experience for patients with a patient centric approach

1.4. How have the stakeholders been involved in the development of this policy?

Any development process is being conducted in accordance with guidance issued by Health Care Improvement Scotland which describes the Board's responsibility to inform potentially affected people, staff and communities about the proposed changes and to involve them in the design, development and appraisal of options; in a proportionate public engagement on the preferred options; and in recommending a decision.

- Engagement Webpage developed. Engagement webpage can be accessed here www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/
- British Sign Language video – Facebook: reach 18.5K; views 4,500
- Also shared via Deaf Services Lanarkshire's Facebook

- Limited feedback received via social media comments
- Additional paid for social media posts used to promote stakeholder meeting and increase survey responses
- NHS Lanarkshire Facebook – 52 posts: total reach 183,000; total engagement 1,400
- NHSL Twitter - 47 tweets. NHSL Instagram 12 posts
- Four updates circulated: content same as media releases and these reached over 1000 email addresses: NHSL Board; 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 & diversity contacts; care providers; schools & colleges; project partners; HIS-CE; media.
- Regular updates to MSPs/MPs and councillors via the weekly elected representative briefing email
- Three open stakeholder events held on MS Teams - relatively low attendance - seven attendees across the two public events and 10 at the staff event
- Joint APF/ACF meeting
- Additional meetings held with staff groups
- MP/MSP briefing session on 3 September

1.5 Examination of Available Data and Consultation –

- Feedback on the proposed plan data sources includes: consultations, surveys, focus groups/ group discussion feedback, survey reports
- Demand activity will be captured via MILAN, SCI gateway referrals, theatre activity system – Opera ,NSS ISD (Discovery)

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

- Healthcare improvement Scotland - Community Engagement
- NHS Lanarkshire Communications
- Scottish Government
- North and South Lanarkshire Councils
- Community Planning Partners
- Third and Voluntary Sector Groups
- Elective MSPs/ MPs

- Monklands Replacement Team

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

Connecting the findings from the Fairer Scotland Duty (FSD) Assessment to the EQIA process

A Fairer Scotland Duty (FSD) assessment was undertaken as part of the site selection process for the Monklands Replacement Project (MRP). The assessment drew on research evidence, local data and consultations.

The recommendations, which were supported by the Board, included:

- Further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.
- Development of 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.
- Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.
- 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.

The recommendations listed are reflected in the relevant sections throughout the assessment document.

Assessing Staff Impact to the proposals

We know that the staffing model will be finalised as part of the transition plan and at present these are the current staffing models at UHH for the elective inpatient beds and theatres which we anticipate would transfer to the new Monklands Hospital site.

The nursing staff impacted are outlined below for the 28 inpatient elective beds.

WTE – 25.08 (RN 15.05 and CSW 10.03) Plus 4 x L1 beds = 5.50 WTE

For three ortho theatres the staff directly involved in theatres (not including recovery) would include:

RN – 18.4 WTE for 3 theatres x 5 days a week

CSW – 4.4 WTE for 3 theatres x 5 days a week

1 WTE – Orthopaedic store person

The medical staffing model is currently 9 consultants and 3 middle grades staff which would transfer to the new hospital.

The location admin staffing including medical secretaries, waiting list co-ordinators etc would also need to be determined. Along with any impact on our AHP colleagues, given that physio input is particularly important for post op recovery.

In terms of impact on lower paid staff it was noted in the FSD that many lower paid staff undertake split shifts or have two jobs as contracts are part-time, so travel and the time taken is very important.

Staff also noted concern around managing caring responsibilities if journey time to the new hospital was greater.

We will need to determine the individual impact on staff members. It is acknowledged that this will form part of the Organisation Development / Transition process to support the change but it would be important to determine from the current staff group their thoughts and concerns around the move. If they are not specialist staff it may be they can be redeployed in other roles on the UHH site but if they are specialist staff. Example of these specialist roles include ERAS, SCN in T&O and orthopaedic theatre staffing with some of the staff being more senior and specialist and therefore more difficult to replace. There also are many benefits to a new hospital if we have the skilled motivated team we need. The service can improve and develop with what is on offer. A new hospital will be attractive for recruiting new staff and we need to consider these requirements and how far in advance we start planning and succession planning. It is important that when a decision is reached, in relation to location of the service, that we can understand all of these factors to determine the resilience of the service; as well as supporting staff to be able to move, succession plan, redeploy and retrain, if required.

Assessing Patient Impact to the Proposals

Table 1 illustrates a snapshot of patients by each locality who have used the used the UHH elective service for their arthroplasty procedure (IP and DC) during a six-month period (March 2021 to August 2021). The data demonstrates that there is very little difference in referral numbers, for this reporting between, North and South Lanarkshire localities; with 105 referrals being received from North Lanarkshire localities and 100 from the South.

To help inform our understanding of the activity levels for inpatient elective orthopaedics across NHS Lanarkshire Tables 1 and 2 are collated below. A total of 1693 NHs Lanarkshire patients received inpatient elective orthopaedic treatment and care during 2019. Importantly, 2019 has been selected for this data to demonstrate a more accurate reflection of business as usual service activity, pre-pandemic. Table 1 provides an illustration of the number of inpatient elective orthopaedic procedures / month for 2019. Table 2 provides a summary of the number of procedures / month for elective orthopaedic procedures by locality / NHS Lanarkshire location and offsite 2019.

Table 1 – Number of procedures / month for inpatient elective orthopaedics NHS Lanarkshire 2019

Sum of Number of Referrals	Column Labels												
Row Labels	Mar	A pr	Ma y	Ju n	J ul	A ug	Se p	O ct	N ov	D ec	Ja n	Fe b	Grand Total
Prim Hybrid Hip Repl - Cem Femoral					1	1		1	1		1	2	6
Primary Hybrid Hip Replacement-Cement	5	1	2	3	0	6		6	2	2	3	8	48
Primary Resurfacing Arthroplasty Knee				1	1	1	1	2	2		1	1	10
Primary Total Replacement Of Joint	2	2	6	1		4	6	8	7	5	7	2	50
Primary Uncemented Hip Replacement	8	8	2	8	6	6	5	7	4	6	1	3	64
Revision Total Hip Replacement	4	3	3	4	2	2	4	3	5	1	1	2	34
Revision Total Hip Replacement GJ					2								2
Revision Total Knee Replacement	3	2	3	1	2	5	2	2	4	4		3	31
Revision Total Knee Replacement (Cemented)									1				1
Revision Total Knee Replacement GJ	1		2	1	2			1					7
Total Hip Replacement (Cementing not Specified)	6	1	11	8	3	5	3	5	11		9	7	69
Total Hip Replacement GJ	16	22	20	18	4	22	11	6	12	14	18	20	213

Total Hip Replacement Using Cement	32		18	30	26	3	28	20	9	33	16	21	20	306
Total Knee Replace Not Using Cement				1										1
Total Knee Replacement (Conversion)				1		1			1					3
Total Knee Replacement Using Cement	64		47	51	68	4	45	43	6	33	21	40	51	563
Total Knee Replacement Using Cement GJ	32		25	32	26	9	19	24	2	28	15	18	35	285
Grand Total	173		9	16	16	6	14	11	2	14		12	15	1693

Table 2 - Number of procedures / month for elective orthopaedic procedures by locality / NHS Lanarkshire location and offsite 2019

Sum of Number of Referrals	Column Labels												
Row Labels	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Grand Total
Offsite	93	60	92	0	4	93	63	8	62	51	62	93	921
Airdrie Locality	10	4	12	14	5	10	8	8	3	5	8	9	106
Bellshill Locality	7	2	9	9	5	5	8	6	7	3	1	9	71
Cambuslang/Rutherglen Locality	1	2		1	2			1	1	2		1	11
Clydesdale Locality	16	2	13	11	3	17	4	3	11	8	7	15	120
Coatbridge Locality	1	10	2	9	9	7	5	6	2	3	1	12	67
East Kilbride Locality	19	10	11	16	2	14	12	4	12	6	17	13	146
Hamilton Locality	14	11	19	17	9	12	9	9	16	16	14	14	170
Motherwell Locality	8	4	5	5	7	7	4	2	2	4	4	6	58
North Locality	9	5	5	6	1	10	7	4	3	1	5	6	72
UNKNOWN		1	4	3	1	1						2	12

Wishaw Locality	8	9	12	9	1	10	6	5	5	3	5	6	88
					4			6					
University Hospital Hairmyres	52	45	58	45	5	34	36	0	55	22	38	42	532
Airdrie Locality	5	8	8	3	9	4	7	8	4	3	5	3	67
Bellshill Locality	3	1	2	3	6	4	4	8	3		2	3	39
Cambuslang/Rutherglen Locality	4		2	2		1		2			1		12
Clydesdale Locality	6	3	4	4	3	5	2	7	7	1	3	2	47
Coatbridge Locality	6	9	4	4	4	3	7	3	4	5	1	4	54
								1					
East Kilbride Locality	12	8	8	11	3	6	7	4	13	6	9	11	108
Hamilton Locality	7	9	23	7	7	7	3	9	12	3	8	9	104
Motherwell Locality	2	2	2	2	3		1	2	3	2	4		23
North Locality	4	2	1	4	9	2	2	5	5		1	8	43
UNKNOWN		1	1	1		1		1	2		2		9
Wishaw Locality	3	2	3	4	1	1	3	1	2	2	2	2	26
					2			2					
University Hospital Wishaw	28	24	14	20	0	17	20	1	26	11	20	19	240
Airdrie Locality	2	2		2	1	1	2		3		2	1	16
Bellshill Locality	3	1		1	2	3	1	2	4	1	1	2	21
Cambuslang/Rutherglen Locality						1							1
Clydesdale Locality	6	7	3	3	4	4	2	6	7	4	6	3	55
Coatbridge Locality	4	1	1	1	1	1			3	3	1	1	17
East Kilbride Locality			2	2				1			1		6
Hamilton Locality	4	2	2		4	1	2	3	2		4	3	27
Motherwell Locality	5	1		1	3	3	4	2	4	1	1	1	26
North Locality	2	3	1	2			1	3	1		1	1	15
UNKNOWN						1	1						2
Wishaw Locality	2	7	5	8	5	2	7	4	2	2	3	7	54
					1			1					
Grand Total	173	9	4	5	9	4	9	9	3	84	0	4	1693

A total of 386 people responded to the elective orthopaedics consultation between 28th July and 30th September, 2021.

Two specific questions and the analysis are included in the EQIA due to its particular relevance to this process and are detailed below.

Views on providing elective (planned) orthopaedic surgery at the new hospital

This was considered to be a key question in the consultation so has been analysed with care. Initially responses were categorised as positive/negative/neutral and then coded to generate more detailed themes (Table 3). Some people made more than one point, so the themes relate either to their main one (where this was clear) or the first one listed. Overall, there were nearly as many positive responses (43%) as negative ones (44%) and 12% were neutral (three left Q3 blank).

Table 3 – Survey response themes on providing elective orthopaedic surgery at the new hospital

Positive responses (n=165)	Negative responses (n=170)	Neutral responses (n=48)
More modern facilities	4	Travel too difficult 71
Better access	2	Location not critical 13
Shorter waiting times	1	Too far away 51
Generally supportive	9	Specific requirement 13
Better services	1	Keep hospitals local 27
Great/excellent	1	No view/don't know 9
Good/fine	5	Wrong decision/disagree 8
Happy to travel	6	Consider transport 6
	5	Poor staff consultation 6
	1	Specific question 3
	5	Need new hospital 3
	1	Consult with staff 1
	5	Not enough beds 3
	6	Positives > 1
		negatives
		Ortho. not a priority 1

* *Disparaging comment about two Lanarkshire hospitals*

The positive responses submitted were mainly around the new replacement University Hospital Monklands being better, primarily because the facilities would be more modern or be a centre of excellence. Others said that access would be improved (presumably for those in the catchment area) although six said they were happy to travel. Some people felt that waiting times would be shorter, which may indicate a possible misunderstanding that the new hospital would provide replacement rather than additional services. A number of people simply provided general statements or descriptors of support, some expressing more enthusiasm (great/excellent) than others (good/fine).

The majority of negative comments related to geography, mainly that travel to the new hospital would be too difficult, it was too far away from where respondents lived, or they expressed a desire to retain services at their local hospital. A few simply felt the location of the new hospital was wrong, although three negative responses related to it not being able to be built fast enough and three felt it would not have enough beds when it was.

The neutral responses mainly covered similar themes, but phrased as comments, questions or requirements to be considered rather than positive/negative views. The new hospital's location was not critical to some respondents and others asked that transport be considered. A number of specific requirements were suggested, including strict separation of orthopaedic facilities, increased inpatient beds, more staff and generally more resources. Specific questions were raised about the wards, clinics and waiting times, although quite a few respondents were either unaware of what was being proposed or did not have a strong view about it.

What's important about elective orthopaedic surgery delivery in Lanarkshire?

When asked what was important to them about elective orthopaedic surgery delivery in Lanarkshire, there was considerable commonality across the responses (Table 4).

Table 4 – Survey response themes about the most important aspects of delivery in Lanarkshire

Response theme	f	Response theme	f	Response theme	f
Waiting times	106	Local provision	84	High quality service	35
Stop cancellations	6	Access	72	Skilled staff	33

88% of the responses to this question fell into these categories and Table 2 shows that waiting times were important to the largest number of people. Local provision and access (focused on being able to get to the service rather than asking for it to be local) were next, followed by

high quality services provided by skilled staff.

From analysis of the consultation data there is no current evidence to suggest concerns / impact to patients' well-being around the proposals. Details around the mitigations in place to support transport to the new hospital for patients are described in the document. The impact of an admission to hospital on an individual's well-being would be important for the operational service consider and respond to on an individual basis.

We also analysed the consultation responses by SIMD and the summary is shown in Table 5.

Table 5 - Responses to consultation by SIMD

	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5	Unknown	Total
Positive	28	34	24	40	28	11	165 (43%)
Negative	19	34	41	23	34	19	170 (44%)
Neutral	6	10	8	11	9	4	48 (12%)
Blank	1	1	0	0	1	0	3 (1%)
All	54 (14%)	79 (20%)	73 (19%)	74 (19%)	72 (19%)	34 (9%)	386 (100%)

- Overall there was a similar number of positive and negative responses to the proposal to move elective orthopaedics to the new site.
- There were less responses overall from people who reside in SIMD 1 compared to those from SIMD 2 to 5.
- For those within SIMD 1 there were a higher number from SIMD 1 (28, 52%) made positive comments, mostly related to anticipated shorter waiting times and more modern facilities but a few noting closer access. There were 19 negative responses (35% of all SIMD 1 responses), nearly all made mention of travel or ease of access or a desire to keep the hospital local. There were 6 neutral comments.
- For those within SIMD 2 there were equal numbers of positive and negative responses (34, 43%), nearly all made mention of travel or ease of access or a desire to keep the hospital local. There were 10 neutral comments.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

It is worth noting that NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites for the new hospital. 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, Monklads Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services was given for the chosen site and that it would be greater than at present.

1.7. What resource implications are linked to this policy?

- For staff – clinical, managerial and administrative staff maybe required to respond to frustrated patients and families / carers who are required to travel a longer distance to a centralised site. This will take time and effort to resolve.
- For staff – staff may be required to travel a further distance if services are centralised. This may have both logistical and socio-economic implications. This will be assessed via NHS L’s Organisational Development processes.
- Patients – will continue to receive pre and post op elective orthopaedic care from their local hospital. Patients would require to travel via public or private transport to the proposed preferred site for surgery. This is likely to be a one off requirement.

SECTION TWO IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- **Eliminating unlawful discrimination**
- **Promoting equal opportunities**
- **Promoting relations within the equality group**

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative. If negative impacts are identified, the action plan in form C must be completed

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
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<p>All patients</p>	<p>√</p>			<p>The design and build of the of the new UHM at Wester Moffat has taken into account a number of social, physical and environment factors to support that it be an accessible location, site and service provider. The proposed relocation of NHS Lanarkshire’s inpatient Elective Orthopaedic service will potentially benefit from this.</p>
<p>Travel</p>	<p>√</p>			<p><u>The positive impact of providing elective orthopaedic services on the new Monklands site are:</u></p> <ul style="list-style-type: none"> • Improved Patient Experience • Fit-for-purpose 21st century elective orthopaedic centre with single bed rooms (important for rehab, infection control) • Increased theatre capacity would support max theatre activity through consolidation of services • Recruitment and retention of staff is enhanced as staff are attracted to work within a new state of the art hospital • Opportunity for procedures traditionally done in theatre can be carried out in bespoke procedure room in outpatients converting inpatient stays to day case. <p><u>The risks of this proposed change are:</u></p> <ul style="list-style-type: none"> • Disruption in moving services across sites may have implications for waiting lists and planned operation dates • Recruitment and retention of staff is adversely impacted by the reconfiguration of services

	v	v	<p>There is the possibility of travelling further to the location/needing different travel / transport issues / arrangements. This could have a negative impact where age groups of service users/carers are disproportionately affected by transport issues (e.g. less likely to have own transport if older/additional cost of transport) or where service users require assistance to travel or escort.</p> <p>Could potentially lead to unequal opportunities due to:</p> <ul style="list-style-type: none"> • Negative: for some members of the population the new site would require additional travel time • Currently, there are no bus stops within 400m of the Wester Moffat site and no railway station within 800m of the site • The nearest train station is Drumgelloch which connects to Coatbridge and Airdrie stations on the Glasgow, Edinburgh and Helensburgh line. • There is a possibility in the increase in traffic and congestion on local roads and motorways – a traffic impact assessment will be undertaken as part of the formal planning approval process and this has been factored into the financial analysis <p>There is the possibility of less travel to the location/needing different travel / transport issues / arrangements. This could have a positive impact where age groups of service users/carers are closer to the location and will require less assistance with travel or escort.</p> <p>Transport</p> <ul style="list-style-type: none"> • New location is more accessible for a larger proportion for the hospitals catchment area who are able to reach Wester Moffat within 20 minutes; this is an increase of 6% from the existing site. • new single carriageway link road (Glenboig) • Train station (Drumgelloch) has good links to Coatbridge, Airdrie, Edinburgh and Glasgow. • Provision of bus services will be provided at least equivalent existing services, • Buses will continue to be provided to Wester Moffat based on existing timetable of frequencies – currently – currently 4.98% of
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What impact has your review had on the following 'protected characteristics':	Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race/Ethnicity, Religion/Faith, Sex (Male/Female), Sexual Orientation			Comments Provide any evidence that supports your answer for positive, negative or neutral including what is currently in place or is required to ensure equality of access.
	Positive	Adverse/ Negative	Neutral	
	The design and building of the new UHM will incorporate additional support needs based on the range of issues pertaining to the needs of protected characteristics. Currently there is no evidence that shows that there is a differential impact for any of the protected characteristics. This will continue to be assessed at each stage.			
2.10 Transient Populations				Accessibility to hospital sites is important as some communities like the gypsy/travelling communities are more likely to access a hospital with numerous good main road links.
2.10 Carers	√	√	√	See All Patients and Travel section This is a specific group of patients who have expressed difficulties in the past in attending hospital and/or clinic sites due to caring commitments – consequently this could have a positive, negative or neutral impact.
2.10 Homeless			√	See All Patients section The implementation of this service will have no differential impact on homelessness.
2.12 Involved in criminal justice system			√	See All Patients section The implementation of this service will have no differential impact on those in prison / custody requiring elective orthopaedic care.
2.13 Communications/Literacy	√			See All Patients section
2.14 Rural Areas			√	See All Patients and travel section

<p>2.15 Staff</p> <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factor 	<p>√</p> <p>√</p>	<p>√</p>	<p>√</p>	<p>Recruitment and retention of staff can be adversely impacted by the reconfiguration of services which consequently affects the working conditions of the existing staff.</p> <p>No change anticipated for knowledge and skills, but some changes may be necessary in role profiles due to technological advances</p> <p>See Travel section</p> <p>Due to travel increase there may be additional costs for some staff who currently walk to work or use public transport, those affected will be supported via:</p> <ul style="list-style-type: none"> • Travel expenses for 4 years • Bus services will be in place to support staff and local communities • Park and ride at local train stations. • Car sharing • Some changes may be necessary in role profiles due to technological advances • Potential for park and ride at Drumgelloch. • Improved staff facilities including better socialisation space and changing facilities. • Improved staff training facilities with space for expansion for research and development • Ability to maximise University status which will help support in-house training and development • Possibility of childcare facilities on site • Better recruitment opportunities with the availability to compete with other health boards with better facilities • Retention of employees due to better working facilities and a new build allows an optimal clinical model which improves patient care and staff morale. • Potential for new roles and staff development within all areas of the multi-disciplinary team. Staff across all disciplines have the potential to be upskilled to undertake additional or new roles. • Integrated transport hub • Shorter distance to work for some staff • Supporting an increasing number of people to choose to travel actively across Lanarkshire as part of their everyday lives
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2.16. What is the socio-economic impact of this policy / service change? (The Fairer Scotland Duty places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
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Low income / poverty	√	√	√	<p>See All Patients section Due to travel increase there may be additional costs for a small group of the population, but there is mitigation for that, patients in receipt of designated range of benefits eligible for reimbursement of</p> <ul style="list-style-type: none"> • Travel costs for hospital appointments • All patients over 60 years of age have access to Free bus travel • A number of protected groups have access to Free travel costs <p>The continued provision of and extended scope of an integrated community transport hub, will support people with:</p> <ul style="list-style-type: none"> • Poor access to public transport due to rurality or other geographical factors • complex or challenging health issues who are not eligible for ambulance transport e.g. people with limited mobility or short term acquired disabilities <p>Public Transport</p> <ul style="list-style-type: none"> • Train station (Drumgelloch) has good links to Coatbridge, Airdrie, Edinburgh and Glasgow • Provision of bus services at least equivalent to existing services, • Buses will continue to be provided to Wester Moffat based on existing timetable of frequencies – currently – currently 4.98% of population use bus services <i>(all buses that currently provide access to Monklands will provide a service to the Wester Moffat site)</i>
Living in deprived areas	√	√	√	<p>See All Patients/Travel sections</p> <ul style="list-style-type: none"> • As above
Living in deprived communities of interest	√	√	√	<p>See All Patients/Travel sections</p> <ul style="list-style-type: none"> • As above

Employment (paid or unpaid)	√	√	√	See All Patients/Travel sections <ul style="list-style-type: none"> As above
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SECTION THREE CROSSCUTTING ISSUES				
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?			√	See All Patients section <ul style="list-style-type: none"> This is already part of the existing clinical consultation processes.
3.2 Exercise and physical activity?			√	See All Patients section <ul style="list-style-type: none"> This is already part of the existing clinical consultation processes
3.3 Substance use: tobacco, alcohol or drugs?			√	See All Patients section <ul style="list-style-type: none"> This is already part of the existing clinical consultation processes.
3.4 Risk taking behaviour?			√	See All Patients section <ul style="list-style-type: none"> This is already part of the existing clinical consultation processes.

SECTION FOUR CROSSCUTTING ISSUES				
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			√	See All Patients section <ul style="list-style-type: none"> No negative impact anticipated

4.2 Working conditions?			√	See All Patients/Travel sections/Staff <ul style="list-style-type: none"> No negative impact anticipated
4.3 Pollution or climate change?	√ √			See All Patients section <ul style="list-style-type: none"> Carbon impact assessment undertaken – proposed move to new Monklands site from each of the locality population centres demonstrates a reduction in carbon impact (Please see Appendix 6).
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	√			See All Patients/Travel sections <ul style="list-style-type: none"> positive impact anticipated
Social Services			√	<ul style="list-style-type: none"> No impact anticipated
Education			√	<ul style="list-style-type: none"> No impact anticipated
Transport	√	√	√	See All Patients/Travel/staff sections
Housing			√	<ul style="list-style-type: none"> No impact anticipated

SECTION FIVE MONITORING
How will the outcomes be monitored? Feedback from patients, carers, clinicians, managerial and clerical staff. Feedback from Elected members, Third Sector organisations and community groups. Formal and informal routes of comments, compliments and complaints.
What monitoring arrangements are in place? As part of the new hospital a performance framework will be established to ensure evaluation of all aspects of change of location.

Who will monitor?

To be agreed

What criteria will you use to measure progress towards the outcomes?

- Compare previous DCAQ figures
- Obtain qualitative patient and staff feedback

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Manager**

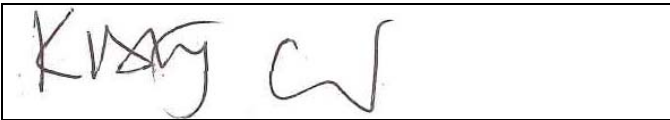
Authorised by

Kirsty Orr

Title

Head of Planning and Development

Signature



Date

29 October 2021

Appendix 9

Further letter from Healthcare Improvement Scotland – Community Engagement

Dear Kirsty,

Thank you for submitting your draft equality impact assessment (EQIA) for the proposal for the redesign of the Trauma and Orthopaedic Service (specifically the relocation of Elective Orthopaedic Surgery to the new University Hospital Monklands).

Further to our letter of 11 October and the subsequent submission of your EQIA, we can confirm that our assessment of your engagement remains the same in that we consider the process to have met expectations outlined in the current national guidance, Planning with People.

We are supportive of the approach you have taken to capture recent public engagement activity and feedback and record this in the EQIA. We understand this will be a 'live' working document that you will make publicly available on the webpage and update as required.

We would reiterate our recommendations made in our previous letter, which stated that NHS Lanarkshire should:

- Give genuine consideration to the views and experiences that people have shared through their engagement when making a decision on the permanent location for Elective Orthopaedic Surgery.
 - Review the equality impact assessment for the proposal and co-design solutions with people and communities, where possible, to mitigate potential adverse impacts, for example transport and access.
 - Provide feedback to people and demonstrate how feedback received through the engagement has been taken into account and specifically any changes made to the proposal as a result of the feedback
 - Continue to involve people and communities in the planning and design of any change to the elective Surgical Orthopaedic Service
 - Evaluate the engagement process to identify areas of good practice and further improvement.
- This feedback is based on the information available to Healthcare Improvement Scotland Community Engagement. If there is any change to the above, please let us know.

Kind regards



Derek C Blues
Engagement Programmes Manager (Grampian, Fife, Tayside and Service Change)
Healthcare Improvement Scotland – Community Engagement

Appendix 10

Elective Orthopaedic Engagement – Carbon Impact of relocation of Site

NHS Lanarkshire has proposed that the Elective Orthopaedic Service will relocate from its current location at University Hospital Hairmyres (UHH) to the New University Hospital Monklands (New UHM), Wester Moffat in 2028. Therefore, it was agreed that a Carbon Impact Assessment would be undertaken to determine the environmental impact of the move for Lanarkshire.

In recognition of this being a pan Lanarkshire service analysis was undertaken to detail the car journey mileage from each of the population centres in both North and South Lanarkshire to UHH and to the New UHM. The mileage has been calculated using the same population centres as detailed in the MRP Transport strategy.

Table 1 illustrates the mileage with emissions / carbon footprint details from each of the population centres to the current UHH site and to the new UHM. The following assumptions have been made for the calculation, which is:

- Based on the conversion factor for low/ medium sized vehicle
- Distance covered in miles
- Based on the conversion factor for unknown fuel type

This is fairly accurate and is used by many organisations when reporting their emissions from Transport.

Conclusions:

The findings illustrate that the calculated emissions are lower by moving the service to the new site.

Table 1: Mileage from population centres to UHH and new UHM and calculated carbon emissions

	Travel to UHH (miles)	Emissions kg CO2e	Travel to New Monklands (ML6 8FU) (miles)	Emissions kg CO2e
Rutherglen (Toryglen Road at Glebe Place)	7.4	1.89	15.2	3.89
Cambuslang (Clydeford Road at Mansion Street)	7.2	1.84	12.7	3.25
Wishaw (B7032 at the A721)	14.9	3.81	8.3	2.12
Carluke (A721 at Cairneymount Road)	20.5	5.25	11.1	2.84
Lanark (A743 at Wellgate)	24.3	6.22	16.5	4.22
Douglas (Curries Close at Main Street)	30.4	7.78	30.3	7.75
Biggar (Market Road at South Back Road)	46.9	12.00	28.6	7.32
Shotts (B7066 at Duntilland Road)	20.2	5.17	4.4	1.13
Blantyre (A724 at Glasgow Road)	8.1	2.07	11.9	3.05
Kilsyth (Health Centre)	24.8	6.35	12.6	3.22
Cumbernauld (Cumbernauld Centre)	22.1	5.66	9.6	2.46
Moodiesburn (Kelvin Drive)	20.3	5.20	13.3	3.40
Stepps (A80 at Blenheim Avenue)	18.8	4.81	14.7	3.76
Coatbridge (Muiryhall Street at Jackson Street)	14.4	3.69	6	1.54
Airdrie (Colston Road at Forrest Street)	17.6	4.50	3.2	0.82
Plains (Main Street at McLelland Drive)	17.6	4.50	3.6	0.92
Bellshill (Hamilton Road at Crossgates)	10.3	2.64	9.8	2.51
Bothwell (Uddingston Road at Blantyre Road)	10.7	2.74	10.7	2.74
Uddingston (Main Street at Douglas Gardens)	13.2	3.38	10.2	2.61
Hamilton (Hamilton West Train Station)	8.7	2.23	12	3.07
Motherwell (A721 at Airbles Road)	12.5	3.20	7.5	1.92
Totals	370.9	94.92	252.2	64.55

Table 2 illustrates a snapshot of patients by each locality who have used the used the UHH elective service for their arthroplasty procedure (IP and DC) in the last 6 months. The data demonstrates that there is very little difference in referral numbers between North and South Lanarkshire localities; with 105 referrals being received from North Lanarkshire localities and 100 from the South.

Table 2 – Number of referrals to UHH for elective Arthroplasty March 2021 to August 2021

Sum of Number of Referrals	Column Labels						Grand Total
	Mar	Apr	May	Jun	Jul	Aug	
Row Labels							
Airdrie Locality	1	3	2	3	2	6	17
Bellshill Locality	1	2	3	4	3	6	19
Cambuslang/Rutherglen Locality				2			2
Clydesdale Locality	1	4	4	10	4	7	30
Coatbridge Locality	2	3	6	1	2	4	18
East Kilbride Locality	1	4	6	7	4	9	31
Hamilton Locality	2	8	3	10	4	10	37
Motherwell Locality	2	3	1	6	2	4	18
North Locality	1	1	3	3	3	3	14
Wishaw Locality		2	2	8	3	4	19
Grand Total	11	30	30	54	27	53	205