

Monklands Replacement Project (MRP)

Engagement Report

December 2020

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1. Executive summary

NHS Lanarkshire has undertaken an extensive process of communications and engagement with stakeholders, including the public and NHS Lanarkshire staff, with regard to site selection for the Monklands Replacement Project (MRP).

The MRP is the project to replace University Hospital Monklands (UHM) with a new, state-of-the-art hospital on one of three shortlisted alternative sites: Gartcosh; Glenmavis; Wester Moffat (these are listed in alphabetical order throughout the report).

The engagement programme was designed to implement the recommendations of the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP), which assessed NHS Lanarkshire's 2018 MRRP site option appraisal and public consultation, and additional recommendations from the Cabinet Secretary for Health and Sport.

The review recommended enhanced project governance, re-evaluation of the shortlisted sites involving extensive stakeholder engagement and clarity on the future of the existing hospital site. It was followed by a decision by the Cabinet Secretary for Health and Sport that further potential hospital sites should be identified and the existing hospital site should be excluded as an option.

This report details the implementation and outcome of the engagement programme, which was designed to take account of key themes that emerged during the 2018 MRRP public consultation. It was developed in line with Scottish Government guidance, CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, with the input of a number of independent engagement advisors.

NHS Lanarkshire's programme of public involvement and engagement was designed and implemented, in line with CEL 4, 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 a report on NHS Lanarkshire's engagement process which has concluded:

- It is HIS-CE's view, based on the work that NHS Lanarkshire has taken forward, information made publicly available, engagement activities (including option appraisal) and feedback from participants that they have met the expectations set out in HIS-CE's recommendations in its 2019 assessment of the MRRP public consultation in 2018.
- In its current assessment, HIS-CE has found that NHS Lanarkshire has followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project. This will support NHS Lanarkshire in identifying a preferred location option to take forward.

HIS-CE has concluded that NHS Lanarkshire followed national guidance. The process was therefore carried out in line with best practice.

In addition, the Consultation Institute, which provided independent advice on the engagement programme, concluded that NHS Lanarkshire had followed best practice.

The communications and engagement programme was undertaken in four phases between October 2019 and October 2020:

- a) Public nominations sought for potential additional sites (this process saw Wester Moffat added to the existing shortlist of Gartcosh and Glenmavis);
- b) Extensive stakeholder engagement on the three-site shortlist;
- c) An option appraisal process including scoring of the sites by a group of the public and NHS staff.
- d) A period for feedback on the option appraisal process and outcome.

The engagement report follows a chronological path through the phases noted above, describing at each stage communications and engagement activities and any stakeholder feedback or relevant online metrics associated with them. Allied to this is detailed analysis of key engagement events/activities.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback, established the following key themes, which mirrored in large part the themes seen in the 2018 MRRP public consultation process:

1. The engagement process and site scoring exercise;

2. Identification of potential sites;
3. Travel and transport;
4. Impact on health inequalities and deprivation;
5. Site contamination;
6. Cross-boundary flow.

The report analyses how issues and concerns raised by stakeholders about each the above themes were proactively addressed during the process.

The report then draws conclusions based on each theme, noting that:

- There is no overall consensus among stakeholders about a preferred location;
- The public's views are influenced by each site's proximity to an individual's local community, particularly with respect to transport and travel;
- Staff also view the sites with regard to ease of accessibility of their work base as well as the potential for each site to provide an attractive work environment with regard to employee recruitment and retention.

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 new hospital, using the framework that has been developed to assist the Board with meeting its duty to listen to and take into account the views of stakeholders.

It is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised.

Further engagement and communication once the location is identified should recognise this challenge and work with communities to address their concerns, especially with regard to travel and transport, providing a clear understanding of the public consultation opportunities around the planning process for the new site as well as further detail of the proposals for the redevelopment of the existing UHM site.

2. Introduction

The current objective of the Monklands Replacement Project is the completion of a series of business cases which, when approved by Scottish Government, will allow the construction of a new hospital to replace University Hospital Monklands.

The next step in the process is the completion of an outline business case, a key element of which is the determination of a recommendation by the Board of NHS Lanarkshire for a preferred site from a shortlist of three sites:

- Gartcosh: Craignethan Drive, Gartcosh G69 8AE.
- Glenmavis: Drumshangie Moss. North Lanarkshire, ML6 7SP.
- Wester Moffat: Wester Moffat Farm, Airdrie, ML6 8PF.

The NHS Lanarkshire Board's recommendation for a preferred site will be made to the Cabinet Secretary for Health and Sport, who will make the final decision.

Effective engagement with stakeholders, including the public and NHS Lanarkshire staff, was paramount in the site selection process and an extensive programme of communications and engagement was required to achieve best practice in this regard.

This report describes the implementation of the engagement process, and the feedback received and assessed through the following phases:

a) Public site nominations process (31 October-13 December 2019)

To achieve best practice with regard to public involvement in site selection, NHS Lanarkshire designed communications and engagement activities to seek public nominations for specific sites, which might meet the five site selection criteria.

b) Public and staff engagement (5 February-10 March 2020)

An engagement programme provided an opportunity for feedback on the shortlist of sites for the hospital, including extensive published site information, before a scoring exercise involving a group of members of the public and NHS staff was undertaken. Key activities included:

- Community discussions: structured events designed to provide members of the public with an opportunity to give feedback on the proposed sites in advance of scoring.
- NHS Lanarkshire invited suggestions for criteria to evaluate the sites at the scoring event.
- People's Hearing: a structured event at which a panel heard representations from stakeholders about any concerns about the accuracy or legitimacy of any information on the shortlisted sites issued by NHS Lanarkshire. This feedback was assessed by the panel to inform the information to be presented to the site scoring participants. The event also included an online question and answers session with the MRP team and an assessment of potential benefits criteria, including public suggestions.
- Participation in a site scoring exercise: the public could nominate themselves or their community group to be one of the participant group, and NHS Lanarkshire colleagues could nominate themselves as one of the staff representatives.
- The engagement period culminated in a community and staff scoring event on 10 March 2020. The results of this event were withdrawn by NHS Lanarkshire due to concerns over the validity of the weighting and scoring following the failure of the electronic scoring system, and concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. NHS Lanarkshire then devised a postal site scoring exercise to enable the process to continue during the Covid-19 pandemic while meeting safety requirements.

c) Postal site scoring exercise (9 July-13 August 2020)

A group of over 400 public and NHS Lanarkshire staff participants – three-quarters of them members of the public – were invited to take part in postal scoring to determine the non-financial benefit scores for each option as part of a site feasibility option appraisal process.

d) Public and staff feedback period (30 September-18 October 2020)

NHS Lanarkshire held a period for feedback from public, staff and other stakeholders following a site feasibility option appraisal, which incorporated the results of the postal site scoring.

The role of independent advisors

- The Consultation Institute (tCI)

Design and implementation of the four phases outlined above were supported through the independent input of engagement specialists from the Consultation Institute (tCI), who advised on best practice requirements. This included the independent design and management of the postal site scoring exercise. tCI is a not-for-profit best practice institute, promoting high-quality public and stakeholder consultation and engagement in the public, private and voluntary sectors.

- Healthcare Improvement Scotland – Community Engagement (HIS-CE)

HIS-CE supports the engagement of people and communities in shaping health and care services. NHS Lanarkshire's programme of public involvement and engagement was developed, in line with CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, with the advice and guidance of HIS-CE, and enhanced and adapted throughout the engagement process through regular meetings with HIS-CE.

- The Campaign Company

The Campaign Company, a leading UK research company, undertook two telephone surveys involving Lanarkshire residents on NHS Lanarkshire's behalf, in February 2020 and October 2020. The second survey was supplemented with focus groups/in-depth conversations involving a number of survey participants.

- LattaCharlton Associates

Representatives of LattaCharlton Associates, engagement practitioners who are associates of the Consultation Institute, independently chaired community discussions (February 2020) and the People's Hearing (March 2020).

- Electoral Commission

The Electoral Commission is the independent body which oversees elections in the UK and works to promote public confidence in the democratic process and ensure its integrity. The Commission provided support to tCI in the design of the postal site scoring process.

Background

NHS Lanarkshire undertook a comprehensive and detailed exercise to assess site options for the development of a replacement for University Hospital Monklands in June 2018. This process involved the consideration of four strategic options by a group of key stakeholders (members of the public, staff and Scottish Ambulance Service):

1. do nothing;
2. refurbish the existing hospital buildings;
3. build a new hospital on the existing UHM site;
4. build a new hospital on a different site.

This process identified a highest scoring option (option 4 - build a new hospital on a different site). Two alternative sites: Gartcosh and Glenmavis (plus the existing site), were then assessed by the stakeholder group. Gartcosh had the higher score when non-financial and financial benefits score were combined as per the Scottish Capital Investment Manual (SCIM) guidance current at the time.

2.1. Consultation on the Replacement or Refurbishment of University Hospital Monklands

The option appraisal was followed by a formal process of public consultation which was undertaken between July 2018 and October 2018. The consultation gave stakeholders the opportunity to provide their views on the highest-scoring option, Gartcosh, and on the other options – to refurbish the hospital, rebuild on the existing site or relocate to Glenmavis.

Methods of communication and engagement included: a consultation document available online and distributed in hard copy; a dedicated consultation webpage; public meetings; meetings with

community fora; briefings for parliamentarians and elected members; staff engagement; press releases, internal communications and extensive social media.

Ten recurring themes were identified from all the feedback received.

1. The option appraisal process and scoring exercise.
2. The selection of the two sites.
3. Travel and transport: public transport bus and rail access; East Airdrie Link Road.
4. Impact on health inequalities and deprivation – frequent reference to mental health services.
5. The decontamination costs of the land.
6. The impact of the offer of the Glenmavis land for a nominal sum.
7. The impact on Gartcosh.
8. The impact on catchment areas especially Greater Glasgow and Clyde and University Hospital Wishaw.
9. Impact on existing University Hospital Monklands site.
10. How feedback will be used.

These themes were used to inform the nature of the subsequent engagement process described in this report, including the site information and other documents published.

2.1.1. Scottish Parliament debate: 24 October 2018

A Scottish Parliament debate on the consultation processes followed by NHS Lanarkshire took place on 24 October 2018. A transcript of the debate is provided in the Scottish Parliament Official Report at this link

<https://www.parliament.scot/parliamentarybusiness/report.aspx?r=11724&mode=pdf>.

2.1.2. Scottish Health Council assessment report

Healthcare Improvement Scotland – Community Engagement (then called the Scottish Health Council), which supports the engagement of people and communities in shaping health and care services, published an assessment report of NHS Lanarkshire’s engagement and consultation in June 2019. It made four recommendations for NHS Lanarkshire to assist them in their next steps to fully meet national guidance.

- Review the outcome of external assurance activities which included; assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
- Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with appropriate demographic and socio-economic information, and set out any proposed mitigating actions to take account of potential adverse impacts on any groups.
- Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.
- Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

2.2. Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP)

The process of site selection following the consultation was not completed because, in November 2018, Jeane Freeman, Cabinet Secretary for Health and Sport, asked the Director General for Health and Social Care and Chief Executive of NHS Scotland to establish a review to provide the Scottish Government with an independent assessment of the process followed by NHS Lanarkshire in consideration of the replacement for University Hospital Monklands.

The independent review was carried out by the University of Glasgow's Institute of Health & Wellbeing.

The review's terms of the reference were to provide an independent assessment of the process followed by NHS Lanarkshire to address the concerns raised by elected representatives and local people about the quality of the option appraisal process and the wider engagement and consultation undertaken by the Board and, in particular, to:

- Assess the quality of the information and analysis undertaken by the Board, and the robustness and accuracy of the evidence which informed the option appraisal process;
- Provide advice as to whether the Board's process was fully in line with best practice and meaningfully informed at all relevant stages by the views of stakeholders;
- Submit a report and recommendations to the Cabinet Secretary for Health and Sport, setting out a clear set of actions to be implemented by NHS Lanarkshire in order to progress plans for the redevelopment of University Hospital Monklands, including any wider observations on the NHS Scotland consultation process more generally.

The review's findings were published on 27 June 2019. The Independent Review Panel found that NHS Lanarkshire undertook extensive and high-quality work that was meaningfully informed by stakeholders (patients, public, staff, elected representatives and the many others who have an interest in a new Lanarkshire hospital). Their report noted that NHS Lanarkshire's processes were well conducted and they outlined examples of good practice demonstrated by the health board.

The review made three main recommendations:

- a. NHS Lanarkshire should make provision for new independent (external) members to the MRRP board (e.g. an individual with recent experience of leading or facilitating major service change within NHS Scotland). This will help support greater objectivity and external vision, as well as increased understanding of the public perception of the MRRP process.
- b. NHS Lanarkshire should re-evaluate the top two scoring options underpinned by credible and convincing detail on the non-financial benefit criteria and associated financial costs.
 - In particular, greater clarity should be provided on accessibility issues and costs affecting both sites, including changes to transport infrastructure and public transport for the alternative sites.
 - This will require further engagement with Transport Scotland. NHS Lanarkshire should also engage further with the local planning authority and relevant key agencies on likely development challenges associated with the two competing options.

This further evaluation should explicitly and transparently take account of the views of the public, obtained following an inclusive process and in line with appropriate recognised approaches, such as multi-criteria analysis, citizens' panel, citizens' jury or consensus voting. This work should clearly and transparently reflect the Board's duty of public involvement.

- c. A clear vision for the existing Monklands site should be developed which takes account of views within the local community and which reflects emerging commitments to improved place-making such as the Place principle.

On the day of the independent review's publication, the Cabinet Secretary for Health and Sport wrote to the NHS Board Chair. The Cabinet Secretary recognised in her letter that the options to either refurbish or redevelop the existing site of University Hospital Monklands were not viable and should therefore be excluded. This resulted in the designation of the project moving forwards being amended to the "Monklands Replacement Project" (MRP).

The Cabinet Secretary also directed that NHS Lanarkshire seek to identify further sites which could be considered for the new hospital location.

3. Implementation of the recommendations of the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project and of the Cabinet Secretary's recommendations

A series of actions were undertaken to implement the recommendations of the independent review and the subsequent instruction from the Cabinet Secretary for Health and Sport to seek additional alternative site options.

3.1. Recommendation 1 – project governance

NHS Lanarkshire established an additional Board governance committee in November 2019, the Monklands Replacement Oversight Board (MROB), to provide assurance on decision-making processes in respect of the Monklands Replacement Project. This comprises non-executive directors, independent external experts and members of the public. MROB is also chaired by a non-executive director, Dr Lesley Thomson QC, and, to ensure staff engagement at every level, Lilian Macer, employee director, is another of the non-executive director members.

A meeting with representatives from Monklands community councils was arranged in December 2019 to enhance MROB public membership and ensure sufficient representation from this area. Members of two of the community councils subsequently became members and, separately, a representative from Coatbridge also joined the MROB.

3.2. Recommendation 2: NHS Lanarkshire should re-evaluate the top two scoring options - Gartcosh and Glenmavis; Cabinet Secretary's instruction on seeking additional sites

NHS Lanarkshire engaged specialist external advisers, the Consultation Institute (tCI), to provide advice and direction on the completion of the option appraisal process.

tCI provided specialist advice and support to achieve best practice during the phases of public involvement and engagement that were developed to address review recommendation two: public site nominations process; public and staff engagement process to inform option appraisal; public and staff postal site scoring exercise; public and staff feedback on option appraisal. These methodologies are described in subsequent sections of this report.

3.3. Recommendation 3 – Vision for the existing University Hospital Monklands site

The Independent Review Panel recommended that a “place-based approach” be adopted by NHS Lanarkshire in considering the future use of the current UHM site to promote better health and wellbeing for our communities. This built on a recommendation contained within the first iteration of the Fairer Scotland Duty Assessment completed in early 2018.

NHS Lanarkshire has now established a new partnership for the development of a set of proposals for the future use of the current site. The partnership currently comprises NHS Lanarkshire, North Lanarkshire Council, Health and Social Care North Lanarkshire and the University of Strathclyde. Other community planning partners will join this work as it evolves.

The new Partnership was established in spring 2020, but only met twice before the onset of the COVID-19 pandemic. This work, therefore, remains at a very early stage of development. The partnership will be re-established in January 2021 to take forward the development of proposals for the current UHM site.

4. Requirements under CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

All NHS Boards are required to follow national guidance on how they must carry out meaningful engagement. This is set out in CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services.

The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services;
- Provides a step-by-step guide through the process of informing, engaging and consulting the public in service change proposals;
- Explains the decision-making process with regard to major service change and the potential for independent scrutiny; and
- Outlines the role of Healthcare Improvement Scotland – Community Engagement (HIS-CE), which supports the engagement of people and communities in shaping health and care services.

NHS Lanarkshire's programme of public involvement and engagement was developed in line with CEL4, with the advice and guidance of HIS-CE, and enhanced and adapted throughout the engagement process through regular meetings with HIS-CE to ensure it met the recommendations of the independent review and the HIS-CE 2019 assessment report.

For major service change, HIS-CE carries out quality assurance of the process, which includes seeking the views of stakeholders on the process itself.

A report has been completed by HIS-CE, giving a view on how NHS Lanarkshire has met the guidance and highlighting good practice and recommendations for future engagement.

5. Communications and engagement plan

An extensive communications and engagement plan was developed and was endorsed by the Monklands Replacement Oversight Board (6 January 2020) and approved by the Board of NHS Lanarkshire (9 January 2020).

This was a live document which evolved through 14 iterations during the engagement process to reflect feedback, comments and issues which were raised by stakeholders, advisors from the Consultation Institute and Healthcare Improvement Scotland – Community Engagement (HIS-CE).

An Equality Impact Assessment (EQIA) for the plan was produced and shared with HIS-CE. The EQIA outlined the steps taken to ensure that this process included all equality groups as identified, and that any potential negative impacts experienced by stakeholders were identified and mitigated, as far as possible, to allow them to participate.

NHS Lanarkshire's approach to developing the engagement plan focused on:

- Promoting meaningful involvement by ensuring people understood what feedback is being asked for and how it can influence the final decision-making process;
- Ensuring accessibility by providing information in alternative formats and a range of opportunities for feedback including innovative approaches;
- Taking a partnership approach through close working with health and social care partnerships, public, staff, staff-side and HIS-CE.
- Building trust by ensuring openness and transparency;
- Taking a responsive and flexible approach to meeting the needs of stakeholders, including an open channel of communication to respond to questions and concerns raised.
- Using innovative methods of communication and engagement to promote transparency, including: publication of key documents, table notes and audio from community meetings; video live-streaming of People's Hearing sessions; creative use of social media – video content/Facebook stories/paid content.

- Achieving the requirements of meaningful engagement as set out in CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services.

6. Stakeholder list and Stakeholder Engagement Group

A stakeholder list was developed to include over 1000 contacts for individuals and organisations who have an interest in the Monklands Replacement Project.

During the period from public site nominations to the conclusion of public feedback on the option appraisal, 13 stakeholder update emails (with the content of press releases) were issued.

The categories included in the stakeholder list are:

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| Community councils - South Lanarkshire |
| Community forums/councils - North Lanarkshire |
| Community Matters (formerly Local Area Partnerships) |
| Equality |
| Further education |
| Health and Social Care North Lanarkshire |
| Healthcare Improvement Scotland - Community Engagement |
| Homeless and travelling community |
| Media |
| Members of Scottish Youth Parliament |
| MPs/MSPs |
| Monklands Replacement Oversight Board |
| MRP Stakeholder Engagement Group |
| MRP Team |
| NHS Lanarkshire staff: Board secretary, public involvement colleagues, equalities manager |
| NHS Lanarkshire staff-side |
| North Lanarkshire Council contacts |
| North Lanarkshire Public Partnership Forum |
| Planning partners |
| Public Reference Forum |
| Schools - North Lanarkshire/South Lanarkshire |
| Scottish Government |
| Site owners |
| South Lanarkshire Council contacts |
| South Lanarkshire Health & Social Care Forum |
| South Lanarkshire Health and Social Care Partnership |
| Tenants organisations |
| Third sector - including advocacy/carers/health/mental health/hospices/inclusion/older people/volunteer agencies |
| Young people contacts including council learning services/education |

MRP Stakeholder Engagement Group

A Stakeholder Engagement Group (SEG), established during the 2018 MRRP public consultation, continued to meet during the process of further engagement.

The SEG's terms of reference are to support and guide the Monklands Replacement Project team about how it informs, engages and consults with people regarding the project.

The SEG is chaired by Graham Johnston, NHS Lanarkshire head of planning & development. The group's membership is drawn from North and South Lanarkshire, including public, patients, carers, third sector representatives and NHS Lanarkshire staff/staff-side representation. A representative from Healthcare Improvement Scotland - Community Engagement attends as an observer.

A meeting with representatives from Monklands community councils was arranged in December 2019 to enhance SEG public membership and ensure sufficient representation from this area. Representatives of three of the community councils subsequently became members and, separately, a representative from Coatbridge also joined the SEG.

SEG public members represent:

- Caldercruix Community Council;
- East Kilbride Health and Social Care Forum/Seniors Together;
- Glenmavis Community Council;
- Hamilton Health & Social Care Forum;
- North Lanarkshire Disability Forum;
- North Lanarkshire Public Partnership Forum;
- North Lanarkshire Tenants Association;
- Partnership for Change;
- Plains Community Council;
- South Lanarkshire Carers Network;
- Voice of Experience Forum/Wishaw Community Forum.

7. Public site nominations process (31 October-13 December 2019)

Following the Independent Review of the process followed by the Monklands Replacement/Refurbishment Project (MRRP), the Cabinet Secretary for Secretary for Health and Sport directed that NHS Lanarkshire seek to identify any sites, additional to Gartcosh and Glenmavis, which could be considered for the new hospital location.

A further search of available sites was undertaken by North Lanarkshire Council during July/August 2019 against a set of criteria which had been agreed with the Cabinet Secretary.

The Consultation Institute provided advice on achieving best practice with regard to public and staff involvement during this process, recommending that the community should be invited to suggest site options. Accordingly, NHS Lanarkshire designed communications and engagement activities to seek public nominations for specific sites, which might meet the five site selection criteria:

- Within the University Hospital Monklands (UHM) unscheduled care catchment area;
- A minimum of 40 acres of developable land;
- Sufficient road and transport infrastructure for a major hospital site;
- Designated for this type of development by North Lanarkshire Council;
- The site has no detrimental impact on adjoining unscheduled care catchment areas of hospitals in Lanarkshire, Glasgow or Forth Valley.

7.1. Communications and engagement activities

| Resource/activity | Detail |
|--|--|
| MRP webpage – www.monklands.scot.nhs.uk | <ul style="list-style-type: none">• Content included online site nomination form and email /Freepost address/phone number for nominations.• Leaflet/poster to print and distribute.• 2200 page views, including frequently asked questions (70 views). |
| NHS Lanarkshire website | <ul style="list-style-type: none">• Four press releases (4696 total views) |

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| Open channel of communication | <p>This was recommended as good practice by the Consultation Institute:</p> <ul style="list-style-type: none"> • email contact address/Freeport address (received seven nominations)/phone contact number |
| Press releases and media inquiries | <ul style="list-style-type: none"> • Four releases: public site search launched; site search reminder; engagement preview; shortlisted sites approved. • One media inquiry: Orchard Brae site offer (Airdrie & Coatbridge Advertiser). |
| Stakeholder update emails | <ul style="list-style-type: none"> • Four updates: public site search launched; site search reminder; engagement preview; shortlisted sites approved. • These reached over 1000 email addresses: 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. |
| Leaflets and posters | <ul style="list-style-type: none"> • 5000 leaflets and 500 posters were distributed to reach members of the community who do not access online resources. • These were distributed for display at hospital sites/health centres/libraries/leisure facilities in North and South Lanarkshire. • These were also provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers. |
| Internal communications | <ul style="list-style-type: none"> • All-in Lanarkshire staff emails/weekly email staff briefing/Pulse Online (staff magazine)/UHM staff Facebook group. |

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| MPs/MSPs | <ul style="list-style-type: none"> • Briefing - 8 November 2019: to provide update on site nomination process and seek comments. • Responses to two MSP letters. |
| Information stalls | <ul style="list-style-type: none"> • An unstaffed information stall was located at the UHM front entrance from 21 October to 13 December 2019, with information leaflets/site nomination forms and a post-box for submissions from public and staff. • 28 November 2019: staffed information stall at UHM front entrance and UHM restaurant, with information leaflets/site nomination forms. 800 leaflets distributed to public and staff (including 50 to outpatients dept and 50 to Lanarkshire Beatson) • Limited feedback from staffed stall: <ul style="list-style-type: none"> - Why are public being asked? (public) - I can't get to Glenmavis (staff) - Put it in Cambroë (staff) |
| Stakeholder Engagement Group | <ul style="list-style-type: none"> • 17 December 2019: Update on and review of site nominations |
| Social media | |
| <ul style="list-style-type: none"> • NHS Lanarkshire (NHSL) Facebook – 9 posts: average reach 3700; average engagement 267. • University Hospital Monklands (UHM) Facebook – 15 posts: average reach 3400; average engagement 580. • Animated video: NHSL Facebook – 1600 views; UHM Facebook – 1500 views. • BSL video: NHSL Facebook – 2600 views; UHM Facebook – 1400 views. • NHSL Twitter- 6 tweets - average impressions 3600; average engagement 72 • UHM Twitter –6 tweets; average impressions 2100; average engagement 90. <p><u>Facebook comments</u></p> <ul style="list-style-type: none"> - Over 220 comments, nearly all on UHM page. - Majority suggested Cumbernauld followed by existing site. - Assorted site suggestions which were passed to planning colleagues. | |

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| <ul style="list-style-type: none"> - Some used process as opportunity to debate the Gartcosh/Glenmavis options and suggest a “done deal” in favour of Gartcosh. |
| Media coverage |
| <ul style="list-style-type: none"> • <i>Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.</i> • <i>Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.</i> • <i>Negative - These are critical articles which include a response from NHS Lanarkshire.</i> • <i>Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.</i> |
| <p><u>During formal nominations period (30 October-13 December)</u></p> <ul style="list-style-type: none"> • Five very positive/positive: 2 x ACA (nominations opportunity); 2 x Carluke & Lanark Gazette (nominations opportunity); ACA – Orchard Brae offer. • Five neutral: ACA letter against Orchard Brae; ACA letter backing current site; ACA - MSP Hugh Gaffney anger over move from current site; ACA column – Richard Leonard MSP will continue fighting for current site; ACA column – Alex Neil MSP will fight for hospital in Monklands. |
| <p><u>Between conclusion of nominations and engagement launch (13 December- February 11)</u></p> <ul style="list-style-type: none"> • Five very positive/positive: ACA, Carluke & Lanark Gazette; Motherwell Times & Bellshill Speaker; Cumbernauld News (engagement preview); ACA – site shortlist published. • Five neutral (all ACA): reference to need to retain hospital within Monklands in columns/comments by Alex Neil MSP, Steven Bonnar MSP, Neil Gray MP. |
| <ul style="list-style-type: none"> • Online coverage including BBC, STV, Sun, Airdrie & Coatbridge Advertiser, Carluke Gazette. |

7.2. Outcome of process

A total of 183 responses were received. A number of respondents indicated either a preference for an existing shortlisted site - Gartcosh or Glenmavis - the current site or a general locality.

A total of eight further specific sites were nominated. One site, farmland at Wester Moffat, met the criteria. It was endorsed as an option by the Monklands Replacement Oversight Board and NHS Lanarkshire Board approval was given to add this site to the shortlist of potential sites in January 2020. The shortlist is (in alphabetical order): Gartcosh, Glenmavis, Wester Moffat.

8. Public and staff engagement (5 February-10 March 2020)

An intensive period of public and staff engagement was undertaken, prior to a site scoring process involving the public and NHS Lanarkshire staff. The Consultation Institute (tCI) provided independent, specialist advice on the development of appropriate public engagement activities to achieve best practice.

The engagement programme gave the community the chance to provide feedback on the shortlist of sites for the hospital – Gartcosh, Glenmavis and Wester Moffat – before a scoring exercise involving a group of members of the public and NHS staff.

The public and staff were encouraged to take the opportunity to read and assess published information on the sites and then decide if they wanted to offer to get directly involved in the site scoring process or give feedback through engagement opportunities to help to inform the presentation given to the scoring participants.

Key features of the engagement programme, developed with the input and advice of specialists at tCI, were:

- Community discussions: structured events designed to provide members of the public with an opportunity to give feedback on the proposed sites in advance of scoring.
- People's Hearing: a structured event at which a panel heard representations about any concerns about the accuracy or legitimacy of any information on the shortlisted sites issued by NHS Lanarkshire. This feedback was assessed by the panel to inform the information to be presented to the site scoring participants.
- Participation in the scoring exercise: the public could nominate themselves or their community group to be one of the participant group, and NHS Lanarkshire colleagues could nominate themselves as one of the staff representatives.
- Suggestions for criteria to evaluate the sites: NHS Lanarkshire invited suggestions for criteria to evaluate the sites at the scoring event.

8.1. Publication of key documents

The MRP webpage – www.monklands.scot.nhs.uk - ensured that stakeholders had the opportunity to read, absorb and comment on the suite of documents containing the site information that would be used to inform the process of site scoring. Other documents, including equality impact assessments and an interim Fairer Scotland Duty Assessment (which addresses the socio-economic impact of proposals) were also published.

The following documents were published:

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| Assessment of impact on catchment areas |
| Cost Report – All Sites |
| EDIA Glenmavis |
| EDIA-Gartcosh |
| Equality and Diversity Impact Assessment (EDIA) - Wester Moffat |
| Fairer Scotland Duty Assessment (interim) |
| Gartcosh – Historical Ground Conditions Report – Phase 1 |
| Gartcosh Site Report |
| Gartcosh Site Report – Ground Investigations Addendum |
| Gartcosh Site Report – Revised |
| Glenmavis – Historical Ground Conditions Report – Phase 1 |
| Glenmavis Site Report |
| Glenmavis Site Report – Ground Investigations Addendum |
| Glenmavis Site Report – Revised |
| List of all sites assessed against criteria |
| Scoring event – participant numbers by catchment area/category |
| Scottish Index of Multiple Deprivation data |
| Transport Strategy |
| Updated Drive Times |
| Wester Moffat – Historical Ground Conditions Report – Phase 1 |
| Wester Moffat Site Report |
| Wester Moffat Site Report – Ground Investigations Addendum |
| Wester Moffat Site Report – Revised |

8.2. Activities to promote engagement

| Resource/activity | Detail |
|--|---|
| MRP webpage – www.monklands.scot.nhs.uk | <ul style="list-style-type: none"> • Key site information documents (see section above). • Frequently asked questions. • People’s Hearing briefing sheet. • Choose a preferred site poster/leaflet: for print and display. • Online scoring event nomination form/ Community discussions: photos of table notes - an action recommended by Consultation Institute. • Community discussions: audio recordings - an action recommended by Consultation Institute • People’s Hearing sessions: video recordings – approx. 100 views (please note live views via Facebook amounted to 11,200). • Animated video: engagement opportunities. • British Sign Language video: engagement opportunities. • 11,000 page views achieved, including frequently asked questions (212 views). |
| NHS Lanarkshire website | <ul style="list-style-type: none"> • Five press releases (4864 total views) |
| Open channel of communication | <ul style="list-style-type: none"> • This was recommended as good practice by the Consultation Institute. • Email contact address/Freepost address/phone contact number. • Two questions received for People’s Hearing Q&A. • Four emails re site criteria. • Site scoring nominations received. • Community discussion bookings received. • Phone advice given re all engagement opportunities. |

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| | <ul style="list-style-type: none"> • Post-scoring event correspondence: <ul style="list-style-type: none"> - Objection to Wester Moffat - Scepticism re outcome/request for detail of scorers - Complaint no Cumbernauld option including launch of online petition to site in Cumbernauld (c. 850 signatories) - Councillor Alan Beveridge – issues re scoring event |
| Press releases | <ul style="list-style-type: none"> • Scotland's first digital hospital: launch of the reference design with inspirational message for the future and eye-catching visuals, promoting overall interest and engagement. • MRP team set for scoring event. • Launch of public engagement. • Site scoring event held. • Additional scoring process to be undertaken. |
| Media inquiries | <ul style="list-style-type: none"> • Hugh Gaffney MSP comments on existing site (Cumbernauld News). |
| Stakeholder update emails | <ul style="list-style-type: none"> • Launch of public engagement. • Site scoring event held. • Additional scoring process to be undertaken. |
| Leaflets and posters | <ul style="list-style-type: none"> • 10,000 leaflets and 1000 posters were distributed to reach members of the community who do not access online resources. • Distributed for display at hospital sites/health centres/libraries/leisure facilities in North and South Lanarkshire. • Provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers. |
| Internal communications | <ul style="list-style-type: none"> • All-in Lanarkshire staff emails: distributed prior to every press release. |

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|--------------------------|---|
| | <ul style="list-style-type: none"> • Weekly staff briefing; standing item during period. • Pulse (staff magazine): pages 1,2,3 – coverage of launch of reference design with images. • Pulse Online (digital staff magazine): all press releases. • FirstPort (intranet) banner: engagement information and click-through to MRP webpage. • UHM Team Page (staff Facebook group): Key Facebook posts shared to the group, which has 1600 members. • Information provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers. • NHSL/UHM social media reaches many staff. • See presentations section below for further staff engagement. |
| Presentations – internal | <ul style="list-style-type: none"> • Monklands Medical Staff Association: the MSA subsequently made a submission to the People's Hearing. • Area Partnership Forum. • Area Clinical Forum. • Lanarkshire Local Medical Committee. |
| Presentations – external | <ul style="list-style-type: none"> • North Lanarkshire Public Partnership Forum. • South Lanarkshire Health & Social Care Forum. |
| MPs/MSPs | <ul style="list-style-type: none"> • Responses to seven MSP letters • Email from Fulton MacGregor MSP (Coatbridge & Chryston) confirming no site preference but commitment to achieving good transport links and development of existing site. |
| Elected members | <ul style="list-style-type: none"> • Elected member briefing pack: North and South Lanarkshire. |

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|--------------------|---|
| Information stalls | <ul style="list-style-type: none"> • Information leaflets/site scoring nomination forms available. • Over 600 leaflets distributed. • More effective as an offline communications method than as a feedback channel. |
| | <u>Airdrie Community Health Centre: 7 February 2020.</u> <ul style="list-style-type: none"> • Disappointment not current site (several public). • Appreciate Gartcosh is a blank canvas (public). • Travel/transport concerns re Gartcosh (public). • In favour of new hospital with legal requirement for sufficient bus provision (staff). • Clarification sought on East Airdrie Link Road. (public). • Will look at information on MRP webpage (public). • Parking a priority/choose build quality over cost/sufficient bus provision with bus stop shelters/sufficient bed numbers (all comments from member of public from Cairnhill, who came specifically to give feedback). • Importance of infection prevention and control (public). • I'm from Glenmavis – where is site? (public) |
| | <u>Coatbridge Health Centre: 11 February 2020.</u> <ul style="list-style-type: none"> • Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base. |
| | <u>Central Health Centre (Cumbernauld): 13 February.</u> <ul style="list-style-type: none"> • Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base. |
| | <u>UHM (main entrance and restaurant): 14 February.</u> |

| | |
|---|---|
| | <ul style="list-style-type: none"> Feedback was limited in the main but focused on access to potential sites from the perspective of an individual's home address/work base. |
| Young people | <ul style="list-style-type: none"> NextGen careers event. Research we did with young people at the event included where they would look for information on health and care issues affecting them. Top answers were our website and social platforms – responded to this finding by rolling out October 2020 survey for young people primarily via social, including paid content. Stakeholder list includes schools and council education/learning services contacts. |
| Stakeholder Engagement Group | <ul style="list-style-type: none"> 18 February 2020: Update on and review of plans for site scoring event. |
| Social media | |
| <ul style="list-style-type: none"> NHS Lanarkshire (NHSL) Facebook – 27 posts. Average reach – 5600; average engagement 430. University Hospital Monklands (UHM) Facebook – 32 posts Average reach – 4300; average engagement – 875. NHSL Twitter – 53 tweets. UHM Twitter – 49 tweets. Animated video: Facebook (NHSL/UHM) – 1200 views. British Sign Language video re engagement opportunities: Facebook (NHSL/UHM) – 1800 views. Facebook (NHSL/UHM) community discussion video invites – 2700 views. Paid content: Facebook ads targeted at Lanarkshire users ran from 14-21 February with a video clip to encourage scoring event nominations. These achieved 90,300 video views. People's Hearing: Facebook Live – 11,200 views. <p><u>Facebook comments</u></p> <ul style="list-style-type: none"> Over 130 on NHSL and UHM Facebook (NB comments re scoring event outcome excluded as results were withdrawn). | |

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|---|
| <ul style="list-style-type: none"> - Most common themes were anti-Gartosh due to travel/location followed by reference to Cumbernauld/Kilsyth residents not being taken into account and concern of a “done deal” in favour of Gartcosh. - More active support for Gartcosh than Wester Moffat with little reference to Glenmavis. - Some support for existing site. - Some concern re Gartosh contamination. - Comments on engagement: not enough meetings/need for mail drop/lack of engagement opportunity for South Lanarkshire residents. |
| Media coverage |
| <ul style="list-style-type: none"> • <i>Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.</i> • <i>Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.</i> • <i>Negative - These are critical articles which include a response from NHS Lanarkshire.</i> • <i>Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.</i> |
| <ul style="list-style-type: none"> • Ten items (print) in Airdrie & Coatbridge Advertiser/Cumbernauld News/Glasgow Times – six based on press releases. • Online coverage in Airdrie & Coatbridge Advertiser. • Eight very positive/positive - reference design launch/engagement process. • One neutral - letter from Airdrie & Coatbridge Advertiser reader saddened by move from existing site. • One very negative - Airdrie & Coatbridge Advertiser column by Neil Gray MSP, criticising Gartcosh option as widening health inequalities. |

8.3. Feedback from community discussions

During February 2020, NHS Lanarkshire held four community discussion events to provide local people with the opportunity to express what they thought about the proposed sites for the new hospital and what should be done with the existing one. In total, 141 people attended the events.

Event participants were asked to participate in discussions to provide feedback to the project team on the options that are being considered.

The events were supported and independently chaired by representatives of LattaCharlton Associates, engagement practitioners who are associates of the Consultation Institute, with facilitators ensuring that everyone had the opportunity to have their say during round-table discussions.

The following analysis is drawn from LattaCharlton's report on the table discussions.

| Date | Location | Number of participants |
|------------------|---|------------------------|
| 18 February 2020 | Gartlea Community Centre, Airdrie | 60 |
| 19 February 2020 | Gartcosh Social Club, Gartcosh | 27 |
| 25 February 2020 | Cornerstone House Centre, Esk Walk, Cumbernauld | 34 |
| 27 February 2020 | Conforti Institute, Calder Avenue, Whifflet, Coatbridge | 20 |

Note on the feedback

During the table discussions participants were encouraged to explore the advantages and disadvantages of each of the proposed sites (Gartcosh, Glenmavis and Wester Moffat). Only a small number of tables identified a preferred location for the development of the new hospital. The only exception to this was the event in Cumbernauld where most tables showed a clear preference for the hospital to be located at Gartcosh (this was primarily due to travel and transport reasons). The Gartlea participants were of the view that the two Airdrie site options were preferable to Gartcosh, primarily due to travel and transport reasons.

8.3.1. Vision for the future

Comments were made with regard to the vision for the new hospital, and that of the health and wellbeing village which will be developed on the existing University Hospital Monklands site. These are summarised in the table below.

| | |
|------------------------------|--|
| New hospital | <ul style="list-style-type: none"> • Provides an opportunity to build on existing services as well as bring back specialist services that have been re-located to other trusts • Opportunity to provide primary care services (helping to address access issues), along with ophthalmology and dental services • Opportunity to create a designated area for emergency service partners • New technology will enhance service and patient flow • Opportunity to make the new facility better than the Queen Elizabeth and Edinburgh new builds • Opportunity to provide an excellent working environment for staff (i.e. new technology, single room structure, green spaces) and become an attractive place of work • Opportunity to provide a self-contained facility with shops and cafes as well as excellent facilities for staff. |
| Health and wellbeing village | <ul style="list-style-type: none"> • Presents an exciting opportunity with multiple benefits for the local community • Very important to involve members of the community in its development • Important to consider early years and schools • Opportunity to re-purpose Maggie's Lanarkshire / Lanarkshire Beatson radiotherapy centre buildings for mental health provision. <p>Questions were asked about where the funding for the health and wellbeing village will come from, as well as how much it would cost to develop.</p> |

8.3.2. Travel and transport

Table discussions tended to heavily focus upon issues concerning travel and transport. The advantages and disadvantages identified for each of the sites, are summarised below.

Note: The three locations are presented in alphabetical order.

Gartcosh

The Gartcosh site was discussed most frequently by participants, with both benefits and negatives of the site being identified by participants at all of the events.

The benefits, in relation to travel and transport, for the Gartcosh site are summarised as:

- Time and cost saving due to road infrastructure already being in place
- Good access by train due to its proximity to Gartcosh railway station; although some felt that public transport to the station would have to be improved
- Good access by bus for some
- Attractive place of work due to good transport options (e.g. access for doctors living in Glasgow by train)
- Ability to provide adequate parking facilities.

The negatives, in relation to travel and transport, for the Gartcosh site are summarised as:

- Location of the site on the extremity of the catchment area, this includes:
 - The location not being suitable for all areas with many expressing their preference for a more central location;
 - The perception that the proximity of the site to the Glasgow boundary would put additional strain on services;
 - Increased journey times for staff and patients, this includes:
 - o The negative impact on those who don't have access to a car (i.e. older population) and those with a disability;

- The implications for those who are required to access the facility on a frequent basis (e.g. renal patients);
- Longer ambulance transfer times. The 'blue light' travel times were requested for all three sites;
- The potential loss of staff.

It was noted that it might be easier for some to access Glasgow Royal Infirmary rather than the new hospital at Gartcosh.

- Concern about the ability of the road infrastructure to cope with increased congestion, this includes:
 - Residents already experiencing travel difficulties due to the area being heavily congested;
 - Concern about the difficulty that emergency vehicles will face travelling through small, heavily congested roads;
 - Little scope for improvement.
- Limited parking and impact of overflow parking on surrounding area, this includes:
 - Concern about current parking issues on the crime campus (i.e. a lack of spaces to accommodate their own staff);
 - Concerns about whether parking facilities will be sufficient to meet demand.

Although not related to travel and transport, additional benefits of the Gartcosh site included the land being ready to be built upon.

Furthermore, some noted that unlike Airdrie and Coatbridge, Gartcosh is not an area of high deprivation, with concerns about the development of the hospital at this site and the implications for the inverse care law (those who most need healthcare are least likely to receive it and, conversely, those with least need of healthcare tend to use health services more/more effectively).

Glenmavis

The advantages and disadvantages of the Glenmavis site were discussed by participants at all the events.

The benefits, in relation to travel and transport, for the Glenmavis site are summarised as:

- The site being more centrally located within the catchment area, this includes:
 - Shorter travelling distances from Airdrie, Monklands, Caldercruix, Salsburgh and Gartcosh;
 - A more central location for Cumbernauld residents;
 - Improved access for all to Maggie's Lanarkshire and Lanarkshire Beatson radiotherapy centre;
 - Improved access for staff.
- Accessibility to the site will be significantly improved through the development of the East Airdrie Link Road and additional transport links (i.e. bus routes).
- Proximity to Cumbernauld Airport (EGPG) re air ambulance.

The negatives, in relation to travel and transport, for the Glenmavis site are summarised as:

- No main road infrastructure in place, this includes:
 - Cost and time implications for the development of the East Airdrie Link Road.
- The site being difficult to access without a car, this includes;
 - No railway station within reasonable walking distance;
 - Poor access by bus for some areas.

Although not related to travel and transport, it was noted that the land at Glenmavis is a brownfield site and is being gifted.

Wester Moffat

The Wester Moffat site was discussed least frequently by participants at all of the events, with a small number of tables discarding the location immediately.

The benefits, in relation to travel and transport, for the Wester Moffat site are summarised as:

- The location is more centrally located in the catchment compared to Gartcosh. It was noted that the location gives precedence to residents from Airdrie, Coatbridge and surrounding areas;
- Accessibility to the site will be significantly improved through the development of the East Airdrie Link Road and additional transport links (i.e. bus routes).

The negatives, in relation to travel and transport, for the Wester Moffat site are summarised as:

- Difficulty to access without a car, particularly for those from Cumbernauld;
- No main road infrastructure in place, this includes:
 - Cost and time implications for the development of the East Airdrie Link Road;
- Perceived low viability, by some, against the current benefits criteria.

Although not related to travel and transport, it was noted that Wester Moffat has the greatest amount of land available for development.

A number of further points were suggested by participants for consideration by the project team:

- Innovative, sustainable transport options should be considered such as walking and cycling routes, electric charging points for cars and electric shuttles (opportunity to learn from other hospitals);
- Future plans must consider improving access to Coatdyke train station (i.e. better/safer paths, improved lighting);
- Traffic must be managed during the build process and when the hospital is operational.
- Clarification needed as to whether the East Airdrie Link Road will be a single or dual carriageway.
- Consideration of patient transport provided by volunteers.

Additionally, it was noted that the re-location of University Monklands Hospital will have an immense impact on staff, and consideration should be made in terms of:

- The impact on those who don't drive

- Staff members who have childcare requirements
- The travel cost for those on a low income (supporting staff in the long-term)
- Out-of-hours public transport provision (for shift workers)
- The number of staff who will leave because of travel issues.

8.3.3. Land contamination

The greatest concerns regarding land contamination were made with regard to the proposed site at Gartcosh, due its historical use as a steel works. Participants used descriptive words such as ‘toxic’ and ‘contaminated’ to describe its state. In addition, the associated and significant costs to clean the land were discussed.

One table at the Gartcosh event discussed the temporary closure of Stepps Primary School due to ‘ground sinking’, with apprehension that the grounds at the proposed site at Gartcosh might be similar.

To a lesser extent, concerns were also raised about potential contamination at the Glenmavis site, due to its prior coal mining activities and its recent sewage sludge spreading.

There was concern amongst a small number that despite efforts to clean the sites, issues around contamination will still remain and potentially have a negative impact on the future of the hospital.

8.3.4. Impact modelling

A handful of comments were made with regard to the economic impact of the development of the new hospital.

Economic positives

- The new hospital will provide an attractive working environment for staff (i.e. through the provision of green areas, single room structures, new technology).
- Lanarkshire’s population is increasing due to new housing developments all over the area
 - University Monklands Hospital is not fit for purpose.

Economic negatives

- Socio-economic impact in Airdrie/Coatbridge due to the closure of the hospital on the existing site, leading to unemployment and loss of income for local businesses.
- Significant cost of the development of the East Airdrie Link Road.

More specifically, some participants discussed the economic impact if the hospital was developed at the site in Gartcosh, with some viewing this positively and others not so.

Economic positives (Gartcosh site)

- Growth of local infrastructure.
- Community benefits (i.e. local schools).
- Increase in house prices.

Economic negatives (Gartcosh site)

- Concern among residents as to whether the hospital will have any real benefits on the local economy.
- Impact on village both during and after construction.

8.3.5. Trust

There was a perception among many that the decision on the location of the new hospital site had already been made, and that this would be at Gartcosh. LattaCharlton's analysis was that much of this scepticism has arisen from the project's past engagement when individuals had believed that Gartcosh was the preferred location. Consequentially, comments were made about this engagement being 'a formality' and that it was a 'done deal'.

Furthermore, one table noted how the site concerns included in the executive summary of the Gartcosh Site Summary Report are very limited, suggesting that individuals are deliberately being swayed towards this location.

Numerous comments were made with regard to the general feeling of mistrust that individuals have towards NHS Lanarkshire and North Lanarkshire Council. Participants felt that how North Lanarkshire Council has repeatedly broken promises about improvements that will be made to road infrastructure, as well as NHS Lanarkshire breaking promises about the repatriation of patients back to University Monklands Hospital following treatment at other hospitals. This mistrust has created doubt among participants as to whether improvements in transport, promised with the re-location of Monklands, will actually happen. Officers from NHS Lanarkshire responded to this point at each event explaining that clinical models change on a regular basis and this may explain changes to patient repatriation pathways.

A small number additionally perceived that University Monklands Hospital has been deliberately run down over the years, which contributed to this feeling of mistrust.

Widespread concern was raised about the accuracy of the information included in the MRP Transport Strategy, particularly with regard to the published distances and travel times. In addition, it was commented that the travel times weren't realistic for example when considering the frequent delays on public transport and the congestion on roads. Officers from NHSL explained at each event that this information was supplied by an independent transport analysis provider and had been submitted to Transport Scotland for validation and was therefore presented in good faith.

Residents from Cumbernauld highlighted how they feel their area is consistently neglected by the NHS and the local authority. These participants commented that despite Cumbernauld being the largest area it has no decent health facility. One table pointed out how Cumbernauld is not included on the map on the promotional material promoting the project.

8.3.6. Quality of engagement

A small number commented upon the current engagement process, with acknowledgement that improvements have been made. Individuals appreciated the opportunity to input upon decisions and question facilitators.

The level of information available on the project website was viewed favourably by some, specifically the frequently asked questions (FAQs) and the quality of the site reports.

Although it was recognised that it can be hard to engage with certain population groups, participants on one table at the Gartcosh event felt that more could have been done to publicise the engagement activity. A suggestion was made that there should have been a mail drop in the North Lanarkshire Council area.

Questions were repeatedly asked about the site scoring event i.e. how will it work, what will the patient/staff split be, how will individuals be selected and how will the feedback from the event be used by the board in the decision-making process. There was agreement that the patients selected must be representative of the current catchment for Monklands, including a good representation of those from northerly/easterly areas.

Furthermore, clarity was sought upon when a final decision will be made, with comments being made about the overall process (including development of the site) being longer than anticipated. Officers responded at each event that the scoring event date was set for 10 March 2020 and the decision on the site was to be made by NHS Lanarkshire before the end of April 20.

A small number of criticisms were made of the involvement of those who don't live in the area in the decision-making process.

8.3.7. Benefits criteria

Participants were shown the benefits criteria that are typically used to evaluate the suitability of potential development sites. This allowed participants the opportunity to suggest other factors that they thought should be incorporated into the evaluation process.

Suggested benefits criteria (as used previously to evaluate potential sites)

| Title | Description |
|--|---|
| Getting in and out of the site by road | The extent to which the site location can be easily accessed by patients, staff and visitors by road |
| Journey times | The extent to which the site location is placed in relation to the catchment population of patients and staff |
| Public transport infrastructure | The extent to which the site location is supported by public transport |

| | |
|--|--|
| Ability to support centres of excellence and regional NHS services | The extent to which the site can support centres of excellence identified within NHS Lanarkshire healthcare strategy ‘Achieving Excellence’) and regional services |
|--|--|

Additional evaluation criteria suggested by event participants

| Category | Suggested criteria |
|----------------------|--|
| Catchment | <ul style="list-style-type: none"> • Position of the new hospital within the catchment area • Position of the new hospital in relation to population densities, levels of deprivation and health outcomes • Account taken of proposed housing developments • Impact of cross-boundary flow |
| Travel and transport | <ul style="list-style-type: none"> • Impact on communities/villages • Additional road infrastructure required and associated costs • Sustainability of transport services |
| Site | <ul style="list-style-type: none"> • Contamination issues and associated costs • Ground conditions (e.g. susceptibility to flooding) • Greenfield/brownfield site • Space available for expansion • Ability to develop surrounding area in partnership with NHS Lanarkshire |
| Parking | <ul style="list-style-type: none"> • Parking spaces available for patients and staff • Impact on neighbours/local businesses of overflow parking |
| Staff | <ul style="list-style-type: none"> • Travel impact to new location • Benefits/negatives of the site location (specifically for staff) |
| Environment | <ul style="list-style-type: none"> • Levels of air pollution • Impact on natural environment (e.g. wildlife) |

8.3.8. Summary

- Across the events there was no consensus on the best location for the new hospital, with participants discussing the advantages and disadvantages of each of the sites.

- The majority of the discussions at each of the events related to travel and transport, with many expressing their concerns about the accuracy of the information included in the Transport Strategy. It was identified that the project provides a great opportunity to develop innovative, sustainable travel solutions.
- There was a feeling of mistrust among many with scepticism that the decision for the location of the hospital has already been made. In addition, participants were dubious of what is being proposed, with many making comments about the NHS and the local authority breaking promises in the past.
- Questions were repeatedly asked about the next steps for the project and timescales, the service mix for the new hospital and the development plans for the health and wellbeing village on the existing hospital site.

8.3.9. Evaluation of community discussions

At the conclusion of community discussions, participants completed evaluation forms, which showed a high level of satisfaction with the events.

The following data is taken from an analysis of evaluation forms by LattaCharlton Associates. There are over 84 records from feedback forms although some of the fields are only partly completed.

LattaCharlton Associates describes the age profile of attendees as in keeping with that seen at similar events, with 79 per cent of participants aged 45-74. This may reflect issues such as civic engagement over time, perception of impact on own wellbeing and other priorities affecting availability of time. Some 20 per cent of participants described themselves as having a disability.

A total of 57 post codes were recorded: ML-29; G-26; L-2.

Evaluation metrics

- 88 per cent strongly agreed/agreed they had the chance to give their views.
- 83 per cent strongly agreed/agreed the event was independently facilitated.
- 94 per cent strongly agreed/agreed they were able to actively contribute.
- 83 per cent strongly agreed/agreed they felt confident their views had been recorded.

- 70 per cent strongly agreed/agreed the organisation and communication about the event was clear.

Comments from forms

Everyone had the chance to make a contribution.

Very informative, good to get other perspectives.

Everyone given fair chance to put forward their opinions.

Much needed discussion of the new hospital site. Good to hear others in the community share their opinions.

Beneficial to all participants.

Very informative and helpful clear and transparent.

Not much awareness in village of meeting. Event itself was run well.

Alright - a chance to discuss things. But still feel not enough information about why the site is decided upon.

8.4. People's Hearing

The concept of a “public hearing” was suggested to NHS Lanarkshire by the Consultation Institute as a best practice method to be included in the public engagement process.

Public hearings are used by many public bodies and organisations that want to demonstrate that they are listening. The hearing, which is typically video live-streamed, provides transparency around the role of evidence-gathering in public policy-making.

NHS Lanarkshire called its event a People's Hearing. A panel of independent people and advisors discussed submissions invited from interested stakeholders, explored comments and suggestions on the benefits criteria and included an open question and answer session to help shape proposals for a new University Hospital Monklands (UHM).

The event was live streamed on NHS Lanarkshire's Facebook page and the University Hospital Monklands Facebook page.

8.4.1. People's Hearing: submissions session

Chair: Paul Parsons, independent (Consultation Institute associate).

Participants: Isobel Brown, independent; David Ross, Keppie Design (architects); Douglas Ross, Currie & Brown (lead advisors); Douglas Bisset, WSP (transport engineer); Andy McCusker, WSP (geotechnical engineer).

NHS Lanarkshire had formally sought submissions from the wider public on any areas of concerns with the detailed site information published. These submissions would be considered by the People's Hearing panel. Four submissions were received which are detailed below along with comments made by the panel.

The panel

A panel of five members heard or reviewed each submission:

Core members:

- Isobel Brown;
- Sir Harry Burns, professor of global public health at the University of Strathclyde;
- Paul Parsons, Chair.

Plus, specific to the submission being discussed, two other members drawn from:

- James Harris, WSP (geotechnical/ground conditions);
- Stephen Campopiano, WSP (transport);
- Douglas Bissett, WSP (transport);
- Stewart McKechnie TUV SUD (building engineering services);
- Douglas Ross, Currie & Brown (construction);
- David Ross, Keppie Design (architectural);
- Andy McCusker, WSP.

8.4.1.1. Submission: Neil Gray MP (member for Airdrie and Shotts) and Alex Neil MSP (member for Airdrie and Shotts) (not in attendance)

Summary

Fully support a new-build hospital and look forward to the investment in the area to bring acute health provision to cutting edge standards. Submission expresses excitement for the clinical model and the early design ideas.

The submission raised concerns as follows:

- Planning considerations at the Gartcosh sites;
- NHS Lanarkshire consultation with Police Scotland about the congestion concerns;
- Potential contamination at the Gartcosh site;
- Not been an updated report on drilling at the Gartcosh site;
- Impact moving hospital to the fringes of the NHS Lanarkshire/NHS Greater Glasgow and Clyde boundary will have on footfall;
- Areas of highest deprivation, and those who will use the hospital most, will be impacted the most by it moving outside the Monklands area and to Gartcosh;
- Concern that Gartcosh is presented as being an accessible site in public transport terms;
- Capacity to cope with additional hospital traffic coming in both the Glasgow and Falkirk directions;
- Concern about the way people from the areas of highest deprivation will be represented and considered at the scoring exercise;
- Concern that a large number of the lowest-paid staff will have same issue accessing the hospital.

Panel discussion points

Health inequalities

- The NHS deals with the effects of economic deprivation.
- Ongoing work with public health and innovative approaches to tackling inequalities in the area.
- Better support of primary care in the community probably just as effective for preventing the need for hospital admissions.

Economic impact

- Multiplier effect of moving from one site to another.

- Local employment at hospital: keen to explore opportunities for lower-waged employees with planned facility on current site.
- Need to ensure an equality of healthcare across the region.

Transport

- Journey times – info in latest transport report
- East Airdrie Link Road – submission states it will be dual carriageway. No decision on that yet made. Introduction is benefit for Wester Moffat and Glenmavis sites.
- Rail - Gartcosh and Drumgelloch. Points were acknowledged about catchments that would be served.
- Sustainable travel options must be included in line with government policy.

Condition of the site

- Recognised legitimate concern about contamination issues.
- Bringing old sites back into use is consistent with regeneration policy.
- Investigations done and site deemed suitable for use.
- Recognition that additional info has become available, process is ongoing. Robust site investigation to be done to ensure properly assessed.
- Public mistrust because of complexities – all understandable and would be looked at. Sites proposed: two out of three have contamination issues. One has mine workings history. Issues can be addressed although they have different challenges and are not readily comparable. Cost would be factor to be looked at.
- Public health point of view from Glasgow hospital previous work – decontamination effective and thorough. Reassurance that contamination could be overcome.

Gartcosh catchment

- Gartcosh greater catchment area – how would this affect A&E?
- Evidence Cumbernauld residents tend to go to Glasgow for emergency care. Recognised that analysis would need to be done and shared with the public. Difficult to predict.
- If you build a big enough facility, it will cope. Increased catchment area of Gartcosh included in modelling and cost.

NHS Lanarkshire representative comment: Graham Johnston, head of planning & development

- Link road confirmed by North Lanarkshire Council a single carriageway.
- NHS Lanarkshire assessment of potential sites resulted in 10 January publication of three shortlisted sites.
- Planning includes an extra 8000 A&E attendances at Gartcosh site. That is modelled on population and travel times and results in the design including 23 beds more than the other two sites.
- Funding – if more patients come to A&E, how does that affect funding? Cash follows the patients. Service level agreement with partner health board.
- Process – lack of community at June 2018 scoring event. Proposed March event will have 100 people, 51 members of the public. People who use hospital more are reflected more. People who use hospital come from across the county.
- Site investigations is iterative. As new information comes in we would include it.

Outputs

- Suggestion emerged for using Scottish Index of Multiple Deprivation (SIMD) data as a scoring tool.
- Explore impact of new facility on current site.
- Project team must have latest information East Airdrie Link Road.
- Suggestion that cost of remediation might be used as a comparative measure on contamination issue.

8.4.1.2. Submission: Karen Morris (not in attendance) *Considering the wider impact on the health of Monklands communities in the event of relocation of acute health services to Gartcosh.*

Summary

- Little or no consideration seems to have been given to, not only the travel arrangements of those much further down the pay scale, but also to livelihoods and future health outcomes.

- As the district, and Airdrie in particular, has seen most of its major employers move out of the area or close down, UHM is now the biggest employer in the area.
- Most staff living within two-three miles of the hospital, impractical or unaffordable to travel any significant distance to work.
- The Board also has a duty to consider the long-term health implications to all its service users.

Panel discussion points

- Moving hospital from current site will have an impact. Particularly those on low incomes who don't have access to a car.
- The longer-term impact is very significant and pay consideration to this so it's not just a displacement of staff. Important to look at least disruptive way of doing this.
- New hospital will be fit for future. That can't be provided now. The concerns are understood and mitigation plans are in place.
- Two out of three site options have a railway station. Catchment of the lines taken into account. Most staff living within two-three miles. Walking distance raises some concerns.
- Potential of shuttle buses – important to think of this and any other ideas to mitigate the impact.

NHS Lanarkshire representative comment: Graham Johnston, head of planning & development

- Drew the panel's attention to the emerging proposals for a replacement development in the existing UHM site and potential employment opportunities there.
- Infographic showing distribution of staff is a good resource to reference.
- Hospital without staff doesn't work and emphasised NHS Lanarkshire's stated aim of bringing staff with us. Shuttle bus being considered and we will work with staff groups once we have the site detail determined.

8.4.1.3. Submission: Dr Nicholas Kennedy, Monklands Medical Staff Association (not in attendance).

The panel is asked to consider additional factors to include in the benefits criteria:

- Recruitment and retention of medical/clinical staff;

- Nursing, allied health professionals and medical student education;
- Transport links (road, rail and bus).

Panel discussion points

- Recruitment and retention of staff is a real issue. Areas of Scotland struggle. Hospital consultants are keen to develop research and development and teaching facility.
- East Airdrie Link Road timescales are yet to be defined. Working on assumption start first half 2024. 12 months later than when hospital is due to start.
- Cost and time very relevant. Costs taken into account and reflect timescales and restraints developing the sites.
- Logical to say that a new building would be attractive place to work and might aid recruitment and retention.
- Wherever sited, it should be an exemplar site.
- When we look at scoring look at a balanced view to build these points in.
- Transport considerations are key. Not all sites have a train station in close proximity.

8.4.1.4. Submission: Isobel Kelly (not in attendance).

Summary of submission

- Interference and politicisation attached to this project.
- Site selection is crucial to future success, the public would be better served if experts are left to make evaluations rather than the politicians who have only contributed a longer lead time to gaining a new hospital and are not qualified and have proved unable to positively contribute to the project.

Panel discussion points

Finance and project costs

- Second full paragraph on second page referenced.
- £14.39m (cost allocated re Gartosh site) is not just roadworks £8m related to roadworks – roundabout improvements, realignment and bridgeworks with the balance being remediation of contamination and ground works.

- Panel asked for clarification on the City Deal. Told £14.39m for MRP project not related to City Deal funding.
- Likely an overall cost towards £20m related to wider development of Gartcosh. Planning report on website gives an indication depends on housing units.
- Elected officials also brought up the point of costs from £17.5m-£20m. Panel asked for clarification why costs are wide ranging
- The costs are reflective of work required. Each of sites have a range of costs - important to note that all calculated on a like-for-like basis.
- Information provided can be technical. NHS must ensure that all information is provided in an impartial and consistent manner to enable everyone to come to their own conclusions.
- Important to be cognisant of other planned developments.

8.4.2. People's Hearing: benefits criteria session

Chair

Chair: Paul Parsons, independent

Participants: Isobel Brown, independent; David Ross, Keppie Design (architects); Douglas Ross, Currie & Brown (lead advisors); Douglas Bisset, WSP (Transport Engineer); Andy McCusker, WSP (geotechnical engineer).

The criteria used in the 2018 option appraisal for the Monklands Replacement/Refurbishment Project were shared for comment and suggestions for additions at community discussion events in February 2020. The chair shared these criteria and the feedback offered by participants with the panel. In addition, two suggestions from members of the public had been received for consideration – these were contamination at sites and impact of cross-boundary flow.

| Suggested benefits criteria (as used previously to evaluate potential sites) | | |
|--|--|--|
| | Title | Description |
| 1 | Getting in and out of the site by road | The extent to which the site location can be easily accessed by patients, staff and visitors by road |

| | | |
|----------|---|---|
| 2 | Journey times | The extent to which the site location is placed in relation to the catchment population of patients and staff |
| 3 | Public transport infrastructure | The extent to which the site location is supported by public transport |
| 4 | Ability to support centres of excellence (specialised services based at one hospital site) and regional NHS services | The extent to which the site can support centres of excellence (identified within NHS Lanarkshire healthcare strategy Achieving Excellence) and regional services |

To aid the panel's discussion, feedback from the community events was themed and ranked for discussion purely on the basis of the number of events at which themes were raised. The chair explained that some of the points of feedback received contained or could relate to more than one issue. They are recorded under each appropriate heading. Headings have been selected to reflect the themes.

Criteria fall into two categories:

- 1 – Essential
- 2 – Desirable

Only proposals that met essential criteria reached this stage of the process. NHS Lanarkshire was looking for measures that would enable it to fairly rank and compare the three site proposals.

Looking to best practice, it is noted that a good set of criteria:

- Cover the whole issue being assessed;
- Do not overlap;
- Are measurable.

The panel took into account the issues raised in discussion of submissions to the Hearing session earlier in the day.

- It used questions to guide its discussions:

- Is the attribute already included in the process (either now or previously)?
- Is it sufficiently covered?
- Is the attribute universal? (applicable to all three sites)
- Is the proposed attribute measurable?
- Is there data available to measure?
- Is it possible to collect data to measure?

8.4.2.1. Economic benefit

Economic benefit was raised at all four community events as follows.

| | |
|--------------------|--|
| Gartlea | <ul style="list-style-type: none"> • Positive impact on wider community ie not just patient population should be a criteria (jobs and infrastructure improvements). |
| Gartcosh | <ul style="list-style-type: none"> • Which site will demonstrate widest positive impact on the community and conversely which will impact negatively? |
| Gartcosh | <ul style="list-style-type: none"> • Further work should be done to develop 'impact measures' which will demonstrate positive/negative impacts. |
| Coatbridge | <ul style="list-style-type: none"> • Socio-economic benefits of the hospital to the local area. |
| Coatbridge | <ul style="list-style-type: none"> • Impact on the local community. |
| Cumbernauld | <ul style="list-style-type: none"> • Impact on the local area; employment opportunities etc. |

The panel discussed the job opportunities offered by the build project, longer-term economic job and business opportunities, the impact on public health and wellbeing that availability of public sector jobs can have in an area, and the potential for jobs to be taken by people from outside the area.

The panel reached the view that the economic impact of the new hospital would be similar whichever site is chosen, which means that element wouldn't meet the 'measurable' criteria. The panel recognised there are different economic starting points for each of the sites and therefore the same input is likely to have a different outcome, particularly on poorer communities. If data

are available to establish an economic baseline for each proposed site, NHS Lanarkshire could consider the benefits of using modelled impact as a differential measure.

Outcome of discussion. It might be possible to measure this attribute. The benefit of scoring it is likely to be limited. The panel did not ask for it to be included.

8.4.2.2. Potential environmental impact

Environmental impact was raised as a possible criterion for assessing sites at two of the four community events.

| | |
|--------------------|---|
| Coatbridge | <ul style="list-style-type: none"> Local environmental impact in terms of potential flooding, impact on rivers etc. Impact on local protected species etc. |
| Coatbridge | <ul style="list-style-type: none"> Impact on the local infrastructure and air quality |
| Cumbernauld | <ul style="list-style-type: none"> History/current use of the site e.g. is it a brown or green field site (brown is better than green) |

The panel discussed the need for baseline information on each of the items raised to underpin effective measurement. Panellists noted the investigations and reports already undertaken covering flooding and protected species searches. Planning application processes need extensive environmental impact assessments which take place at a later date.

Outcome of discussion. Part completed at earlier stage. Part to be undertaken post site selection. No additional benefit to measuring again at this stage.

8.4.2.3. Future proofing

Points were made at two of the community events about the need for the chosen site to allow for expansion in the future.

| | |
|--------------------|---|
| Cumbernauld | <ul style="list-style-type: none"> Ability to develop the site (future proofing) |
| Coatbridge | <ul style="list-style-type: none"> Expansion potential for the future |

The panel recognised this as an important element and discussed various potential expansion elements, which are confirmed as having being intrinsic to design and site search.

Outcome of discussion. This element has been covered previously in the process.

Minimal benefit to additional measurement at this stage.

8.4.2.4. Suitability of the site

The issue of the suitability of the potential sites was raised at two community events. At Gartlea, the issue of contamination at the sites was continually raised. At Cumbernauld it was felt that brownfield sites should score more highly than greenfield sites.

| | |
|--------------------|---|
| Gartlea | <ul style="list-style-type: none">• The health and safety of the sites is key issue (in respect of land contamination) and this must form part of benefits criteria |
| Cumbernauld | <ul style="list-style-type: none">• History/current use of the site e.g. is it a brown or green field site (brown is better than green) |

The panel noted that technical assessments have been conducted and that all the sites that have reached this stage are suitable. The process has heard strong feelings about the contamination issues at some of the sites. The different types of contamination are not easy to compare. The Hearing submissions raised the possibility of using ‘cost’ as a potential common measure. Time needed for remediation - would also be a practical measure.

Outcome of discussion. The panel encourages NHS Lanarkshire to highlight contamination remediation costs and timescales for the scoring exercise to consider.

8.4.2.5. Cross-boundary activity

Participants at two community events suggested sites should be scored on the extent to which they might attract patients from outside the current catchment area for Monklands.

| | |
|-------------------|---|
| Gartlea | <ul style="list-style-type: none"> Impact on other patient catchments should be included...will the site draw patients from outside existing catchment putting pressure on resources for local people? |
| Coatbridge | <ul style="list-style-type: none"> Impact on people outside the area and cross-boundary flow |
| Coatbridge | <ul style="list-style-type: none"> Impact on the local community |

The panel referred to information provided in the hearing session to inform its discussion.

Outcome of discussion. The additional activity has been modelled and included in financials. It is clearly important to the participating public that this issue is included in considerations. The panel encourages NHS Lanarkshire to highlight the issue for the scoring exercise to consider

8.4.2.6. Impact of construction

The impact of building the hospital was raised as an attribute to assess in one community event.

| | |
|-----------------|---|
| Gartcosh | <ul style="list-style-type: none"> Which site has the longest/shortest construction times (shortest time is better)? |
|-----------------|---|

The panel noted time and cost as possible measures. Build times have already been taken into account in the plans for the various build projects.

Outcome of discussion. Otherwise covered. No additional benefit to measuring again at this stage.

8.4.2.7. Public transport

Measuring access by public transport as an attribute of potential sites was raised at one meeting. Possibly because it is covered in the suggested criteria. (criterion #3)

| | |
|--------------------|---|
| Cumbernauld | <ul style="list-style-type: none"> Level of public transport planning required |
|--------------------|---|

| | |
|-------------|--|
| Cumbernauld | <ul style="list-style-type: none"> • Sustainability of bus services over time |
|-------------|--|

Impacts staff and patients and visitors.

The panel recognised that people from areas listed on the SIMD are more likely to have an unplanned admission to an acute hospital and are more likely to use public transport.

People from these communities are more likely to hold lower-grade positions in the hospital staff than people from other areas. Points made at the Hearing recognised the travel footprint for staff is different to the travel footprint to patients and visitors. NHS Lanarkshire could measure staff travel and patient/visitor travel separately in the criteria. A range of times is needed. It's important that the criteria are credible to the participants.

Outcome of discussion. The panel felt that for staff and patient/visitor, travel times and costs from areas listed in the SIMD should be specifically highlighted as information to be taken into account in the scoring exercise. The panel suggested modelling travel times by mode at getting to and from work and visitor times.

8.4.2.8. Road transport

Access by road was raised as an attribute to measure at one community event. This item is included in the proposed scoring criteria. (criterion #1)

| | |
|------------|--|
| Coatbridge | <ul style="list-style-type: none"> • Impact on the local infrastructure and air quality |
|------------|--|

Outcome of discussion. Impacts staff and patients and visitors. Again recognising the greater likelihood of people from high SIMD areas being impacted by a change of location, car travel times and costs should be specifically taken into account.

8.4.2.9. Views of local people

Participants at one community event felt that the views and feelings of local people should be taken into account.

| | |
|------------|---|
| Coatbridge | <ul style="list-style-type: none"> Local feeling and views |
|------------|---|

Outcome of discussion. The panel considered this covered by polling activity being undertaken by NHS Lanarkshire.

8.4.2.10. Summary of outputs

The impact of the panel discussions on the criteria used previously would be:

| Benefits criteria from previous exercise | | | People's Hearing input |
|--|---|---|--|
| | Title | Description | Impact of discussions |
| 1 | Getting in and out of the site by road | The extent to which the site location can be easily accessed by patients, staff and visitors by road | The panel felt this was previously covered and therefore does not meet criteria for inclusion in the scoring exercise. |
| 2 | Journey times | The extent to which the site location is placed in relation to the catchment population of patients and staff | The panel recognised that the patient/visitor travel footprint is different to the staff travel footprint and asked MRP to consider car and public travel impact measures (time and cost) that reflect those two distinct audiences. These should include information for a range of travel times and specific information about travel impact from areas high on the SIMD |
| 3 | Public transport infrastructure | The extent to which the site location is supported by public transport | |

| | | | |
|----------|---|---|---|
| 4 | Ability to support centres of excellence (specialised services based at one hospital site) and regional NHS services | The extent to which the site can support centres of excellence (identified within NHS Lanarkshire healthcare strategy Achieving Excellence) and regional services | The panel offered no view that would change this criterion. |
|----------|---|---|---|

In its discussions the panel encouraged the MRP to highlight two other issues in the scoring process, because of their importance to concerns raised by stakeholders:

- Site condition - The panel encourages NHS Lanarkshire to highlight contamination remediation costs and timescales for the scoring exercise to consider.
- Cross-boundary activity - Under the criteria the panel discussed, this is covered in the design and modelling for the new hospital. However, as it is clearly an important issue for local people, the panel encourages MRP to clearly demonstrate these issues are/have been part of the considerations.

It would be possible to include these as assessment criteria, if relevant scoring data is available. This would not be the only way of highlighting the issue sufficiently well to address the points raised by the panel.

Together these take account of the input given at the community events and the insight gained from the panel at the People's Hearing and, as a set of criteria, appear reasonable and proportionate for these specific circumstances. There are inevitably compromises in deciding exactly which combination of elements to measure in these processes, not least the availability of information to provide to scorers. Above all they must be and be seen to be credible.

This process resulted in the proposal to NHS Lanarkshire for the adoption of the following benefits criteria:

- Travel times by road and public transport – patients;

- Travel times by road and public transport – staff;
- Access/connectivity to NHS regional centres;
- Contamination (each of the possible sites requires a degree of work to remove contamination left over from its previous use)
- Impact of cross-boundary flow (i.e. patients from Glasgow attending the hospital).

8.4.3. People’s Hearing: question and answer (Q&A) session

Using Facebook Live, a video Q&A for the public/staff and other interested parties was held. This was promoted prior to the event on social media to ensure people could submit questions in advance as well as live. Facebook recorded 5400 views during the section that included the Q&A.

Questions were received and posed to the panel by independent chair Paul Parsons.

There were two MRP representatives answering questions:

- Graham Johnston – head of planning and development, NHS Lanarkshire
- Graeme Reid - Monklands Replacement Project director, NHS Lanarkshire.

8.4.3.1. Online Q&A session

| Question | Answer |
|--|---|
| Are you keeping the same level of transport as there currently is? | <ul style="list-style-type: none"> • We will assess the impact to get to each of the sites and absolutely improve bus transfer. • Section 75 – planning application more detailed work will be done on that • Parking is within the local authority responsibility. Around 1,000 parking spaces currently. We anticipate we will have over 2,000 at the new site. This will be consistent across the three of the sites. |

| | |
|--|---|
| <p>The hospital is the largest employer in Airdrie – what are the plans for the job voids?</p> | <ul style="list-style-type: none"> • The plan is for all staff to move to the new hospital. • There's also an opportunity when we relocate that the existing site will become vacant. There are plans to develop a health and wellbeing centre on that site. This will also present job opportunities. |
| <p>Where do you get the distances to train stations from?</p> | <ul style="list-style-type: none"> • The transport strategy report details that our advisors have provided distances through working with Transport Scotland and the local authority. Reports are available on the website. |
| <p>What was the point of building the new surgical ward and Maggie's Lanarkshire on the current Monklands site?</p> | <ul style="list-style-type: none"> • Hospital exists to meet demand today and those plans were three or four years ago. We are responding to need. We have to bear in mind existing hospital will be there in 2026/7. • We have to provide services so there's no shortfall before then. In addition, Maggie's were aware of the possible changes and they signed up to that. |

| | |
|--|--|
| <p>How can Gartcosh service the community if it's on one side? – the location needs to be as central as possible.</p> | <ul style="list-style-type: none"> • The transport information provided aims to show people how to get to the hospital - it's important to note journey times. • The hospital services the North Lanarkshire catchment area. It's important to note that 27 per cent come from out of the catchment area. • The three sites are within the catchment area. That's a good position to be in – we are asking the public to help us select which site best meets the needs of the population. • The benefits criteria exercise and scoring process will help us with that. 100 people will be part of that scoring process and will help us select the site based on the agreed criteria. |
| <p>Will there need to be a compulsory purchase order to buy any of the sites?</p> | <ul style="list-style-type: none"> • No, they are all freely available on the commercial market. |
| <p>When did Gartcosh become part of Monklands? When did Glasgow City (train station) become part of Monklands?</p> | <ul style="list-style-type: none"> • Part of North Lanarkshire forms part of the catchment area of the hospital and is part of the area we are required to provide services to. There are unintended associated consequences with all of the sites and they are published on the MRP webpage. The impact of having a hospital at Gartcosh would increase emergency department attendances by 8000. That's 4000 patients redirecting from Lanarkshire. This equates to 4000 NEW realigning from Glasgow. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Planning - two things to bear in mind, Monklands currently has 74,000 new attendances per year and we expect that this will raise by 8000. The emergency department is sized to accommodate that number. The impact of extra 8000 equates to an extra 22 beds (simplified as an extra ward) |
| Will there be a maternity hospital added on? | <ul style="list-style-type: none"> • No change planned to current service provision at University Hospital Wishaw. |
| Traffic is bad enough on Forrest street. It will not be able to handle the extra traffic to a hospital at Wester Moffat. | <ul style="list-style-type: none"> • The transport strategy does include that improvements will need to be made should the hospital be at Wester Moffat in conjunction with the local authority. |
| Why is there so much focus on train stations? Those that use Monklands now do not have direct train access. | <ul style="list-style-type: none"> • Focus has been a reflection on comments. We are responding to the comments raised. |
| Why is the current site not an option? | <ul style="list-style-type: none"> • Assessed in 2018 as part of option appraisal. This was deemed not an option due to increased costs, delays and health and safety risks, including infection risk. • An independent review was undertaken, and we were asked to re-evaluate the other sites. |
| Because an area has deprivation – does that mean that people have low skills? Did I pick that up right from this morning (submissions session)? | <ul style="list-style-type: none"> • This question was raised in connection with travel. More people likely to be using public transport from areas of deprivation. |

8.4.3.2. Questions in the room

| Question | Answer |
|---|---|
| <p><u>Neil Gray MP</u></p> <p>Some outlined in submission but for clarity:</p> <p>How will the panel and scoring event ensure two-thirds of the people living in Monklands catchment area in high deprivation will be recorded and their views taken into account? They are most likely to access the hospital the most.</p> | <ul style="list-style-type: none"> • Percentage of people scoring is based on usage. Usage is impacted on by deprivation. • To become part of the scoring process you could nominate yourself or others to take part. For example, we have said if you belong to a particular postcode there are say 12 spaces you can be part of the nominated people involved. We've had many more than 12 nominations which tells me there's great interest there. • Most of the care that most groups need is not always in hospital, it's in the local communities. • The benefits criteria discussion was useful as it will reflect the comments and discussions we have had. The criteria have been changed because of those discussions. People will also get an opportunity to feedback on the scoring process after the event and this will be presented to the NHS Lanarkshire Board to help them with their decision-making so that everything spoken about and discussed will be captured. There's a wealth of data to consider. |

| | |
|---|---|
| <p><u>Neil Gray MP</u></p> <p>Changes in flow. How has the extra 8000 figure been arrived at? Scheduled or unscheduled? Need to understand the impact on the hospital.</p> | <ul style="list-style-type: none"> • Calculation is all unscheduled care. Scheduled care would be at an existing service provider. • We have undertaken an analysis of current patients from which postcodes are likely to go to each of the hospitals based on quickness to get to one location over another. |
| <p><u>Alex Neil MSP</u></p> <p>Picking up on public being involved at scoring event....</p> <p>Staffing representation was heavily dominated by medics last time. Lower-paid workers were not represented in a meaningful way. So, just as we want to make sure there's a public refection, similarly we need to ensure staff representation is representative of all staff working in Monklands.</p> | <ul style="list-style-type: none"> • This has been clarified on the MRP webpage. Of the people at scoring event 51 per cent public and 49 per cent members of staff. • Objective is to get a spread across all groups of workers so it's truly representative including trade union representatives. |
| <p><u>Alex Neil MSP</u></p> <p>Opinion poll - important to ensure sample analysis is representative of those that will use the services, geographical and age etc, with/without cars. Can we guarantee that's reflected?</p> | <ul style="list-style-type: none"> • Two opinion polls – one prior and one post – this will give two data sets. Questions agreed not only with Consultation Institute but also Scottish Health Council. • We will publish that as soon as we have all the available data. Sensitivity analysis being done to ensure the poll is robust. Split is 66 per cent North Lanarkshire 33 per cent South Lanarkshire (patient attendance) <p><i>(Following a further question about these percentages, NHS Lanarkshire subsequently clarified in writing to Mr Neil and Mr Gray that the results would be</i></p> |

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| | <i>weighted to reflect the proportion of patient activity at the hospital that comes from the Monklands unscheduled care catchment area.)</i> |
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8.5. Outcome of engagement

- The People’s Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites.
- Public suggestions for site scoring benefits criteria were assessed and included as appropriate.
- Following views expressed at the People’s Hearing about the need to include inequalities in the site scoring considerations, Scottish Index of Multiple Deprivation data for North Lanarkshire was added to the scoring event presentation.
- Some 400 public and staff self-nominated as potential participants in site scoring.

8.6. Telephone survey

The first of two telephone surveys involving Lanarkshire residents was conducted on NHS Lanarkshire’s behalf by the Campaign Company, a leading UK research company, in February 2020.

The first survey involved 750 respondents as was carried out to establish a baseline of public sentiment and feeling on the three shortlisted sites, for example, in relation to travel and transport, community impact, costs and what the basis of this sentiment is, i.e. why they think this. It also provided feedback to inform further work being carried on as part of our public engagement process.

Respondents were asked where they would prefer to go to if they could no longer access the current University Hospital Monklands site. People were asked to provide reasons for their

responses if they wished – and would have had the opportunity to mention opposition to particular sites at this point in the survey.

The survey also provided an opportunity to enhance the number of nominations for public participation in the site scoring event in March 2020. Survey respondents were asked if they would like to participate and a number nominated themselves as a potential scorer.

Full details are available in a report by The Campaign Company, Monklands Replacement Project: Analysis of telephone survey for NHS Lanarkshire (March 2020).

9. Community and staff site scoring event

A public and staff weighting and scoring event took place on 10 March 2020, hosted by the Consultation Institute (tCI), with formal presentations from our external technical adviser team. The event was attended by almost 90 participants selected at random from those who either self-nominated to take part in the scoring process or who indicated a preference to be further involved through a survey which was also undertaken.

This event was unsuccessful in reaching an outcome. NHS Lanarkshire and tCI concluded that there were flaws over the validity of the weighting and scoring due to the failure of the electronic scoring system. There were also concerns that the agreed proportions of participants by locality had not been achieved and the total participant level did not reach the required number of 100. The process was then paused due to lockdown arrangements associated with the COVID-19 pandemic.

Issues raised during the event discussions involving the public and staff were used to inform the information packs and dedicated frequently asked questions developed for the subsequent postal site scoring exercise.

10. Postal site scoring exercise (9 July-13 August 2020)

Following the withdrawal of the results of the site scoring event in March 2020, an alternative method of site scoring by post was devised to ensure not only sufficient participation but also a robust process that could be safely undertaken in light of the COVID-19 restrictions in place.

10.1. Methodology

A group of over 400 public and NHS Lanarkshire staff participants – three-quarters of them members of the public – were invited to take part in postal scoring to determine the non-financial benefit scores for each option as part of a site feasibility option appraisal process.

Those invited to take part were all the members of the public and staff who nominated themselves to take part in scoring during the engagement phase in February 2020, either directly or through their participation in the Campaign Company survey described in section 10.

Recognising the restrictions on social distancing and shielding following lockdown that were put in place as part of the COVID-19 response, NHS Lanarkshire asked the Consultation Institute (tCI) to develop a methodology which would enable a weighting and scoring process to be restarted and taken forward safely.

A process was designed by tCI with support from the Electoral Commission and was subject to a period of testing and validation prior to proceeding.

During the two-stage exercise, which was independently managed by tCI, participants were invited to “weight” (assess the relative importance) of five non-financial benefits criteria, then score each site against the criteria. The benefits criteria were:

- Travel times by road and public transport – patients;
- Travel times by road and public transport – staff;
- Access/connectivity to NHS regional centres;
- Contamination (each of the possible sites requires a degree of work to remove contamination left over from its previous use)
- Impact of cross-boundary flow (ie patients from Glasgow attending the hospital)

The process conducted by tCI is described in full in the NHS Lanarkshire report, Monklands Replacement Project Site Selection Process: Report on Option Appraisal Process (23 September 2020).

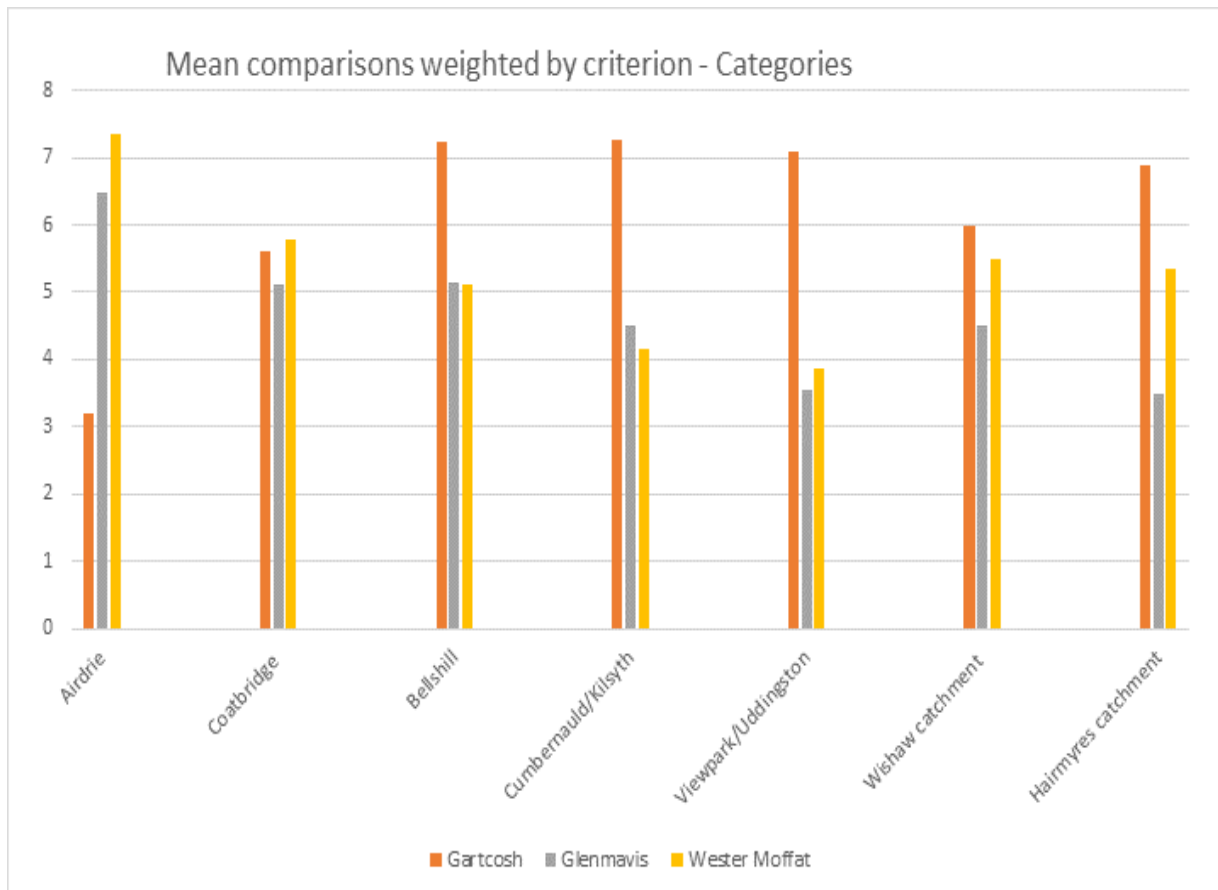
10.2. Communications activity

| Resource/activity | Detail |
|------------------------------------|--|
| MRP webpage | <u>Documents</u> <ul style="list-style-type: none"> • Weighting information pack. • Scoring information pack. • Community discussions feedback report. • People's Hearing reports- submissions/benefits criteria session/Q&A session. |
| | <u>Frequently asked questions (FAQs) -50 views</u> <ul style="list-style-type: none"> • Bespoke FAQs to assist scoring participants. • Devised in conjunction with Healthcare Improvement Scotland – Community Engagement. • Based on points raised during site scoring event. • Updated to take account of comments from criteria weighting phase of scoring exercise |
| | <ul style="list-style-type: none"> • 1000 page views. |
| NHS Lanarkshire website | Two press releases (993 total views) |
| Open channel of communication | Email contact address/Freeport address/phone contact number. |
| Press releases and media inquiries | <ul style="list-style-type: none"> • Two releases - public and staff to evaluate site options; first stage of evaluation complete. • Two media inquiries: participant proportions (Airdrie & Coatbridge Advertiser); site contamination (Herald). |
| Stakeholder update emails | Two updates - public and staff to evaluate site options; first stage of evaluation complete. |

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| Internal communications | All-in Lanarkshire staff emails/staff briefing/Pulse Online (digital staff magazine) |
| MPs/MSPs | MP/MSP briefings re postal scoring process: 27 March 2020/12 June 2020. |
| Social media | A limited number of social media messages were posted to inform the public of the scoring process, resulting in a very small number of comments expressing support for Gartcosh or the existing site. |
| Media coverage | |
| <ul style="list-style-type: none"> • <i>Very positive - based on NHS Lanarkshire press releases and reflecting messaging without critical comment.</i> • <i>Positive – Primarily reflecting NHS Lanarkshire messaging but including some negative comment.</i> • <i>Negative - These are critical articles which include a response from NHS Lanarkshire.</i> • <i>Very negative - Articles are very negative if they are critical and do not include a response from NHS Lanarkshire.</i> | |
| <u>During site scoring (9 July-13 August 2020).</u> <ul style="list-style-type: none"> • Five articles (print) – all very positive. • All in local papers (based on press releases): 2 x Airdrie & Coatbridge Advertiser (ACA); 2 x Carluke & Lanark Gazette; Cumbernauld News. • Online coverage in ACA. | |
| <u>Between conclusion of site scoring and option appraisal feedback launch (13 August-30 September 2020).</u> <ul style="list-style-type: none"> • Four articles: 3 x ACA; Glasgow Times – all neutral. • All are comments from Alex Neil MSP on stepping down from Scottish Parliament and his commitment to securing new UHM in Monklands. • Online coverage in ACA, BBC News, Herald. | |

10.3. Outcome

The graph below shows the public participants' mean scores - the average of a group of scores - weighted by criterion, for each of the three sites.



This illustrates that more public groupings scored Gartcosh, to a greater or lesser extent, higher than the other options - the exceptions being public participants from Airdrie and, to a lesser extent, Coatbridge. After Gartcosh, most public groupings scored Wester Moffat over Glenmavis with the exception, although the differences are very small, of public participants from Bellshill and Cumbernauld.

tCI collated all individual scores from the public and staff members. Using the criteria weightings and applying agreed proportionate representation from geographical locations and staff groups, tCI calculated an overall non-financial benefit score for each site as follows:

| Gartcosh | Glenmavis | Wester Moffat |
|----------|-----------|---------------|
| 5,319.07 | 4,295.15 | 4,808.18 |

An economic appraisal (which incorporated the results of the postal exercise) and a risk appraisal were then undertaken, both allocating points out of 100 to each site.

The final scores from option appraisal were:

| Evaluation results | Gartcosh | Glenmavis | Wester Moffat |
|---------------------------|-----------------|------------------|----------------------|
| Economic appraisal | 100 | 84.11 | 95.74 |
| Risk appraisal | 94.12 | 72.73 | 100 |
| Combined total | 194.12 | 156.84 | 195.74 |

The option appraisal process - including calculation of proportionate site scoring by public/staff, economic appraisal and risk appraisal - is described in full in the NHS Lanarkshire report, Monklands Replacement Project Site Selection Process: Report on Option Appraisal Process (23 September 2020).

11. Public and staff feedback period (30 September-18 October 2020)

To reflect good practice in public engagement, NHS Lanarkshire held a period for feedback from public, staff and other stakeholders following the site feasibility option appraisal.

Feedback was sought on the option appraisal process and its outcome. To assist public understanding of the process, an option appraisal summary document and an option appraisal easy-read document were published on the MRP webpage along with the full option appraisal report.

All communications included the following message:

Please note that the site scores do not represent a decision by the Board of NHS Lanarkshire on the location of the new University Hospital Monklands.

During the feedback period NHS Lanarkshire also published the Fairer Scotland Duty Assessment, which assesses the socio-economic impact of the proposals. Feedback on this document was also sought.

11.1. Communications and engagement activity

| Resource/activity | Detail |
|-------------------------|--|
| MRP webpage | <ul style="list-style-type: none">• Option appraisal summary document.• Option appraisal easy-read document.• Option appraisal report and appendices.• Fairer Scotland Duty Assessment (FSDA).• Updated frequently asked questions.• Email/Freepost/phone for feedback submissions.• Video: feedback opportunities.• British Sign Language video: feedback opportunities.• Site map images.• 4650 page views. |
| NHS Lanarkshire website | <ul style="list-style-type: none">• Homepage banner - feedback information and click-through to MRP webpage.• Three press releases (800 total views) |

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| Press releases | <ul style="list-style-type: none"> • Feedback launch. • Feedback reminder. • Fairer Scotland Duty Assessment (FSDA) published. |
| Media coverage | <ul style="list-style-type: none"> • Three articles (print) in local papers – all based on first press release (very positive). • Online coverage in Airdrie Advertiser of launch and FSDA. |
| Stakeholder update emails | <ul style="list-style-type: none"> • Feedback launch. • Feedback reminder. • Fairer Scotland Duty Assessment published. |
| Internal communications | <ul style="list-style-type: none"> • All-in Lanarkshire staff emails: distributed prior to every press release. • Email staff briefing (twice weekly). • FirstPort (intranet) banner: feedback information and click-through to MRP webpage. • UHM Team Page (staff Facebook group): Key Facebook posts shared to the group, which has 1600 members. • Information provided to UHM staff who are not online (hotel services and maintenance) in hard copy, via their managers. • NHSL/UHM social media reaches many staff. • See presentations section below for further staff engagement. |
| Presentations | <ul style="list-style-type: none"> • 8 October 2020: UHM Medical Staff Association (MSA)– see section 13.2.2 for summary of formal submission from MSA. |
| MPs/MSPs/councillors | <ul style="list-style-type: none"> • 9 October 2020: MP/MSP briefing. • Responses to three MSP inquiries. • Briefing pack for North and South Lanarkshire councillors. |
| Patients – A&E | <ul style="list-style-type: none"> • No direct contact due to COVID restrictions. A&E staff declined leaflets due to COVID concerns. A poster with feedback channels and a QR code for the MRP webpage was displayed in A&E/minor injuries. |
| Social media | <ul style="list-style-type: none"> • NHSL Facebook – 14 posts: average reach 11.000; average engagement 85. 9000 total video views. 13 Facebook stories: average opens 3700; average engagement 200. |

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| | <ul style="list-style-type: none"> • UHM Facebook – 8 posts: average reach 937; average engagement 10. 1000 total video views. • NHSL Twitter- 13 tweets: average impressions 3000; average engagement 161. 5000 total video views. • UHM Twitter -12 tweets: average impressions 800; average engagement 50. 950 total video views • NHSL Instagram – 3 posts: total reach 3500. • NHSL social posts to promote young people survey. • Paid content: NHSL Instagram/Facebook ads to promote young people survey. • An analysis of social media is at section 13.2.4. |
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11.2. Direct feedback received

- Inbox feedback – 728 (55 identifiably from staff).
- Voicemail feedback – 35.
- Freepost feedback – one item.
- Submissions from Monklands Medical Staff Association/local parliamentarians.

Please note: a spreadsheet with all individual feedback comments is available for review by Board members.

11.2.1. Analysis of public and staff feedback

NB: These responses are self-selecting and are therefore representative of those who have responded rather than necessarily representative of the wider population.

11.2.1.1. Key findings from staff

Support or opposition for each site was expressed as follows:

- Support for Gartcosh – 25 respondents;
- Support for Glenmavis – 2 respondents;
- Support for Wester Moffat – 24 respondents;

- Either Glenmavis or Wester Moffat – 2 respondents;
- Not Gartcosh (but ideally Monklands) – 1;
- No support for any option expressed – 1.

Support for Gartcosh

Reasons included:

- Good road access including motorway access which is important for emergency situations;
- Good road access was also recognised by specialist staff who treat patients from across Lanarkshire and not just the Monklands area;
- Good public transport provision;
- Large space that could accommodate car parking provision.

Support for Glenmavis

Reasons included the fact that it was closer to the current site than the alternatives.

Support for Wester Moffat

Reasons included:

- The fact that it was closer to the current site so would mean less displacement for Monklands residents than Gartcosh;
- The fact that it was quite centrally located so could serve patients from across Lanarkshire;
- Easier to travel to than Gartcosh (especially in the winter);
- Has quite good existing transport links;
- Best value for money;
- Least polluted site.

Other comments

Other comments and issues raised by staff included:

- Welcoming the chance to have a say on the options and the process;
- Concern that from a patient and lay person's perspective, the documents explaining the option appraisal process, which asked for feedback, were too complex. This may have put people off from responding.

11.2.1.2. Key findings from public and stakeholders

Of the responses received, support or opposition for each site was expressed as follows:

- Support for Gartcosh – 470 respondents;
- Support for Glenmavis – 31 respondents;
- Support for Wester Moffat – 169 respondents;
- Either Glenmavis or Wester Moffat – two respondents;
- Stay at current site – four respondents;
- Not Gartcosh (no other sites mentioned) – seven respondents;
- Not Wester Moffat (no other sites mentioned) – 11 respondents;
- No support for any option expressed – six respondents.

Gartcosh

Reasons given for supporting Gartcosh included:

- Good transport infrastructure (including trains and buses) and in particular the road and motorway access (M73);
- Being near a motorway is good for emergency situations;
- Centrally located for people across Lanarkshire (places cited include Cumbernauld, Kilsyth, Moodiesburn, Bothwell, Uddingston, North Lanarkshire generally;
- Large space for parking provision;
- The proposed site location is less likely to impact on local residents than other sites;
- Large space for parking provision, specialist services and for green space provision for patients and staff to enjoy;
- Will create jobs in an area that needs them.

Reasons given for opposing Gartcosh included:

- It's a site that could be contaminated as a result of it being former steelworks;

- Not easy to get to by public transport (places cited include Airdrie, Muirhead and South Lanarkshire;
- The “promises” of better public transport if the site were chosen are not believed by everyone (some people mentioned the expectations around University Hospital Wishaw).

Glenmavis

Reasons given for supporting Glenmavis included:

- Good public transport;
- Good location for people living in Cumbernauld and Kilsyth.
- Most centrally located and most likely to serve the same population as the current Monklands site;
- Has potential to expand in the long-term;
- Other sites are too populated.

Reasons given for opposing Glenmavis as a site included:

- Other sites were closer to respondents’ homes.

Wester Moffat

Reasons given for supporting Wester Moffat included:

- Good transport links;
- Still in the Airdrie area so likely to serve the same population as the current Monklands site;
- Proposed by-pass/ring road addresses concerns about road access for emergency vehicles;
- Least contaminated site;
- Best value for money.

Reasons given for opposing Wester Moffat included:

- Poor public transport links especially from areas like Cumbernauld, Kilsyth;
- Site is in a built-up area that would cause extra traffic congestion;
- Not known – less likely for people to go there in an emergency;

- Not suitable for growth.

Other comments

- The site should remain in Monklands and ideally at the current site.
- The site should be in Glenboig.
- Comments about process including how this feedback will be taken into account in decision-making processes; lack of trust in the process taken to date especially in the “early days”.

NB: It should be noted that many respondents interpreted the feedback process as a “vote” and described their preferences in these terms.

11.2.2. Submission from Monklands Medical Staff Association

Following a meeting with MRP representatives during the feedback period, the Monklands Medical Staff Association provided a formal submission covering the following points:

- Majority support for Gartcosh and some support for Wester Moffat. No support for Glenmavis, which should now be withdrawn;
- Gartcosh and Wester Moffat option appraisal scores close. Public/staff scoring - Gartcosh highest. Risk appraisal scores have determined final ranking;
- Concern re East Airdrie Link Road (EALR) and whether it was appropriately risk assessed;
- Gartcosh positives: good road links; good access to regional centres and NHS Lanarkshire hospitals; better for regional planning and multi-centre working; benefits staff recruitment/retention; better for academic/research centre; better environmental impact from using a brownfield site (offsets contamination concerns and needs more consideration);
- Wester Moffat positives (dependent on EALR): highest-scoring site; favoured by Airdrie area residents and non-clinical UHM staff; accessible by train; EALR will improve north/south access; fewer contamination concerns; fewer cross-boundary flow issues; less likely to run into “political headwind”, minimising the risk of further delays;

- Conclusions: priority is to avoid further delay; clear preference for Gartcosh but Wester Moffat acceptable to some who prefer Gartcosh; Board must engage with MSA re concerns if Wester Moffat selected; must realise MSA’s vision for a major teaching and research centre – not a remote district general hospital in an awkward location with limited academic and regional linkages, resulting in major ongoing recruitment and retention issues.

11.2.3. Submissions from Members of Parliament/Members of Scottish Parliament

Six submissions were received from MPs/MSPs, as summarised below.

| MP/MSP | Preferred option and comments |
|---|---|
| Jamie Hepburn MSP (SNP, Cumbernauld & Kilsyth) and Stuart McDonald MP (SNP, Cumbernauld, Kilsyth & Kirkintilloch East) – joint submission | <p>Preferred option: Gartcosh</p> <ul style="list-style-type: none"> • 2018 consultation - Gartcosh as highest scoring option was well received by constituents. • Option appraisal non-financial scoring echoes views of constituents, who prefer Gartcosh re accessibility by car/public transport. • Basing the scoring participant proportions on current usage rather than population risks diminishing the per capita voice of our constituents. This may be justifiable if cross-boundary flow is neutral but it has been used as a risk factor. • Contamination factor should be balanced against the benefits of revitalising Gartcosh site, generating positive economic impacts. • Fairer Scotland Duty Assessment: As a percentage, other areas of the catchment have greater deprivation, but the “North” locality has such a significantly higher population that the number of individuals affected is similar and should not be discounted. |

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| <p>Richard Leonard MSP (Labour, Central Scotland)</p> | <p>Preferred option: within Monklands</p> <ul style="list-style-type: none"> • Unfortunate that existing site excluded: hospital largest employer in area and decision ignores the Town Centre First principle. • Concern that plan for existing site will not be realised due to financial pressures – Board must provide certainty to the community. • Disappointing that scoring event results withdrawn. Grateful postal scoring exercise with larger participant group was used but has reason for need to chase responses been established? • Non-clinical staff scored Wester Moffat highest and would prefer new hospital to be as close as possible to current site. • Not enough detail provided on travel times for public and staff, including if the new link road was factored in, to scrutinise the scoring exercise weighting of these criteria. |
| <p>Fulton MacGregor MSP (SNP, Coatbridge & Chryston)</p> | <p>No preferred option</p> <ul style="list-style-type: none"> • Public engagement commended. Communication clear and concise and public brought on board where possible. To achieve this during pandemic is further testament to the work. • The two sites scoring highest are both serviced by a train station. Post pandemic it is vital to promote green and active travel and new hospital should certainly have train links. • All three sites present some difficulties for many of my constituents in terms of access. Imperative that local transport links (rail, bus and road improvements) are all in place before the new hospital opens. Vital that everyone in the Monklands area feels they can access the hospital easily. |

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| | <ul style="list-style-type: none"> • Have long argued that using the existing site for substantial healthcare services useful in improving services, tackling deprivation and compensating for the hospital being relocated. Encouraged by all indications from NHS Lanarkshire in this respect and would urge more detailed plans to be made available as soon as possible. |
| Alex Neil MSP (SNP, Airdrie & Shotts) and Neil Gray MP (SNP, Airdrie & Shotts) – joint submission | <p>Preferred option: Wester Moffat</p> <ul style="list-style-type: none"> • Gartcosh advantages grossly exaggerated, inflating its points in the scoring system. • True costs of locating on this site grossly underestimated: road infrastructure needed will require much greater investment than estimated; ground works required overly optimistic, with many unknowns about its underground condition.; site would require a blank cheque and would have very substantial and unacceptable cost over-runs/delays. • Wester Moffat much less risky: comparatively little contamination and a planned road upgrade; requisite road improvements already being processed by North Lanarkshire Council, funded from the Glasgow and Lanarkshire City Deal; any additional road investment will require only a modest sum from health budget. • UHM catchment area patients are 73% of estimated footfall for new hospital and Wester Moffat is a lot easier for these people to access than Gartcosh: no direct link by public transport to Gartcosh from either Airdrie or Coatbridge; Wester Moffat will be readily accessible by road, rail or public transport for the other people from elsewhere in Lanarkshire and Scotland who will attend. • Fairer Scotland Duty Assessment (FSDA): Airdrie locality has a far higher level of deprivation followed |

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| | <p>by Coatbridge; Airdrie/Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most deprived areas attend more than those from the least deprived; moving the hospital to Gartcosh significant disadvantage to the patients who need and use the hospital the most.</p> <ul style="list-style-type: none"> • FSDA: Report states “Workforce data shows that the majority of Band 1 staff (lowest-paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live,”; moving to Gartcosh would inhibit the ability of the lowest-paid staff to be able to maintain their employment. • Scoring exercise shows vast majority of local staff want the facility at Wester Moffat. As many of these people are amongst the lowest paid employees in the hospital, Wester Moffat site would meet the equality and fairness criteria which should be a key consideration for the Board. • Vast majority of residents in Airdrie, and a significant number of respondents from Coatbridge, rejected Gartcosh/scored Wester Moffat highest. Board should accept the option appraisal findings and recommend Wester Moffat. • Scoring exercise showed majority of those who comprise 73% of forecasted footfall wish to see the new hospital located in the Monklands area. • If NHS Lanarkshire genuinely believes in patient-centred care, Wester Moffat meets that criterion much more than Gartcosh. |
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11.2.4. Analysis of social media comments

Throughout the feedback period, NHS Lanarkshire regularly posted updates on its social media channels. Messaging encouraged feedback through the dedicated email/Freepost/phone channels and did not invite formal feedback on social media.

A total of 254 comments were made through these channels:

- 242 on NHS Lanarkshire's Facebook page
- Two on NHS Lanarkshire's Twitter feed
- Five on NHS Lanarkshire's Instagram
- Four on University Hospital Monklands Facebook page
- One on University Hospital Monklands Twitter feed

NB: These responses are self-selecting and are therefore representative of those who have responded rather than necessarily representative of the wider population.

11.2.4.1. Key findings

Gartcosh

The majority of the responses were making the case for moving the site to Gartcosh.

Arguments for this included:

- The fact that it would serve the Cumbernauld community better (which was an important factor since it had a high population);
- The fact that there was already a good transport infrastructure in place and in particular good motorway/road access compared to the other two sites.

Concerns about this location included:

- The fact that it was not central enough for the whole of North Lanarkshire;
- That it appeared to be located near landfill sites.

Wester Moffat

- A number of people were concerned that they did not know where Wester Moffat was so they did not feel that they could adequately comment.
- However, there were people who thought it would be a good location because it was conveniently located and would best serve the Airdrie and Coatbridge communities.
- Concerns raised about this location included the fact that access – both by road and public transport – was quite poor.

Glenmavis

A small number of people also stated that Glenmavis would be their preferred option.

Existing site

A small number of people also felt that the hospital should stay where it currently was.

Other issues

- There was recognition by some that public transport had to be significantly improved whichever location was chosen.

- There were also a small number of comments made about the decision-making process including lack of awareness, particularly about the weighting and scoring processes that had involved the public.

11.2.5. Phone survey and focus groups

NHS Lanarkshire commissioned The Campaign Company to conduct a random telephone survey of 500 residents (aged 18 or over), across Lanarkshire, to supplement the other engagement channels which were self-selecting by nature. This randomised approach ensures the views of the wider population are also represented in the engagement.

To explore some of the issues raised in the telephone survey in more depth, participants were invited to attend one of four online focus groups or have phone conversations if they were unable to attend the scheduled groups. A total of 29 individuals participated.

Proportionate geographic representation of participants was employed and, to ensure that the views from more socially and economically disadvantaged communities (which tend to have poorer health outcomes) were heard, 20 per cent of all respondents were from within a Scottish Index of Multiple Deprivation (SIMD) decile 1 area and 20 per cent from within a SIMD decile 2 area (the deciles for the most deprived areas).

Headline findings from the telephone survey are summarised below:

- 70 per cent of telephone respondents within the catchment area had heard something about plans relating to University Hospital Monklands over the past year.
- 77 per cent of respondents felt that the process used to get to this stage was fair.
- From qualitative responses in the survey and gained through focus group discussion, there is still a minority that do not understand why the “status quo” is not an option
- There is also strong agreement, gained particularly from the comments in discussion groups, that whatever outcome is decided that there needs to be significant improvements in public transport access to minimise the impact on the more disadvantaged groups – especially the elderly, the more vulnerable (for example those with learning disabilities or dementia) and those from more economically disadvantaged households including single parents.

People's views on how they would be impacted if University Hospital Monklands were to be relocated is shown below:

What impact (positive or negative) on you would there be, if any, if University Hospital Monklands were to be relocated to Gartcosh/Glenmavis/Wester Moffat?

| Response | Gartcosh | Glenmavis | Wester Moffat |
|---|-----------------|------------------|----------------------|
| A lot - negative | 160 (32%) | 105 (21%) | 153 (31%) |
| A lot - positive | 27 (5%) | 16 (3%) | 11 (2%) |
| A little but I will be able to deal with it | 104 (21%) | 130 (26%) | 72 (14%) |
| No impact | 144 (29%) | 175 (35%) | 150 (30%) |
| Don't know | 65 (13%) | 74 (15%) | 114 (23%) |

Reasons

- Gartcosh: Poor public transport access; too far away from much of the catchment area; location already well-served by Glasgow hospitals
- Glenmavis: Poor public transport access; no nearby train service; poor access by roads;
- Wester Moffat: Poor public transport access; not known by many respondents so an assumption that it was quite far; not centrally located enough.

The quotes below summarise some of the key views regularly expressed as part of the discussion groups.

- *"People want to know that in an emergency they will be able to get there quickly and safely – some of these sites have got very poor road access or are in small villages that will get congested by traffic."*
- *"There will be some people who won't be happy with whatever site is chosen. But as long as you're open and honest with us about the reasons why decisions were made, people will understand."*
- *"I'm not going to lose any sleep over it to be honest and I'm sure not many people are. Of course, I'd like it to be placed near me but I'll cope if it's not. At the end of the day we're getting a brand new hospital."*

There is a full analysis of the telephone survey and focus groups/in-depth discussions in the report by The Campaign Company - Monklands Replacement Project: Analysis of telephone survey on appraisal of site options (October 2020).

11.2.6. Online survey for young people aged 13-17

To provide an opportunity for young people to engage in the feedback period, an online survey was used to gauge the anticipated impact of the three site options on this section of the community.

The survey questions, re impact of each site option, were the same as those used on this topic by The Campaign Company, who undertook a public survey during the same period.

Research undertaken by NHS Lanarkshire with young people at the NextGen event (promoting careers in healthcare) in March 2020 included asking where they would look for information on health and care issues affecting them. Social media was one of the most popular channels for such information and we responded to this finding by promoting this survey, which ran from 16-21 October, via social, including standard posts and paid content.

Facebook ads were used to target the Instagram/Facebook accounts of Lanarkshire residents aged 13-17.

The survey link was also shared with learning services contacts at North and South Lanarkshire councils.

Responses (including late entries) were received from 16 young people, 11 female and five male.

- Ages: 13 (1); 14 (3); 15 (4); 16 (4); 17 (4).
- Home postcodes: ML3 (3); ML4 (1); ML5 (4); ML6 (4); G65 (1) G72 (2); G75 (1).

Survey results

Wester Moffat and Gartcosh were seen as having the most impact, primarily negative.

Free text comments

- The overriding theme was accessibility of each site as judged from the perspective of each respondent's home address.
- Gartcosh is seen as distant from the Monklands area while Wester Moffat is seen as distant from Cumbernauld area.

- There is particular emphasis on the perceived difficulty of access within the context of the existing travel arrangements.
- Bus routes and, to a lesser extent, rail links are seen as a crucial factor.
- A number of respondents did not understand why the existing site had been excluded as an option.

11.2.7. Online survey for centres of excellence patients

University Hospital Monklands' "centres of excellence" are the specialised services that offer care to patients from across Lanarkshire/regionally: haematology (cancer); ENT (ear, nose and throat); infectious disease medicine; Lanarkshire Beatson (radiotherapy); renal; urology.

To provide a targeted opportunity for these patients to engage in the feedback process, an online survey was designed to gauge the anticipated impact of the three site options on this section of the community.

The survey questions, re impact of each site option, were the same as those used on this topic by The Campaign Company, who undertook a public survey during the same period.

COVID-19 restrictions mitigated against MRP communications being on site to promote the survey directly. Consultants and nurses in each service were contacted in advance of the feedback period to confirm their assistance. Early in the feedback period flyers inviting patients to participate were provided to staff for distribution. Chasing of staff was carried out in w/e 16 October and a decision taken to run the survey beyond the formal feedback period deadline of 18 October.

Despite staff input, the renal service was the only one that had patient interest (following significant assistance from staff, who phoned patients to gain agreement to participate). It may be that this was impacted by the intense staff workload due to COVID.

The survey was open from 16 October to noon on 21 October (a late response was included). Survey details were emailed to 11 renal patients on 16 October. Responses were received from nine patients, five women and four men.

- Age groups: 35-44 (1); 45-54 (3); 55-64 (3); 65+ (2).

- Postcodes: ML1 (3); ML2 (1); ML4 (1); ML5 (1); ML6 (1); ML10 (1); G68 (1).

Survey results (all responses from renal patients)

Gartcosh was seen as having the most impact, all negative.

Free text comments

- Gartcosh is seen as distant from the Monklands area.
- The overriding theme is travel and transport.
- The requirement for good parking provision is mentioned.

12. Impact of COVID-19

The opportunity to undertake face-to-face engagement was halted by the COVID-19 pandemic, meaning that alternative methods had to be employed for the engagement phases after March 2020 – the public/staff site scoring process and the option appraisal feedback period.

- Information stalls for the staff and public, which were used in earlier phases, could not be used during the feedback period due to the virus.
- Targeting of A&E patients, a specific ask from Healthcare Improvement Scotland – Community Engagement, was done via posters rather than on-site sharing of leaflets and direct discussion with patients, following advice from A&E staff.
- Targeting of centres of excellence patients, a specific ask from Healthcare Improvement Scotland – Community Engagement, could not be done through on-site engagement by the MRP team and instead relied on the goodwill of service staff, in the face of their heavy COVID workload, to distribute flyers to patients and encourage participation.
- The postal site scoring exercise was successfully implemented after being designed by the Consultation Institute with coronavirus restrictions in mind.
- The Campaign Company arranged focus groups as virtual online events rather than in person.

13. Reflections

During the engagement process a number of recurrent themes emerged:

1. The engagement process and scoring exercise;
2. Identification of potential sites;
3. Travel and transport;
4. Impact on health inequalities and deprivation;
5. Site contamination;
6. Cross-boundary flow.

13.1. What did we hear and what did we do about it?

The following outlines, by themes, the channels NHS Lanarkshire employed to listen to input from stakeholders, what we heard and what actions we undertook to address the issues that were made known to us.

| 1. Engagement process and postal scoring exercise | |
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| What did we hear? | What did we do about it? |
| <u>Overview</u> There was a theme, on social media in particular, that there was a “done deal” in favour of Gartcosh and that the public’s views would not influence this. There was some concern, from public and local politicians, about: <ul style="list-style-type: none">- the number and location of community discussions;- the proportion of scoring process participants drawn from disadvantaged areas/lower-paid staff/Cumbernauld & Kilsyth area. | <ul style="list-style-type: none">• Stressed in FAQs and in public events that no decision on site selection had yet been taken.• Additional community discussion events were scheduled.• Information on the approach to community discussions was published in the MRP FAQs.• Social media used to promote community discussions. |

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| <p><u>Community discussions</u></p> <ul style="list-style-type: none"> • Comments about lack of publicity for the events. • Questions about site scoring: how will it work, what will the patient/staff split be, how will individuals be selected and how will the feedback from the event be used by the board in the decision-making process. <p><u>October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments</u></p> <ul style="list-style-type: none"> • Comments about process including how this feedback will be taken into account in decision-making processes; lack of trust in the process taken to date especially in the “early days”. • Request for enhanced UHM clinical staff engagement during feedback period. | <ul style="list-style-type: none"> • Information on the site scoring process, including the participant proportions, was published on the MRP webpage/FAQs. • Consultation Institute asked to review and confirm appropriateness of approach to scoring participant proportions, using random nominations process and based on hospital usage rather than population levels. • For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including this topic. • NHS Lanarkshire was responsive to requests for meetings with Monklands Medical Staff Association and UHM Senior Charge Nurse/Charge Nurse/Chief Nurse Meeting. |
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| 2. Identification of potential sites | |
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| What did we hear? | What did we do about it? |

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| <p>Cabinet Secretary for Health and Sport directed that NHS Lanarkshire seek to identify further sites to be considered for the new hospital.</p> | <ul style="list-style-type: none"> • Further search of available sites by North Lanarkshire Council during July/August 2019 against a set of criteria agreed with the Cabinet Secretary. • Sought public nominations for specific sites which might meet the site selection criteria. • Assessed all sites proposed by council/public. • Added Wester Moffat (public nomination) to site shortlist. |
| <p>Calls from public/Scottish Labour for the existing site to be retained as an option.</p> | <ul style="list-style-type: none"> • Clear information on MRP webpage, including in FAQs, and at community discussions, on the reasons that existing site is not an option following decision by Cabinet Secretary that the site should be excluded as “building a new hospital on an existing site takes longer, costs more and risks infection and other patient safety concerns.” • Clear explanation on MRP webpage, including in FAQs, and at community discussion, that the existing site will be developed as a “health and wellbeing village”. • Explanatory correspondence with Labour members. |
| <p>Maxim Park (Eurocentral) should be a site option.</p> | <ul style="list-style-type: none"> • Correspondence/discussions with owners of Maxim Park to explain unsuitability of site as outside catchment area/adverse impact on neighbouring hospital catchments. • Responses to media inquiries re above. |

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| Cumbernauld is the largest community in the UHM catchment area and should be a site option. | <ul style="list-style-type: none"> • Transparent messaging re unsuitability of Cumbernauld due to adverse impact on neighbouring hospital catchments, via: <ul style="list-style-type: none"> - community discussions. - frequently asked question on MRP website - response to correspondence from individual who launched a petition re this topic. • Please note: this topic was also the subject of correspondence with Jamie Hepburn MSP (Cumbernauld & Kilsyth) during the 2018 MRRP public consultation. |
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| 3. Travel and transport | |
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| Travel and transport was overwhelmingly the area of most interest and concern to stakeholders. The following issues were reflected across all elements of engagement including: community discussions; People's Hearing; scoring exercise participation; surveys; focus groups; direct feedback; information stalls; social media. | |
| What did we hear? | What did we do about it? |
| General concern about the travel and transport impact of hospital relocation. | <ul style="list-style-type: none"> • Transport strategy/updated drive times data published on MRP webpage along with information in FAQs/social media on travel and transport commitments. • This topic was among benefits criteria suggestions from the community. It was included as two of the benefits criteria in the site scoring exercise on the recommendation of the People's Hearing panel: travel times by road |

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| | <p>and public transport (patients); travel times by road and public transport (staff).</p> <ul style="list-style-type: none"> • Site scoring: weighting/scoring information packs/FAQs included detail on this topic. • Following analysis of site scoring participant comments by the Consultation Institute, transport infrastructure was included in the risk appraisal element of the option appraisal process • For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including travel and transport |
| Moving the hospital may result in additional travel costs and travel time for people (patients and staff) who live close to the existing University Hospital Monklands site. | <ul style="list-style-type: none"> • FAQs/information at discussions included commitment to staff travel assistance/ambition to provide free/subsidised transport options via transport hub arrangements. |
| The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh. | <ul style="list-style-type: none"> • The information on transport and travel was prepared by WSP (transport engineers) and Strathclyde Partnership for Transport (SPT) independently and has been validated by Transport Scotland prior to publication. • This information was published in February 2020 and the opportunity to raise concerns in respect of the |

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| | <p>robustness or accuracy of the data, though the People's Hearing, was offered to members of the public and staff.</p> <ul style="list-style-type: none"> • Topic was discussed and explained by specialists at People's Hearing. • All representations re this topic were reviewed and the People's Hearing panel concluded that all of the transport information provided in the Transport Strategy, overseen by Transport Scotland, was robust and accurate |
| Concerns that suitable public transport (bus) will not be provided when the hospital relocates. Concerns that current bus services to University Hospital Monklands are poor. | <ul style="list-style-type: none"> • Communication through FAQs/published information/discussions that NHS Lanarkshire has committed to providing connectivity by bus which is at least comparable to than that available for the existing site. Where possible this will be improved. |
| <p>Concerns, including from Monklands Medical Staff Association, that the East Airdrie Link Road (EALR) will not be built and site would therefore be difficult to access/unattractive re recruitment and retention of staff/less suitable for NHS regional provision.</p> <p>Concerns EALR is being described as a single carriageway when it will be a dual carriageway.</p> | <ul style="list-style-type: none"> • Received written confirmation from North Lanarkshire Council that the funding for the EALR is available within the City Deal project and that the road is funded as a single carriageway. • This information was included in FAQs and communicated at community discussions/staff meetings. |
| Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area. | <ul style="list-style-type: none"> • NHS Lanarkshire was transparent in explaining that there would be no |

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| | direct link from Airdrie to the Gartcosh site by rail. |
| NHS Lanarkshire will not upgrade road infrastructure sufficiently | <ul style="list-style-type: none"> The proposed road infrastructure improvements have been assessed in detail by WSP and are set out on a site by site basis in the transport strategy and are summarised in the cost report by Currie & Brown, as published for consideration on the MRP webpage. |
| Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to Crime Campus and rail station. | <ul style="list-style-type: none"> FAQs/discussions included information that that car parking requirements are addressed through the local authority planning process but provision would increase. |

| 4. Impact on health inequalities and deprivation | |
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| What did we hear? | What did we do about it? |
| <p>General concern from public/staff and some local politicians that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation - Airdrie/Coatbridge/wider Monklands area.</p> <p><u>Community discussions</u></p> <p>Socio-economic impact in Airdrie/Coatbridge due to the relocation of the hospital, leading to unemployment and loss of income for local businesses.</p> <p><u>People's Hearing</u></p> <p>Submissions re impact on areas of highest deprivation of moving outside the Monklands area and to Gartcosh; concern about the way</p> | <ul style="list-style-type: none"> Development of the Fairer Scotland Duty Assessment (FSDA), which addresses the socio-economic impact of proposals and will be considered by the Board of NHS Lanarkshire in its decision-making process with regard to a recommendation for a preferred site. FSDA published for consideration/feedback by public/staff on the MRP webpage as an interim report and subsequently as an updated version taking full account of the impact of the additional site option at Wester |

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| <p>people from the areas of highest deprivation will be represented and considered at the scoring exercise;</p> <p>concern that a large number of lower-paid public and staff will have issues accessing/impact on jobs if hospital at Gartcosh.</p> <p><u>October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments</u></p> <ul style="list-style-type: none"> • Consensus that there needs to be significant improvements in public transport access to minimise the impact on the more disadvantaged groups – especially the elderly, the more vulnerable (for example those with learning disabilities or dementia) and those from more economically disadvantaged households including single parents. • Neil Gray MP and Alex Neil MSP highlighted Fairer Scotland Duty Assessment (FSDA) findings as underlining previous comments on inequalities for Airdrie locality. • Jamie Hepburn MP/Stuart McDonald MP noted FSDA finding that, while the proportion of disadvantage is less in their locality, the number of individuals affected is similar. • Fulton MacGregor MSP stressed support for development of existing site to address inequality/Richard | <p>Moffat (publicised through a press release/internally/social media).</p> <ul style="list-style-type: none"> • The FSDA and its purpose were included in webpage frequently asked questions • The considerations within the FSDA led to the commitment by NHS Lanarkshire and partners to create a “health and wellbeing village” on the current site of University Hospital Monklands, helping to reduce health inequalities and providing the opportunity for economic regeneration in the area. The plans for the existing site were publicised and subsequently discussed at community discussions. • Following views expressed on this topic at the People’s Hearing, Scottish Index of Multiple Deprivation data for North Lanarkshire was added to the scoring event presentation. • Following analysis of site scoring participant comments by the Consultation Institute, impact on travel for people on low incomes was identified for inclusion in the Fairer Scotland Duty Assessment. • For consideration by the Board of NHS Lanarkshire: this report summarises community discussions |
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| Leonard MSP expressed concern that the project would not proceed. | comments/option appraisal feedback, including this topic. |
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| 5. Site contamination | |
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| What did we hear? | What did we do about it? |
| <p><u>Overview</u></p> <p>A common theme was that the information on contamination is inaccurate and is biased – in particular there are concerns raised by some that the level of contamination at Gartcosh is much higher than has been stated.</p> <p><u>Community discussions</u></p> <p>Some concern re Glenmavis, greatest concerns re Gartcosh. Participants used descriptive words such as ‘toxic’ and ‘contaminated’ and associated, significant costs to remediate the land were discussed.</p> <p><u>People’s Hearing</u></p> <p>Neil Gray MP/Alex Neil MSP noted potential contamination at the Gartcosh site; no updated report on drilling at the Gartcosh site.</p> <p><u>Option appraisal</u></p> <p>Participant feedback identified concerns over the assessment of contamination by NHS Lanarkshire.</p> <p><u>October 2020: Option appraisal direct feedback/telephone survey/focus groups/social media comments</u></p> | <ul style="list-style-type: none"> • Site condition reports and addenda reports on investigations (drilling) were published on MRP webpage. • Contamination was discussed and explained by specialists at People’s Hearing. • Contamination was included as a benefits criterion in the site scoring exercise on the recommendation of the People’s Hearing panel. • Site weighting/scoring information packs included detail on contamination at all sites. • FAQs (general and for scoring participants) noted all sites were capable of remediation • Following analysis of site scoring participant comments by the Consultation Institute, contamination was included in the risk appraisal element of the option appraisal process. • For consideration by the Board of NHS Lanarkshire: this report summarises community discussions comments/option appraisal feedback, including this topic. |

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| <ul style="list-style-type: none"> Contamination was not recorded as a significant issue in general public/staff feedback although was noted with reference to Gartcosh in the telephone survey and Wester Moffat was described in direct feedback as least polluted. In feedback submission, Neil Gray MP/Alex Neil MSP reiterated their concerns re Gartcosh. | |
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| 6. Cross-boundary flow | |
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| What did we hear? | What did we do about it? |
| <p><u>Overview</u></p> <ul style="list-style-type: none"> There was concern, particularly from members of the community who oppose the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow). A common theme was that information on cross-boundary flow was inaccurate and biased – in particular that the impact of cross boundary flow at Gartcosh is understated. <p><u>Community discussions</u></p> <p>Participants at Gartlea and Coatbridge events suggested sites should be scored on the extent to which they might attract patients from outside the current catchment area for Monklands.</p> | <ul style="list-style-type: none"> Analysis of impact of cross-boundary flow published on the MRP webpage and highlighted in FAQs and on social media. The impact of cross-boundary activity was included as a benefits criterion in the site scoring exercise following recommendation by the People’s Hearing panel. Site weighting/scoring information packs included detail on this topic. Following analysis of site scoring participant comments by the Consultation Institute, cross-boundary impact was included in the risk appraisal element of the option appraisal process. For consideration by the Board of NHS Lanarkshire: this report summarises community discussions |

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| <p><u>People's Hearing</u></p> <p>Neil Gray MP/Alex Neil MSP noted concerns on this topic re Gartcosh.</p> <p><u>Option appraisal</u></p> <p>Some scoring exercise participants noted concerns on this topic re Gartcosh.</p> <p><u>Feedback period: direct feedback</u></p> <p>This was a factor for those opposed to Gartcosh, which they described as “a hospital for Glasgow”.</p> <p><u>Feedback period: telephone survey/focus groups/social media comments</u></p> <p>This was not recorded as a significant topic in general public/staff feedback although was noted with reference to Gartcosh in the telephone survey.</p> | <p>comments/option appraisal feedback, including this topic.</p> |
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14. Points for consideration

14.1. Engagement Process and Postal Scoring Exercise

The engagement process and postal scoring exercise were independently assessed by Healthcare Improvement Scotland – Community Engagement (HIS-CE), formerly known as the Scottish Health Council.

In their assessment report HIS-CE stated that the work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months met the expectations set out in their recommendations from June 2019 and followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

HIS-CE found that NHS Lanarkshire:

- Took a rigorous approach to engagement and option appraisal on the new site for University Hospital Monklands over the last 12 months;
- Responded positively to questions. People have been given the opportunity to question the clarity or accuracy of the external assurance information and identify potential gaps, resulting in information being added to and refined as the process progressed;
- Endeavoured to ensure objectivity and balance, paying particular attention to achieving parity in the external assurance activities and reports provided for the three shortlisted sites;
- Undertook engagement over the last 12 months on the three shortlisted sites that was robust and would support the Board of NHS Lanarkshire in identifying a preferred location for the new University Hospital Monklands.

The design and implementation of the engagement process and postal scoring exercise were supported through independent input from the Consultation Institute (tCI).

Throughout the engagement process we saw a good and consistent level of participation from stakeholders. There was a total of more than 185,000 stakeholder interactions with the largest element being via social media. The telephone survey conducted for NHS Lanarkshire by The Campaign Company in October 2020 found a high level of general awareness of plans related to University Hospital Monklands. People found out about the plans through a wide range of

routes including newspapers, social media, word of mouth, website, newsletters and leaflets in the community and public meetings. This reflected the multi-channel approach to communications and engagement that was used.

There was a general belief that the process had been fair, as indicated by 77 per cent of respondents to the telephone survey conducted in October 2020. In addition, the vast majority of participants in the February community discussions felt that they had the chance to give their views and actively contribute.

There were a number of negative comments throughout the process, based on a perception that a decision on the location of the hospital had already been made. Prior to the option appraisal exercise some expressed the belief that it was already decided it was going to Gartcosh. Following the option appraisal, the same view was more likely to be expressed in relation to Wester Moffat. The view was also expressed through various routes that there had been insufficient consultation with the public and that more information should have been provided. The validity of some of the information provided by NHS Lanarkshire was questioned.

Actions were taken during the engagement process to address perceptions regarding decision-making, making additional information available, and giving stakeholders the opportunity to present additional evidence to the People's Hearing. The People's Hearing panel concluded that no submissions had been presented which provided evidence to challenge any of the published information relative to each of the three potential sites.

With the exception of the two random, geographically-targeted telephone surveys, participants in the process self-selected when providing feedback. This has been taken into account when analysing stakeholder feedback and reaching the conclusions in this report.

Elected representatives' submissions followed the pattern of other responses and generally mirrored the site preferences of the communities they represent. Therefore, there was not a unanimous view of the preferred site from local politicians.

The opportunity to undertake face-to-face engagement was halted by the COVID-19 pandemic. Alternative methods of achieving stakeholder input, including the postal scoring exercise and virtual focus groups, were used to address this challenge.

Analysis of stakeholder feedback across the entire process, from site nominations to option appraisal feedback mirrored in large part the themes seen in the 2018 Monklands Replacement/Refurbishment Project public consultation process.

14.2. Feedback on site locations

Transport and travel was the most widely cited reason for a particular site preference. A general theme running through feedback received from stakeholders was that most people expressed a preference for the site that was closest to where they lived. This was demonstrated most clearly in the responses to the second telephone survey.

It is further reinforced in the direct feedback received during the engagement period in September/October with each of the sites receiving positive comments about accessibility from some stakeholders and negative comments from others.

It should be noted that a reasonable proportion of individuals said they were not concerned with which site was selected. This was generally among car owners and those for whom there was little difference in travel time to the different sites.

Gartcosh received the strongest support from stakeholders providing direct feedback and commenting on social media during the engagement period. 70 per cent of those providing direct feedback who indicated a preferred site were in support of Gartcosh compared to 25 per cent for Wester Moffat. Stakeholders providing feedback through this route self-selected in contrast to the telephone survey's random sampling, which showed a more balanced perception of the sites among respondents.

Throughout the engagement process there has been a trend that stakeholders from different areas have been more vocal depending on their perception of the likely outcome. There was more negative sentiment about Gartcosh from stakeholders particularly from Airdrie when they believed this was the likely site of the hospital, and more positive sentiment about Gartcosh primarily from Cumbernauld, when Wester Moffat was seen as the likely outcome.

Throughout the engagement process, stakeholders demonstrated and reported a lower level of awareness of Wester Moffat and its exact location. Some stated that it was harder to judge its suitability as a result. This is likely because it was added as a potential site more recently in the process and did not enjoy the awareness of the other two sites that had built up during the engagement and consultation carried out in 2018. This was despite the fact that detailed information about Wester Moffat, including a site map, was included on the MRP webpage.

There was a consistent strength of feeling during the process from respondents in Airdrie that the site of the hospital should remain within Monklands, taken to mean the traditional Monklands area as per the boundaries of the former Monklands District Council. There was a clear sense of loss at the prospect the hospital may move further away, particularly if the site was Gartcosh. Indeed, significant numbers made it clear that they would prefer for the hospital to remain the existing site and that they did not understand the need to change location.

Independent of location, stakeholders commented positively on the vision for the new hospital and its ability to provide an enhanced clinical model for the people of Lanarkshire. There were also positive comments about the opportunities presented by the redevelopment of the current site of the hospital.

The vast majority of respondents living in Airdrie who participated in the second telephone survey indicated that there would be a significant impact for them if the hospital were relocated to Gartcosh.

For Glenmavis, those based in Coatbridge most often stated that there would be some impact, with Viewpark/Uddingston respondents having the largest number saying that the impact would be 'a lot'.

The lowest proportion of respondents who were likely to report a major impact of the hospital moving to Wester Moffat were those based in Airdrie.

It is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. It is important that this is addressed through further communications and engagement on the development of the hospital once the location is identified.

14.3. Travel and transport

As detailed in the section above on site location, travel and transport have continually featured as the most important factor for stakeholders when considering the site of the hospital. For example, during the online focus groups, there was overwhelming agreement that public transport access to each site should be a key factor when assessing options.

A number of specific themes emerged in relation to travel and transport:

- The information on transport and travel (travel times and road infrastructure costs) is inaccurate and is biased towards Gartcosh;
- Concerns that the East Airdrie Link Road (EALR) will not be built and that it is being described as a single carriageway when it will be a dual carriageway;
- Concerns that people of low income will be adversely affected if the hospital is located out with Airdrie;
- Concerns that suitable public transport (bus) will not be provided when the hospital relocates;
- Concerns that current bus services to University Hospital Monklands are poor;
- Concerns that rail links at Gartcosh do not provide connectivity for Airdrie area;
- NHS Lanarkshire will not upgrade road infrastructure sufficiently;
- Concern over provision of insufficient parking – particularly at Gartcosh which already has parking challenges due to crime campus and rail station;
- Height above sea level of Glenmavis site is a concern for some due to potential impact of adverse weather conditions in winter.

Stakeholders also identified that the project provides a great opportunity to develop innovative, sustainable travel solutions.

14.4. Impact on health inequalities and deprivation

In addition to stakeholders highlighting concerns about health inequalities and deprivation during the overall engagement process, there was specific stakeholder engagement in the development of the Fairer Scotland Duty Assessment (FSDA).

Public, staff and some local politicians raised general concerns that the Gartcosh option had the potential to adversely impact those who live in areas of high deprivation, particularly those within Airdrie, Coatbridge, and the wider Monklands area, and those who did not have a car.

The positive economic benefits of the new hospital development to the area it was located in were also raised by stakeholders.

Stakeholders were concerned that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital of Airdrie in terms of loss of income, increased travel costs and the loss of a community asset. Some stakeholders highlighted concerns about those who lived in deprived areas in other parts of Lanarkshire.

Lower-paid staff expressed concerns around maintaining employment should the site move further away. There were also concerns regarding employment opportunities being lost to areas out with Lanarkshire particularly if the site is moved to Gartcosh, which is near Glasgow.

Public and staff indicated that the availability of discounted fares and improved routes/services would encourage greater use of public transport. Staff also noted that many lower-paid staff undertake split shifts or have two jobs and therefore travel costs and travel time would be very important to them if the journey time to the new hospital were to be greater.

Stakeholders were keen to have accessible space to be able to walk at hospital grounds and that this should be natural greenspace if possible. There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution.

There are concerns about congestion, particularly within the vicinity of the Gartcosh and Glenmavis sites, where there are other ongoing build developments.

14.5. Site contamination

Stakeholders raised concerns about the level of contamination at Gartcosh using words such as “toxic” and “contaminated”. The sites use as a former steelworks was cited by stakeholders with concerns about whether it had been adequately remediated, or could be fully. There were also

concerns raised about the associated costs. There were some concerns raised by stakeholders during the process about contamination at the Glenmavis site.

A common theme emerging about site contamination from stakeholders was that the information provided during the engagement process was inaccurate and biased. These concerns were considered through the People's Hearing process.

14.6. Cross-boundary flow

There was concern, particularly from members of the community who opposed the Gartcosh option, about an influx of patients from Glasgow to a hospital at that location (cross-boundary flow).

A common theme was that information on cross-boundary flow was inaccurate and biased – in particular that the impact of cross-boundary flow at Gartcosh is understated. The opportunity to raise concerns in respect of the robustness or accuracy of the data was provided during February 2020 and no representations were made. The People's Hearing Panel concluded that all of the cross boundary flow information provided was robust and accurate.

15. Next steps

15.1. Considerations prior to recommendation for a preferred site

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 new hospital. Scottish Government guidance, CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services, states: "An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions."

A decision-making framework has been developed by the NHS Lanarkshire Board to assist it with meeting its duty to listen to and take into account the views of stakeholders when making its decision on the site of the hospital.

The framework includes consideration of briefing papers which set out evidence in relation to the factors highlighted by stakeholders: contamination; the engagement process; environmental impacts/green agenda; plans for the existing UHM site; the regional perspective; travel and transport.

The framework includes the following questions that the Board should consider when assessing the information in this report and other parts of the process:

- What have we heard from the process and peoples' contributions?
- How have we acted on what we have heard and what else are we intending to do going forward? (future proposals/actions)
- What factors have not influenced our thinking and why?
- In summary, what are we considering and why? What are we not considering and why?
- What conclusion has the Board reached on the best option for patients and staff from its assessment of the information?

This process ensures the issues raised by stakeholders are at the heart of the Board's considerations when determining a site for the new hospital.

15.2. Actions to follow confirmation of the site for new University Hospital Monklands

Following the Board's decision to recommend a preferred site to the Cabinet Secretary for Health and Sport, communication will be carried out to provide clear feedback to stakeholders, demonstrating how their views were taken into account in line with the process set out in 15.1.

This report highlights the range of issues that were important to stakeholders in determining the location of the hospital. By far the most important factor for stakeholders was travel and transport to the hospital. As a consequence, stakeholders generally expressed a preference for the site that they perceived to be most accessible to them. Therefore, it is clear that regardless of which location is chosen for the new hospital, the outcome is likely to leave some communities feeling disenfranchised. Further engagement and communication once the location is identified should recognise this challenge and work with communities to address their concerns.

To help achieve this it will be important to set out a clear vision for the new hospital on its chosen location and the continuing involvement of stakeholders should be central to this work. It will also be necessary to issue further information as soon as possible on how plans for the redevelopment of the existing University Hospital Monklands site are being progressed, underlining NHS Lanarkshire's commitment to engaging with the community on the future use of the site.

A 12-week public consultation will form part of the process of seeking planning consent for the new development once a preferred site is identified. This will flow from NHS Lanarkshire's engagement with North Lanarkshire Council's planning team, who will advise precisely what level of detailed information they require on all relevant matters, including road infrastructure and public transport provision, to assist the formal planning process.

Future communications and engagement work following identification of a new site should provide assurances on road infrastructure and public transport provision and involve stakeholders in the development of innovative, sustainable transport options.

NHS Lanarkshire will continue to engage with HIS-CE for advice on future engagement on the hospital development.

16. Engagement timeline

| Monklands Replacement Project: key steps in the engagement process – 2016-2020 | |
|--|---|
| Date | Activity |
| 2016 | NHS Lanarkshire three-month public consultation on healthcare strategy Achieving Excellence. This included consideration of the redevelopment of University Hospital Monklands. |
| 2017 | Scottish Government approval of Initial Agreement for replacement/refurbishment of University Hospital Monklands. |
| 2018 | |
| June | Option appraisal on the clinical model of care, refurbishment or replacement and potential site of new hospital. |
| July-October | Three-month public consultation on the replacement or refurbishment of University Hospital Monklands. |
| November | Cabinet Secretary for Health and Sport announces independent review in response to concerns raised by public and political representatives. |
| 2019 | |
| June | Independent review panel reports on its findings and recommendations. Cabinet Secretary for Health and Sport responds to report. NHS Lanarkshire instructed to broaden out the site selection and discount rebuilding on the existing Monklands site due to concerns over cost, timescales and patient safety. Scottish Health Council publishes quality assessment report on consultation. |
| July | NHS Lanarkshire approves plans to implement review recommendations. |
| October-December | NHS Lanarkshire invites the public to submit nominations for alternative sites for new University Hospital Monklands. |
| 2020 | |
| January | Three sites shortlisted: Gartcosh, Glenmavis and new site at Wester Moffat. Vision for a new digital hospital with video and stills published. |
| February | Information to support consideration and discussion on the three shortlisted sites published. |
| February | Community discussions held in Gartcosh/Gartlea/Cumbernauld/Coatbridge. Representative telephone survey of 750 people. |
| March | People's Hearing. Site scoring event takes place but outcomes withdrawn. |
| March-June | Public advised that a postal scoring exercise will be facilitated. Public-facing element of process paused due to COVID-19 restrictions. |
| July-August | Postal and telephone site scoring exercise involving group of public and staff. |

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|-------------------|--|
| September-October | Feedback collated from site scoring/economic and risk appraisals completed. Outcome of 'site feasibility option appraisal' published – this marked the start of a public feedback period from 30 September-18 October |
| October | Fairer Scotland Duty Assessment published. Public feedback period concludes. |
| November | Healthcare Improvement Scotland – Community Engagement (formerly Scottish Health Council) publishes quality assessment report on engagement. |