

**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 – <a href="http://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/">www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/</a>	<ul style="list-style-type: none"> <li>• Main page views – 1272.</li> <li>• Frequently asked questions page views – 138.</li> <li>• Engagement guide - 94 downloads.</li> <li>• Engagement presentation - 22 downloads.</li> </ul>
Online survey	<ul style="list-style-type: none"> <li>• See survey analysis in section 3</li> </ul>
Media releases	<ul style="list-style-type: none"> <li>• Launch of public engagement (109 views on NHS Lanarkshire website).</li> <li>• Reminder of chance to take part (47 views).</li> <li>• Additional public event (835 views).</li> <li>• Engagement period extended (121 views).</li> </ul>
Pulse (digital staff magazine)	<ul style="list-style-type: none"> <li>• Four articles – topics as media releases.</li> </ul>
Other internal communications channels	<ul style="list-style-type: none"> <li>• All-in Lanarkshire staff emails/email staff briefing/Firstport (intranet) banner with click-through to engagement webpage/NHSL social media reaches many staff.</li> </ul>
Video	<ul style="list-style-type: none"> <li>• British Sign Language video – Facebook: reach 18.5K; views 4500.</li> <li>• Also shared via Deaf Services Lanarkshire’s Facebook.</li> </ul>
Media coverage	<ul style="list-style-type: none"> <li>• Print: nine items in Airdrie &amp; Coatbridge Advertiser/East Kilbride News/Carluke Gazette.</li> <li>• Online: three items on Lanarkshire Live local news website (content from Reach plc’s local publications).</li> <li>• All articles based on content of media releases, scoring “very positive” in internal media monitoring.</li> </ul>
Stakeholder update emails	<ul style="list-style-type: none"> <li>• Four updates to stakeholder list: content as media releases.</li> </ul>
Elected representatives	<ul style="list-style-type: none"> <li>• MP/MSP briefing – 3 September. Pre-meeting discussion with Dr Lisa Cameron MP (director of planning property and performance and director of communications).</li> <li>• Information in weekly briefing for MPs/MSPs/elected members throughout engagement.</li> </ul>
Virtual public and staff events	<ul style="list-style-type: none"> <li>• See section 4 for feedback summary</li> </ul>

Additional internal meetings	<ul style="list-style-type: none"> <li>• See section 5 for feedback summary</li> </ul>
Social media	<ul style="list-style-type: none"> <li>• NHS Lanarkshire Facebook – 52 posts: total reach 183,000; total engagement 1400.</li> <li>• NHSL Twitter - 47 tweets. NHSL Instagram 12 posts.</li> </ul> <p><u>Facebook comments</u>  Around 60 comments (overwhelmingly negative)  Themes:</p> <ul style="list-style-type: none"> <li>○ loss of local service provision;</li> <li>○ challenges of travel &amp; transport;</li> <li>○ engagement process (decision is already a done deal):</li> <li>○ comments about current waiting list challenges.</li> </ul>

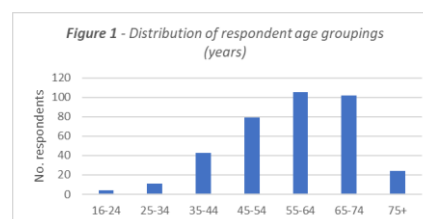
### 3. Analysis of survey responses

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

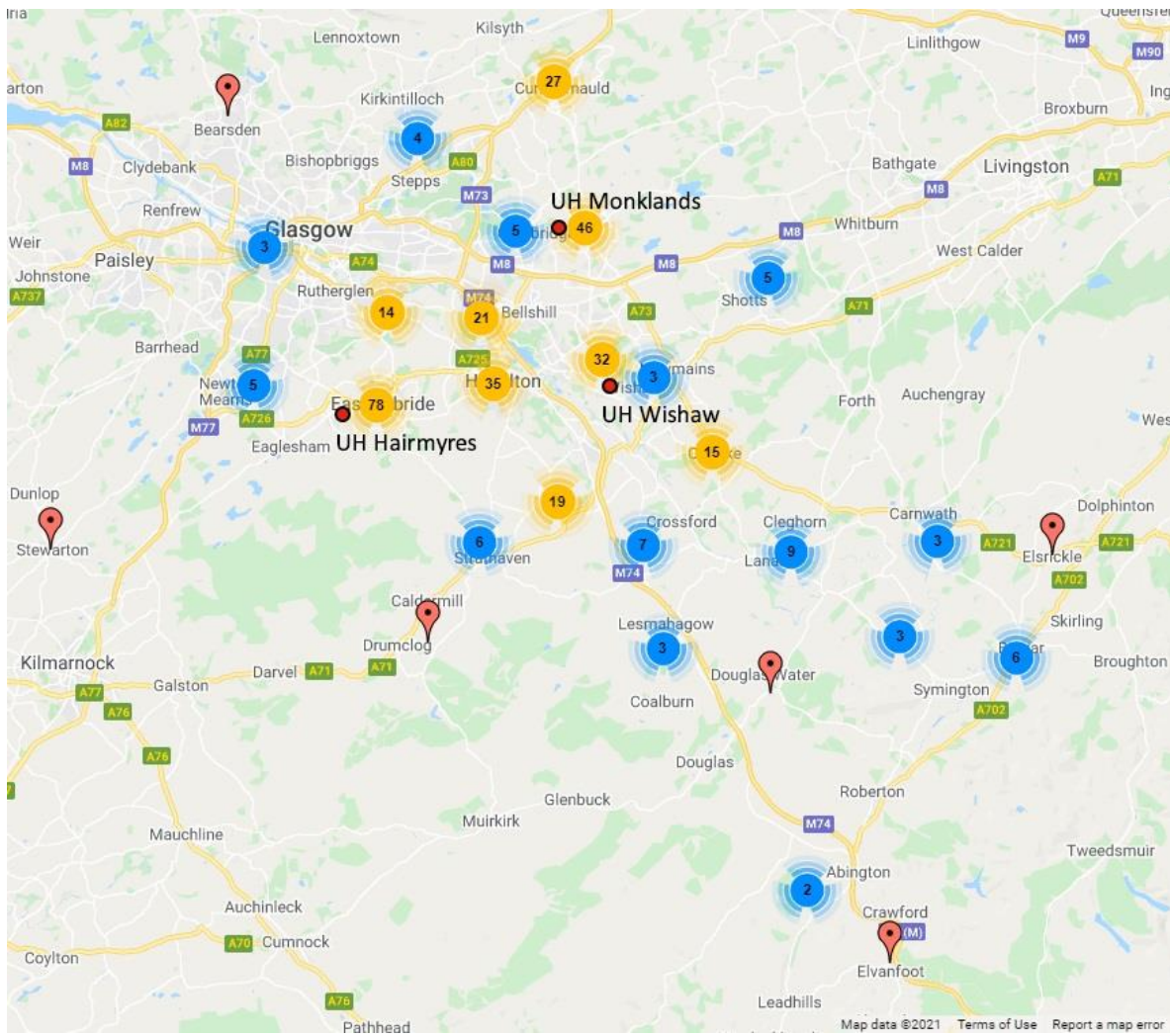
1. *What is important to you about the way elective (planned) orthopaedic surgery, such as hip or knee replacements, is delivered in Lanarkshire?*
2. *What are your views and experiences of the current inpatient orthopaedic service provided at University Hospital Hairmyres?*
3. *What are your views on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

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.

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

#### 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

<b>Virtual staff event – 27 August 2021 12-1.30pm</b>
<ul style="list-style-type: none"> <li>○ Registered to attend: 15</li> <li>○ Attended: 10</li> </ul>

Theme	Comments
Service model	<ul style="list-style-type: none"> <li>• Will commit fully at UHH for as long as service remains there</li> <li>• Separate elective treatment centre model needs consideration</li> </ul>
Engagement process	<ul style="list-style-type: none"> <li>• How much influence on decision staff can have?</li> <li>• Onus seems to be on staff to make an argument for staying at UHH</li> </ul>

## 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.

<b>Trauma &amp; orthopaedic staff event – 23 August 2021</b>	
Attendance: 15	
Theme	Comments
Engagement process	<ul style="list-style-type: none"> <li>• Thanks for opportunity to engage</li> </ul>
Service model	<ul style="list-style-type: none"> <li>• Consultant ambition to reduce use of Golden Jubilee provision – volume/current treat-only model</li> <li>• Need for repatriation of independent sector provision</li> <li>• Further questions will come when we get down to discussing capacity/demand figures</li> <li>• New Monklands theatres design – suitable acoustics</li> </ul>
<b>University Hospital Hairmyres senior charge nurse forum – 7 September 2021</b>	
Attendance: 44	
Theme	Comments
Engagement process	<ul style="list-style-type: none"> <li>• 2 staff commented on perceived lack of engagement with orthopaedic service nurses (theatres/ward)</li> </ul>
<b>University Hospital Wishaw Medical Staff Association – 14 September 2021</b>	
Attendance: 4	
Theme	Comments
Service model	<ul style="list-style-type: none"> <li>• Any impact on site staffing (i.e. physios) through withdrawal of elective upper limb surgery from Wishaw</li> <li>• Opportunities for enhanced trauma surgery at Wishaw if elective procedures relocated</li> </ul>

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	Travel & transport	<ul style="list-style-type: none"> <li>• Difficulty of travel for those without their own cars between rural Clydesdale and Monklands.</li> <li>• Community council survey find 19% of its population do not have access to own vehicle.</li> </ul>



Council		<ul style="list-style-type: none"> <li>• Disproportionately high number of residents in the older age ranges</li> <li>• This group are more likely to need this type of procedure and will form a large part of those who rely on public transport</li> <li>• Train travel option exists to and from Hairmyres</li> <li>• Give thought to more senior transport-poor residents of rural Clydesdale and how they would be able to reach the new facility</li> </ul>
Staff member	Travel & transport  Centralised service provision	<ul style="list-style-type: none"> <li>• Concern re the centralisation of services</li> <li>• Already centralised ortho trauma to UHW</li> <li>• Public transport issue must be addressed first</li> <li>• No thought given to improving public transport links between the 3 hospitals</li> <li>• 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</li> <li>• Particularly distressing for older patients, whose partners/visitors may not drive</li> <li>• A bus service should be provided that stops only at the three hospital sites</li> </ul>
Staff member	Service design and provision	<ul style="list-style-type: none"> <li>• This needs to fit into a wider strategy</li> <li>• The current 3 site acute care model failing patients and staffing of 3 sites long term is unsustainable</li> <li>• Planned movement of services should be in context of a gradual move to 2 then 1 acute site</li> <li>• Factor in phased expansion of the new UHM to effectively become main acute and inpatient site</li> <li>• 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.</li> <li>• Inpatient (&gt;24hrs) orthopaedics and orthopaedic trauma would be provided at the new hospital site along with all other acute services</li> <li>• Creating new UHM, moving services won't work</li> <li>• Lan should have one large acute teaching hospital</li> </ul>
Member of North Lanarkshire Tenants Assoc	Support for proposal	<ul style="list-style-type: none"> <li>• I and others I have spoken with are fully supportive of all proposals</li> </ul>
Member of public	Support for proposal (elective)  Service provision (trauma)	<ul style="list-style-type: none"> <li>• 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</li> <li>• Imperative that ortho comes back.</li> </ul>

## 7. Submissions from MSPs/MPs

MSP/MP	Themes	Summary of comments
Neil Gray, MSP for Airdrie & Shotts and Anum Qaisar-	Improved service provision for elective ortho	<ul style="list-style-type: none"> <li>• Support for proposal</li> <li>• Capacity for this service can be absorbed and created in the new hospital</li> <li>• When trauma and orthopaedic services were</li> </ul>



<p>Javed, MP for Airdrie &amp; Shotts</p>	<p>Opportunity for improved services at UH Hairmyres</p> <p>Travel &amp; transport</p>	<p>being reorganised in 2016 as the then MSP and MP, Alex Neil and Neil Gray supported the reorganisation for healthcare and safety reasons</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Pleased to note that the reorganisation has been a success in sustaining and enhancing services</li> <li>• Pleased that moving elective orthopaedic services to the new Monklands Hospital will stop the need to transfer patients to the private sector</li> <li>• 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</li> <li>• This provides a great opportunity to expand existing or new services in Hairmyres Hospital to provide for patients across Lanarkshire</li> <li>• 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</li> <li>• We encourage the board of NHS Lanarkshire to consider this and approve the plan to move elective orthopaedic services to the new Monklands Hospital</li> </ul>
<p>Dr Lisa Cameron, MP for East Kilbride, Strathaven &amp; Lesmahagow</p>	<p>Concern over removal of local services</p> <p>Objection to proposed service model</p> <p>Travel &amp; transport</p> <p>Environmental impact</p> <p>Engagement process</p>	<ul style="list-style-type: none"> <li>• Not supportive of proposal</li> <li>• 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</li> <li>• Removal of these services from South Lanarkshire whereby EK covers such a vast area and population would be contraindicated</li> <li>• Have had numerous complaints about these matters and wish to ensure that they are fully appreciated within your consultation</li> <li>• Monklands is not at all accessible to my local population, with no direct bus route from most areas</li> <li>• 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</li> <li>• I also note the carbon footprint for staff whom NHS Lanarkshire have said will be paid additional mileage for 4 years</li> </ul>

		<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• No valid reason that services couldn't be provided in both locations to serve each local population where they live</li> <li>• 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</li> <li>• 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</li> </ul>
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## 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
  - Monklads Engagement Forum (MEF) -16 September 2021  
The MEF is the Monklads 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 Monklads 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.