

Lanarkshire NHS Board

Kirklands Hospital
 Fallside Road
 Bothwell G71 8BB
 Telephone: 01698 855500
 www.nhslanarkshire.scot.nhs.uk



Minute of Special Meeting of the Lanarkshire NHS Board
 held on Wednesday 16th December 2020 at 10.00am
 by using Microsoft Teams and Teleconferencing

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
 Mr A Boyle, Non Executive Director
 Dr J Burns, Medical Director
 Mr P Campbell, Non Executive Director
 Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals
 Mr G Docherty, Director of Public Health and Health Policy
 Councillor P Kelly, Non Executive Director
 Ms H Knox, Chief Executive
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Ms L McDonald, Non Executive Director
 Councillor J McGuigan, Non Executive Director
 Mr B Moore, Non-Executive Director
 Miss M Morris, Non Executive Director
 Dr A Osborne, Non Executive Director
 Dr L Thomson, Non Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Dr L Findlay, Medical Director, South Lanarkshire HSCP (item 284)
 Mr M Gordon, Resilience Manager (item 286)
 Mr G Johnston, Head of Planning & Development
 Mr C Lauder, Director of Planning, Property & Performance and Senior Responsible Officer for the Monklands Replacement Project
 Mr M Russell, Associate Medical Director, North Lanarkshire HSCP (item 285)

APOLOGIES: None

The meeting was livestreamed and started at 10.00am, but because of a technical issue (loss of sound for those viewing the livestream), the meeting was paused and started again at 10.25am when the fault was resolved.

2020/12/281

WELCOME & OPENING REMARKS

Mrs Mahal welcomed Board colleagues to the meeting. She highlighted that every NHS Lanarkshire Board Member was present. She also welcomed members of the public and staff who were observing on the livestream link as it was not possible for the public to attend in person due to Covid restrictions.

Board Members were reminded that the meeting was being live streamed, and that the main purpose of the meeting was to receive and discuss a report,

and a recommendation, following the Monklands Replacement Project site selection process to determine the Board's preferred site.

Mrs Mahal highlighted that the meeting was being livestreamed to allow members of the public to hear and see the conduct of the meeting, but permission was not granted for any recording or rebroadcasting to be made of the meeting.

It was noted that Mr Lauder, as Senior Responsible Officer for the Project, had made a recommendation within the report and the Board would be asked to consider and discuss that recommendation.

Mrs Mahal also highlighted that the opportunity would be taken to update Board Members on other current issues, such as the redesign of urgent care, the Covid vaccination programme, and Brexit preparations.

2020/12/282

DECLARATION OF INTERESTS

There were no declarations of interest.

2020/12/283

MONKLANDS REPLACEMENT PROJECT – SITE SELECTION

The Board received and discussed a report on the outcome of the public engagement process and other evidence on the selection of a site for the new University Hospital Monklands.

Mrs Mahal highlighted that the Board was being asked to consider the recommendation based on the evidence presented throughout the engagement process, and in turn to make a recommendation on a preferred site for the new University Hospital Monklands to the Cabinet Secretary for Health & Sport, who would make the decision on the site to be selected for the new Hospital.

To ensure that the Board was transparent and robust in its approach to making a recommendation on a preferred site for the new hospital, Mrs Mahal reminded Board Members that the Board developed and agreed a Framework for Decision Making (Appendix O) in October 2020. This framework took into account the need to comply with relevant guidance and, importantly, demonstrate that the Board has listened to and acted upon what it has heard from the process and people's contributions throughout the engagement period to help determine the best option for patients and staff.

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

The report provided to the Board was prepared by Mr Lauder, as Senior Responsible Officer for the Monklands Replacement Project, following a period of public engagement, including an option appraisal process, and the weekly Board Briefings during October and November 2020 on themes that had emerged from that engagement period.

Mrs Mahal invited Mr Lauder to take the Board through the report and accompanying presentations.

PURPOSE OF REPORT, BACKGROUND, CURRENT SITE CHALLENGES AND OPTIONS APPRAISAL PROCESS

Mr Lauder highlighted that the purpose of the report was to invite the NHS Lanarkshire Board to consider the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands.

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

The report described the methodology adopted to determine and assess site options leading to a recommendation on a preferred option. The report also detailed the arrangements adopted by the NHS Lanarkshire Board to gain assurance that the process met all relevant guidance and best practice requirements.

Mr Lauder stressed at the outset that the decision on the site for the location of the new University Hospital Monklands would be taken by the Cabinet Secretary for Health and Sport.

Mr Lauder provided a PowerPoint presentation which set out the history of the project, the current site challenges and risks, the outcome of the Option Appraisal undertaken in July and August 2020, and the scores that emerged from that part of the process.

Mr Lauder concluded by summarising that the current objective of the Monklands Replacement Project was the identification, and approval, of a site, leading to the conclusion of a series of business cases which, following approval by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands.

He stressed that the current University Hospital Monklands is no longer fit for purpose and is in urgent need of replacement. The NHS Board were regularly updated on the significant sums of money invested to maintain the fabric of the building, to ensure that the hospital can continue to operate safely. However, a range of risks remained which would only be mitigated by replacing the existing facility and these risks were set out in Appendix A of the main report.

Mr Moore echoed the comments made by Mr Lauder about the fabric of the current building and the significant challenges that staff and patients faced in keeping the services running on the current site. A number of external reports had already highlighted that the building was no longer fit for purpose and the engineering challenges were considerable. However, Mr Moore added that the Business Continuity Risk Register, and the diligence of the staff at the current site, meant that the risks were identified, and mitigated, and that new risks were evaluated and addressed as these arose.

Mrs Mahal emphasised that the current site is safe, and will continue to be so, with the levels of investment continuing to be made by the Board, the continued efforts of all the staff at the Hospital, and through the regular appraisal of the Monklands Business Continuity Risk Register by Board Members.

Mr Campbell also emphasised that the Hospital is a high performance facility, despite the challenges staff and patients face.

Board Members unanimously endorsed the urgency of making a recommendation to the Cabinet Secretary on the new site for the Hospital

Dr Osborne added that as well as making progress on the site for the new Hospital, it was also necessary for the Board to set out a clear vision for the future use of the current site. Mr Lauder referred to Appendix L of the main report which set out the ambition of the Board to continue to work with North Lanarkshire Council and the University of Strathclyde as well as other community partners. Mr Lauder added that whilst this was not a factor in the site selection determination, redevelopment of the current site as a community asset would be of key importance for the local community once the hospital is relocated.

ACTION

1. The Board agreed to continue to regularly monitor the risks on the Monklands Business Continuity Risk Register, and the mitigation in place.

ENGAGEMENT REPORT AND HEALTHCARE IMPROVEMENT SCOTLAND – COMMUNITY ENGAGEMENT REPORT

Mr Brown highlighted the engagement report, which set out in detail the engagement process, the key themes that had emerged, and the assurance provided by Healthcare Improvement Scotland – Community Engagement, who had a statutory duty to oversee the process of engagement.

Mr Boyle reflected that the level of engagement with staff and the general public was impressive and the efforts made by Board Officers in seeking and collating the views of all stakeholders was to be commended. He also thanked Officers who had brought the themes together into topic based summaries, which were discussed in detail at each of the weekly Board Briefing sessions during October and November 2020.

Mr Moore also observed that the engagement process was extensive and noted that Healthcare Improvement Scotland – Community Engagement (HIS-CE) had been positive about the measures taken by the Board to engage on the three site options. Their report stated that engagement activities, including the option appraisal and feedback from participants, met the expectations set out in their recommendations in 2019, and that NHS Lanarkshire had followed national guidance in relation to public engagement and option appraisal on the Monklands Replacement Project.

It was also noted that the HIS - CE report made a number of additional observations which will be taken forward by the Board.

ACTIONS

2. Actively involve service users, community representatives, staff and the Third Sector in reviewing the concerns raised and co-designing solutions to issues arising from the selection of a new site.
3. Engage with HIS - CE to determine what further focused and proportionate public engagement or consultation may be required once a preferred location is identified.
4. Provide feedback to people on NHS Lanarkshire's preferred location for the new University Hospital Monklands, demonstrating how the views received through the public consultation in 2018 and engagement in 2020 was taken into account.
5. Discuss with HIS - CE how it could help support the co-design of the proposed Health and Wellbeing Hub on the existing University Hospital Monklands site.

MONKLANDS REPLACEMENT OVERSIGHT BOARD ASSURANCE

Dr Thomson, as Chair of the Monklands Replacement Oversight Board, was invited to highlight the role of the Monklands Replacement Oversight Board, which had been established as an additional Board governance committee in November 2019, to provide assurance on decision-making processes in respect of the Monklands Replacement Project. This was established as a result of a recommendation resulting from an Independent Review undertaken by the University of Glasgow's Institute of Health & Wellbeing (June 2019). This Independent Review, instigated by the Cabinet Secretary, was tasked with providing an independent assessment of the process followed by NHS Lanarkshire between July 2018 and October 2018.

Dr Thomson reported that the Monklands Replacement Oversight Board had met on 26 November 2020, to review the processes undertaken, and to consider the level of external validation and assurance applied to the process. Dr Thomson reported that the Oversight Board had concluded that they were satisfied that the process had been conducted appropriately.

In relation to the assurance provided by the Monklands Replacement Oversight Board, Dr Thomson added that the members of the Oversight Board had expressed their gratitude for the quality of the papers and reports and commented very favourably on the process adopted, which included one of the Oversight Board Members who had been a Member of the Independent Review Panel in 2018/19.

Mr Campbell highlighted that within the papers it had been clear that the Board had exceeded the processes that it had been asked to undertake.

Mrs Mahal thanked Dr Thomson and other Board Members for their diligence and contribution on the Monklands Replacement Oversight Board and asked that the Board's appreciation was also passed on to all members for their commitment, time and contribution.

Mrs Mahal also added that it was gratifying from an assurance perspective to have positive comments and reports from Healthcare Improvement

Scotland, the Monklands Replacement Oversight Board and the Consultation Institute (who advised on and delivered elements of the engagement process).

Mrs Mahal invited Mr Johnston to take the Board through the slides which summarised the evidence presented at separate Board briefings that took place on a weekly basis throughout October and November 2020, these considered individual themes that had emerged from the engagement process, and drew out points for consideration by Board Members in their deliberations on a preferred site for the new hospital.

The Board noted that all of these themes were summarised in the Appendices to the main report.

FAIRER SCOTLAND DUTY AND EQUALITY IMPACT ASSESSMENTS

Mr G Docherty outlined the role of the Fairer Scotland Duty Assessment in the context of the Board's deliberations, and his role as Director of Public Health in ensuring the report was prepared and presented to the NHS Board, as part of its deliberations.

In relation to the Fairer Scotland Duty Assessment, Mr G Docherty reminded Board Members that NHS Lanarkshire was the first NHS Board to apply this legislation, and it demonstrated very clearly some of the impacts on low paid staff and low income patients of the decision to be made by the NHS Board. It was, however, recognised that regardless of the site selected, the surrounding area would benefit from a significant economic benefit. Board Members also noted that the building of a new hospital in itself would not wholly address the issues of health inequalities.

Ms Morris commented that the Fairer Scotland Duty, rightly, concentrated on the Airdrie and Coatbridge areas, but wanted to highlight that there was a very large area of deprivation to the north of Lanarkshire, described as the Northern Corridor, covering Cumbernauld to the north and Kilsyth to the west, and she wished to highlight that this area had to be considered as well as the Airdrie locality. She did recognise that the East Airdrie Link Road will provide transport and travel benefit to the Northern Corridor, regardless of the site for the new Hospital.

Councillor Kelly reported that North Lanarkshire Council was committed to developing the appropriate infrastructure, regardless of the site selected, and saw the development in term of jobs and economic stimulus for the surround communities. He was keen to ensure that whatever site was selected it maximised the opportunities to bring benefit to areas of deprivation. He also indicated that the Council was considering a number of developments within the Northern Corridor area and would work in partnership with the Health Board on these.

Mr Lauder, in responding to Ms Morris, stated that the Northern Corridor was an area that the NHS Board had invested in and would continue to do so, citing projects and improvements completed, or to be considered in the future for potential investment, in Chryston, Abronhill and Central Cumbernauld. He would continue to work closely with partners on the Local Development Plan.

Board Members also raised the importance of considering the outcomes from the Fairer Scotland Duty assessment for all communities across Lanarkshire.

Ms Knox echoed the points made by Councillor Kelly and stated that this reflected her own personal objective, and that of the NHS Board, to tackle health inequalities across NHS Lanarkshire.

Mr Boyle emphasised the need to maximise and consider all opportunities arising from the potential for a new hospital, to address health inequalities, including access to greenspace, employment opportunities and as an economic anchor. He suggested that the Board could utilise the partnerships with Universities to study and consider the benefits brought over the lifetime of the hospital. This could then inform future projects.

ACTIONS

6. Consider how proposed mitigating factors identified in the Fairer Scotland Duty Assessment may be 'tested' and refined with communities who will be most impacted;
7. Continue to support a strategic approach to addressing health inequalities;
8. Continue to refresh the Board's Strategy - *Achieving Excellence*; and reiterate the importance of addressing Health Inequalities as an integral approach to any new strategy;
9. Commit to holding a Health Inequalities Summit (previously planned and paused) when other pandemic pressures allow time to plan and organise such as event; and
10. Work with University partners to harness all the opportunities that will arise in the building of a new Hospital, and also in developing the existing site.

TRANSPORT, TRAVEL AND EAST AIRDRIE LINK ROAD

In relation to travel and transport, Mr Johnston described in detail the three potential routes being considered by North Lanarkshire Council for the East Airdrie Link Road, and the positive impact that this would have on the sites at Glenmavis and Wester Moffat. Board Members noted that a letter to confirm that the road will be constructed had been received by the Health Board, from North Lanarkshire Council's Chief Executive and were assured by this. Mr Johnston went on to explain how the pan Lanarkshire Orbital Link Road will connect to the East Airdrie Link Road making journey times faster to either the Glenmavis or Wester Moffat sites for staff, patients and visitors from South Lanarkshire.

Board Members noted that the views of the Scottish Ambulance Service (SAS) had been sought and they had indicated that they do not have a preference over which site is selected. However, they asked that NHS Lanarkshire consider the following points as part of its decision making process:

- Site should have good access and connectivity by road
- Moving from the Airdrie locality may impact on SAS ability to deploy their fleet efficiently
- A site that would impact on patient flow into and out of other NHS Board areas would be more challenging for the Ambulance Service

In response to a request for clarity from Ms McDonald, Mr Johnston went on to explain how the Transport Hub would operate. It was stressed that this was different from the Transport Interchange that would be developed at the front of the Hospital for public transport and visitors and staff using cars and taxis. It was noted that NHS Lanarkshire had already established a Transport Hub in line with Achieving Excellence ambitions. The focus was to manage our external transport activity and migrate that to community transport provision where possible. Mr Johnston highlighted established arrangements with Community Transport Glasgow, Getting Better Together and Larkhall Volunteer Drivers. Mr Johnston added that this has been particularly important in managing our response to Covid-19 situation and supporting community assessment centres, testing at care homes and specimen deliveries.

Board Members noted that the development of the Transport Hub continued to make good progress and would form a central element of the Board's wider transport offering, particularly for patients who are not supported by public transport options or are unable to access public transport option - irrespective of the preferred site option selected.

Mrs Macer highlighted that staff who were impacted by a change of location for their employment, would be entitled to the reimbursement of additional costs incurred, but Board Members agreed that this was difficult for some low paid staff in terms of outlay and then reimbursement. It was agreed to review this policy to ensure that it was not onerous of staff in meeting up front additional costs.

Councillor McGuigan stated that he had some concerns about the new Hospital being located at Wester Moffat because of the poor provision of public transport for residents in South Lanarkshire and cost implications, but he was assured by Mr Johnston that the Transport Hub, and the Transport Interchange will transform public transport offerings for these residents, and he also pointed out that the new road developments already agreed or in planning stages, including the pan Lanarkshire Orbital Link Road will lead to a significant improvement in journey times to the Wester Moffat site, which would be accessed more quickly than at the current site. Councillor McGuigan was content to note the assurances provided and looked forward to working with the Board to ensure that these developments were put in place before any new Hospital was opened.

Dr Osborne also reiterated the importance of the new site being accessible to the wider population across Lanarkshire.

ACTIONS

11. Review the policy of reimbursing staff for additional travel costs;
12. Work with planning and transport commissioners to improve public transport offerings to the whole of NHS Lanarkshire residents and in particular residents of South Lanarkshire, irrespective of the site selected.

CONTAMINATION

In relation to contamination, Mr Johnston outlined that this was a concern that had been raised by members of the public, staff and other stakeholders

and that it had also been considered as part of the Options Appraisal process.

Board Members noted that the Board's advisors had stated that there were higher risks in developing sites at Gartcosh and Glenmavis, when compared with farmland at Wester Moffat, but the advisors were confident that remedial action could be put in place to mitigate contamination on these two sites and any potential delays in the building process.

Councillor Kelly sought and received confirmation that all sites would require a level of remediation, whilst recognising the difference in higher costs and potential "unknowns" in relation to Gartcosh and Glenmavis, comparative to Wester Moffat.

Mr Campbell similarly also sought assurances that all 3 sites were suitable for consideration.

Dr Thomson highlighted that contamination in itself was a potential issue for additional cost and timelines and Ms McDonald noted that from the available evidence, the level of remediation and ground works required on the Wester Moffat site would be less than the other two sites.

ENVIRONMENTAL AND GREEN ISSUES

In relation to environmental and green issues, the Board noted that there would be an environmental and green impact at whichever site was selected and that there was a link to the previous discussion on contamination.

Mr Boyle emphasised the importance of access to greenspace as part of the health inequalities agenda and a consideration of the Fairer Scotland Duty and Equality Impact Assessments undertaken. He also noted the opportunities for any new build to consider addressing concerns around pollution and environmental sustainability.

REGIONAL WORKING AND CROSS BOUNDARY FLOW

In relation to regional working, Ms Knox, Chief Executive, outlined that she had kept West of Scotland Health Board partners apprised of developments and that they were supportive of the development of a new Hospital to replace the current University Hospital Monklands.

She also outlined considerations in relation to expansion capability on all three sites.

Board Members noted that all three sites were able to provide the 20% development space as part of the criteria which had been drawn up to be included on the site selection shortlist.

Ms Morris reflected that the report suggested that both Wester Moffat and Glenmavis provided up to 50% further expansion space, and this was confirmed by Mr Johnston. It was noted that Gartcosh did not have additional expansion capacity beyond the 20% and this could potentially limit NHS Lanarkshire in any additional future development ambitions.

In addition, Ms Knox added that in discussions between herself, the Board Chair and the Monklands Medical Staff Association, this aspect of additional capacity beyond 20% was commented on favourably. They were keen to see opportunities exploited to establish a Medical School/Teaching, Research and Learning facility in NHS Lanarkshire, as part of a wider academic campus. Whilst it was acknowledged that this was not part of the current plan, it was felt to be worthy of consideration. Mrs Mahal indicated that she had also received correspondence from the Medical Staff Association outlining their desire to create a Teaching and Learning Hub at the new hospital site.

In relation to cross boundary flow, Board Members noted the Board advisers risk assessments concluded that the Gartcosh site had a greater risk of impact, should cross boundary flow be greater than the levels projected. Their assessment resulted in higher risk scores for both likelihood and impact categories. It was however recognised that if the new hospital was built at Wester Moffat then it was likely that some Cumbernauld and Northern Corridor patients may choose or continue to use Hospitals out with Lanarkshire.

However, Mr Johnston also stated that our advisers had confirmed that the current hospital build plans for each of the sites would provide sufficient accommodation to meet the projected patient activity.

The estimated annual cost to NHS Lanarkshire of managing the additional emergency department activity resulting from cross boundary flow was £990,720 per annum at Gartcosh and £285,480 per annum at Glenmavis. This represented an increase in operating costs which would require to be funded from within existing resources. However, there was no cross boundary flow cost impact at the Wester Moffat site. Mrs Ace added that she concurred with the views expressed by the Board's Advisors about additional running costs.

Ms Morris referred to the points she made earlier about patients from the Northern Corridor and the need to encourage patients in that area to use NHS Lanarkshire facilities, whilst recognising they have a choice to use Hospital services in NHS Forth Valley or NHS Greater Glasgow & Clyde.

Mrs Mahal reiterated the importance of ensuring that the Board would engage with all communities, irrespective of site selection, in encouraging use of Lanarkshire hospitals and communicating access routes and transport options.

ACTION

13. Engage with communities across Lanarkshire to encourage greater use of facilities and services in NHS Lanarkshire regardless of the site selected for the new University Hospital Monklands, whilst recognising that some patients may choose to use services in neighbouring Health Board areas

COVID -19

Board Members acknowledged that although Covid-19 was not a consideration in their deliberations over site selection, the lessons learned

through adapting services during the pandemic, in particular the wide-scale use of digital technology to limit face to face interaction, would influence the clinical model for the new hospital.

PLACE BASED APPROACH

Board Members discussed the Place Based Approach which was one of the recommendations made by the Independent Review Panel in June 2019 regarding the development of a clear vision for the existing Monklands site. The Board acknowledged that whilst this was not a consideration in their decision making for a new site, it was important to seek assurances on how this work would be taken forward in parallel with any plans for a new hospital.

It was noted that the services provided at the Beatson Radiotherapy Facility and the Maggie's Centre will transfer to the new University Hospital Monklands. The Beatson and Maggie's Centre buildings would therefore be available to be incorporated into a vision for the existing site.

Mr Johnston outlined that NHS Lanarkshire had already established a new Partnership to develop a set of proposals for the future use of the current site following the relocation of the hospital. The Partnership currently comprised NHS Lanarkshire, North Lanarkshire Council, North Lanarkshire Health and Social Care Partnership and Strathclyde University. Other community planning partners would join this work as it evolved.

It was stressed by Mr Campbell that this was not linked to the decision on a site for the new Hospital, but was a very welcome and exciting initiative which will bring significant health, social, leisure and economic benefits to the local community.

Ms McDonald highlighted that clinical services in the new Hospital will be delivered in a very different way, with a different workforce, in years to come, and this needed to be reflected in the plans for the new Hospital, as well as the Place Based Approach.

Councillor Kelly stated that it was important to consult and engage with the surrounding communities to ask them what they would wish to have located on the site of the current Monklands Hospital, once the new Hospital is commissioned.

Dr Osborne commended a whole system approach and committed the North Lanarkshire Health & Social Care Partnership to work closely with the NHS Board and other partners. This would also involve the South Lanarkshire Health and Social Care Partnership.

Mrs Mahal stated that NHS Lanarkshire was fully committed to developing detailed proposals for a community focussed facility at the current site. This would form a separate project to the Monklands Replacement Project and would be supported by its own governance framework, communication and engagement programme.

ACTION

14. Bring to the Board plans for taking this work forward and the project management, oversight and governance arrangements

Mrs Mahal thanked Mr Johnston for the comprehensive overview and presentation of areas for consideration by the Board.

Mrs Lees spoke on behalf of the Area Clinical Forum and Mrs Macer spoke on behalf of the Area Partnership Forum. Both expressed no preference in respect of site selection and confirmed a commitment to continuing to engage fully with the project team once a site option was determined.

The full submissions by both Forums were provided as Appendices to the report (M and N).

VIEWS OF THE AREA CLINICAL FORUM AND AREA PARTNERSHIP FORUM

Mrs Mahal invited both Chairs of the Board's Advisory Committees to give their views on the engagement which had taken place with the Committees and any view for consideration by the Board.

Mrs Lees stated that the Area Clinical Forum had been fully engaged in the process and Members took the view that while there was no preference for a site, she emphasised that there was a unanimous view that the site must be selected without delay and the new Hospital built as soon as possible. However, the Forum wanted the NHS Board to give significant priority to the impact of the site selected on the poorest communities, particularly in Airdrie, the need to provide good access for all residents in NHS Lanarkshire, and the provision of improved public transport links, particularly for the lowest paid staff who currently work in the University Hospital Monklands.

Mrs Macer stated that the Area Partnership Forum had also been fully engaged in the process, and also took the view that there was no preference for a site. Mrs Macer added that the Forum stated that the Board needed to take account of social deprivation within Airdrie, Coatbridge, Bellshill and surrounding areas, which would be served by the new hospital, greater consideration should be given to those members of the workforce who are paid at lower bands and generally live locally to the current University Hospital Monklands, employment opportunities, and the proximity of a new build to the current University Hospital Monklands location. The submission from the Area Partnership Forum also made a number of valuable points about workforce planning which Mr Lauder stated would be taken on board by the Project Team.

Mr Campbell also reminded Board Members of the views of the Monklands Medical Staff Association which had already been discussed in relation to the impetus to get a new hospital as soon as possible and maximise opportunities for any future ambitions.

CONCLUSIONS AND DISCUSSION

Mrs Mahal invited Mr Lauder to summarise why the recommendation was being made to the Board that the Wester Moffat site be chosen to recommend to the Cabinet Secretary.

Mr Lauder referred to the conclusions section within the paper which set out this rationale for the Board's consideration.

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

Mrs Mahal invited Ms Knox, Chief Executive, to provide an overview of the report and the recommendation before the Board for approval that the Wester Moffat site be recommended to the Cabinet Secretary. Ms Knox stated that the process had been competent and thorough. The Board had been provided with the opportunity to look into each theme in detail at weekly briefing meetings, to be assured that the information contained in the summary was accurate and sustained by the evidence. From a personal perspective, the Fairer Scotland Duty Assessment provided the clearest differentiating factor, in that the site which would have least impact on staff who work at the Hospital, and patients who use services, combined with the

greatest potential economic impact was Wester Moffat. Ms Knox highlighted that many of the themes also pointed to Wester Moffat as the most suitable site, such as Contamination, Cross Boundary Flow, Travel & Transport, and Environmental considerations, and she was happy to support the recommendation. Ms Knox added that the new Hospital would act as an economic anchor in any location chosen and the site which would provide the maximum impact in term of health inequalities by benefitting the local economy was Wester Moffat.

Mrs Mahal sought views from the Board on the governance of the process to date. She reminded Board Members that they had been given the opportunity to discuss and scrutinise each of the themes and evidence at weekly briefing sessions and provide questions in advance of the sessions, or subsequently.

She specifically asked Board Members if they were satisfied that due processes had been followed; were there any outstanding concerns; had everyone had the opportunity to scrutinise the information available and were Board Members satisfied that they had all the information they required to make an informed decision.

Board Members agreed unanimously that they were satisfied and there were no outstanding concerns.

Mrs Mahal then referred to Appendix O of the Report which set out the Board's framework for decision making, referring in particular to the questions in the framework.

1. What have we heard from the process and peoples' contributions?
2. How have we acted on what we have heard and what else are we intending to do going forward? (future proposals/actions)
3. What factors have not influenced our thinking and why?
4. In summary, what are we considering and why? What are we not considering and why?

Mrs Mahal invited Board Members to go through each of the 4 questions replicated above and satisfy themselves that these questions had been fully responded to. Board Members were unanimous in their view that all of these questions had been fully addressed.

The fifth question was addressed by discussing the recommendation from Mr Lauder.

5. What conclusion has the Board reached on the best option for patients and staff from its assessment of the information?

RECOMMENDATIONS

Before asking each Board Member to respond to the final recommendation made on the preferred site, Mrs Mahal asked Board Members to address the first three recommendations within the report.

1. Note that assurance has been provided by the Monklands Replacement Oversight Board that all compliance and assurance issues have been fully met;

Board Members noted the assurance provided.

2. Note that the Board has received assurance from Healthcare Improvement Scotland – Community Engagement that CEL 4 (2010), Informing, Engaging and Consulting People in Developing Health and Community Care Services has been fully met;

Board Members noted the assurance provided.

3. Note the views of the Area Clinical Forum and the Area Partnership Forum in their role as advisory committees of the NHS Board; and

Board Members noted the views of the Area Clinical Forum and the Area Partnership Forum.

Mrs Mahal then invited each Board Member to individually indicate whether they supported the recommendation

The NHS Lanarkshire Board is asked to consider the totality of the information and analysis provided to **approve the recommendation to the Cabinet Secretary for Health and Sport that Wester Moffat is the preferred site for the location of the new University Hospital Monklands,**

and outline what factors had led them to their conclusion.

All 17 Board Members, including the Chair, individually outlined their support for the recommendation and their rationale for doing so.

The recommendation was therefore unanimously approved by Board Members, that Wester Moffat should be supported as the site selected, and this recommendation be made to the Cabinet Secretary.

Many Board Members stated that there was much to commend all three sites, but that the evidence gathered and set out in detail in the thematic Appendices tended to suggest that Wester Moffat was the best and optimum site for staff and patients. Many Board Members also referred to the persuasive evidence within the Fairer Scotland Duty Assessment Report about the impact of moving the Hospital from the current site.

Other factors listed by Board Members as being important in their considerations were

- Car Parking at Gartcosh and the potential for disruption to the Hospital site and the surrounding area, including the village;
- Contamination concerns at two of the sites and the potential that this may cause delay or increased costs to the Project;
- The Greenspace agenda would be best developed at the farmland at Wester Moffat;
- The views of the Area Clinical Forum and the Area Partnership Forum which focussed on the questions of deprivation;

- The Fairer Scotland Duty Assessment which also focused on health inequalities and the impact of the three sites on low paid staff and local deprived communities;
- Cross Boundary Flow costs had been estimated, but the lowest risk was set out as Wester Moffat;
- The ability to expand beyond the 20% development envelope was raised by the Monklands Medical Staff Association as being an important consideration, to provided opportunities to develop an academic campus, which would be possible at Wester Moffat;
- The Option Appraisal Report had shown that Wester Moffat was the highest scoring option, albeit the margin was not significant between that site and Gartcosh;
- Socio-economic factors were important to take into consideration;
- Travel and Transport concerns were the most frequently raised issue but the assurances from North Lanarkshire Council about the East Airdrie Link Road going ahead in advance of the building of the new Hospital (and the potential benefits of the Pan Orbital Link Road) and the commitments made by the NHS Board and the local Transport commissioners were sufficient to mitigate any concerns from patients and staff, especially from those living in the South of Lanarkshire. It was also noted that the costs of providing additional public transport infrastructure (bus services), if not deliverable commercially, were lowest for the Wester Moffat site;
- The costs of building and running the new Hospital at Wester Moffat was less than on the other two sites;
- Wester Moffat represented an option that carried less risk than the other two sites in respect of contamination, and cross boundary flow (and therefore the potential for increased costs and extended timeframes also).

Mrs Mahal thanked Ms Knox, Mr Lauder, Mr Brown, Mr Johnston, Mr Cannon and the team, that had guided the Board through the engagement process over the past 3-6 months, and in particular thanked Mr Campbell and Dr Thomson for their support and guidance as part of a weekly Leadership Group that had been established in September 2020 to provide advice and guidance to Board Officers in preparing all of the Weekly Briefing Session papers, and for their ongoing input.

Members were invited to support the recommendation made.

THE BOARD:

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

This was unanimously approved by the entire NHS Lanarkshire Board.

The meeting was paused at 2.30pm for a short comfort break and reconvened at 2.55pm

2020/12/284

REDESIGN OF URGENT CARE

The Board received and approved a paper which provided an update on the redesign of urgent care and the activity that had been captured by the Flow Navigation Centre since going live on 1 December 2020.

Dr Findlay reported that only two weeks after the introduction of new pathways for patients requiring urgent care that processes and systems appeared to be working well, and as intended. Dr Findlay however emphasised at the outset that this was not in any way designed to replace the 999 blue light service provided by the Scottish Ambulance Service, or urgent care traditionally provided by GPs, but to attempt to schedule, as far as possible, unscheduled care.

Board Members noted the number of calls that had been dealt with by the Flow Navigation Centre and the number of attendances that had been avoided in Emergency Departments by providing patients with an alternative and more appropriate pathway.

Dr Findlay alluded to the various alternatives that were now in place such as Near Me consultations, Consultant Connect for professional to professional consultations, Mental Health pathways, and virtual Minor Injuries Clinics.

Dr Findlay reported that there were daily reviews of cases and weekly meetings with NHS 24 partners, to ensure that the processes were working effectively in the early phase of the redesign programme.

In the first two weeks of the new process 64 patients, and then 94 patients, had been redirected to alternative pathways and had not required assistance in an Emergency Department, which took pressure off the departments and ensured that social distancing could be maintained more effectively.

Mr Boyle reported that he had personal cause to use the service on a family member's behalf recently and while he was impressed with the responsiveness of the service he reported that the web site was potentially confusing and asked that this be addressed separately. Dr Osborne in welcoming the initiative observed that this needed to be aligned with the Out of Hours Service also.

It was noted that the service was bedding in, and further reports would be provided to the NHS Board as the service matures, and that a National Launch was anticipated in January 2021.

THE BOARD:

1. Noted the update on the progress made by the Flow Navigation Centre, as part of the Redesign of Urgent Care; and
2. Noted that further reports would be provided to the NHS Board as the service develops, following the National Launch in 2021.

2020/12/285

COVID VACCINATION PROGRAMME

The Board received and discussed a report which provided an update on the COVID Vaccination programme from Dr Russell.

Dr Russell covered vaccine supplies, staff recruitment, likely centres to be used in NHS Lanarkshire, the plans in place to roll out the vaccine in the phases outlined by the Joint Committee on Vaccination and Immunisation, staff vaccination plans and plans to deliver vaccinations in Care Homes, and for the over 80s.

Dr Russell agreed to keep the Board updated as plans emerged and in keeping with guidance being issued by Scottish Government.

Dr Russell also described the governance / project management arrangements guiding the NHS Lanarkshire roll out, and the structures in place at a tactical level to respond to the latest guidance issued, and deliver the programme.

THE BOARD:

1. Noted the update from Dr Russell and commended the efforts of a wide range of staff who were involved in planning and delivering the programme.

2020/12/286

BREXIT UPDATE

The Board received and discussed a report which set out 40 risks recorded on the NHS Lanarkshire EU Withdrawal risk register.

Mr Gordon provided an overview of the latest UK negotiation position and highlighted that the Board had been preparing for the end of the BREXIT transition period for some months.

NHS Lanarkshire had continued to oversee the EU Withdrawal risks within the year through the Corporate Management Team (CMT), receiving a quarterly report on the outputs from the scheduled reviews. The Strategic Command for EU Withdrawal was in 'live' suspension from the early transition period and has been re-enacted from November 2020, where risk reports are now received.

The recent review of the risks undertaken in November/December was integrated with resilience work on worst case scenarios led by the Head of Resilience with the Corporate Risk Manager and each Tactical Lead.

This resilience and risk review was set against a set of twenty (20) of the most relevant reasonable worst case scenarios as considered by Scottish Government. This work was concluded and reported through the Strategic Command on 2nd December, with further work undertaken to update the EU Withdrawal risk register.

THE BOARD:

1. Noted the assurance provided by the report that risks were being properly captured and mitigated;

2. Noted the EU Withdrawal risk profile by number, severity and category;
3. Noted the detailed risks in Appendix 1 of the main report;
4. Noted that the EU Withdrawal Strategic Command had been reconvened;
5. Noted the continuous review through the Strategic Command and/or the Corporate Management Team; and
6. Noted the integrated risk review that had been undertaken.

2020/12/287

ANY OTHER COMPETENT BUSINESS

No items were raised.

2020/12/288

RISK

The NHS Board did not consider that any new emerging risks should be added to the Corporate Risk Register, or that any existing risks needed to be re-assessed following discussion at this meeting.

2020/12/289

DATE OF NEXT MEETING

Wednesday 27th January 2021 at 9.30am.

The meeting ended at 3.30pm