NHS Lanarkshire

UNIVERSITY HOSPITAL MONKLANDS REPLACEMENT/REFURBISHMENT PROJECT

DAY 1

4th June 2018

01 - BACKGROUND

02 – THE OPTIONS

03 – BENEFITS CRITERIA

04 – SCORING

PRESENTERS

- Graeme Reid – MRRP Project Director
- Dr Jim Ruddy – MRRP Clinical Lead
- Iain Buchan – Healthcare Planner
- Niall Thomson – Healthcare Planner
- Karen Pirrie – Healthcare Planner
- Colin Carrie – Architect

AIM OF THE DAY

“Identify the highest scoring option for Replacement/ Refurbishment of Monklands hospital from a non-financial perspective”

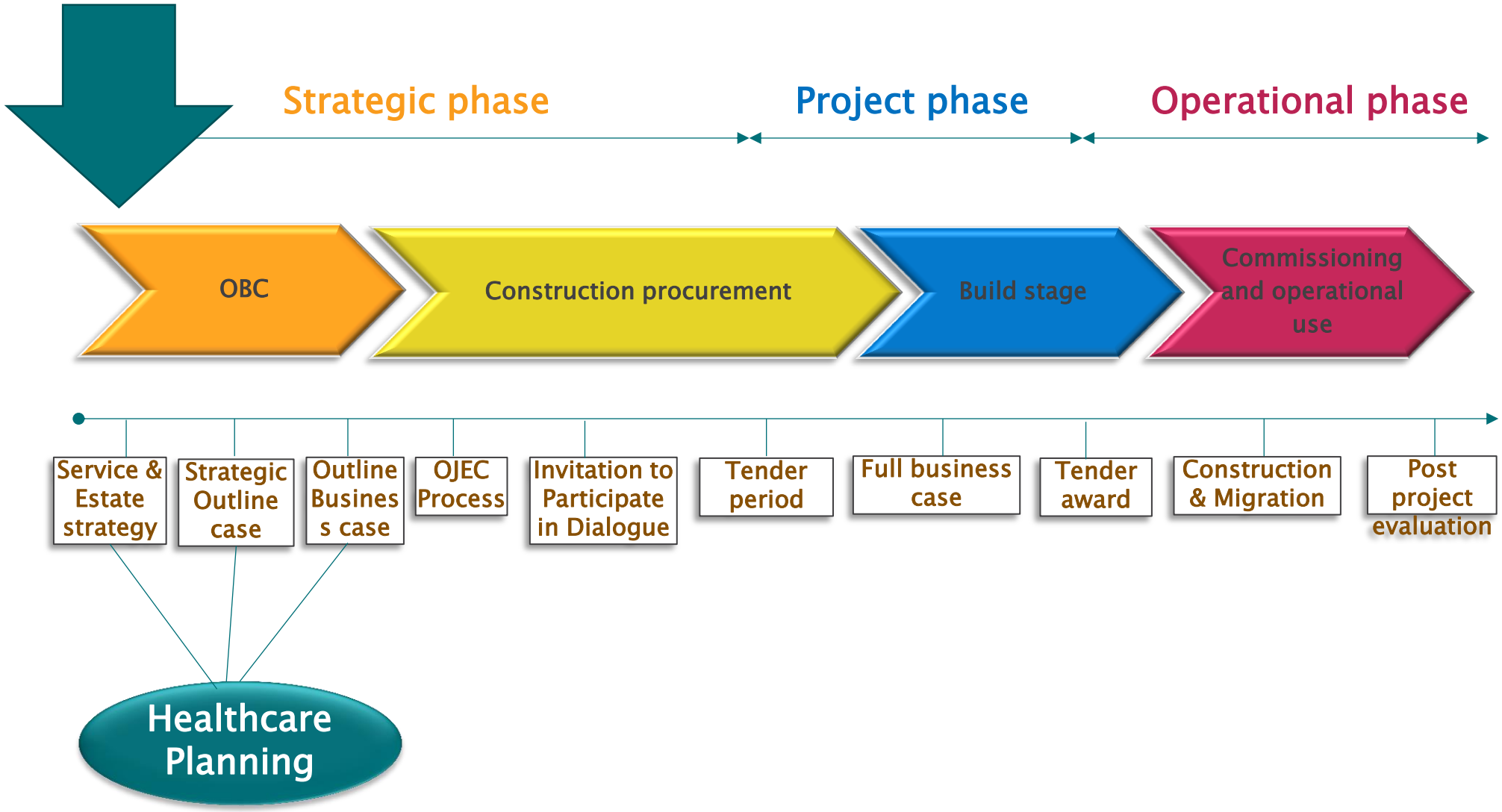
ATTENDEES

- Scorers – representative group of approximately
  - 35 staff participants representing acute hospitals, Health & Social Care Partnership's, Control of Infection, Scottish Ambulance Service and 5 Staff representatives
  - 20 public participants representing patients, carers & patient advocates (13 North and 7 South)
- Facilitators – 1 at each table
- Observers – Scottish Health Council, NHS staff

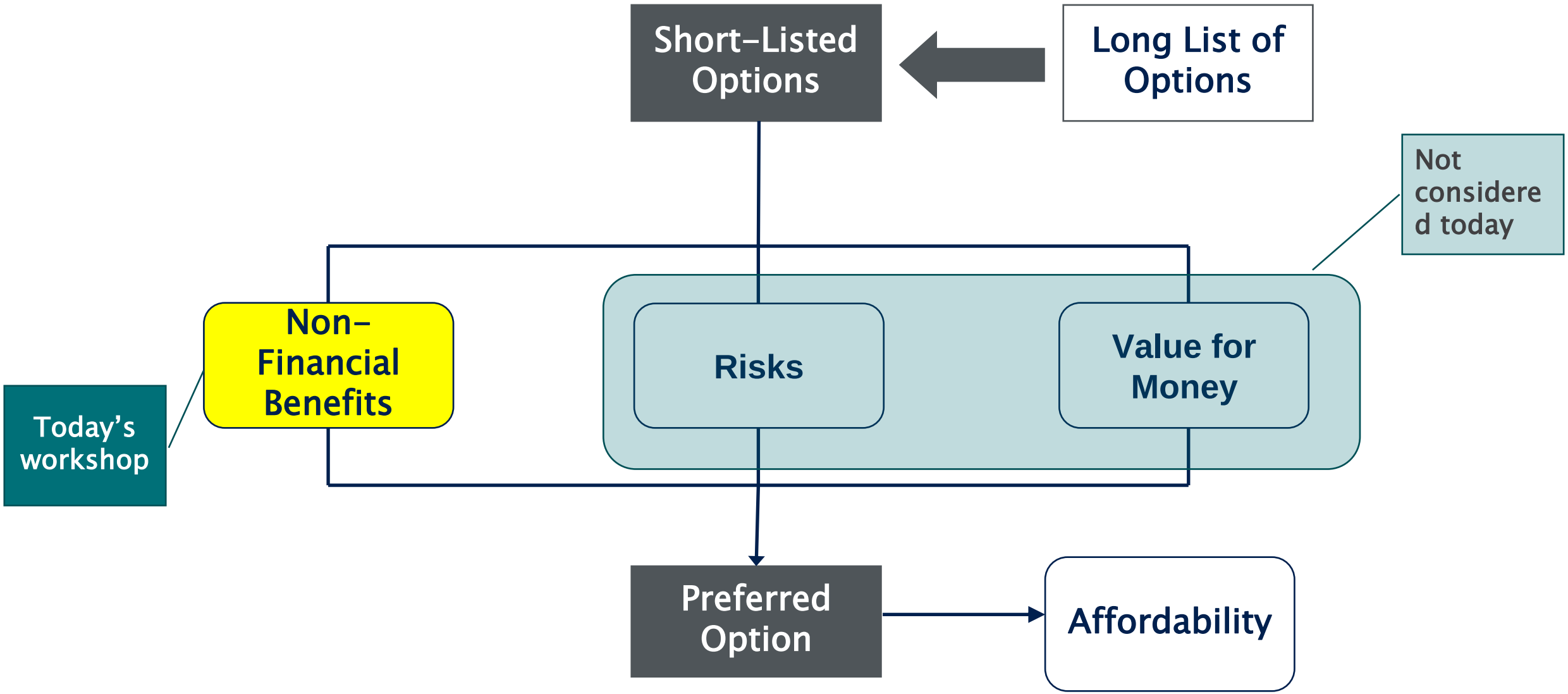
Agenda

Time	Item
9.30 – 9.45	Introduction
9.45- 10.30	Clinical Model
10.30-10.45	*Break*
10.45- 12.15	Options
12.15- 13:00	Lunch and gallery wall
13:00- 13.15	Option summary & Q&A
13.15- 14.15	Benefit Criteria – Ranking & Weighting
14.15-15.15	Scoring
15.15- 15.45	*Coffee*
15.45- 16.15	Scores & next steps
16.15-16.30	Q&A and close

Healthcare Planning



Option Appraisal Process



FINANCIAL APPRAISAL

A thorough financial appraisal will then be undertaken including assessment of:

- Capital costs – Land, Construction, Enabling, Parking, Equipment, Furniture
- Life Cycle costs – Maintenance and replacement
- Recurring Revenue costs – Staffing, Rates, Efficiency savings or additional costs
- Non-Recurring Revenue – Double running costs, transition costs, Removal costs, Decant/disposal costs
- 25 year Net Present Value and Equivalent Annual Cost assessment

OUTCOME OF OPTIONS APPRAISAL

- A formal report will be prepared following Options Appraisal with preferred option
- Local Consultation during July-Sept, giving all stakeholders the opportunity to have their say on the options appraisal process
- Recommendation to NHS Lanarkshire Board in the Autumn

GROUND RULES

- Participation is key to effective stakeholder involvement
- Discussion within the group is often an effective means of clarification - If in doubt about anything then just ask
- Your input to the workshop will have a direct impact on the way forward
- Respect everyone's opinion – whether you agree with it or not
- Let people speak without interruption
- Recognise that we are all here to deliver the best outcomes we can
- Keep to time – which is very limited

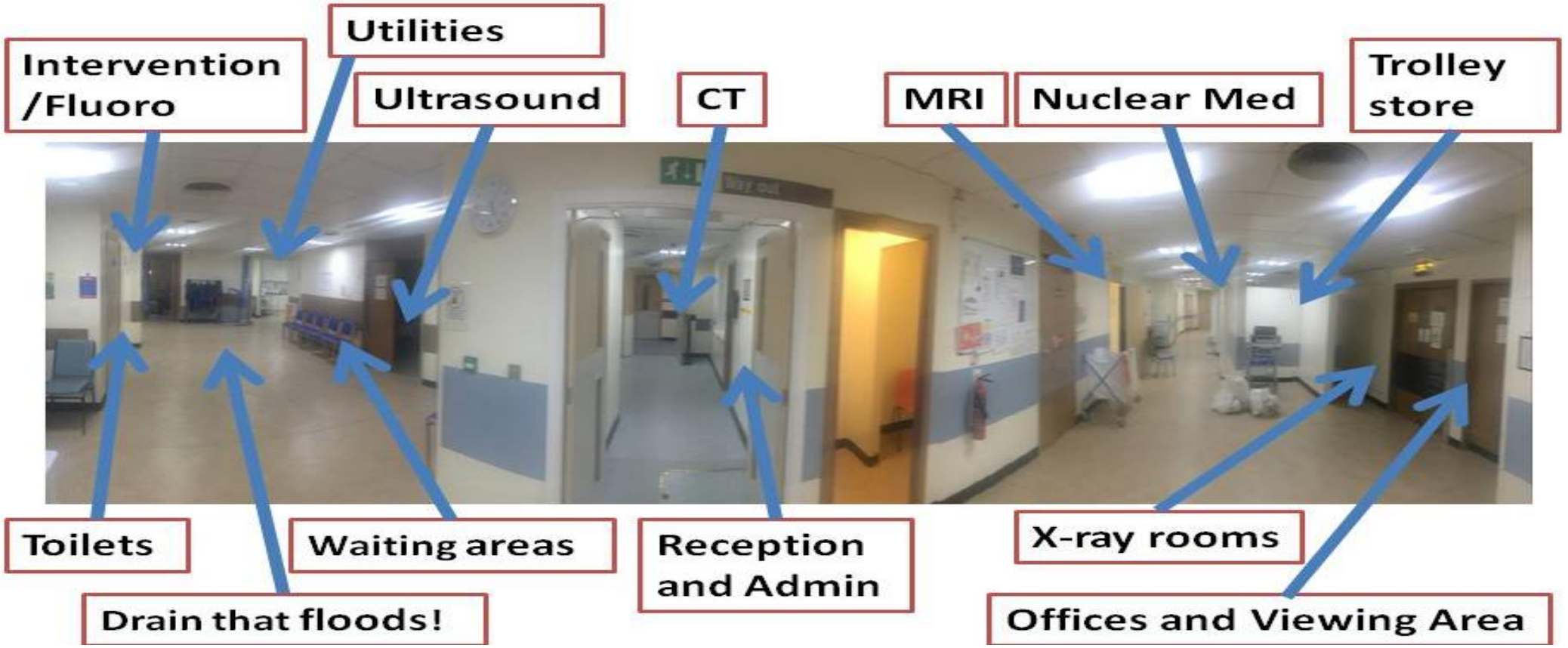
CLINICAL MODEL
BACKGROUND

"The future Clinical Model is how we as clinicians will treat patients in the future addressing the challenges we face"

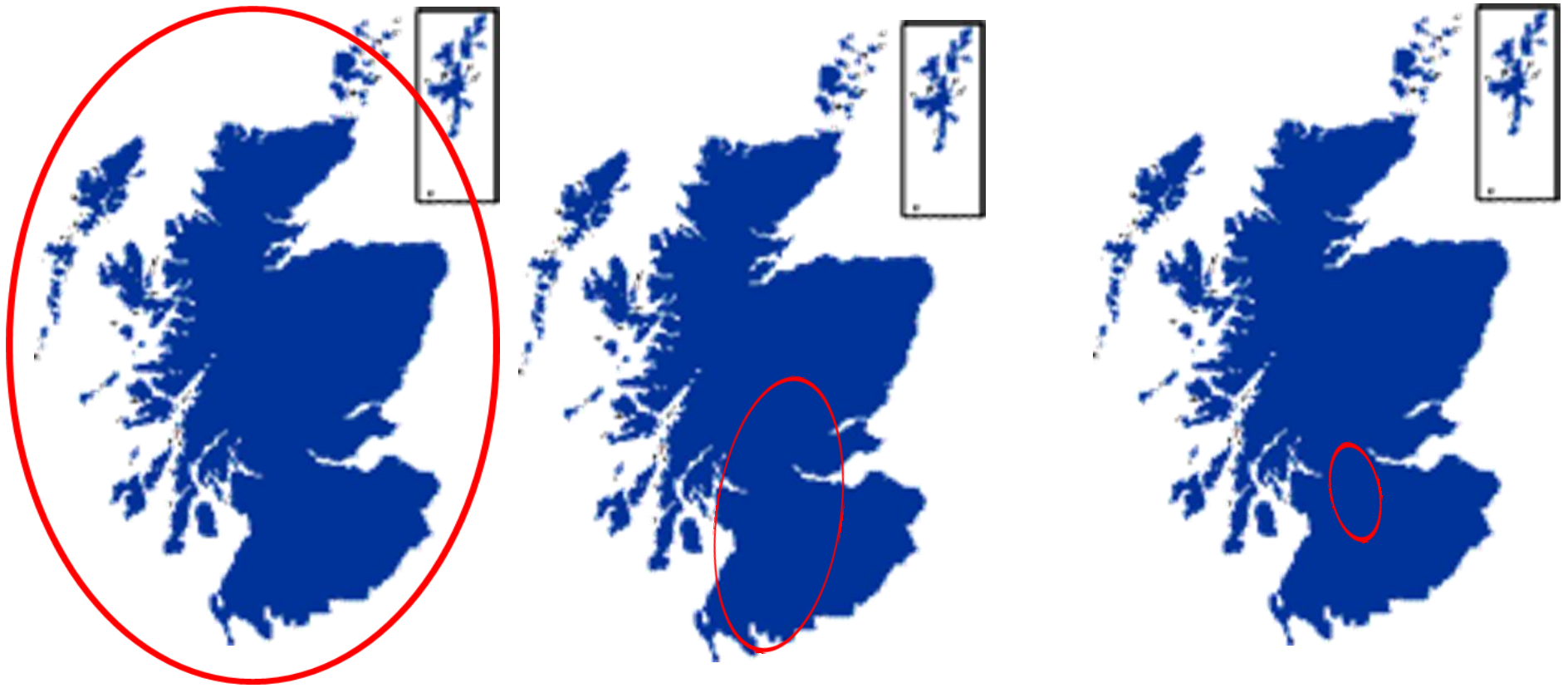
NHS Lanarkshire


Waiting Room
Way Out

Current Radiology Department



Strategic Context



Strategic Context – Regional

Choose...
- News Front Page
- More News
- New Developments
- News Archive
- Press Office

Publication Date: 09/10/2017

Scottish Government approves Initial Agreement

For Monklands rebuild or refurbishment

NHS Lanarkshire has been given the go-ahead to develop an outline business case to rebuild or refurbish Monklands Hospital.

The Health Board can move on to the next phase of planning following Scottish Government approval of the Initial Agreement to seek a capital allocation for the project.

Colin Sloey, NHS Lanarkshire Director of Strategic Planning and Performance, said: "We are delighted that the Scottish Government has formally approved the Initial Agreement and that we can begin the process of creating an outline business case.

"The development of the outline business case will be undertaken in the broader context of achieving the aims of the

Colin Sloey, NHS Lanarkshire Director of Strategic Planning and Performance, said: "We are delighted that the Scottish Government has formally approved the Initial Agreement and that we can begin the process of creating an outline business case. "

“.....include an assessment of all delivery options taking account of the population needs assessment of the West of Scotland...”

Paul Gray, Director General Health & Social Care and Chief Executive NHS Scotland , 5th October 2017

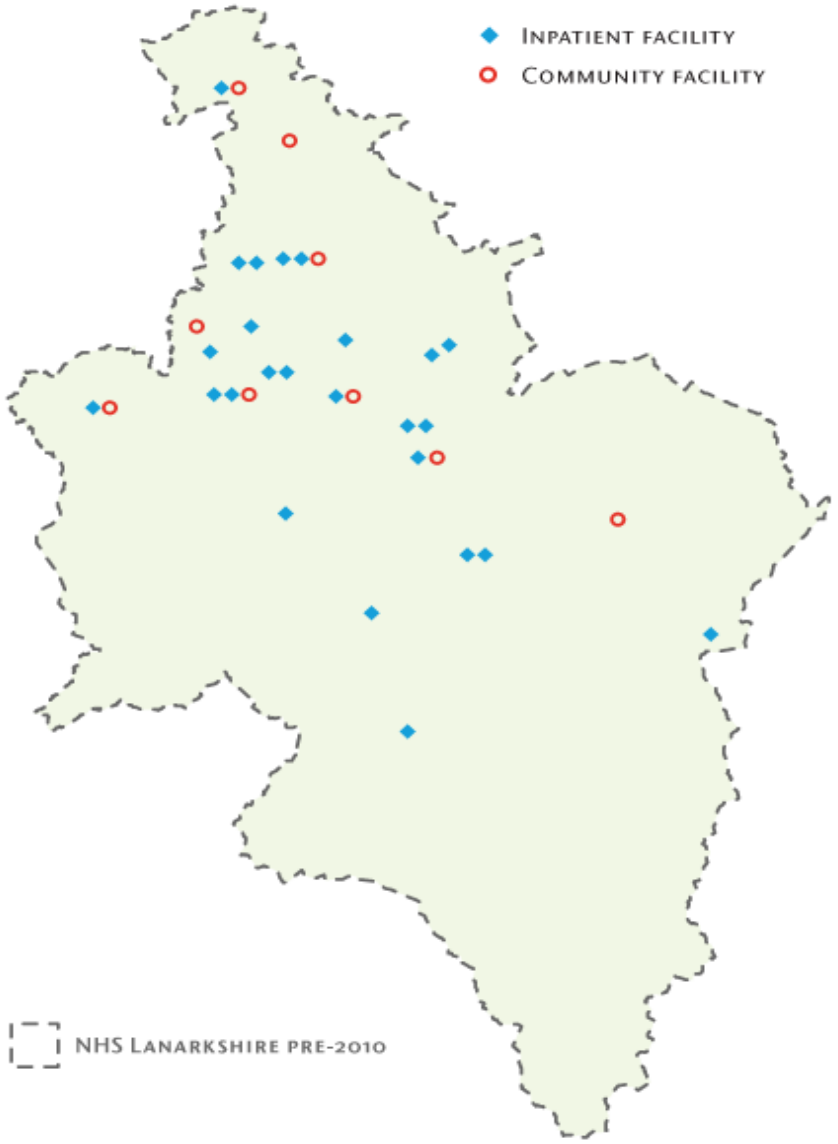
NHS Lanarkshire

Strategic Context – Regional

1977

Inpatient

Monklands District General Hospital
Wester Moffat Hospital
Bellshill Maternity Hospital
Kello Hospital
Kirklands Hospital
Roadmeetings Hospital
Cleland Hospital
Alexander Hospital
Coathill Hospital
Ladyhome Hospital
Hairmyres Hospital
Beckford Lodge Maternity Hospital,
Udston Hospital
Hartwood Hospital
Hartwoodhill Hospital
Kilsyth Victoria Memorial Hospital
Bellefield Hospital,
Lockhart Hospital
Law Hospital
Wm Smellie Maternity Hospital
Birkwood Hospital
Motherwell Maternity Hospital
Strathclyde Hospital
Stonehouse Hospital
Wishaw Hospital



Community

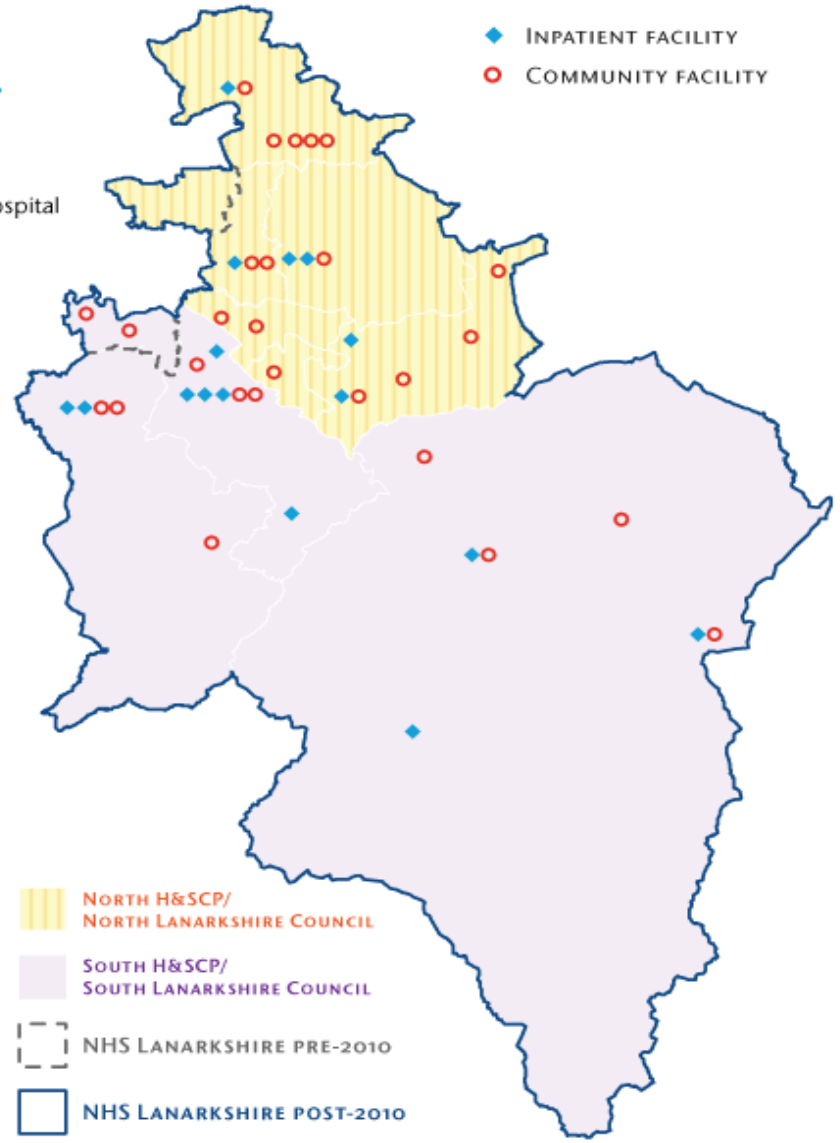
Airdrie Health Centre
Carluke Health Centre
Carnwath Health Centre
Abronhill Health Centre
Hunter Health Centre
Central Clinic
Kilsyth Health Centre
Medical Rehabiliation Unit
Wishaw Health Centre

Strategic Context – Regional

2017

Inpatient

Monklands District General Hospital
Wester Moffat Hospital
Kello Hospital
New Wards & Admin building, Kirklands Hospital
Cleland Hospital
Coathill Hospital
Ladyhome Hospital
New Mental Health wards, Hairmyres
New Hairmyres Hospital
Caird House
New Wards, Udston Hospital
Beckford Lodge
Kilsyth Victoria Memorial Hospital
Lockhart Hospital
New Stonehouse Hospital
Wishaw General

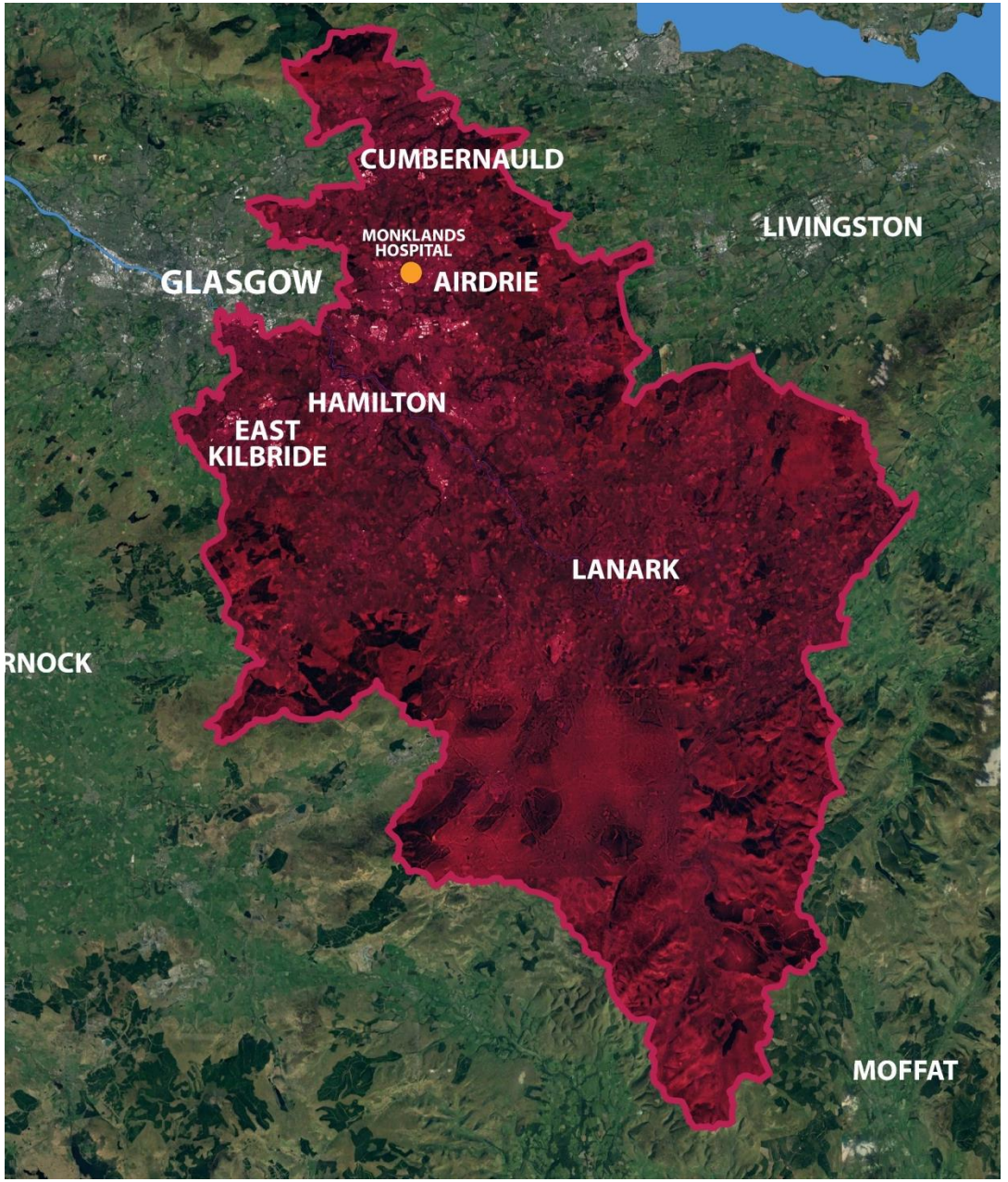


Community

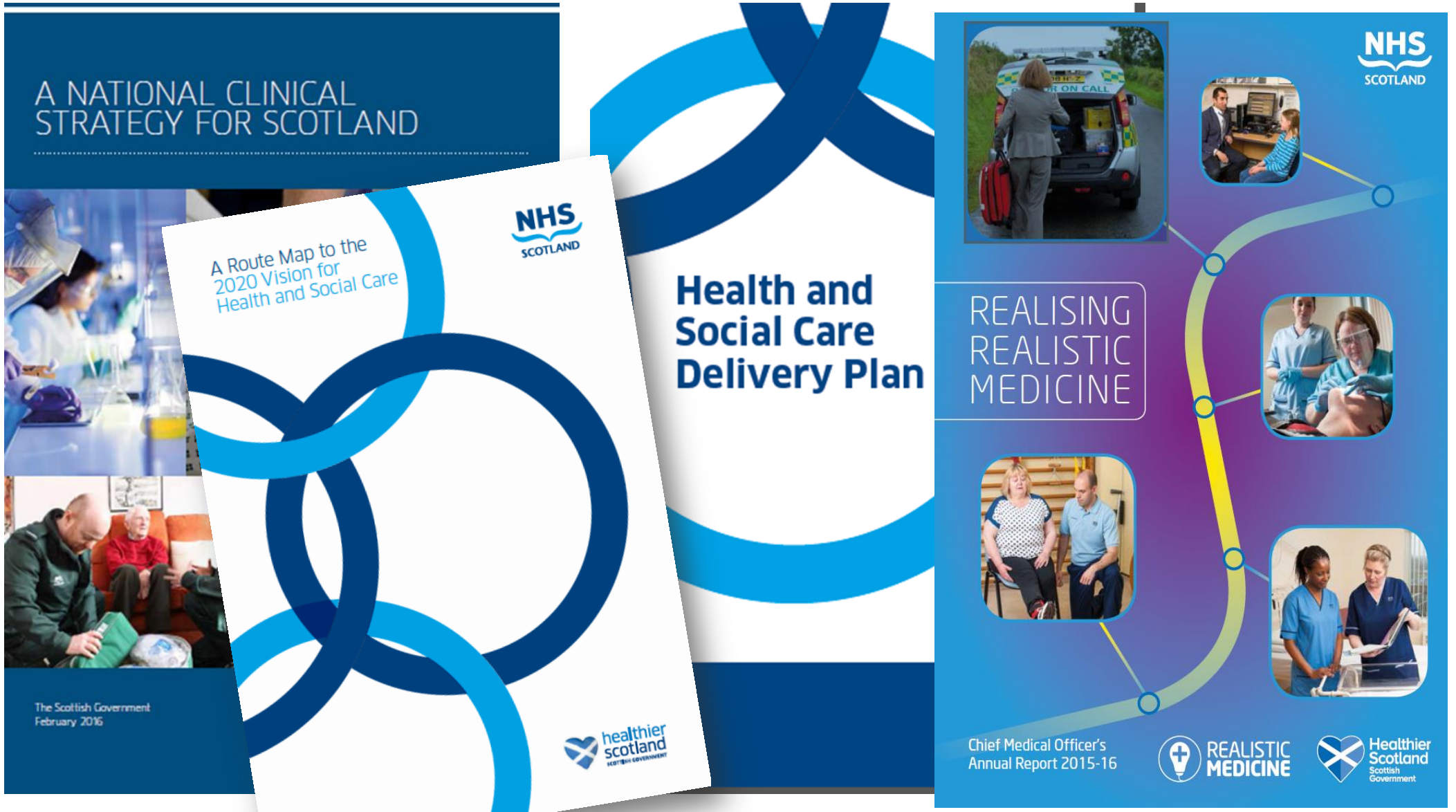
New Airdrie Community Health Centre
Bellshill Community Health Centre
Biggar Health Centre
Blantyre Health Centre
Cambuslang Gate
New Carluke Health Centre
Carnwath Health Centre
Coatbridge Health Centre
Buchanan Centre
Condorrat Health Centre
Abronhill Health Centre
Central Health Centre
Kildrum Health Centre
Greenhills Health Centre
New Hunter Community Health Centre
Central Clinic
Douglas Street Community Clinic
Harthill Health Centre
New Kilsyth Community Health Centre
New Lanark Health Centre
Motherwell Health Centre
Newmains Health Centre
Rutherglen Primary Care Centre
Shotts Health Centre
Strathaven Health Centre
Viewpark Health Centre
Houldsworth Centre

IMPACT OF REGIONAL PLANNING

- Impact of regional planning
  - Increasing access to latest highly specialised technologies e.g. robotics
  - Creation of centres of excellence specialist teams supported by community and primary care
- 50+ year in investment in Monklands therefore require future flexibility and adaptability



Strategic Context – National



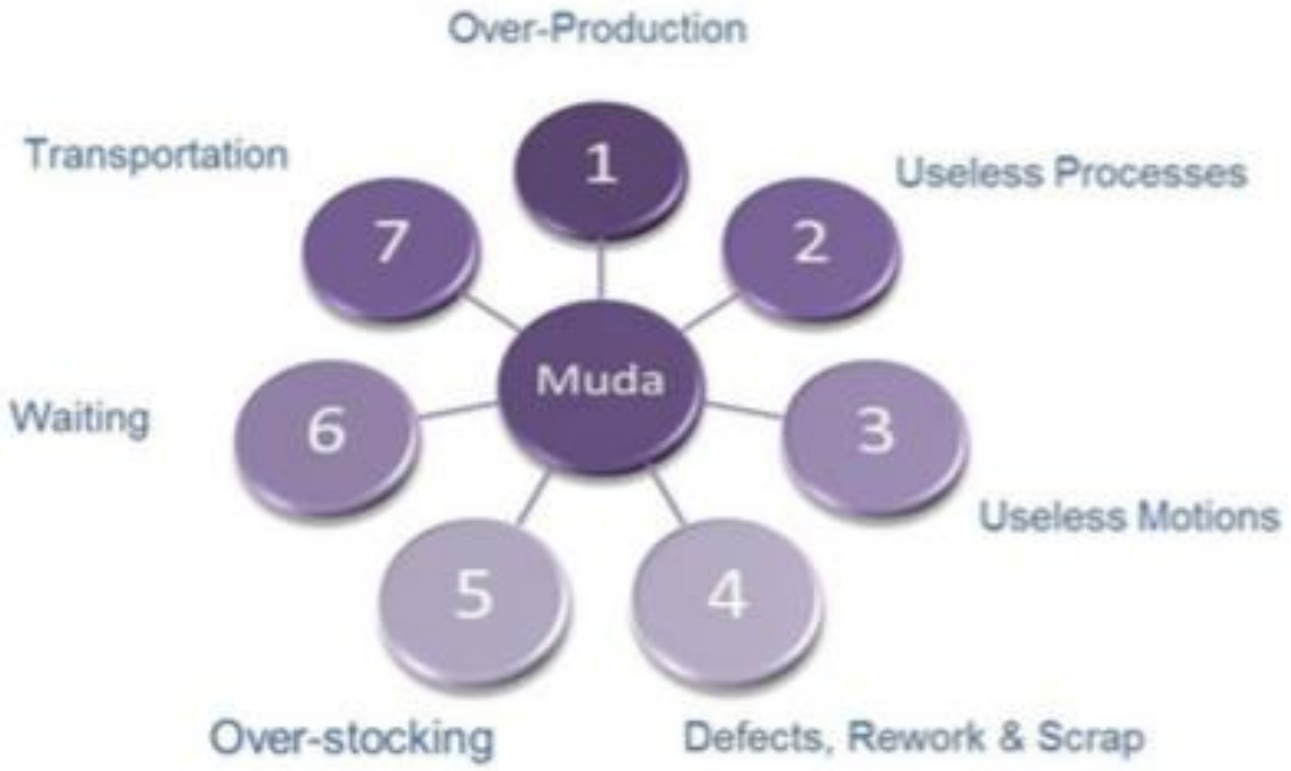
Safe → Reduce HARM

Clinically Effective → Manage VARIATION

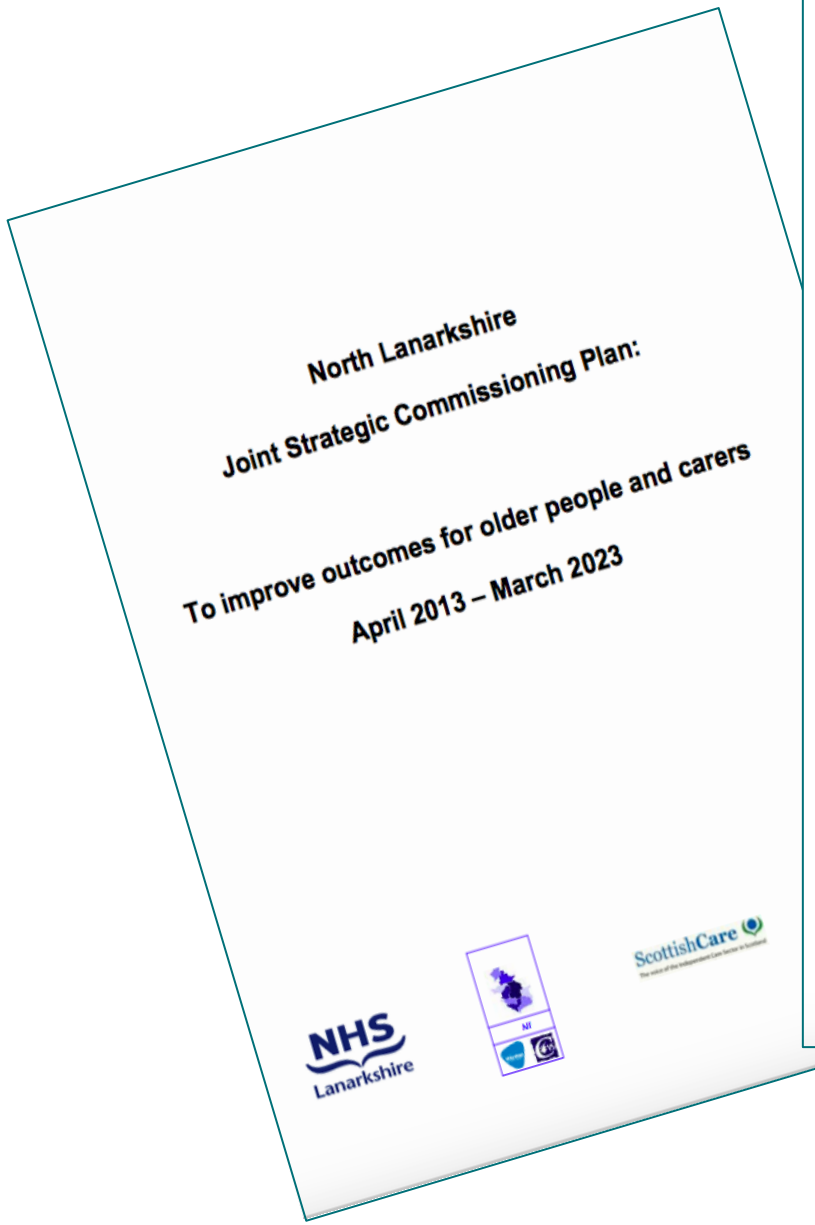
Efficient → Eliminate WASTE

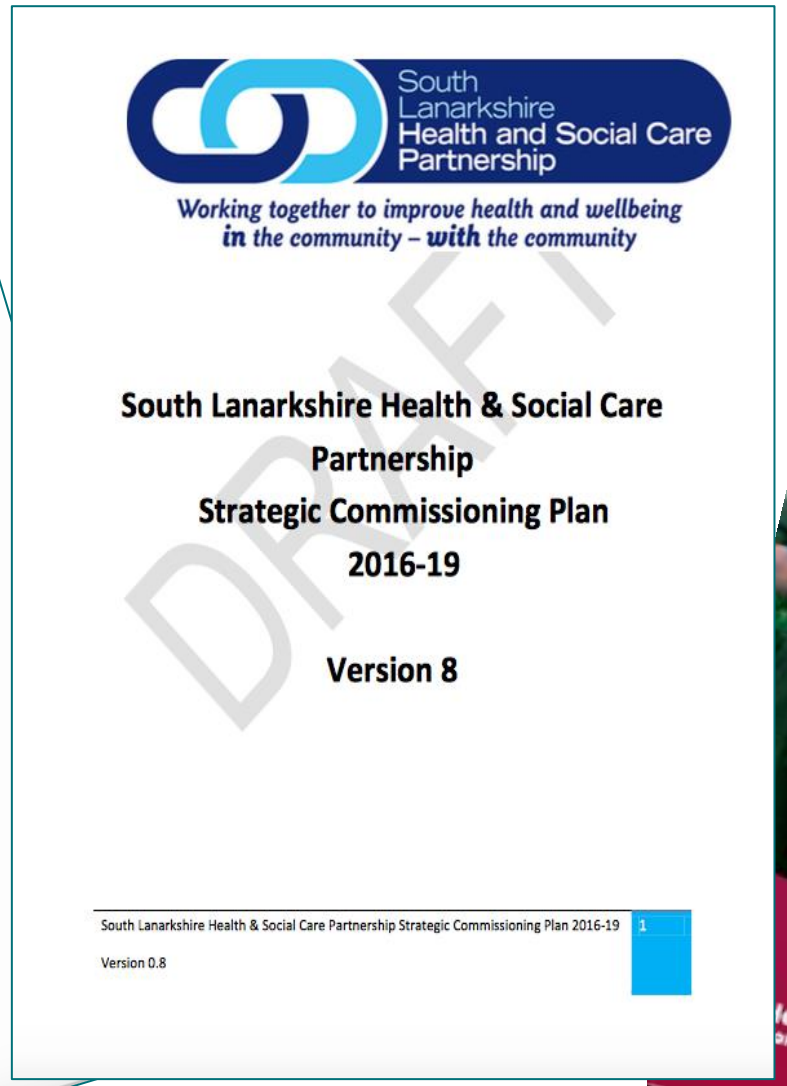
Realistic Medicine: Chief Medical Officer's Annual Report 2014.15. The Scottish Government. January 2016

Eliminating Waste



Strategic Context – Local





STRATEGIC CONTEXT – LOCAL: ACHIEVING EXCELLENCE

- Quality-driven organisation that cares about people
- Hospital day case treatment to be the norm, avoiding admissions
- Improve palliative care and support end of life services

Person centred, safe and effective

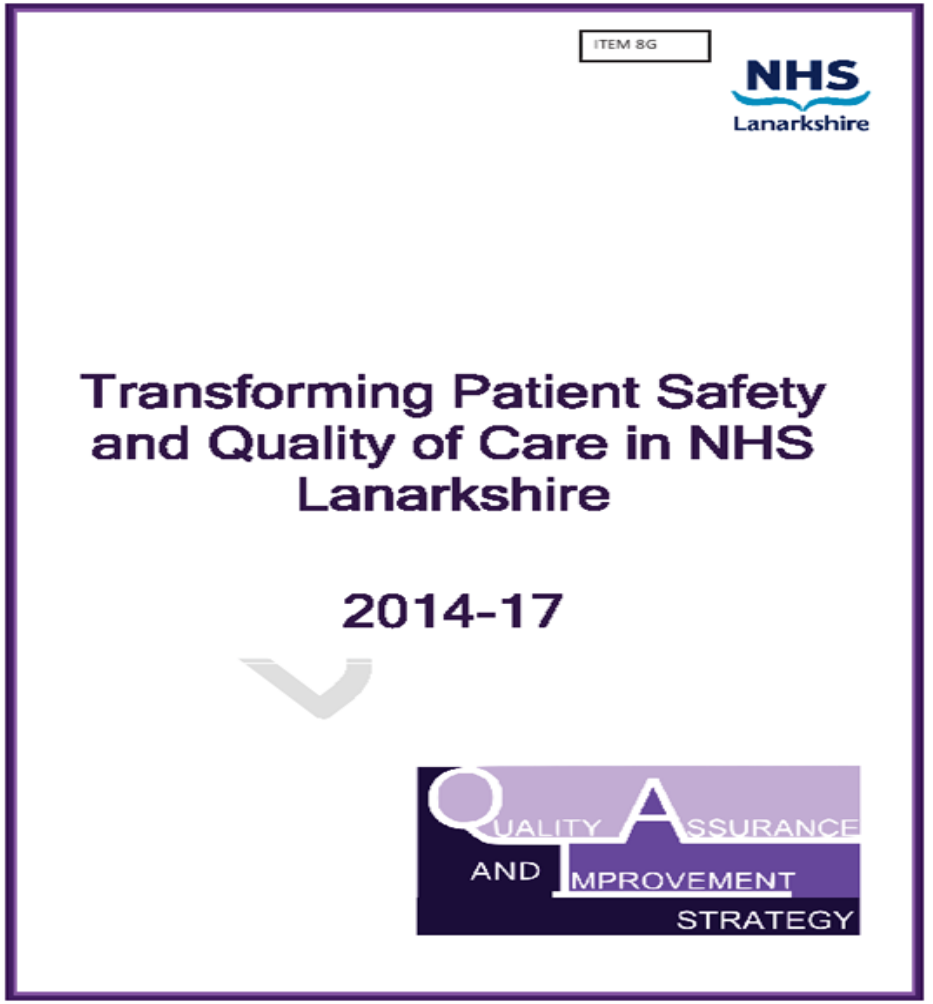
STRATEGIC CONTEXT – LOCAL: ACHIEVING EXCELLENCE

- Shift the balance of care away from acute hospital
- Develop Centres of Excellence
- “One Hospital Three sites” providing specific clinical services (as opposed to all clinical services as at present) Specialised facilities and equipment to produce excellent outcomes
- A new clinical paradigm –

Minimally disruptive, realistic medicine

What Does the Model Need to Provide?

Institute of Medicine


ITEM 8G

NHS Lanarkshire

Transforming Patient Safety and Quality of Care in NHS Lanarkshire

2014-17

QUALITY ASSURANCE AND IMPROVEMENT STRATEGY

THE CHALLENGE

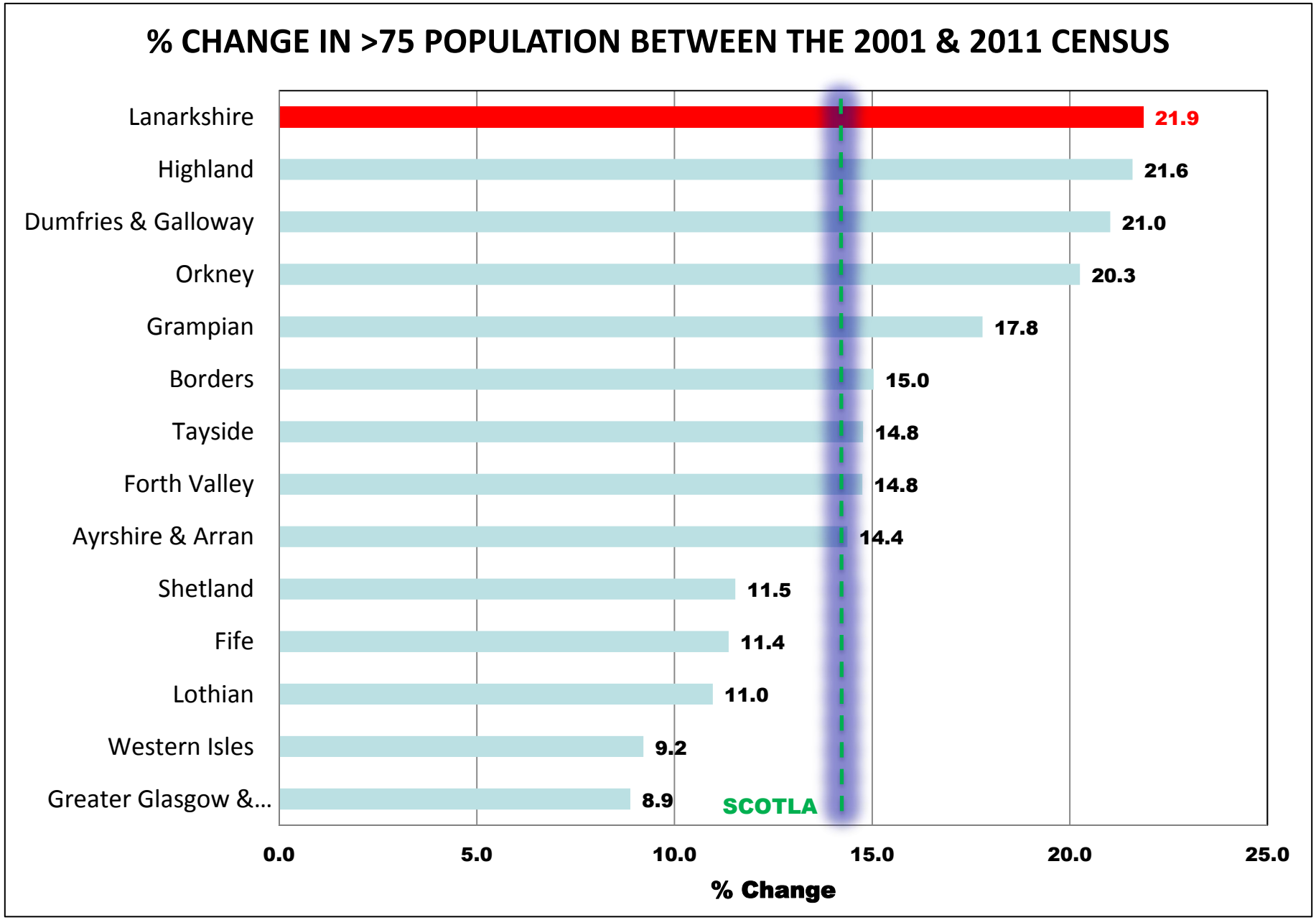
People will be seen by the:

- most **suitable professional** at the most
- **appropriate time and place** for their needs with
- **minimum number of transfers** between professionals and locations

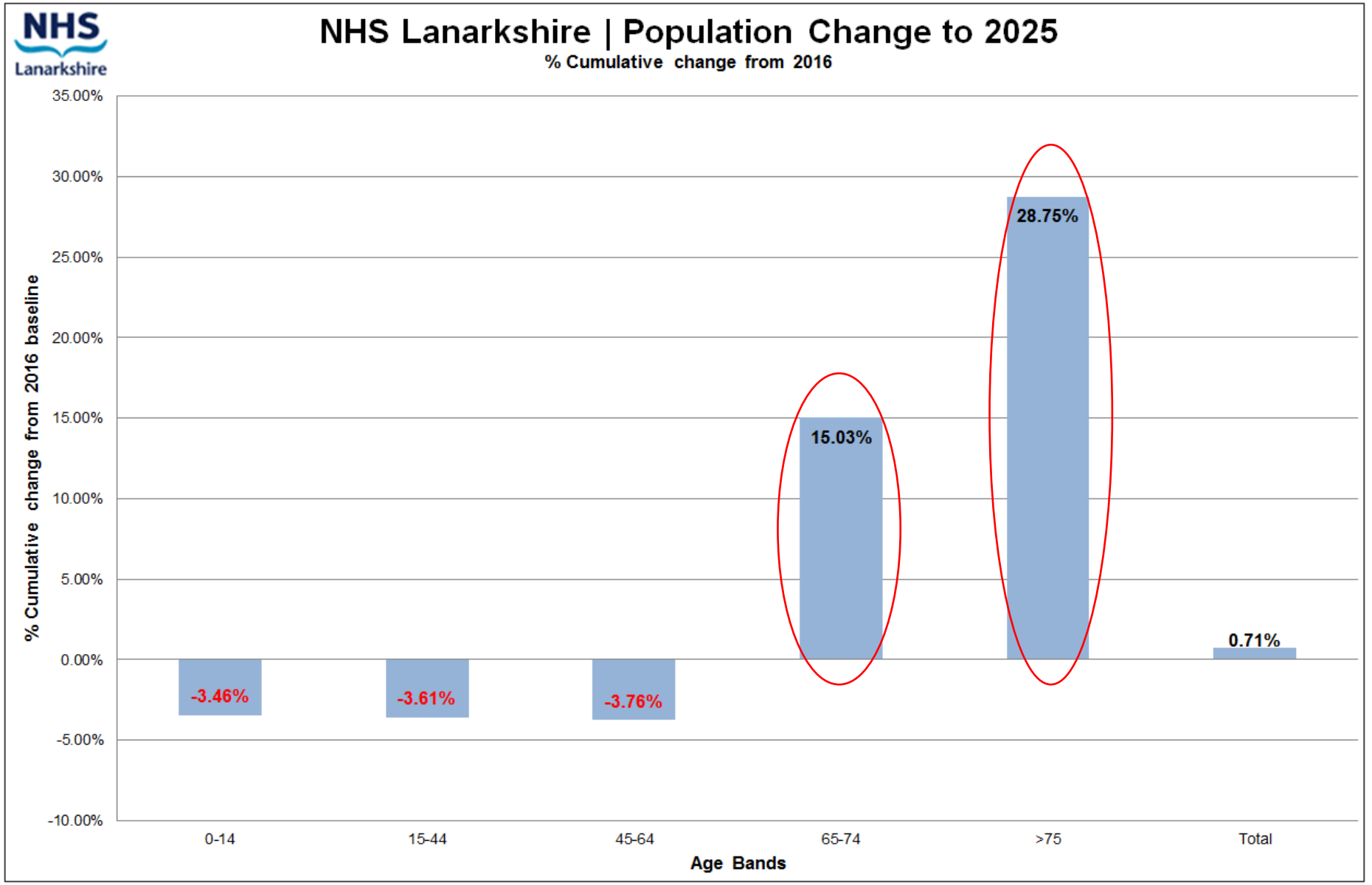
WHY IS THIS IMPORTANT?

Lanarkshire has the largest increase in over 75 year olds of any Health Board in Scotland

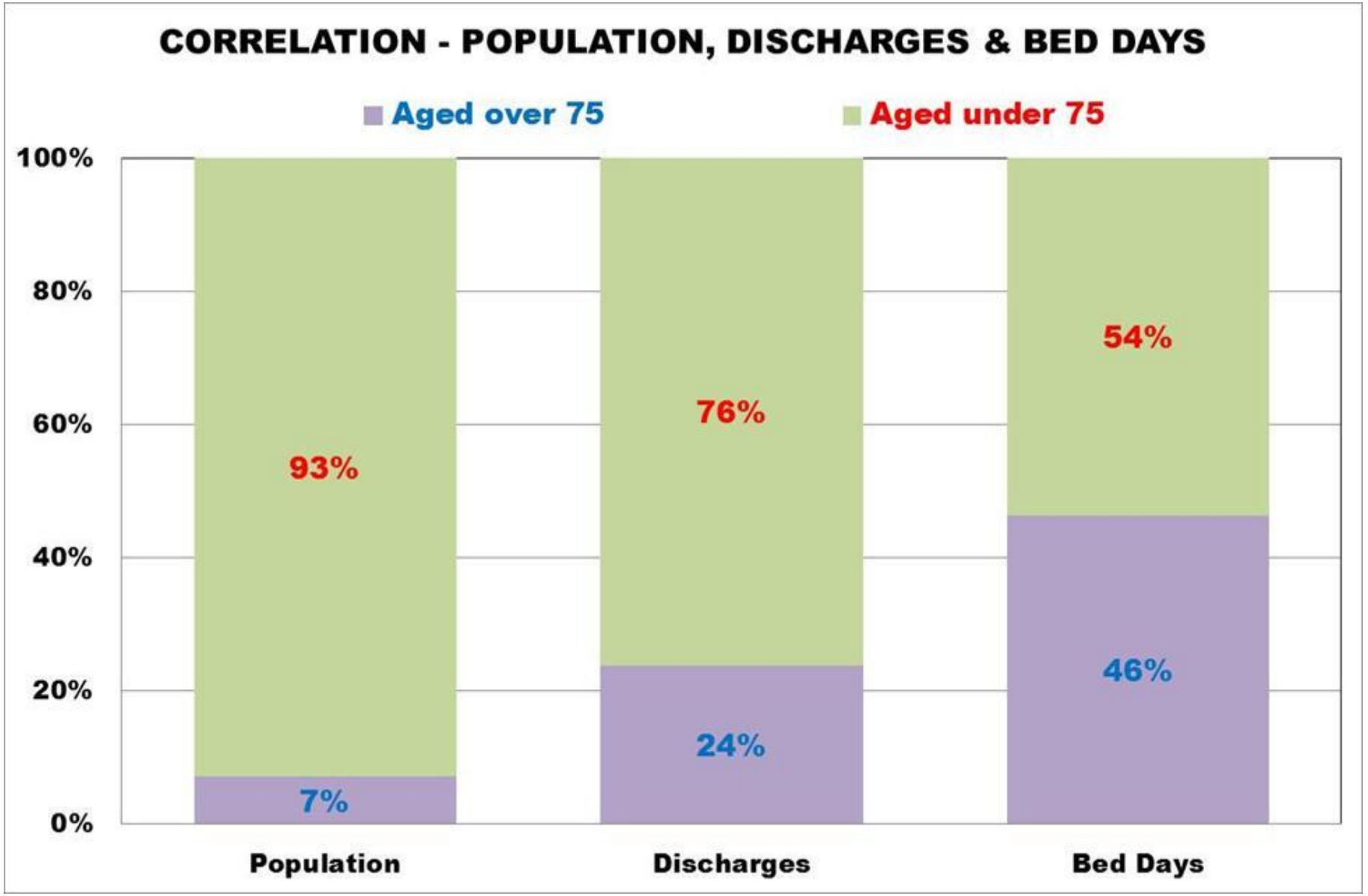
Strategic Context – Local



Percentage Change in Age Groups NHS Lanarkshire



Implications



THE BOTTOM LINE

- If we do not have a new Clinical Model and way of working….
  - 500 extra beds in Lanarkshire
  - A New -4th District General Hospital in Lanarkshire
  - Unsustainable
  - Unsafe

WHAT WILL SUCCESS LOOK LIKE?

- Better clinical outcomes for patients
- Speedier access
- Care built around needs and aspirations of patients and carers
- Patients going to hospital only when that is the best place to meet their needs
- Information Technology (IT) as the cornerstone of a Quality Service
- A reduction of dependence on acute hospital or residential care
- We will have changed the way in which hospital beds are used for the care of older people

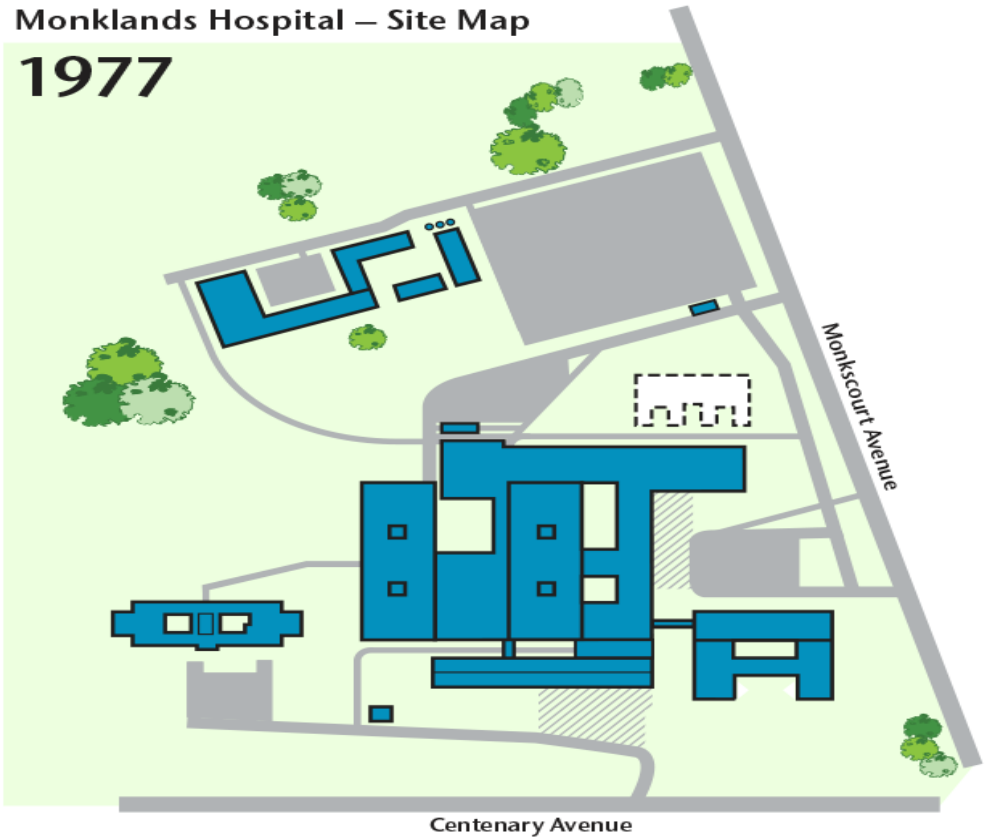
WHAT WILL SUCCESS LOOK LIKE?

- A new Clinical Model to support a comprehensive programme of planned care across the three acute hospital sites
- A reduction in the proportion of care we deliver which is unscheduled in nature
- Allocate a greater proportion of our resources to the delivery of planned care
- A reduction in the need for inpatient stays

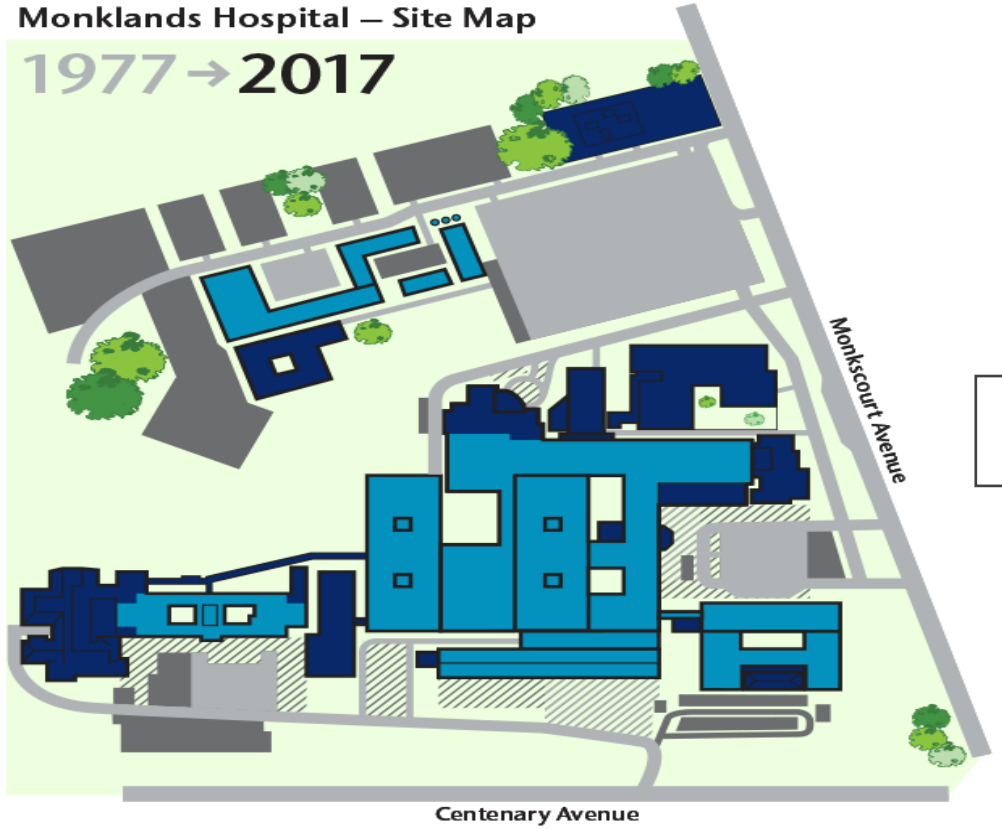
c1887→ c1945

NHS Lanarkshire

Monklands Hospital – Site Map

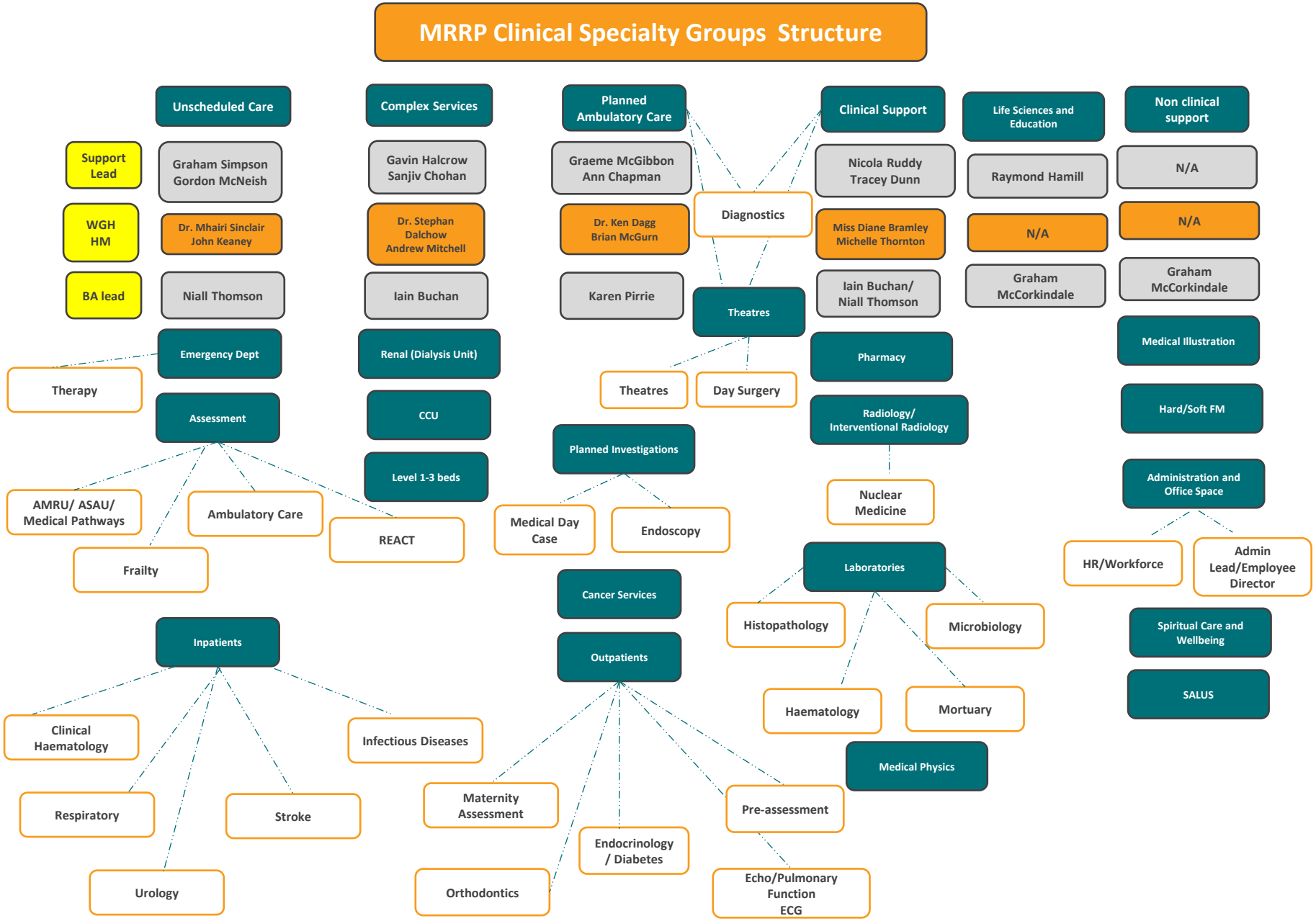


Monklands Hospital – Site Map



→ 2027

MRRP – Workstreams



Service Planning:
A Model for Optimising Quality

Workshop Sequence

Workshop 1

- What do we have?
  - Current service model?
  - Current service configuration
  - Resources used
  - Demand for our services
  - What is the need for change and benefits arising?
  - Current service risks

Workshop 2

- How are things changing?
  - Future demand projections
  - Technology developments
  - Changes in assesment and treatment criteria
  - Treatment Trends
  - Transitional Risks

Workshop 3

- What is the future model of care?
  - Philosophy of care
  - Model of care delivery – workforce, Target Operating Model
  - Future service scope
  - Future pathway/flow
  - Future service priorities
  - Future risks

Workshop 4

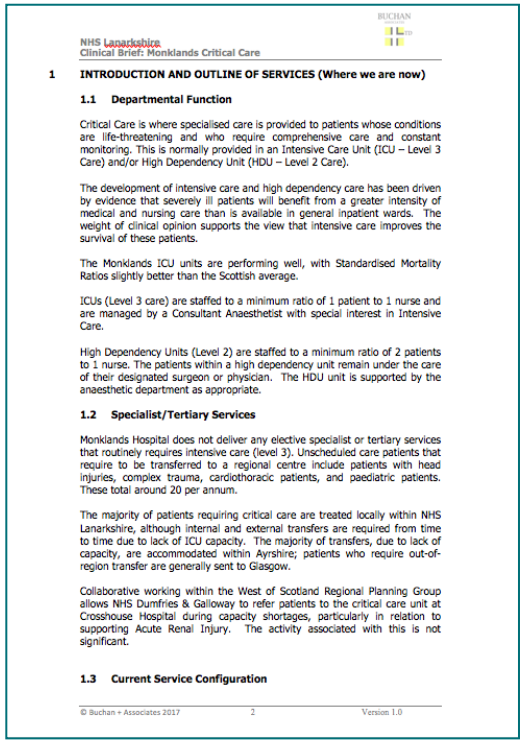
- What is required?
- Facilities – schedule of accommodation
- How it will work
- Opening times
- Design considerations
- Design guidance
- Environmental & services requirements

Workshop 5

- Review & sign off
- Clinical Output Specification
- Schedule of Accommodation

December 2017 → April 2018

Strategic Outputs



NHS Lanarkshire
Clinical Brief: Monklands Critical Care

1 INTRODUCTION AND OUTLINE OF SERVICES (Where we are now)

1.1 Departmental Function

Critical Care is where specialised care is provided to patients whose conditions are life-threatening and who require comprehensive care and constant monitoring. This is normally provided in an Intensive Care Unit (ICU – Level 3 Care) and/or High Dependency Unit (HDU – Level 2 Care).

The development of intensive care and high dependency care has been driven by evidence that severely ill patients will benefit from a greater intensity of medical and nursing care than is available in general inpatient wards. The weight of clinical opinion supports the view that intensive care improves the survival of these patients.

The Monklands ICU units are performing well, with Standardised Mortality Ratios slightly better than the Scottish average.

ICUs (Level 3 care) are staffed to a minimum ratio of 1 patient to 1 nurse and are managed by a Consultant Anaesthetist with special interest in Intensive Care.

High Dependency Units (Level 2) are staffed to a minimum ratio of 2 patients to 1 nurse. The patients within a high dependency unit remain under the care of their designated surgeon or physician. The HDU unit is supported by the anaesthetic department as appropriate.

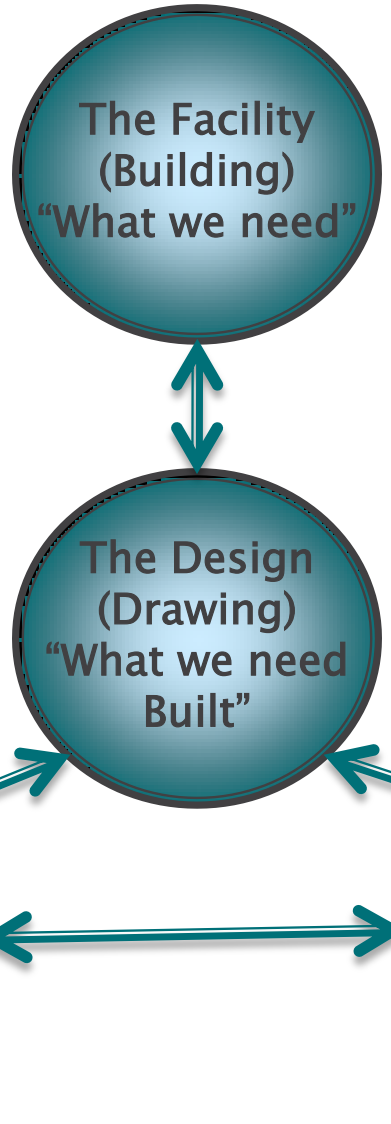
1.2 Specialist/Tertiary Services

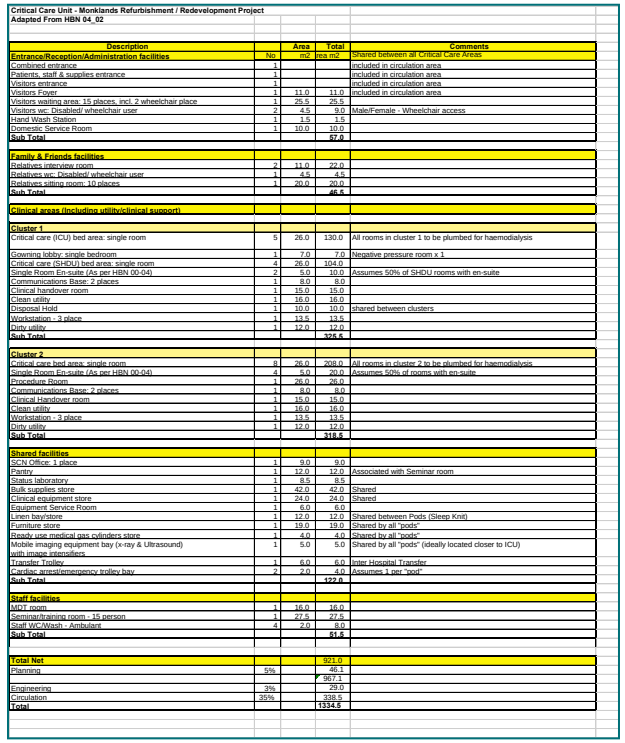
Monklands Hospital does not deliver any elective specialist or tertiary services that routinely requires intensive care (level 3). Unscheduled care patients that require to be transferred to a regional centre include patients with head injuries, complex trauma, cardiothoracic patients, and paediatric patients. These total around 20 per annum.

The majority of patients requiring critical care are treated locally within NHS Lanarkshire, although internal and external transfers are required from time to time due to lack of ICU capacity. The majority of transfers, due to lack of capacity, are accommodated within Ayrshire; patients who require out-of-region transfer are generally sent to Glasgow.

Collaborative working within the West of Scotland Regional Planning Group allows NHS Dumfries & Galloway to refer patients to the critical care unit at Crosshouse Hospital during capacity shortages, particularly in relation to supporting Acute Renal Injury. The activity associated with this is not significant.

1.3 Current Service Configuration





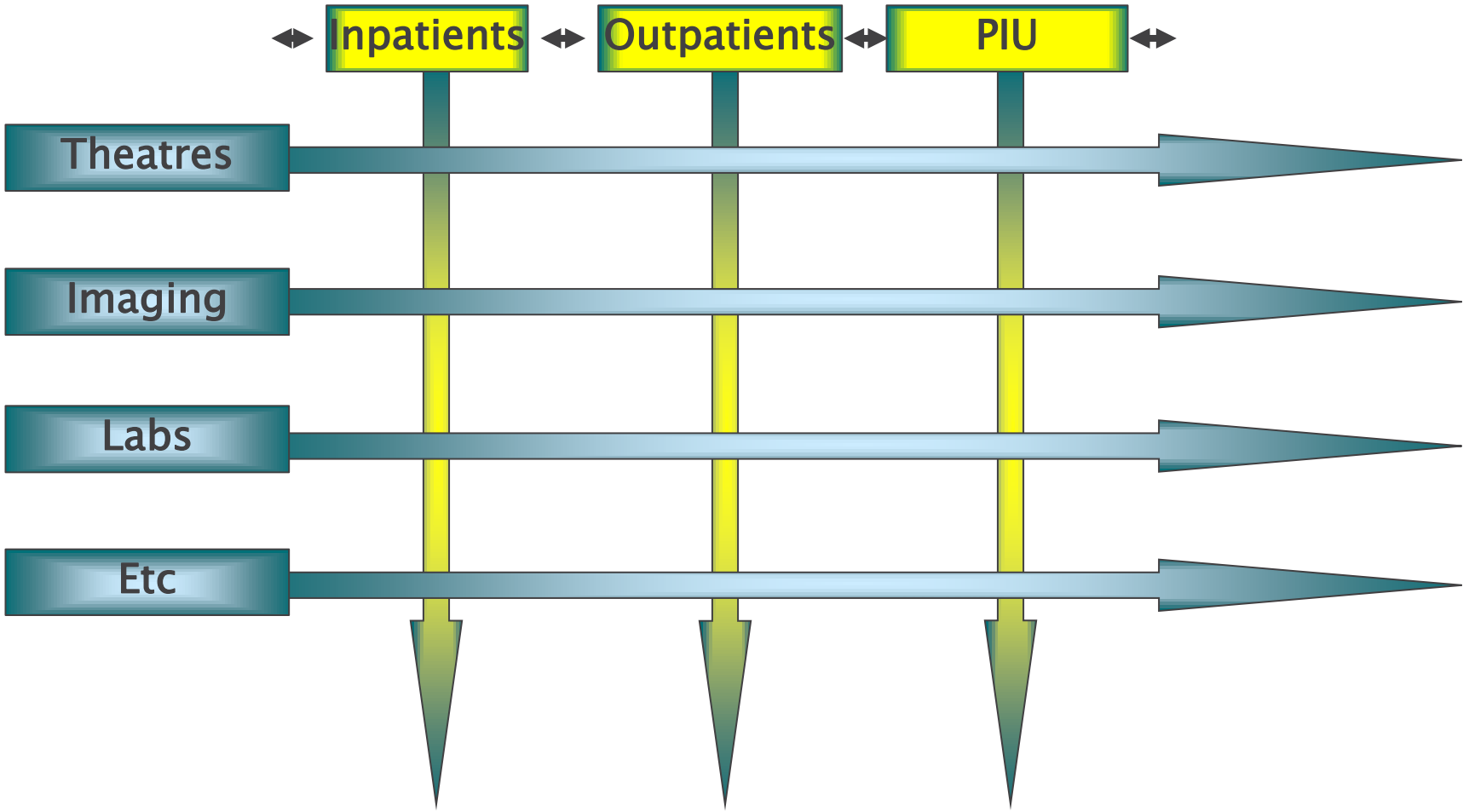
Critical Care Unit - Monklands Refurbishment / Redevelopment Project
Adapted From HBN 04_02

Description	No	Area m2	Total Area m2	Comments
Entrance/Reception/Administration facilities				Shared between all Critical Care Areas
Combined entrance	1			included in circulation area
Patients, staff & supplies entrance	1			included in circulation area
Visitors entrance	1			included in circulation area
Visitors Foyer	1	11.0	11.0	included in circulation area
Visitors waiting area: 15 places, incl. 2 wheelchair place	1	25.5	25.5	
Visitors wc: Disabled/ wheelchair user	2	4.5	9.0	Male/Female - Wheelchair access
Hand Wash Station	1	1.5	1.5	
Domestic Service Room	1	10.0	10.0	
Sub Total			**57.0**	
Family & Friends facilities				
Relatives interview room	2	11.0	22.0	
Relatives wc: Disabled/ wheelchair user	1	4.5	4.5	
Relatives sitting room: 10 places	1	20.0	20.0	
Sub Total			**46.5**	
Clinical areas (including utility/clinical support)				
Cluster 1				
Critical care (ICU) bed area: single room	5	26.0	130.0	All rooms in cluster 1 to be plumbed for haemodialysis
Gowning lobby: single bedroom	1	7.0	7.0	Negative pressure room x 1
Critical care (SHDU) bed area: single room	4	26.0	104.0	
Single Room En-suite (As per HBN 00-04)	2	5.0	10.0	Assumes 50% of SHDU rooms with en-suite
Communications Base: 2 places	1	8.0	8.0	
Clinical handover room	1	15.0	15.0	
Clean utility	1	16.0	16.0	
Disposal Hold	1	10.0	10.0	shared between clusters
Workstation - 3 place	1	13.5	13.5	
Dirty utility	1	12.0	12.0	
Sub Total			**325.5**	
Cluster 2				
Critical care bed area: single room	8	26.0	208.0	All rooms in cluster 2 to be plumbed for haemodialysis
Single Room En-suite (As per HBN 00-04)	4	5.0	20.0	Assumes 50% of rooms with en-suite
Procedure Room	1	26.0	26.0	
Communications Base: 2 places	1	8.0	8.0	
Clinical handover room	1	15.0	15.0	
Clean utility	1	16.0	16.0	
Workstation - 3 place	1	13.5	13.5	
Dirty utility	1	12.0	12.0	
Sub Total			**318.5**	
Shared facilities				
SCN Office: 1 place	1	9.0	9.0	
Pantry	1	12.0	12.0	Associated with Seminar room
Status laboratory	1	8.5	8.5	
Bulk supplies store	1	42.0	42.0	Shared
Clinical equipment store	1	24.0	24.0	Shared
Equipment Service Room	1	6.0	6.0	
Linen bay/store	1	12.0	12.0	Shared between Pods (Sleep Knit)
Furniture store	1	19.0	19.0	Shared by all "pods"
Ready use medical gas cylinders store	1	4.0	4.0	Shared by all "pods"
Mobile imaging equipment bay (x-ray & Ultrasound) with image intensifiers	1	5.0	5.0	Shared by all "pods" (ideally located closer to ICU)
Transfer Trolley	1	6.0	6.0	Inter Hospital Transfer
Cardiac arrest/emergency trolley bay	2	2.0	4.0	Assumes 1 per "pod"
Sub Total			**122.0**	
Staff facilities				
MDT room	1	16.0	16.0	
Seminar/training room - 15 person	1	27.5	27.5	
Staff WC/Wash - Ambulant	4	2.0	8.0	
Sub Total			**51.5**	
Total Net			921.0	
Planning	5%		46.1	
			967.1	
Engineering	3%		29.0	
Circulation	35%		338.5	
Total			**1334.5**	

Optimal Target Operating Model for ED inc stroke

	Attendance	Triage	Assessment & Treatment		Discharge or admission	Returns	Patient/staff Experience
Metric/Target	90% ambulance handovers taken within 15 mins of arrival	95% patients triaged within 30 mins of arrival	95% patients are reviewed by a senior clinician within 150min of arrival	90% stroke patient s will have brain imaging within 4 hours	95% of patients are admitted or discharged as appropriate within 4 hours of arrival	>90% frequent attenders have a set management plan	95% of patient record is electronic
		7 day access to social work and community support	80% average occupancy of assessment/ observation areas	100% of stroke patient have swallow screen within 4 hours	40% of patients are admitted (average)	< 5% patients return for the same issue within 28 days	100% patients are informed at each stage of their treatment in ED
			90% patients wait no longer than 30min for specialist input from ED referral	90% of eligible stroke thrombolysis patients will receive CT within 15 minutes.	Average length of stay in ED is <120min		100% patients had a very good/ excellent experience
			100% eligible patients receive alcohol brief interventions either in ED or via f/ up clinic	100% of post tonsillectomy haemorrhage patients to have IV access before being transferred from ED			75% patients provide on the day feedback about experience
							Staff sickness/ absence < 4%
							>80% positive feedback from students and trainees

Cross Check Process



- What are we proposing?
- How is it different to what we have now and why?
- What assumptions that we're making do we need everyone else to understand and challenge?

Cross Check Process – Output Day 2

Cross Check Process – Output Day 2

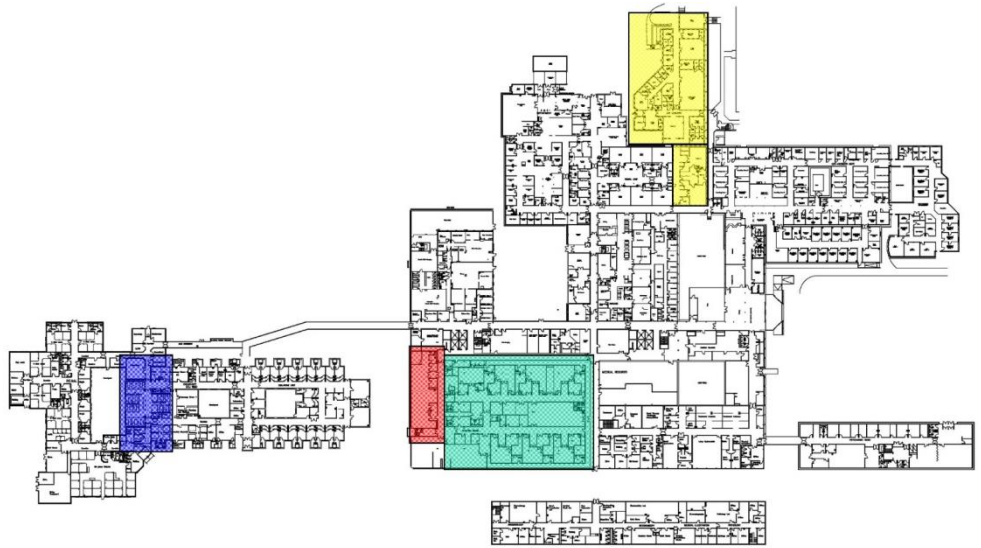
SERVICE MODEL EXAMPLES

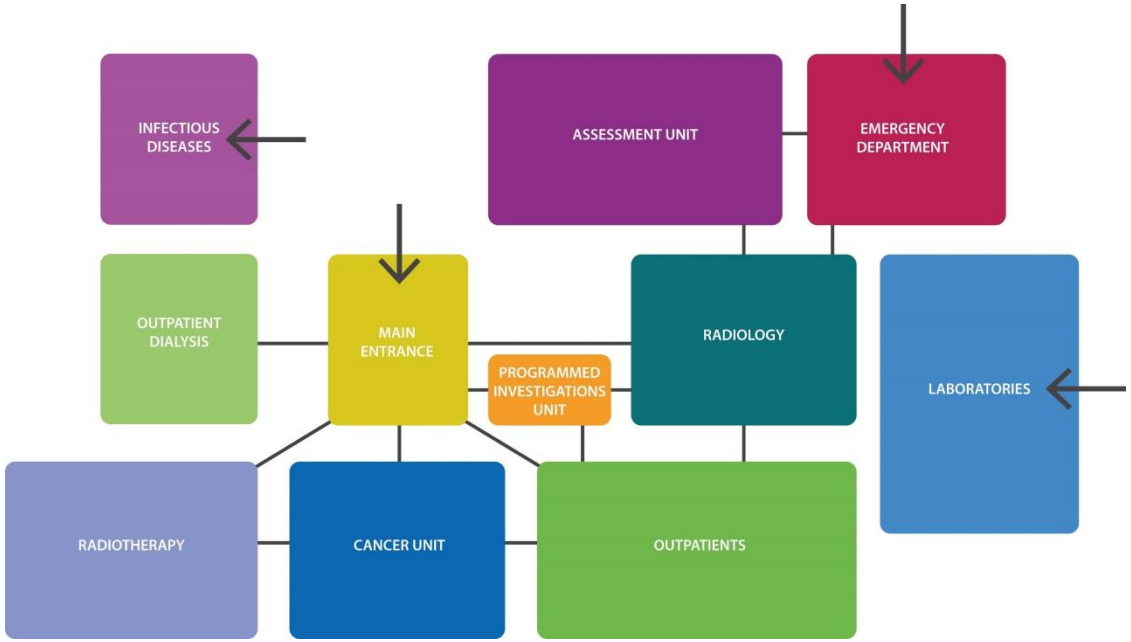
FRONT DOOR & AMBULATORY PLANNED/UNPLANNED CARE MODEL

NHS Lanarkshire

CURRENT ISSUES

- ED is remote to Acute Medical Receiving Unit (AMRU); Medical Assessment Unit at the front door: surgical assessment is ward based
- Insufficient Radiology capacity
- Emergency receiving unit has no external views and is sub-optimal for patients
- Imaging: very poor patient flows; no room for expansion
- Outpatient Department : insufficient capacity





SERVICE MODEL CHANGE – FRONT DOOR

Co-located adjacent services at entrance level that optimises the patient pathway and flows

- Emergency Department with an immediate adjacency to an integrated Assessment Unit
  - Proximity of Emergency Care Staff
  - Shorter travel distances
  - Admission avoidance
- Radiology – Immediately accessible to Emergency Department but also Outpatients and Planned Investigations Unit
  - Ease of access to imaging modalities from both unscheduled and elective flows
- Outpatient Department – Single location; focus on Multidisciplinary Team delivery; 1 stop clinics; virtual clinics; immediate adjacency to Radiology and Planned Investigation Unit; shift of activity to the community
- Planned Investigation & Treatment Unit – extensive range of non-inpatient treatment and services; remove ‘ward attenders’; improved patient experience

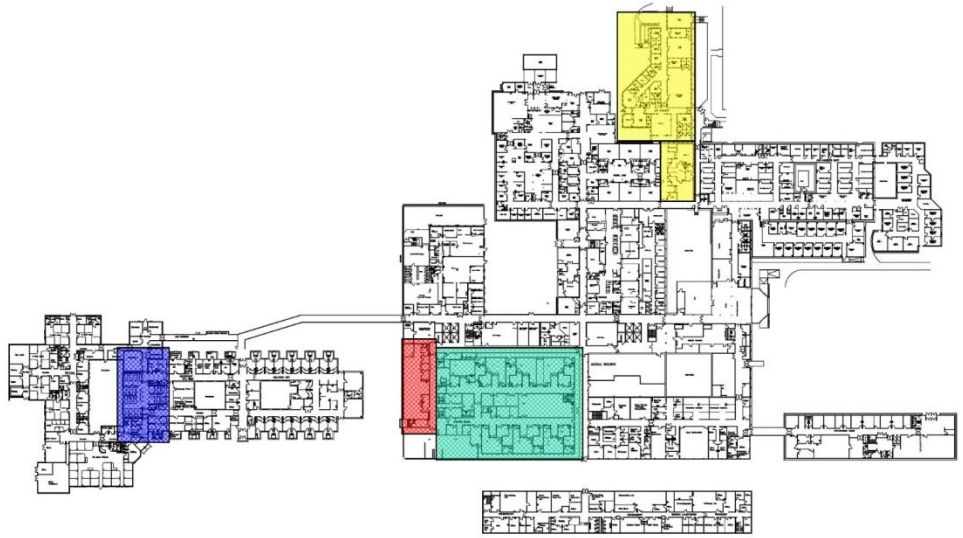
SERVICE MODEL EXAMPLES

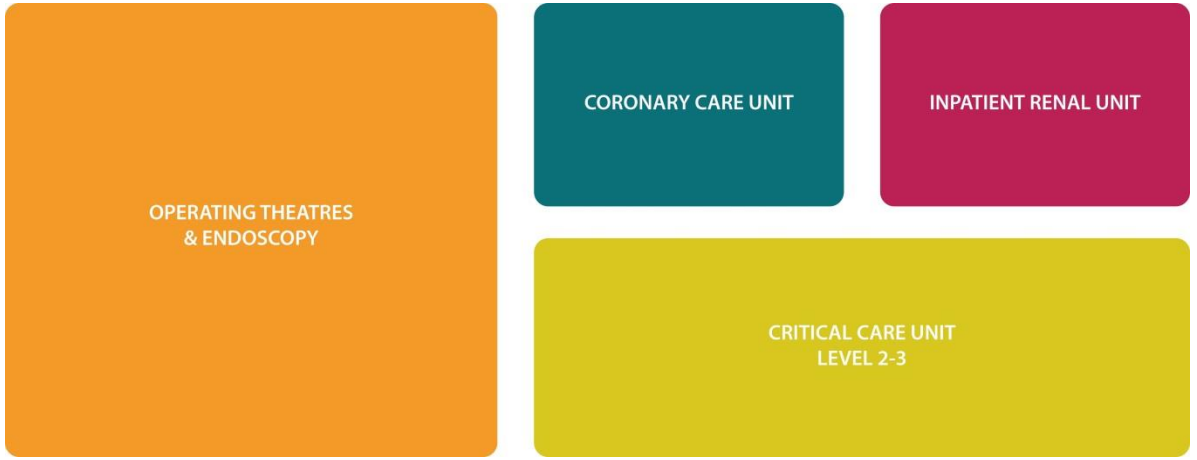
COMPLEX CARE FLOOR

NHS Lanarkshire

CURRENT ISSUES

- Intensive Therapy Unit/Surgical High Dependency Unit is close to operating theatres;
- Day Surgery is remote from main operating theatres
- Endoscopy is in unsuitable accommodation remote from other facilities
- Surgical Level 1 is on the second floor of surgical tower; medical High Dependency Unit is on the 3rd floor of the medical tower splitting Coronary Care Unit
- Renal HDU is located in the Renal Inpatient Unit

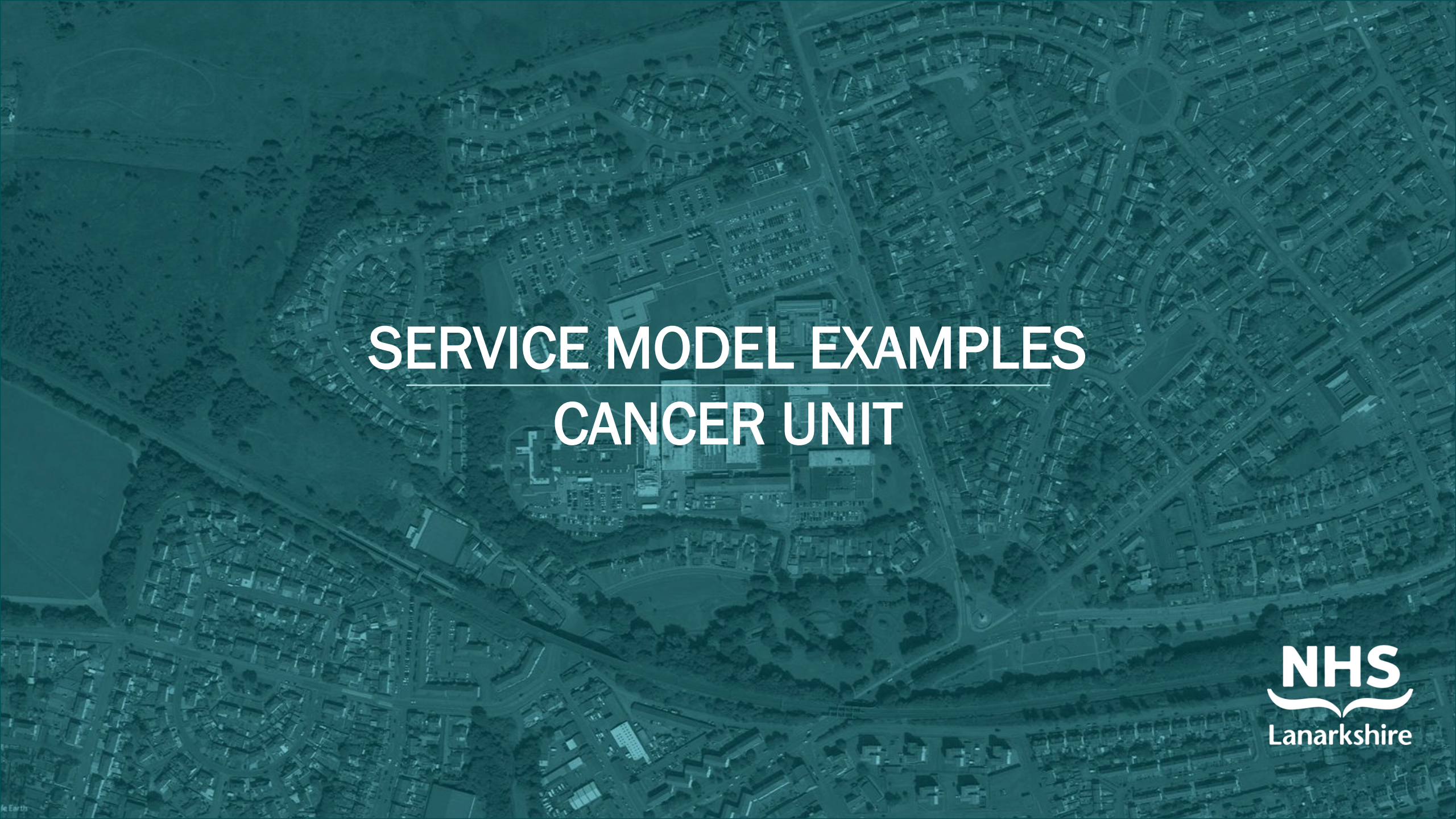




SERVICE MODEL – COMPLEX CARE FLOOR

Co-location of complex services on first floor to optimise patient pathway and flow and improve patient safety

- Operating Theatres – Same Day Admissions; integrated with Endoscopy; immediate adjacency to critical care; improved Interventional Radiology capability
- Level 2-3 Critical Care – Integrated Critical Care – Intensive Care, Surgical High Dependency & Medical High Dependency Units; colocation with Coronary Care Unit; closed unit; trained intensive care consultants
- Coronary Care immediately adjacent to Level 2-3 Units
- Renal – Immediate adjacency to Level 2-3 Unit; Renal High Dependency Unit included in L2-3 Unit - ‘shared care’ within Level 2-3 Critical Care unit
  - A ‘hot’ floor
  - Best evidence guiding model and design
  - JAG accredited endoscopy service
  - Reduced GA administration areas in remote sites in hospital



SERVICE MODEL EXAMPLES

CANCER UNIT

NHS Lanarkshire

CURRENT ISSUES

- Isolated Radiotherapy facility – does not offer the ability for close interaction between cancer teams;
- Fragmented Outpatient Department and Systematic Anti-Cancer Therapy SACT (chemotherapy) treatment areas;
- Lack of oncology capacity within Outpatients;
- Inability to implement Achieving Excellence; and
- Lack of capacity to participate in clinical trials.

SERVICE MODEL – CANCER UNIT

Creation of Centre of Excellence for Cancer Services

- Integrated Cancer Unit providing SACT (chemotherapy), outpatients (oncology and malignant Haematology)
- Clinical trials capacity to support increase patient choice and access to novel treatments – target 15% cancer patients offered clinical trial
- Close adjacency to Radiotherapy
- Achieving Excellence

SERVICE MODEL – SERVICE DEVELOPMENTS

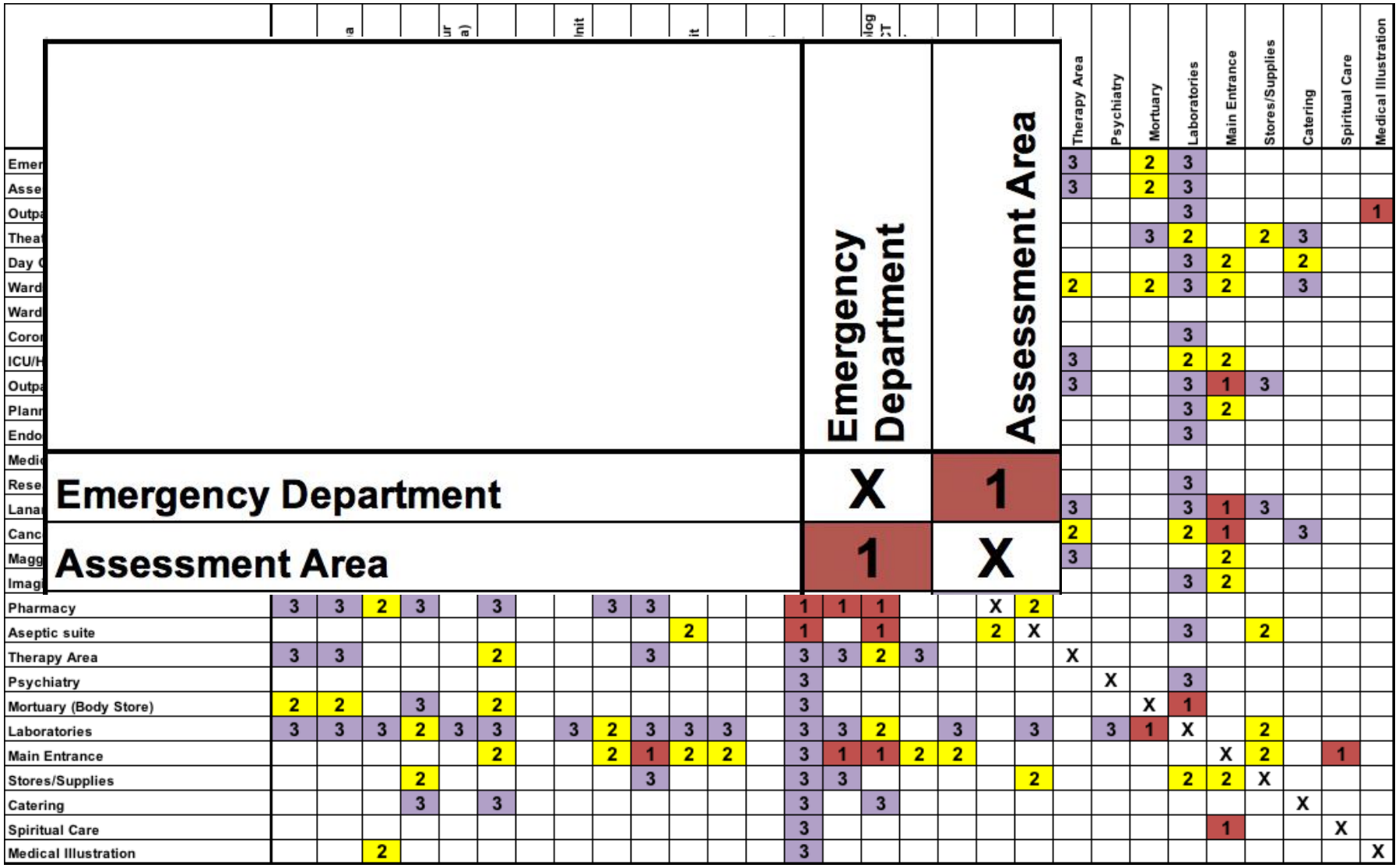
The following proposed Service Developments:

- Pharmacy – automation
- Research and Education – establishment of a clinical trials facility
- Interventional Radiology capacity
- Potential creation of a satellite dialysis unit

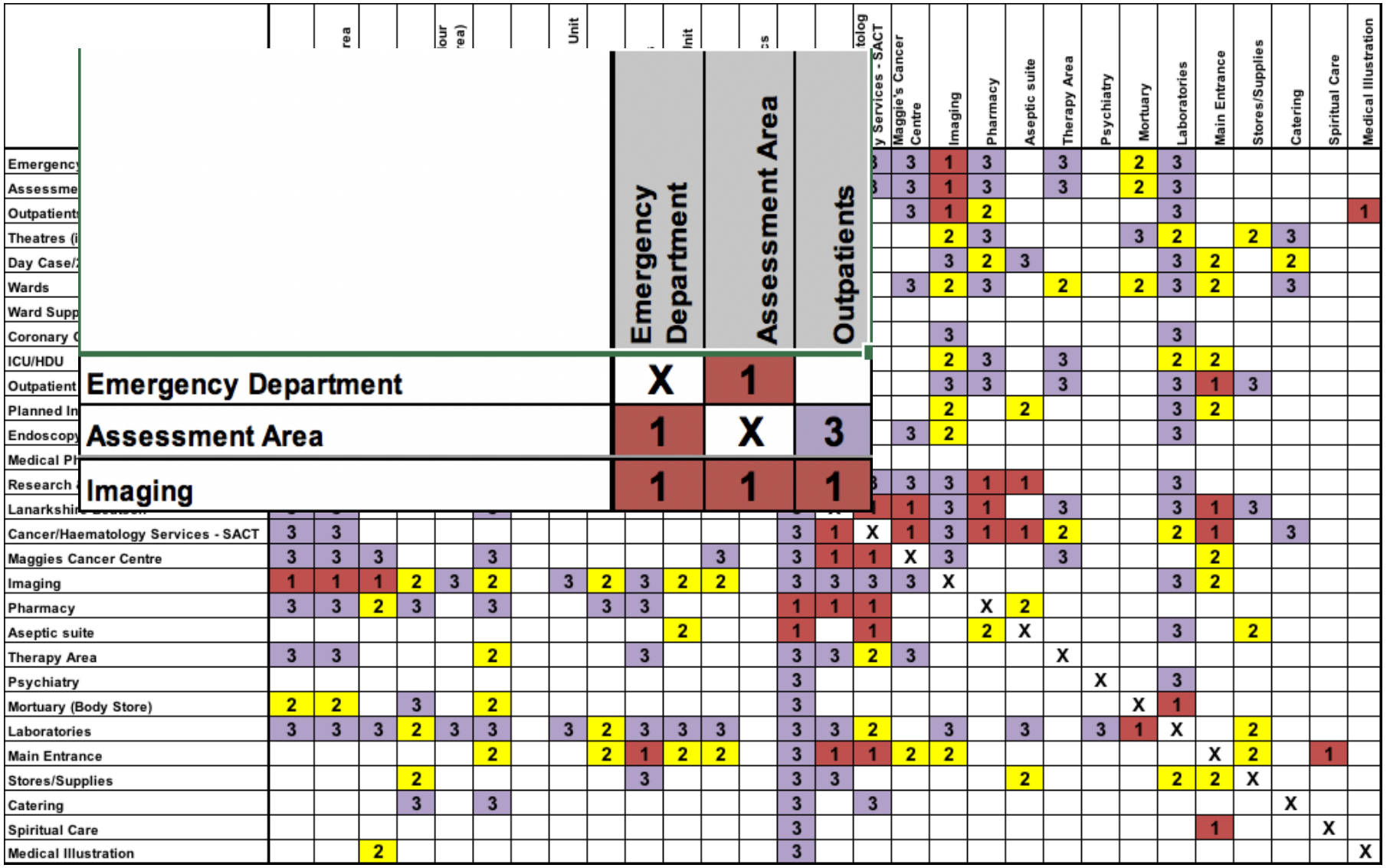
These proposals will be scrutinised over next six months to consider whether they are included within OBC.

Adjacency Matrix

	Emergency Department	Assessment Area	Outpatients	Theatres (inc Anaesth dept)	Day Case/23 Hour (Trolley/Bed Area)	Wards	Ward Support Clusters	Coronary Care Unit	ICU/HDU	Outpatient Haemodialysis	Planned Investigation Unit	Endoscopy	Medical Physics	Research & Development	Lanarkshire Beatson	Cancer/Haematology Services - SACT	Maggie's Cancer Centre	Imaging	Pharmacy	Aseptic suite	Therapy Area	Psychiatry	Mortuary	Laboratories	Main Entrance	Stores/Supplies	Catering	Spiritual Care	Medical Illustration
Emergency Department	X	1		2		2		2	2	3	3	3	3	3	3	3	3	1	3		3		2	3					
Assessment Area	1	X	3	2		2		2	2	3	2	3	3	3	3	3	3	1	3		3		2	3					
Outpatients		3	X							2	1			3			3	1	2					3					1
Theatres (inc Anaesth dept)	2	2		X	1	2	2	2	1		3	1	3	3				2	3				3	2		2	3		
Day Case/23 Hour (Trolley/Bed Area)				1	X	1			2	1		2	1	3	3			3	2	3				3	2		2		
Wards	2	2		2	3	X	1	2	2			3	3	3	3		3	2	3		2		2	3	2		3		
Ward Support Clusters				2		1	X							3															
Coronary Care Unit	2	2		2		2		X	1					3				3						3					
ICU/HDU	2	2		1		2		1	X	3				3				2	3		3			2	2				
Outpatient Haemodialysis	3	3	2						3	X				3				3	3		3			3	1	3			
Planned Investigation Unit	3	2	1	3							X			3				2		2				3	2				
Endoscopy	3	3		1	2	3						X		3			3	2						3					
Medical Physics	3	3		3		3							X	3															
Research & Development				3										X		3	3	3	1	1				3					
Lanarkshire Beatson	3	3				3								3	X	1	1	3	1		3			3	1	3			
Cancer/Haematology Services - SACT	3	3												3	1	X	1	3	1	1	2			2	1		3		
Maggies Cancer Centre	3	3	3			3						3		3	1	1	X	3			3				2				
Imaging	1	1	1	2	3	2		3	2	3	2	2		3	3	3	3	X						3	2				
Pharmacy	3	3	2	3		3			3	3				1	1	1			X	2									
Aseptic suite											2			1		1			2	X				3		2			
Therapy Area	3	3				2				3				3	3	2	3				X								
Psychiatry														3								X		3					
Mortuary (Body Store)	2	2		3		2								3									X	1					
Laboratories	3	3	3	2	3	3		3	2	3	3	3		3	3	2		3		3		3	1	X		2			
Main Entrance						2			2	1	2	2		3	1	1	2	2							X	2		1	
Stores/Supplies				2						3				3	3					2				2	2	X			
Catering				3		3								3		3											X		
Spiritual Care														3											1			X	
Medical Illustration			2											3															X


Emergency Department
X
1
Assessment Area
1
X
Therapy Area
Psychiatry
Mortuary
Laboratories
Main Entrance
Stores/Supplies
Catering
Spiritual Care
Medical Illustration
Pharmacy
Aseptic suite
Therapy Area
Psychiatry
Mortuary (Body Store)
Laboratories
Main Entrance
Stores/Supplies
Catering
Spiritual Care
Medical Illustration

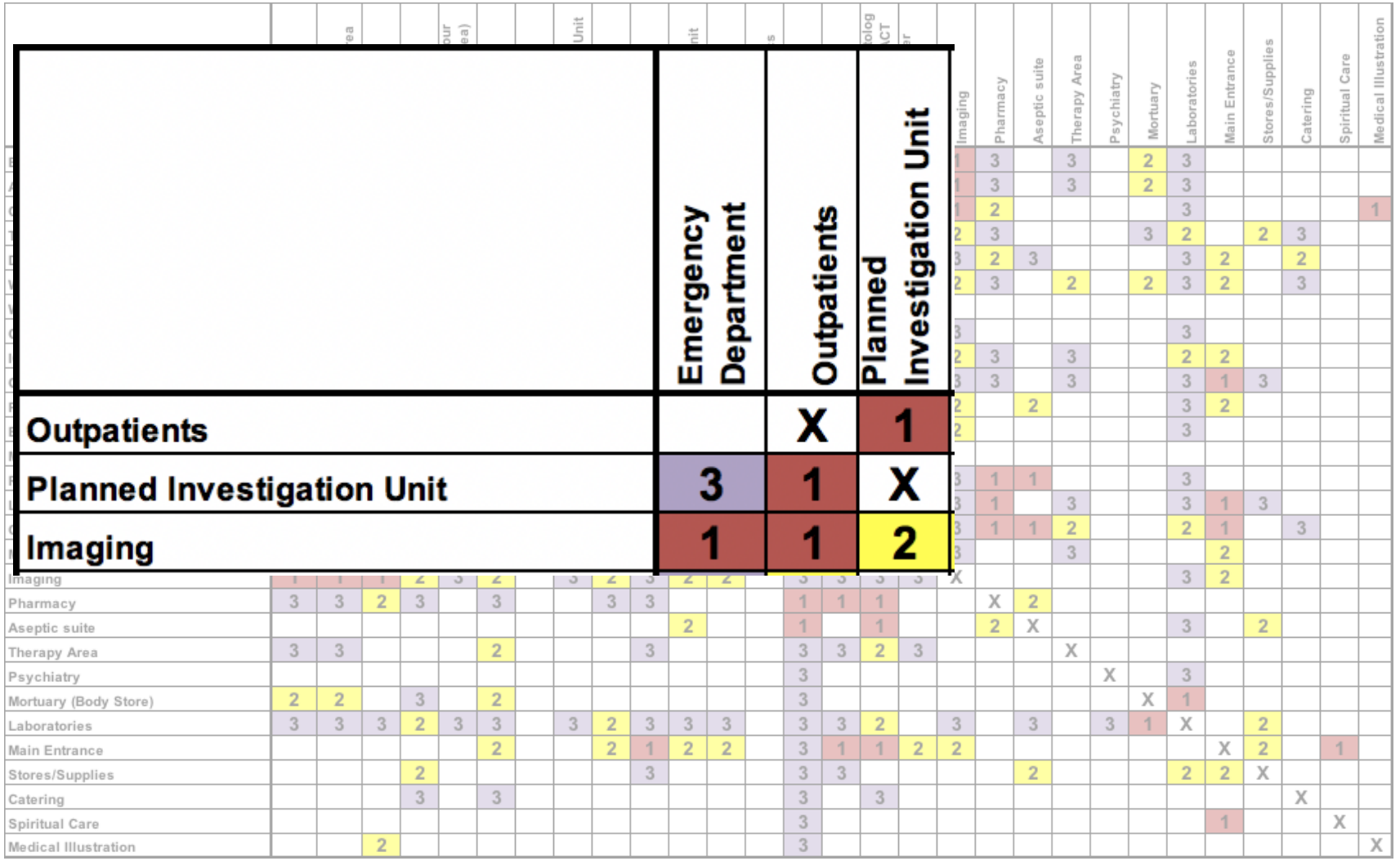
Adjacency Matrix – Highlights – Imaging



	Emergency Department	Assessment Area	Outpatients
Emergency Department	X	1	
Assessment Area	1	X	3
Imaging	1	1	1

	Cancer/Haematology Services - SACT	Maggie's Cancer Centre	Imaging	Pharmacy	Aseptic suite	Therapy Area	Psychiatry	Mortuary	Laboratories	Main Entrance	Stores/Supplies	Catering	Spiritual Care	Medical Illustration
Emergency	3	3	1	3		3		2	3					
Assessme	3	3	1	3		3		2	3					
Outpatient		3	1	2					3					1
Theatres (i			2	3				3	2		2	3		
Day Case/			3	2	3				3	2		2		
Wards		3	2	3		2		2	3	2		3		
Ward Supp														
Coronary C			3						3					
ICU/HDU			2	3		3			2	2				
Outpatient			3	3		3			3	1	3			
Planned In			2		2				3	2				
Endoscopy		3	2						3					
Medical Pl														
Research	3	3	3	1	1				3					
Lanarkshire		1	3	1		3			3	1	3			
Cancer/Haematology Services - SACT	3	1	X	1	3	1	1	2		2	1		3	
Maggies Cancer Centre	3	1	1	X	3			3			2			
Imaging	1	1	3	3	X				3	2				
Pharmacy	3	3	1	1		X	2							
Aseptic suite			1			2	X		3		2			
Therapy Area	3	3	2	3				X						
Psychiatry			3						3					
Mortuary (Body Store)	2	2	3						1					
Laboratories	3	3	3	3		3		1	X		2			
Main Entrance			3	1	2	2				X	2		1	
Stores/Supplies			3	3		2			2	2	X			
Catering			3									X		
Spiritual Care			3							1			X	
Medical Illustration			3											X

Adjacency Matrix – Highlights – Planned Care



	Emergency Department	Outpatients	Planned Investigation Unit
Outpatients		X	1
Planned Investigation Unit	3	1	X
Imaging	1	1	2

	Imaging	Pharmacy	Aseptic suite	Therapy Area	Psychiatry	Mortuary	Laboratories	Main Entrance	Stores/Supplies	Catering	Spiritual Care	Medical Illustration
Imaging	X						3	2				
Pharmacy	1	X	2				3					
Aseptic suite	2	2	X				3		2			
Therapy Area	3			X								
Psychiatry	3				X		3					
Mortuary (Body Store)	3					X	1					
Laboratories	3	1	3			1	X		2			
Main Entrance	3	1	1	2	2			X	2		1	
Stores/Supplies	3	3					2	2	X			
Catering	3		3							X		
Spiritual Care	3							1			X	
Medical Illustration	3											X

Adjacency Matrix – Highlights – Critical Care & Theatres

	Theatres (inc Anaesth dept)	Day Case/23 Hour (Trolley/Bed Area)	Coronary Care Unit	ICU/HDU
Theatres (inc Anaesth dept)	X	1	2	1
Endoscopy	1	2		
ICU/HDU	1		1	X
Coronary Care Unit	2		X	1
Renal	2	3	2	1

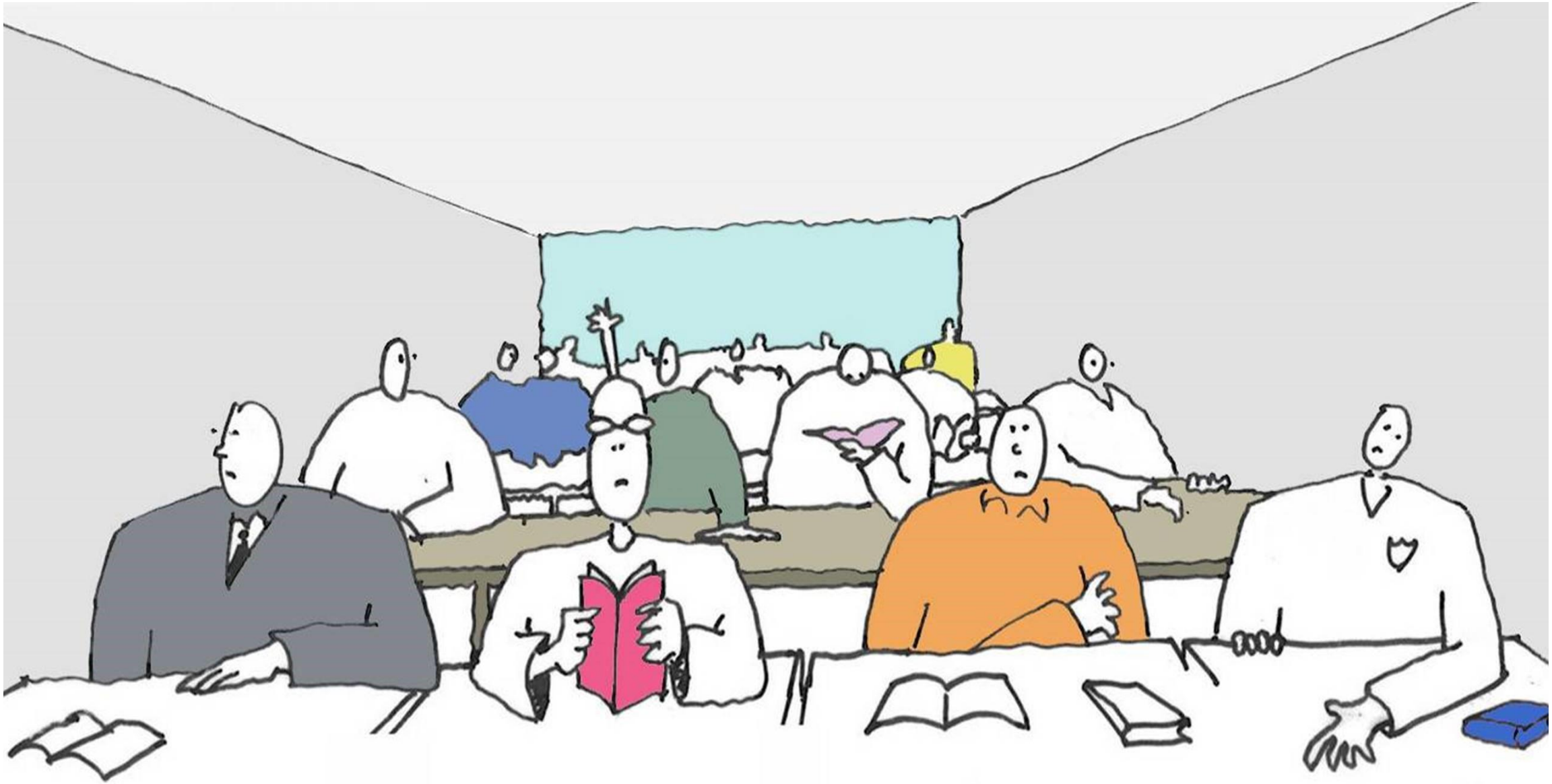
	Maggie's Cancer Centre	Imaging	Pharmacy	Aseptic suite	Therapy Area	Psychiatry	Mortuary	Laboratories	Main Entrance	Stores/Supplies	Catering	Spiritual Care	Medical Illustration
Em	3	1	3		3		2	3					
As	3	1	3		3		2	3					
Ou	3	1	2					3					1
The		2	3				3	2		2	3		
Da		3	2	3				3	2		2		
Wa	3	2	3		2		2	3	2		3		
Wa													
Co		3						3					
ICU		2	3		3			2	2				
Ou		3	3		3			3	1	3			
Pla		2		2				3	2				
En	3	2						3					
Me													
Re	3	3	1	1				3					
La	1	3	1		3			3	1	3			
Ca	1	3	1	1	2			2	1		3		
Ma	X	3			3				2				
Ima	3	X						3	2				
Pharmacy			X	2									
Aseptic suite			2	X				3		2			
Therapy Area					X								
Psychiatry						X		3					
Mortuary (Body Store)							X	1					
Laboratories		3		3		3	1	X		2			
Main Entrance	2	2							X	2		1	
Stores/Supplies				2				2	2	X			
Catering											X		
Spiritual Care									1			X	
Medical Illustration													X

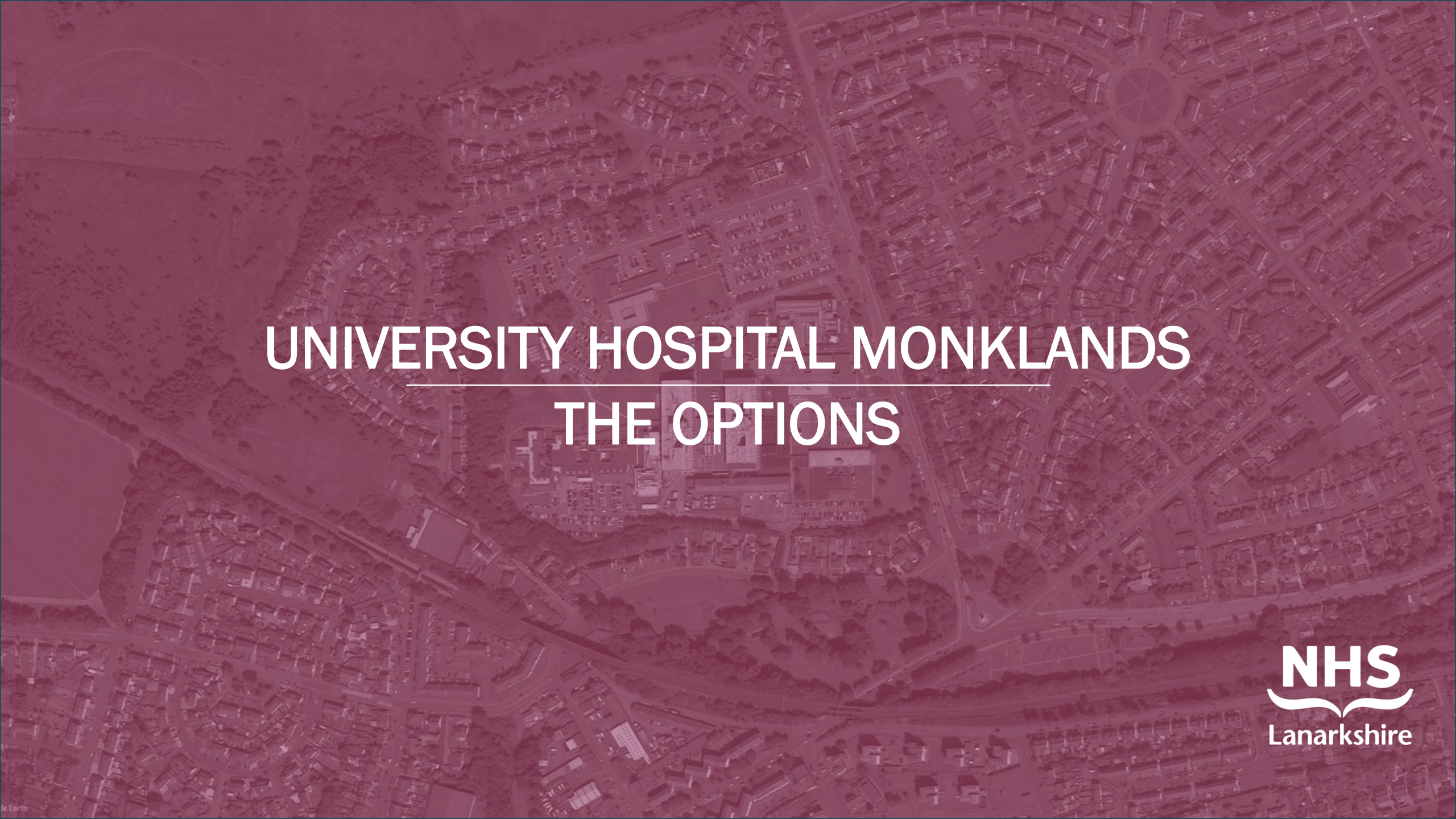
Adjacency Matrix – Highlights – Cancer Unit

	Lanarkshire Beatson	Cancer/Haematology Services - SACT	Maggie's Cancer Centre
Lanarkshire Beatson	X	1	1
Cancer/Haematology Services - SACT	1	X	1
Maggie's Cancer Centre	1	1	X

	Pharmacy	Aseptic suite	Therapy Area	Psychiatry	Mortuary	Laboratories	Main Entrance	Stores/Supplies	Catering	Spiritual Care	Medical Illustration
Eme	3		3		2	3					
Asse	3		3		2	3					
Outp	2					3					1
Thea	3				3	2		2	3		
Day	2	3				3	2		2		
Ward	3		2		2	3	2		3		
Ward											
Coro						3					
ICU/	3		3			2	2				
Outp	3		3			3	1	3			
Plan		2				3	2				
Endo						3					
Medi											
Rese	1	1				3					
Lana	1		3			3	1	3			
Canc	1	1	2			2	1		3		
Magg			3				2				
Imag						3	2				
Pharmacy	X	2									
Aseptic suite	2	X				3		2			
Therapy Area			X								
Psychiatry				X		3					
Mortuary (Body Store)					X	1					
Laboratories		3		3	1	X		2			
Main Entrance							X	2		1	
Stores/Supplies		2				2	2	X			
Catering									X		
Spiritual Care							1			X	
Medical Illustration											X

Q & A





UNIVERSITY HOSPITAL MONKLANDS

THE OPTIONS

NHS Lanarkshire

SHORTLISTED OPTIONS

A Do minimum

B Refurbishment at Monklands

C New Build at Monklands

D New Build on a New Site

Existing Site

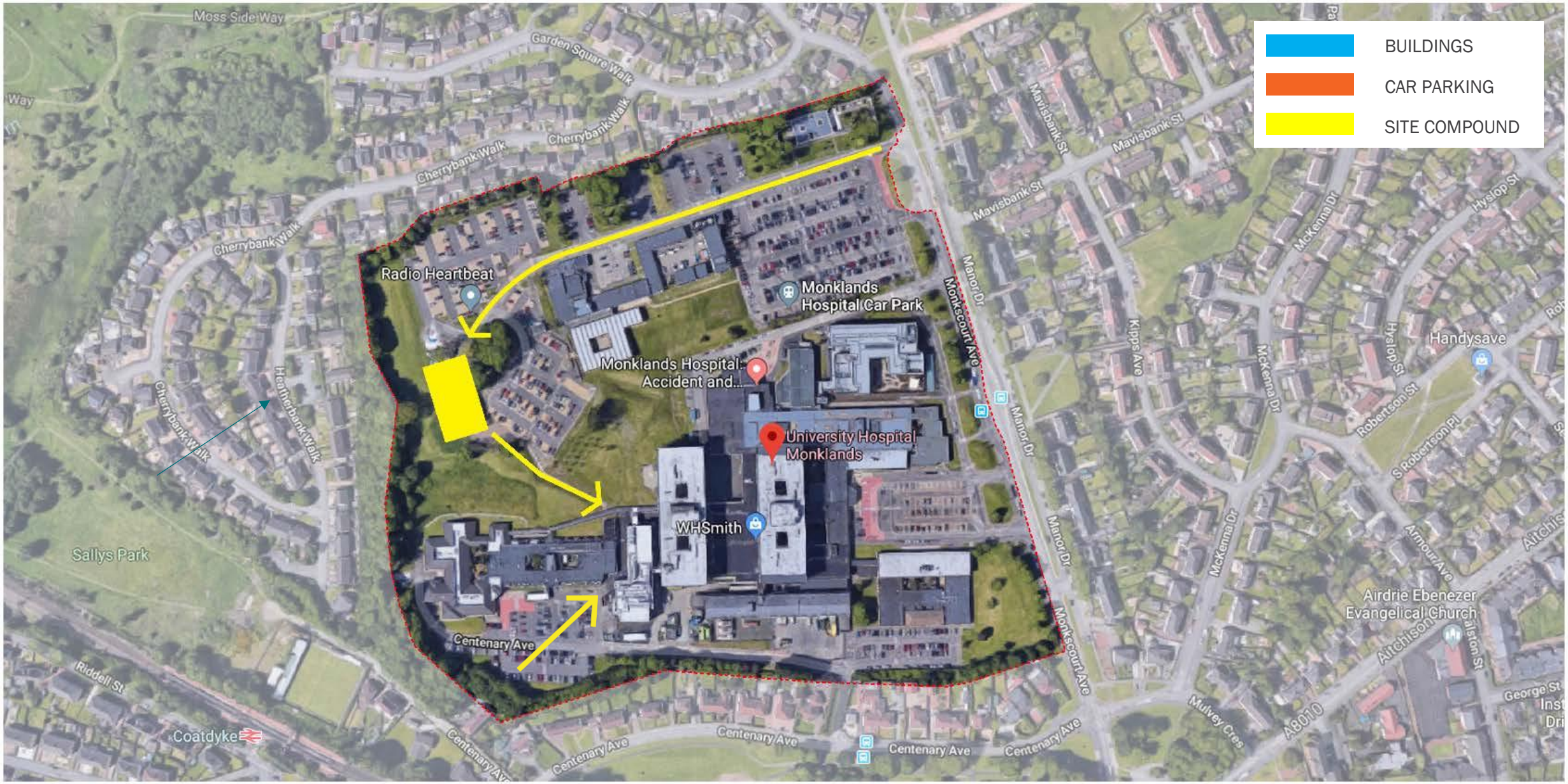
OPTION A
DO MINIMUM

NHS Lanarkshire

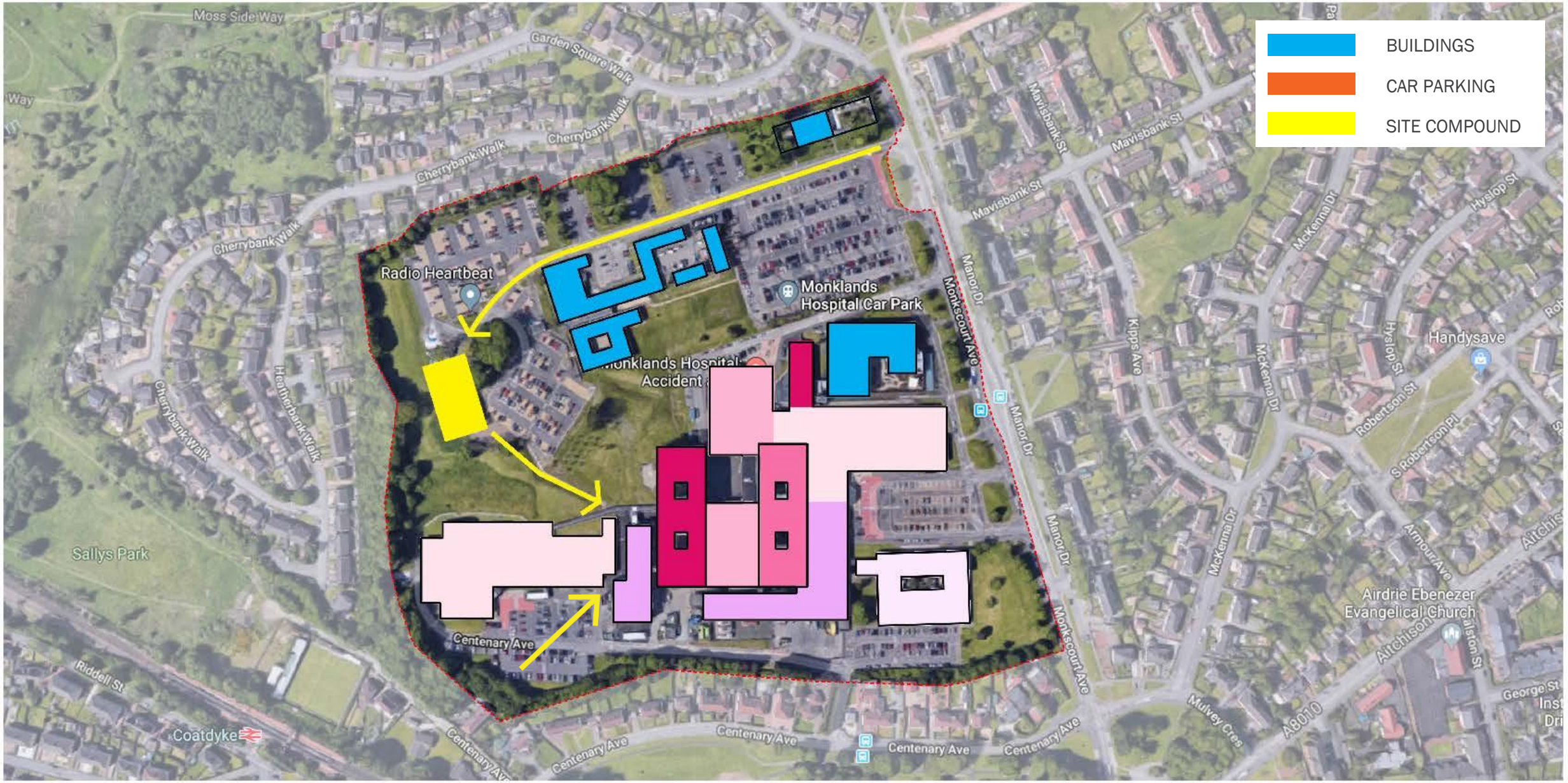
OPTION A

- Minimal refurbishment including retention of ward towers
- Works will not comply with current standards
- Lanarkshire Beatson & Maggie's Centre continue to operate from existing premises
- Continue current backlog maintenance
- Timescale dependent on availability of funding
- Retained as a base-line option only

Option A – Construction Traffic & Compound with Associated Disruption to Parking



Option A – Works Phased to Enable Continuity of Service



DEVELOPMENT OPTION A: TIMESCALE

- Ongoing refurbishment will involve a continuous, unending, stream of construction work with associated long term disruption.

OPTION A: ADVANTAGES

- **Familiarity**
- Modern Maggie's Centre and Lanarkshire Beatson buildings retained on site
- Established public transport links

OPTION A: DISADVANTAGES

- **Will not deliver new clinical model**
- Does not support delivery of the regional model
- **Unable to deliver Design Statement**
- Current poor adjacencies unchanged
- More time and resource required to maintain health care acquired infection (HAI) compliance
- No ability to flex of bed usage
- **Inability to functionally expand**
- Lack of staff training facilities
- Inability to maximise University status
- Lack of staff facilities e.g. childcare

- Unattractive working environment
- 150 (10%) car parking spaces lost
- **Continued construction work very close to live occupied hospital: major traffic disruption, noise and dust**
- **Generally very poor compliance with current space standards**
- Derogates from current Fire Regulations
- No endpoint to ongoing maintenance
- Maintains single points of failure
- Poor existing site infrastructure issues remain – e.g. drainage
- Significant business continuity issues
- Single entry and egress to the site

OPTION B

REFURBISHMENT AT UNIVERSITY HOSPITAL MONKLANDS

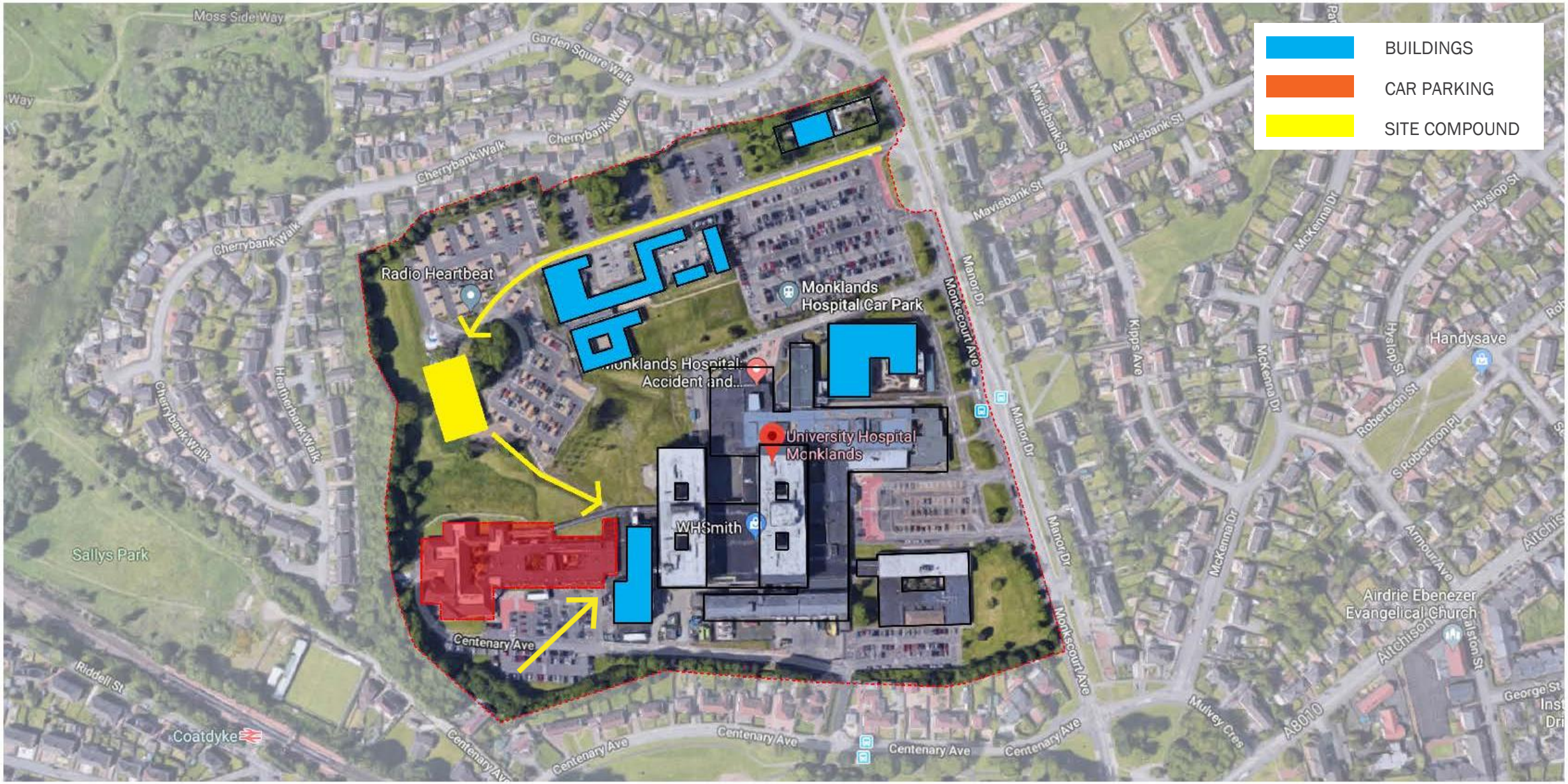
NHS Lanarkshire

OPTION B

- This refurbishment option includes a major new build component
- Construction of a significant new building to create fit for purpose facilities with decant capacity to enable existing buildings to be progressively refurbished
- All in-patient ward accommodation provided to current standards within the new building, leaving existing ward towers for alternative use
- Lanarkshire Beatson & Maggie's Centre continue to operate from existing premises
- Requirement to relocate Renal, Infectious Diseases and Endoscopy to enable new build construction

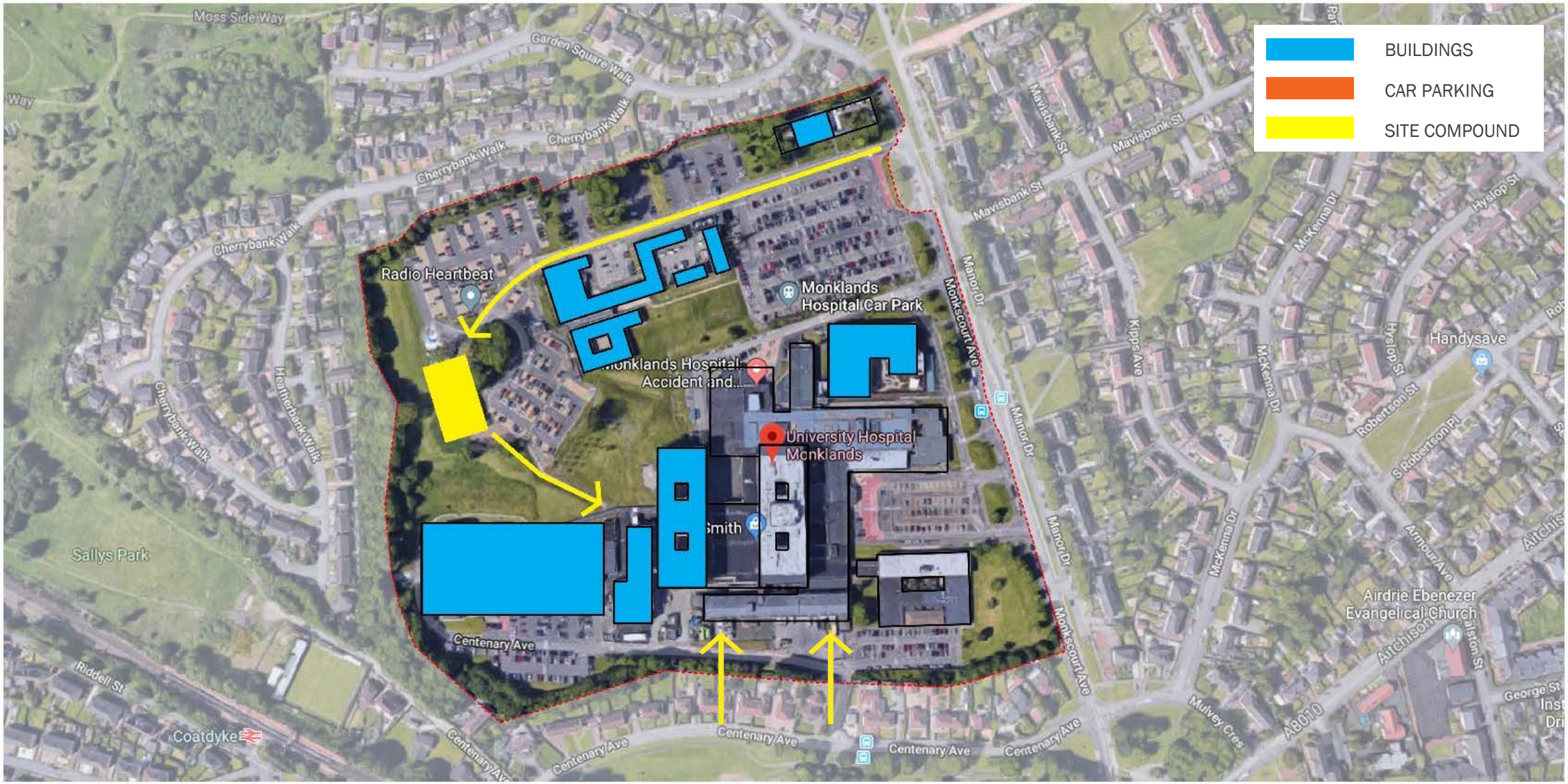
Option B – Construction Traffic & Compound with Associated Disruption to Parking

Option B – Relocate Renal, Infectious Diseases and Endoscopy then Demolish Existing Facility



Option B – Construct New Building to Accommodate Wards & Decant

Option B – Refurbishment Works Phased to Enable Continuity of Service



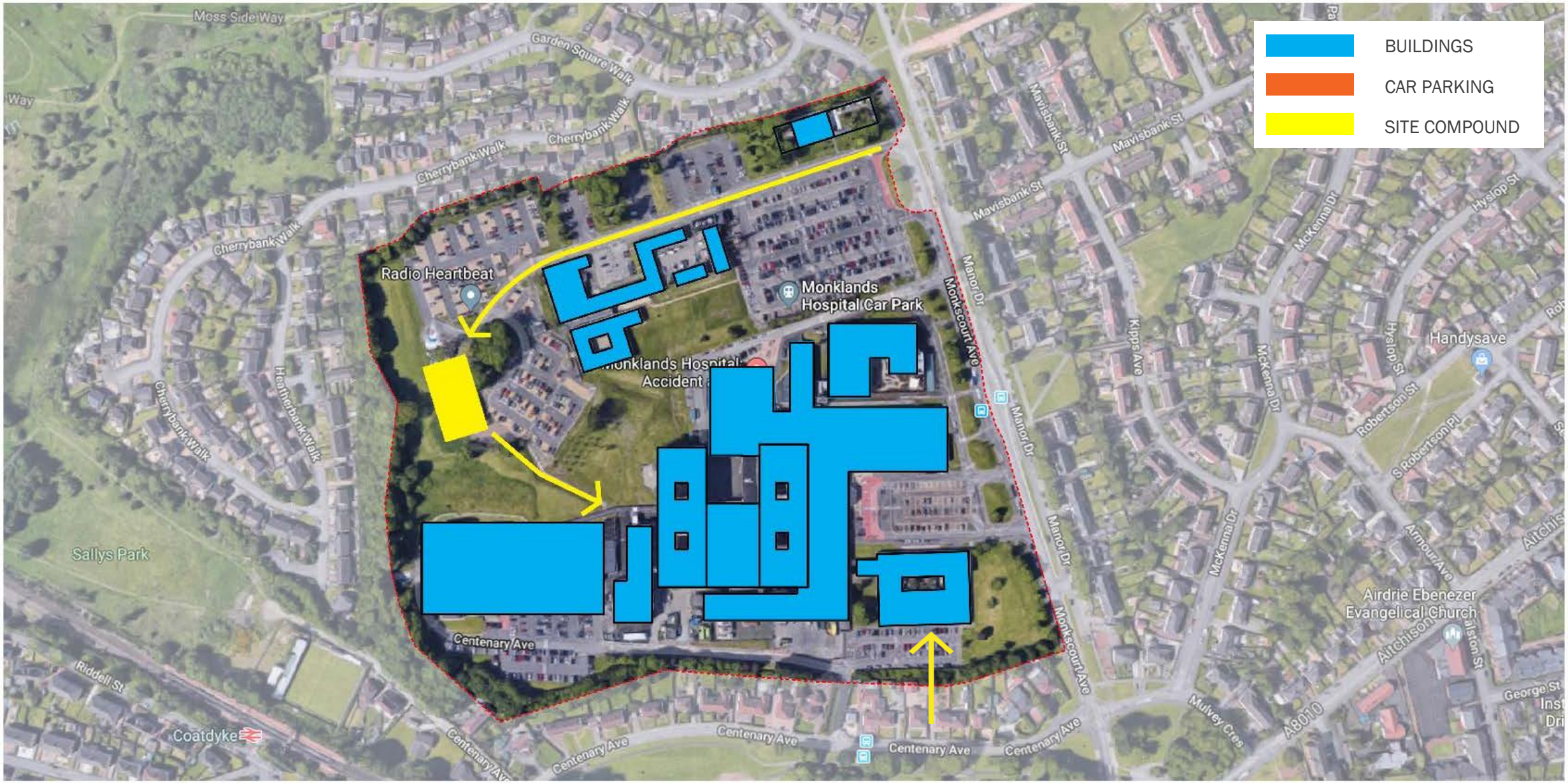
Option B – Refurbishment Works Phased to Enable Continuity of Service

Option B – Refurbishment Works Phased to Enable Continuity of Service

Option B – Refurbishment Works Phased to Enable Continuity of Service

Option B – Refurbishment Works Phased to Enable Continuity of Service

Option B – Refurbishment Works Phased to Enable Continuity of Service



Option B


BUILDINGS
CAR PARKING
SITE COMPOUND
Moss Side Way
Garden Square Walk
Cherrybank Walk
Mavisbank St
Manor Dr
Monkscourt Ave
Kipps Ave
McKenna Dr
Hyslop St
Robertson St
Armour Ave
Radio Heartbeat
Monklands Hospital Car Park
Monklands Hospital Accident
Handysave
Sallys Park
Centenary Ave
Riddell St
Coatdyke
Airdrie Ebenezer Evangelical Church
Aitchison St
Mulvey Cres
A8010
George St

OPTION B: TIMESCALE

- Timescale for the relocation of Renal, ID and Endoscopy: 4 years
- Timescale for construction of new building: 4 years
- Timescale for refurbishment 6 major phases over 15 years [circa 2-4 years each phase]

Total timescale: 23 years

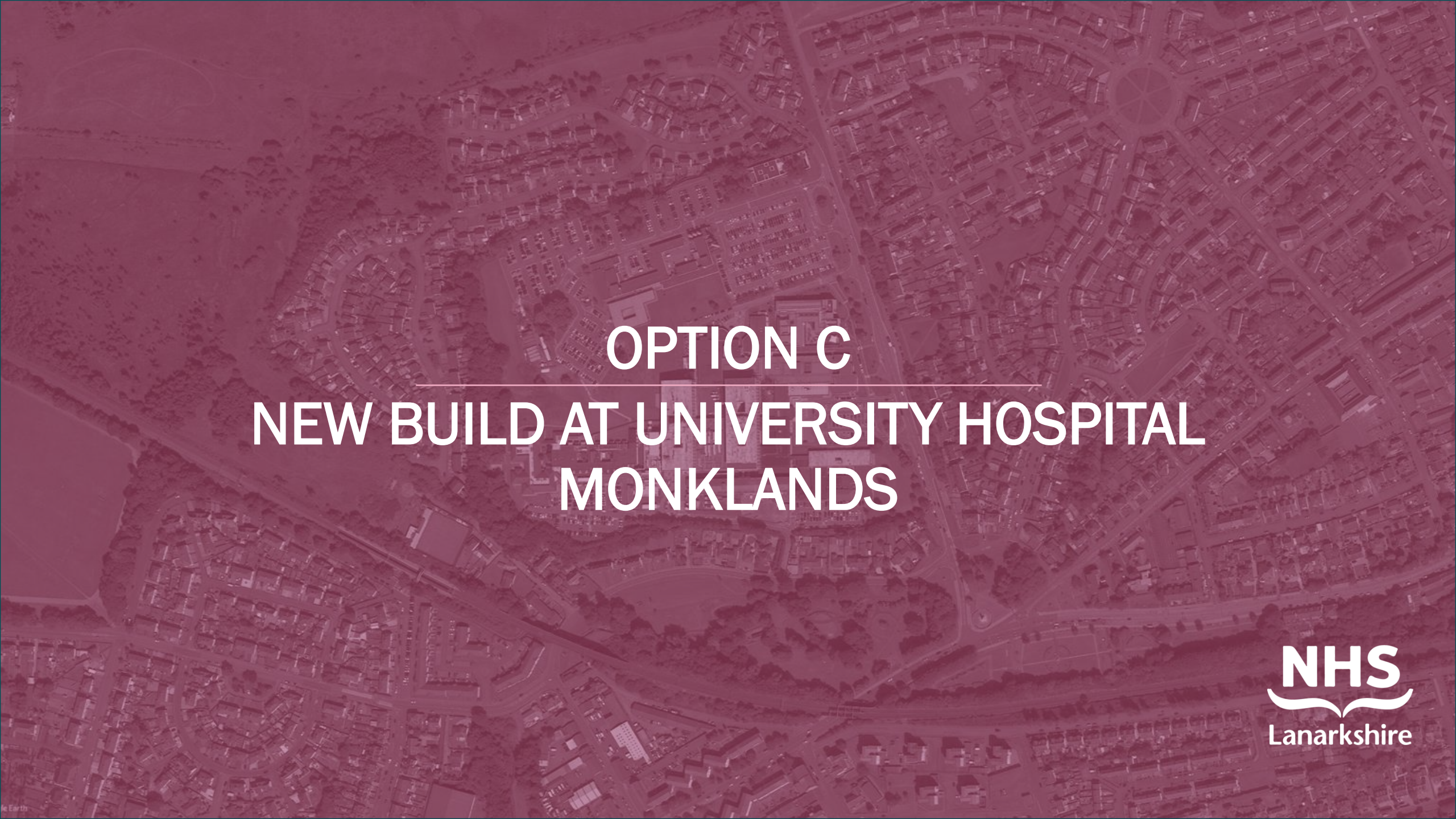
OPTION B: ADVANTAGES

- **Familiarity**
- Modern Maggie's Centre and Lanarkshire Beatson buildings retained on site
- Established public transport links
- **Provides inpatient accommodation to current standards**

OPTION B: DISADVANTAGES

- **Fails to deliver significant elements of the clinical model e.g. front door, planned day care and renal**
- Does not support delivery of the regional model
- **Minimal elements of the Design Statement delivered**
- Only delivers a small proportion of the key clinical adjacencies
- **Limited opportunities for future flexibility**
- Only inpatient accommodation provided to current standards (but disconnected from main hospital)
- Increased internal travel times for staff as a result of disconnected ward block.
- **Need to relocate Renal, Infectious Diseases and Endoscopy with potential double-decant**
- Lack of staff training facilities
- Inability to maximise University status
- Lack of staff facilities e.g. childcare
- Potential workforce challenges as a result of decanting of services off site

- **More time and resource required to maintain health care acquired infection compliance**
- Unattractive working environment
- Limited improvement in functionality of refurbished elements
- Continued derogation from current Fire Regulations within retained accommodation
- **Construction work very close to live occupied hospital: major traffic disruption, noise and dust**
- 10% (150 spaces) loss in parking numbers during construction
- Demolition and final roads/parking not complete until two years after occupation
- Business continuity issues
- Benefits limited by fixed building envelope
- **Significant disruption for 23 years**
- Does not resolve existing site infrastructure issues
- Single entry and egress to the site



OPTION C

NEW BUILD AT UNIVERSITY HOSPITAL MONKLANDS

NHS Lanarkshire

OPTION C

- New build redevelopment on the existing site, fully compliant with building standards
- Construction of the new building to contain all hospital departments replacing all existing facilities.
- Lanarkshire Beatson & Maggie's Centre continue to operate from existing premises
- On completion of new build, the existing buildings are demolished, releasing site capacity for future development
- New building located on the site of the former residential accommodation, avoiding need to decant existing clinical facilities
- Requirement to reprovide Energy Centre and relocate Pathology and David Mathews Centre
- Requirement to provide multi-storey car park

Option C – Construction Traffic & Compound with Associated Disruption to Parking

Option C – Build Multi-Storey Car Park with Associated Disruption to Parking

Option C – Build Energy Centre with Significant Disruption to Parking

Option C – Demolish Existing Energy Centre with Pathology and David Mathews Centre Relocated Temporarily

Option C – 17,000 sqm New Hospital Development

Option C – 24,000sqm New Hospital Development

Option C – 34,000sqm New Hospital Development (Further Decanting Renal, Infectious diseases and Endoscopy)

Option C – 34,000sqm New Hospital Development – Ready for Demolition of Existing Hospital

Option C – 24,000sqm New Hospital Development

Option C – 24,000sqm New Hospital Development

Example Modern Hospital Layout (17,000sqm Ground Floor)

Typical Construction Environment

OPTION C: TIMESCALE

- Timescale for appointment, briefing, pre-contract: 2 years
- Timescale for construction of new building: 8 years
- Equipping, commissioning and migration: 1 year
- Demolition of the existing building and new roads/parking infrastructure complete 2 years after occupation

Total timescale: 13 years

OPTION C: ADVANTAGES

- **Some elements of the new clinical model will be delivered**
- Familiarity
- Modern Maggie's Centre and Lanarkshire Beatson buildings retained on site
- Established public transport links
- Ability to deliver appropriate accommodation for children and young people
- Ability to standardise key clinical spaces
- All accommodation meets current Scottish health planning note standards
- New hospital will meet appropriate sustainability targets
- Improved staff training facilities
- Ability to maximise University status at completion of work
- Potential opportunity for increased staff facilities e.g. childcare

Noise Dust and General Disruption of Demolition works

Queen Street Station, Glasgow

Tameside Hospital, Manchester

OPTION C: DISADVANTAGES

- **Fails to deliver on key patient benefits and elements of the clinical model**
- Significant challenges in delivering key adjacencies within identified expansion zones
- **Compromises in the delivery of safe, patient centred care within any expansion zone.**
- Does not delivery all key adjacencies
- **Difficulties delivering all elements of the design statement**
- Compromises delivery of the regional model
- Need to relocate David Mathews Centre, Pathology (national service) with potential double-decant
- Maggie's Centre and the Lanarkshire Beatson are relatively isolated and poorly integrated
- Potential for complex wayfinding associated with a building constructed over different levels
- **Need to re-provide energy centre as enabling works**
- Potential workforce challenges as a result of decanting of services off site

- More time and resource required to maintain health care acquired infection (HAI) compliance for the duration of the construction
- Unattractive working environment
- Increased car parking demand and traffic through construction phase (contractor staff)
- Temporary loss of 400 car parking spaces (during construction of MSCP). 200 spaces in North car park for duration of works
- Tree preservation orders limit the available developmental space
- Potential for valid planning objections for new building
- Potential for planning difficulties associated with multi-storey car park off main road
- **Construction and demolition work very close to a live operational hospital: major traffic disruption, noise, dust**
- Demolition, final roads and parking not complete until two years after occupation
- Single entry and egress to the site
- Significant disruption for 13 years

OPTION D

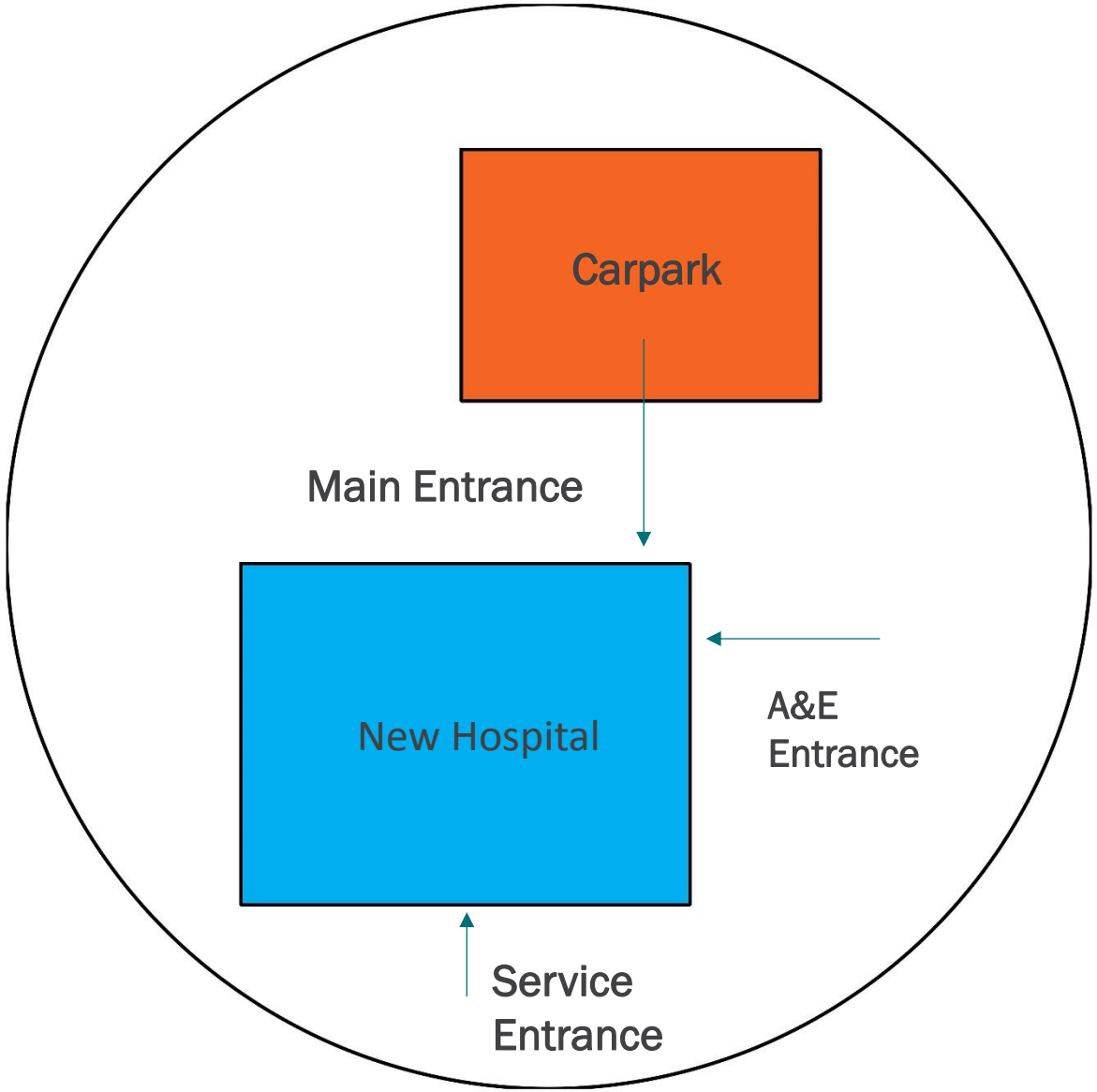
NEW BUILD ON A NEW SITE

NHS Lanarkshire

OPTION D

- Construction of new fully compliant hospital containing all departments on a new site
- All functions of Monklands Hospital can move to new building
- Lanarkshire Beatson and Maggie's Centre integrated into the new site
- On completion the existing site will be disposed of

Option D – New Site to Accommodate Entire Hospital, Access, Parking & Future Expansion



OPTION D: TIMESCALE

- Timescale to acquire site: 2 years (parallel to planning)
- Timescale for planning permission and infrastructure: 2 years
- Timescale for construction of new building: 3 years
- Equipping, commissioning and migration: 1 year

Total timescale: 8 years

OPTION D: ADVANTAGES

- **All elements of the clinical model can be delivered**
- All key adjacencies should 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
- **Improved staff environment**
- Improved staff training facilities
- Ability to maximise University status
- Potential opportunity for improved staff facilities e.g. childcare
- **No construction and demolition work at live, operational hospital**
- 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)

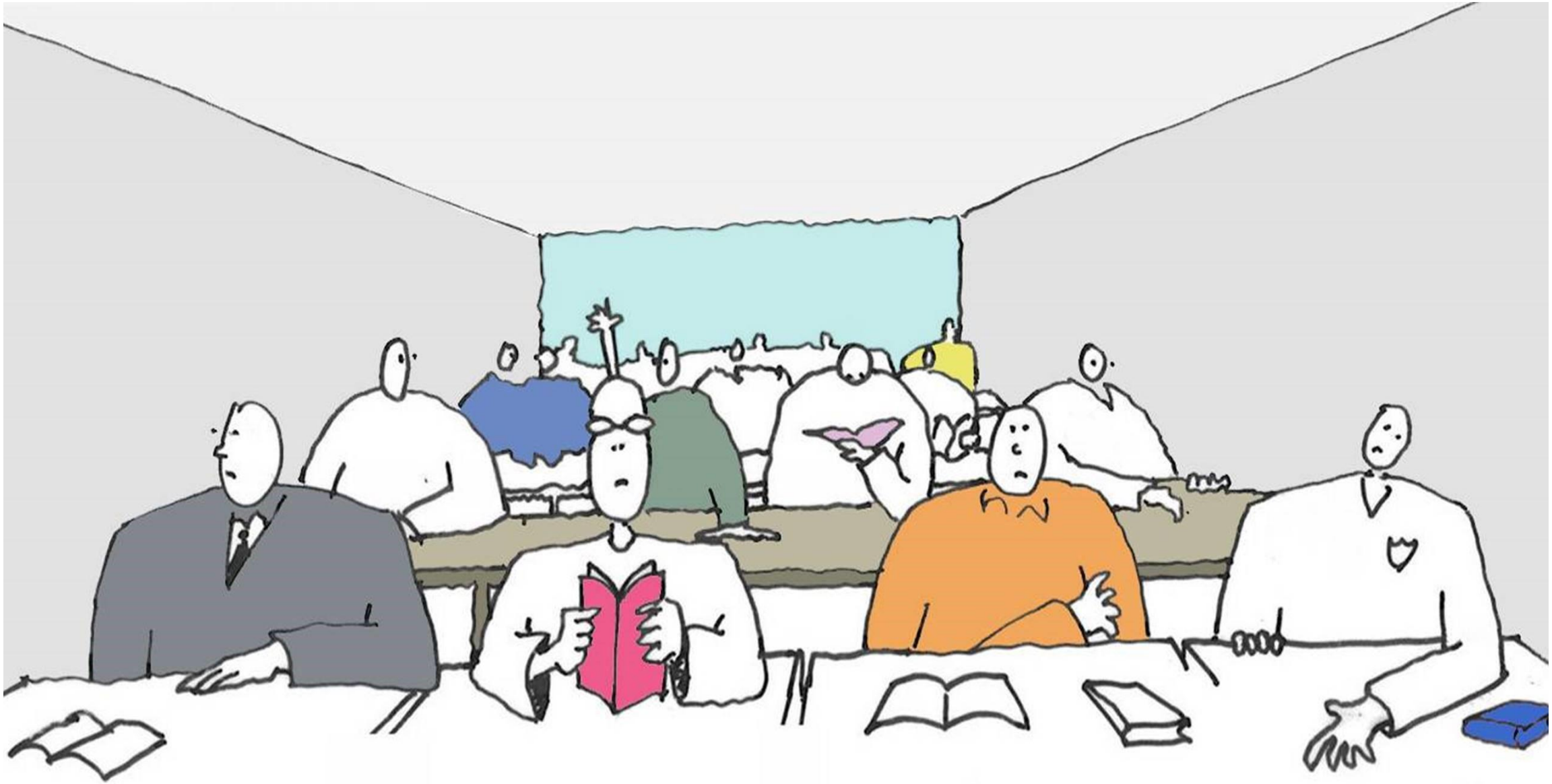
OPTION D: DISADVANTAGES

- **Unfamiliarly**
- Potential delays in site acquisition
- Potential requirement to establish additional public transport routes.

LUNCH BREAK & GALLERY WALL

NHS Lanarkshire

Q & A



UNIVERSITY HOSPITAL MONKLANDS

BENEFITS CRITERIA

NHS Lanarkshire

APPROACH

1. Confirmation of Benefit Criteria
   - Definitions of Benefit Criteria agreed
2. Ranking of Benefit Criteria (with supporting justification)
   - Assess as a single group
3. Weighting of Benefit Criteria (with supporting justification)
   - Assess as a single group
4. Raw scores (0 to 10) for each options assigned against each Benefit Criteria
   - Participants score individually
5. Weights and scores multiplied to provide a total weighted score for each option
6. Options ranked in terms of total scores
7. Run sensitivity analysis

Buying a Car – Factors Influencing Choice

Performance

Dealer Support

Accessories

Reliability

Environmental Impact

Safety

What are Benefit Criteria?

Benefit criteria are the key factors considered when choosing between alternative options	What factors might you consider when buying a car?
Using multiple criteria helps reduce the risk of making an inappropriate choice	What are the consequences of choosing a car purely on the basis of colour?
Criteria are likely to have differing degrees of influence in informing choice	What is most important – e.g. Performance, reliability, safety etc?
Need to link to overall objectives of project	Does your choice meet its main purpose? – e.g. Choosing a two-seater when buying a family car

PERSON CENTREDNESS

DESCRIPTION	KEY FEATURES

The extent to which the option supports service change that reduces the inequalities gap, facilitates realistic medical decisions, allows patients to understand care pathways, and provides improved personal outcomes. Additionally, it allows for best models of care and support to allow seamless transitions through care pathways, recognising equality and diversity.
 	
Adjacencies / pathways
	• Reduction in delays in transitions between episodes of assessment and care
	• Supports the effective use of care pathways and transfer of patients across care settings
	  • optimal clinical adjacencies between A&E, combined assessment, imaging and critical care
	  • effective working between front door services and other parts of the hospital e.g. specialty beds
	  • ease of access to co-located outpatient and daycare facilities
	• Minimises / removes cross flows and associated segregations for patients, staff, visitors and facilities management

IMPROVED SAFETY OF PATIENT CARE

DESCRIPTION	KEY FEATURES
The extent to which the option reduces risks to business continuity, through robust service solutions and infrastructure designed to the most modern standards. Reduced risk of healthcare acquired infection through better use of space. Reduced risk to patients through improved fire protection. Provision of care in buildings where no asbestos is present. **Healthcare Acquired Infection (HAI) – System for Controlling Risk in the Built Environment (SCRIBE) / disruption / timescales**	• Hospital environment that supports effective Healthcare Acquired Infection (HAI) issues • Delivers the optimal solution within the shortest timeframe • Minimises service and patient disruption to ongoing service provision • Minimises the requirement for on-site service / departmental decants • Minimises the requirement for off-site service / departmental decants

IMPROVED CLINICAL EFFECTIVENESS

DESCRIPTION	KEY FEATURES
The extent to which the option supports the ability to "stream" from community to acute services provision as appropriate and reduce pressure on whole system working. Lowering stress levels for patients, staff, and relatives with easier journeys and care in the right place at the right time. Providing the opportunity to created centres of excellence with better clinical outcomes. **Clinical model with key measured benefits**	• Reduced number of avoidable inpatient admissions • Reduce hospital length of stay • More treatments delivered on a day care basis • Reduce duplication of inputs e.g. multiple contacts • Ability to attract and retain high quality staff • Ability to optimise travel distances between key departments • Improved patient and staff satisfaction

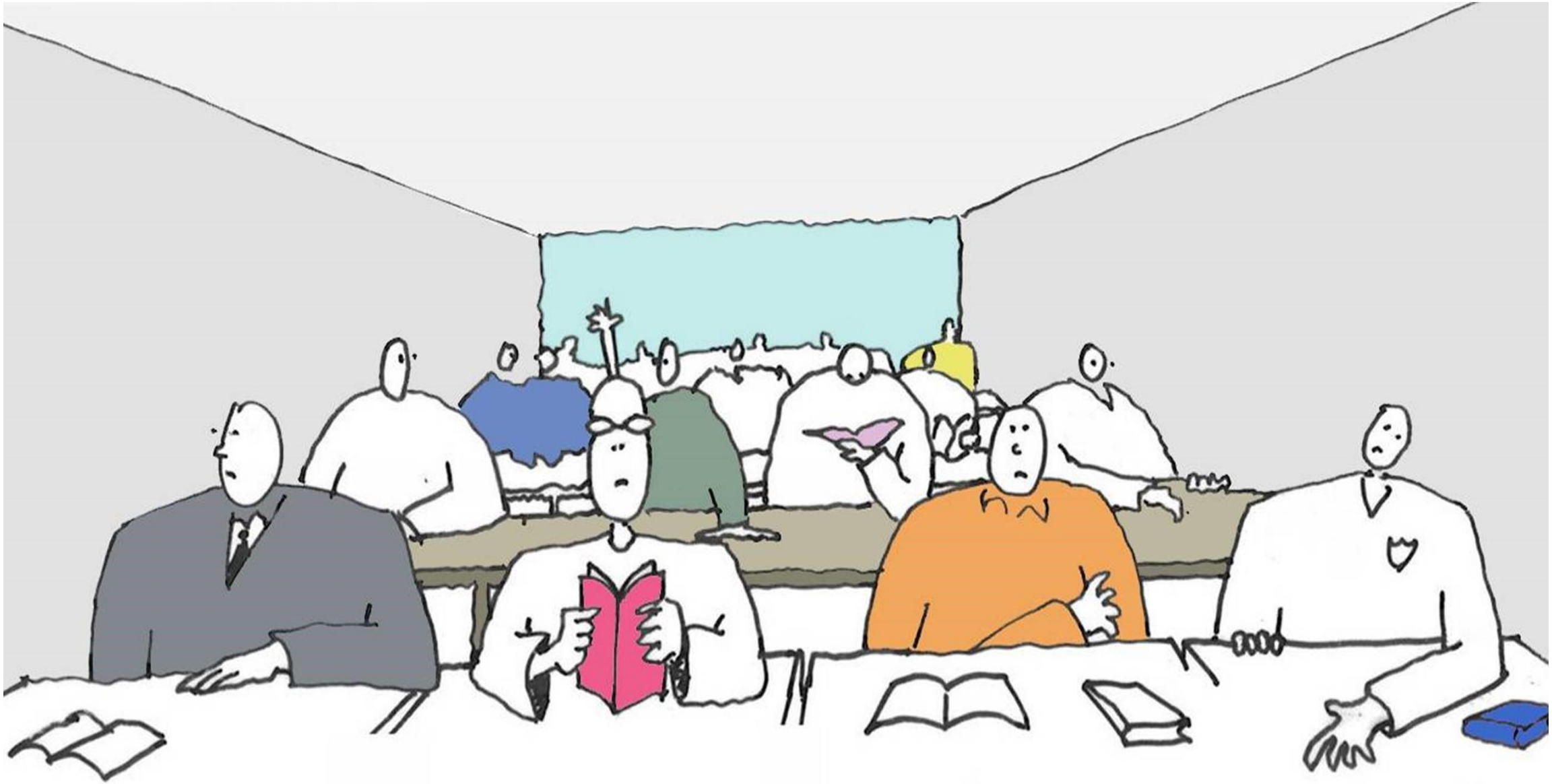
ENHANCE THE FUNCTION & QUALITY OF THE PHYSICAL ENVIRONMENT

DESCRIPTION	KEY FEATURES
The extent to which the option delivers both improved functional suitability and better utilisation of space. This should be achieved through ensuring there is the appropriate co-location, proximity and inter-relationships of the key departments being considered and with other health and care services. Clearly it should also ensure adherence to current accommodation standards. **Meets space and technical standards**	• Supports enhanced multi-disciplinary team working • Compliance with current Health specific building standards • Provides facilities that are in good physical condition, eliminating backlog maintenance, and complying with health and safety requirements; • Providing a modern, clean, therapeutic environment • Providing access to external open space • Providing gender specific accommodation and meeting needs of children / young adults • Improving wayfinding including meeting dementia friendly / specific standards

DELIVER FLEXIBILE & ADAPTABLE FACILITIES ACROSS THE HEALTH SYSTEM

DESCRIPTION	KEY FEATURES
The extent to which the option is able to accommodate changes in patterns of care and the changing needs of the population over the longer term. It should enable optimal and efficient deployment of all types of resources including staff, facilities and equipment to meet the expansion or contraction of services in the future. It should also provide cost effective services with embedded use of digital solutions to improve inter and intra hospital and wider system interaction. Up to 20% expansion space Maintaining co-location through expansion	• Ability to deliver the adjacency matrix • Ability to provide up to 20% expansion to accommodate future need • Maintaining key adjacencies in identified expansion zones • Ability to respond to changes in clinical practice, user requirements service changes and development • Ease of delivering standard accommodation for key clinical areas • Ease of adoption of new technology

Q & A



UNIVERSITY HOSPITAL MONKLANDS

RANKING & WEIGHTING

NHS Lanarkshire

SUMMARY: OPTION A

Do the Minimum

- **Will not deliver new clinical model**
- Does not address adjacency issues
- Continue with current efforts on backlog maintenance
- **Continued construction work very close to live occupied hospital: major traffic disruption, noise, dust**
- Will not achieve compliance with current standards
- Retained as a base-line option only
- **More time and resource required to maintain health care acquired infection compliance**

SUMMARY: OPTION B

Refurbishment at Monklands

- Construction of new building to create decant space to enable existing fabric to be refurbished
- **Renal, Infectious Diseases and Endoscopy decanted to create site for new building**
- **Fails to deliver significant elements of the clinical model e.g. front door, planned day care, renal**
- Does not support delivery of the regional model
- Only delivers small proportion of the key clinical adjacencies
- **Limited opportunities for future flexibility**
- **Only provides inpatient accommodation to current standards**
- Limited improvement in functionality of refurbished elements
- Timescale 23 years
- Major construction work over long period at heart of operational hospital
- **More time and resource required to maintain health care acquired infection compliance**

SUMMARY: OPTION C

New Build at Monklands

- Construction of new building to accommodate whole hospital; on completion all existing buildings demolished
- **Need to relocate David Mathews Centre, Pathology (national service) with potential double-decant**
- Timescale: 13 years
- **Some elements of the new clinical model will be delivered**
- Effect of major construction site adjacent to operational hospital
- Compromises delivery of the regional model
- **Need to re-provide energy centre as enabling work**
- **More time and resource required to maintain health care acquired infection compliance**

SUMMARY: OPTION D

New Build on a New Site

- Construction of new hospital building on new site within local area; on completion existing site disposed of
- No phasing or decant issues
- No disruption to existing hospital caused by construction activities
- **All elements of the clinical model can be delivered**
- **Early delivery of patient benefits**
- **Likely ability to maintain key adjacencies in expansion zones**
- All key adjacencies delivered
- Timescale 8 years

UNIVERSITY HOSPITAL MONKLANDS

SCORING

NHS Lanarkshire

SCORING THE OPTIONS AGAINST THE CRITERIA

- Each group has an assigned facilitator who is there to assist you and answer any questions
- Prior to scoring you should review / discuss the criteria and options within your groups
- Objectivity needs to be demonstrated at all stages
- Scores reflect extent to which you assess the options as satisfying each of the criteria
- Where options cannot be differentiated equal scores should be applied against the relevant criteria
- Scoring to be undertaken individually using the scoring sheets provided (these are anonymised other than indicating the stakeholder group you represent)
- Once completed please hand your scoring sheet to the facilitator
- Scores will be applied to weights already determined
- Scores shared with participants after the break

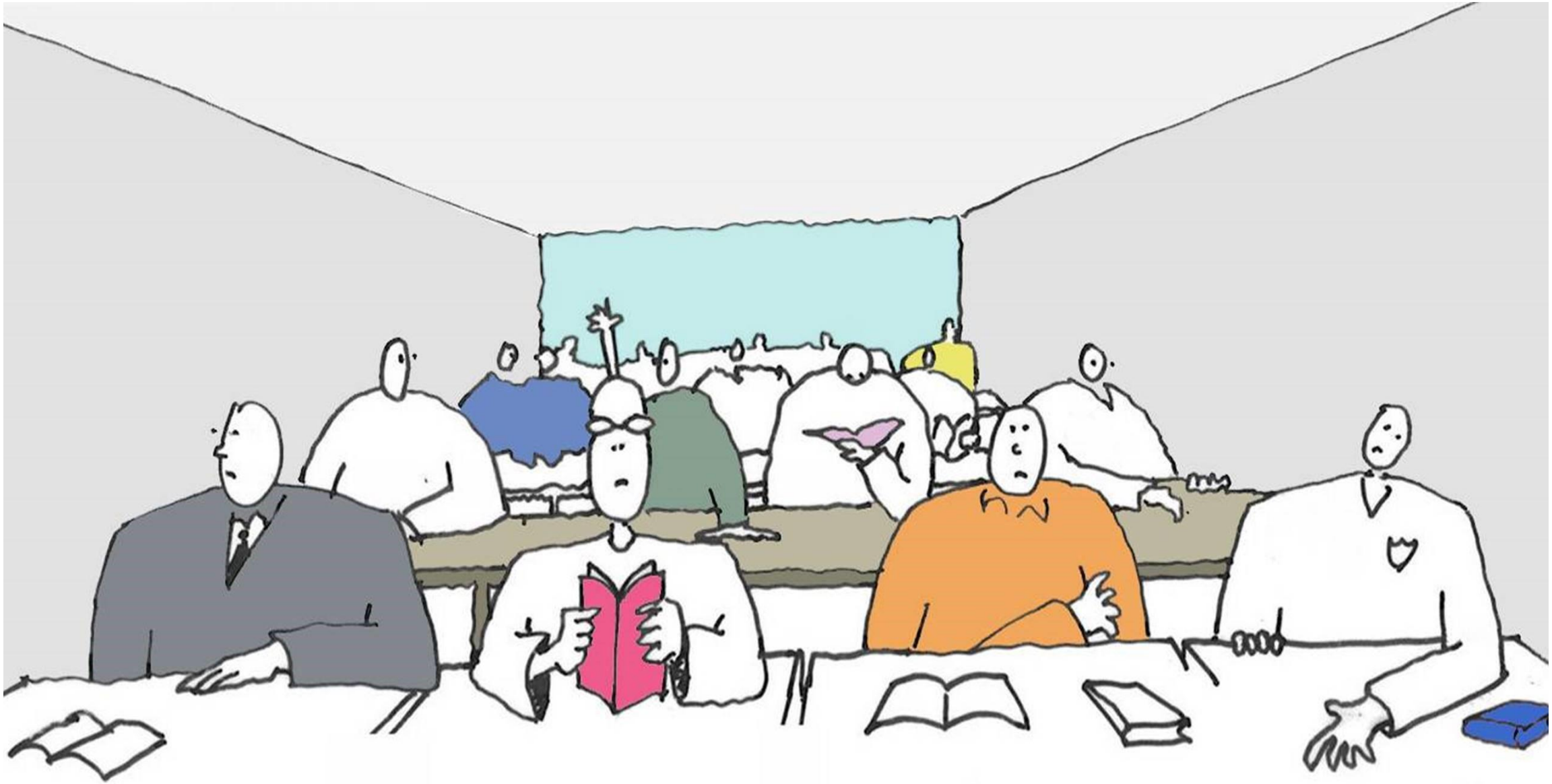
The following scale is to be used in scoring each option against the Benefit Criteria:

Score	Evaluation
10	Could hardly be better
9	Excellently
8	Very Well
7	Well
6	Quite Well
5	Adequately
4	Somewhat Inadequately
3	Badly
2	Very Badly
1	Extremely Badly
0	Could hardly be worse

Scores Results

Option		Weighted Benefit Score	Rank
A	Do minimum	132.6	4
B	Refurbishment of current hospital	232.7	3
C	New build on current hospital site	462.3	2
D	New build on alternative site	949.5	1

Q & A



UNIVERSITY HOSPITAL MONKLANDS

NEXT STEPS

NHS Lanarkshire

NEXT STEPS: DAY 2

- Day 2 – Friday 8th June further option appraisal of alternative sites
  - Same process
  - Different Criteria to evaluate alternative locations
- Need to agree relative weightings for results of day 1 score (output from today) and output from Day 2
  - Day 1 – how each option supports the delivery of the clinical model
  - Day 2 – alternative locations
- As starter suggested minimum 75% weight to day1 and 25% to day 2
  - For discussion and agreement with stakeholder group

Agreement these scores carry XX% of the total combined score. As a starter suggested minimum of 75%

Option		Weighted Benefit Score
A	Do minimum	
B	Refurbishment of current hospital	
C	New build on current hospital site	
D	New build on alternative site	

Agreement these scores carry XX% of the total combined score. As a starter suggested minimum of 25%

Option		Weighted Benefit Score
1	Existing site	
2	Site 1	
3	Site 2	
4	Site 3	

Total combined score derived from:

75% x Day 1 score + 25% x Day 2 score

Option		Weighted Score – Day 1	Weighted Score – Day 2	Combined Weighted Score
A	Do minimum	Option A score	Existing site score	
B	Refurbishment of current hospital	Option B score	Existing site score	
C	New build on current hospital site	Option C score	Existing site score	
D1	New build on alternative site- site 1	Option D score	New site 1	
D2	New build on alternative site- site 2	Option D score	New site 2	
D3	New build on alternative site- site 3	Option D score	New site 3	

Next steps

- A formal report will be prepared following completion of the Options Appraisal including:
  - Combined non-financial benefits score for each option
  - Risk score
  - Economic appraisal and value for money assessment
  - Identified preferred option
- Local Consultation during July-Sept
  - giving all stakeholders the opportunity to have their say on the options appraisal process
- Recommendation to NHS Lanarkshire Board in the Autumn