

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

New Monklands Hospital Development – EDIA of Option D – Glenmavis

Q1 a; Function Guidance Policy Project Service Other, please detail:

Q2: What is the scope of this EDIA

NHSL Service Specific Discipline Specific Other (Please Detail)
Wide

Q3: Is this a new development? (see Q1)

Yes No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Impact Assessment? (please list)

New Monklands Core Team

Q6: Main EDIA person's contact details

Name:	Graham Johnston	Telephone Number:	01698 858264
Department:	Planning & Development	Email:	graham.johnston@lanarkshire.scot.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

NHS Lanarkshire is preparing plans for a c£400m project to replace or refurbish the existing Monklands Hospital. This provides a unique opportunity to further develop our specialist acute hospital services and centres of excellence and to fully integrate these with community based health and social care services.

The development process is being conducted in accordance with guidance issued by the Scottish Government Health Directorate¹, which sets out the Board's responsibility to inform potentially affected people, staff and communities about the proposed changes and to involve them in the design, development and appraisal of options; in a proportionate public engagement on the preferred options; and in recommending a decision.

This report assesses Option D – New Build on Another Site

Q8: (i) Who is intended to benefit from the function/service development/other(Q1) – is it staff, service users or both?

Staff Service Users Other Please identify: carers; partner organisations

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

A series of Stakeholder events have been undertaken as part of the process to develop plans for the replacement or refurbishment of Monklands Hospital. This process has developed since 2016 and will be continued to ensure appropriate engagement and representation to take forward the detail of the option appraisal process, with clinical, managerial, staff, patient and carer representatives. From the earliest stages of the process, the Core Team has given consideration to the key groups to inform and promote the need for change as well as identifying the possible barriers that may prevent people from engaging in the development process and agreed a range of different methods for engaging, discussing with people and enabling them to have their views heard. In addition, the involvement of staff and lay representatives in the stakeholder groups meant that they could directly disseminate information to their communities and provide on-going feedback on the process.

This Core Team supported and informed the development of a formal process of engagement with key stakeholders. The initial focus was Stakeholder Events held between January and October 2016 to ensure that :

- All stakeholders would be identified and have the opportunity to engage in the development of an appropriate clinical model;
- a process to develop a short list of service configuration options is agreed;
- a definitive short list of options can be developed; and
- Timescales for delivery will be agreed.

In addition the consultation process around NHS Lanarkshire's healthcare strategy 'Achieving Excellence' has included a specific section on the plans relating to Monklands Hospital and sought active engagement from the public on the options for delivery of services. This has been supported by a series of public events during October 2016. The results of the consultation responses will be factored into the formal option appraisal process.

The process has progressed through 2017 with the development of clinical work streams to finalise the model of delivery of clinical care to patients. This initial phase of this process concluded in May 2018 with a series of cross-check sessions attended by wide range (100+) of stakeholders – clinicians, patients, patient representatives and staff side representatives. This clinical model has informed the option appraisal process.

A formal option appraisal process, fully reflecting CEL 4(2010) requirements and meeting Scottish Health Council criteria, was taken forward in two stages in early June 2018. A total of 51 stakeholders, comprising 35 staff across NHS Lanarkshire and 16 patients, patient representatives and carers participated in the events.

Significant engagement with stakeholders/participants was undertaken in advance through a series of six pre-briefing sessions.

A formal public consultation on the outcome of the appraisal is now underway with a formal report setting out the option process, including a detailed financial analysis, and identification of the highest scoring option. Following this period of formal consultation (90 days) a final report and recommendation, including comments from stakeholders, will be considered by NHS Lanarkshire Board in autumn 2018.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this EDIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Copy of NHS Lanarkshire strategy – Achieving Excellence

Demographic profile of Lanarkshire residents and the changing needs of the population (e.g. significant increases in the 75+ population and recognition that patients are living longer with complex conditions)

Formal consultation report and associated documentation <https://www.monklands.scot.nhs.uk>

Advice taken from:

NHS Lanarkshire’s Equality and Diversity Manager

Director of Public Health Annual Report

SGHD CEL 4 ‘Informing, engaging and consulting people in developing health and community care services’

Scottish Health Council guidance: ‘Involving patients, carers and the public in option appraisal for major health service changes’

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following ‘protected characteristics’:	Positive	Adverse / Negative	Neutral	Comments
Glenmavis – Travel		X		There is the possibility of travelling further to the location/needling different travel / transport issues / arrangements This could have a negative impact

	X			<p>where age groups of service users/carers are disproportionately affected by transport issues (e.g. less likely to have own transport if older/additional cost of transport) or where service users require assistance to travel or escort</p> <p>Negatives:</p> <p>Could potentially lead to unequal opportunities due to:</p> <ul style="list-style-type: none"> - Access Issues – primarily transport issues/ financial burden of travel costs/access to private or public transport/poor public transport links in more rural areas/ability to drive/requirement for escort/vulnerability of individually having to travel or be transported. - Public perception around perceived loss of current site rather than opportunity to increase building capacity - Potential negative impact on community relations due to adverse media reports and delays in taking elements of work forward - New location is less accessible for a larger proportion of the hospitals catchment area than the existing site. (50% of catchment can access site within 15 minutes, 82% for current location) - Negative for a significant group there would additional travel time - No train station within walking distance - The single carriageway road, A73 may not meet the capacity required to support the building of a new hospital - Construction traffic for the new hospital and proposed new road will use the existing A73, causing significant congestion for communities and builders. - The proposed new single carriageway east Airdrie link road will not be delivered in advance to support the building of new hospital, expected completion date for new road is 2025. By 2025 the major elements of the new hospital will be required to completed <p>Positives: Transport</p> <ul style="list-style-type: none"> - Primary access to the site will be by single carriageway road, A73 & proposed east Airdrie link road. - Limited access to strategic motorway network (M73/M80/M74/M8) - Nearest train station (Drumgelloch) is 2.4 miles from proposed site
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General	X	X		<p>Option D – New Build on Another Site</p> <ul style="list-style-type: none"> - Potential delays in site acquisition - Potential requirement to establish additional - Public transport routes will have to be established: Impact on Patients/Carers/Visitors who will have to travel further to access the new facility which, especially those who rely on public transport. - Provision of new hospital facility designed to meet healthcare needs of catchment population

				<ul style="list-style-type: none"> - New site will have compliant access and be supported by a range of public transport options. - All elements of the clinical model and key adjancies can be delivered - Design Statement delivered in its entirety e.g. ability to provide 20% expansion, increased access to green space - Early delivery of patient benefits e.g. reduced length of stay, increased day case rate, availability of supporting technology - Achieving Excellence delivered earlier - Likely ability to maintain key adjacencies in expansion zones - Ability to deliver the regional model - Ability to deliver appropriate accommodation for children and young people - Ability to standardise key clinical spaces - No Healthcare Acquired Infection (HAI) scribe issues - Better opportunity for public realm space - No loss in car parking during construction - All accommodation meets current Scottish health planning note standards - New hospital will meet appropriate sustainability targets - No increased traffic through construction - No risk of loss of business continuity - No requirement for service decants - Shortest timeframe for completion (2026-27) - No construction and demolition work at live, operational hospital
Low income/poverty		X		<p>Due to travel increase there maybe additional costs for a small group of the population, but there is mitigation:</p> <ul style="list-style-type: none"> • patients in receipt of designated range of benefits eligible for reimbursement of • Travel costs for hospital appts • All patients over 60 have access to free bus travel • A number of protected groups have access to Free travel costs <p>See above under transport/general</p>
Age				<p>See General</p>

	X			
Disability (incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment)	X			See General
Gender Reassignment	X			See General
Marriage and Civil partnership	X			See General
Pregnancy and Maternity	X			See General
Race/Ethnicity	X			See General
Religion/Faith	X			See General
Sex (male/female)	X			See General
Sexual orientation	X			See General
Staff (This could include details of staff training completed or required in relation to service delivery)	X	X		Negative See Glenmavis travel Positives See Glenmavis travel plus <ul style="list-style-type: none"> - Improved staff environment - Improved staff training facilities - Ability to maximise University status - Potential opportunity for improved staff facilities e.g. childcare
Carers	X			See General New sites will have designated drop off zones to support ease of access for patients
Homeless	X			See General
Involved in Criminal Justice System	X			See General
Language/	X			See General


Social Origins				
Literacy	X			See General – on sites improved signage to support health literacy will be
Low income/poverty	X	X		See General
Mental Health Problems	X			See General
Rural Areas	X			See General
People who are unable to leave their homes without assistance	X	X		See General
Looked after and accommodated children and young people	X			See General
Transient populations	X			See General
People affected by addictions and substance abuse	X			
Refugees and asylum seekers	X			

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

If the screening process has shown potential for a high negative impact contact Hina Sheikh for further advice and support.

Date EDIA Completed	20 July 2018	Print Name <input type="text" value="Graham Johnston"/>
Date of next EDIA Review	July 2019	
Signature		
Department or Service	Planning & Development	

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of EDIA being completed. Send copy to hina.sheikh@lanarkhsire.scot.nhs.uk

¹ http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf