

# A report on NHS Lanarkshire's engagement on the Monklands Replacement Project

November 2020



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Published November 2020

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## Contents

1.	Introduction.....	4
2.	Public engagement .....	7
2a.	Equalities impact assessment .....	8
2b.	Postal and telephone scoring exercise .....	9
2c.	Feedback from patients and the public who took part in the option scoring.....	11
2d.	Steps after option scoring .....	11
2e.	Fairer Scotland Duty assessment .....	12
2f.	Public feedback period .....	12
2g.	Supporting remote and digital engagement .....	12
3.	Summary and conclusions .....	15
4.	Recommendations .....	17
5.	Appendix 1.....	19
6.	Appendix 2.....	21

# 1. Introduction

## Healthcare Improvement Scotland – Community Engagement

*Healthcare Improvement Scotland – Community Engagement* became the operating name of the Scottish Health Council on 1 April 2020.

*Healthcare Improvement Scotland – Community Engagement* works with NHS boards and Integration Authorities to support engagement with local communities throughout changes to services.

The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'<sup>1</sup>, outlines the process NHS boards should follow to involve people in decisions about local services. When the Scottish Government considers a proposal to be a 'major service change', we provide assurance that people and communities have been effectively involved.

For those service changes that are considered major, Ministerial approval on the Board's decision is required. In 2018, the Scottish Government gave its view that proposals to replace or refurbish University Hospital Monklands was a major service change.

## Background

From August to October 2018, NHS Lanarkshire undertook a public consultation on the replacement or refurbishment of University Hospital Monklands.

While we found that NHS Lanarkshire's engagement and consultation process enabled local people to be informed about and give their views on the proposals, concerns were raised by some people on aspects of the information provided, for example travel times, site contamination and consultation process. It was our view that the requirements of the national guidance were not fully met until NHS Lanarkshire addressed these concerns and engaged further with people.

Our assessment report<sup>2</sup> of NHS Lanarkshire's engagement and consultation was published in June 2019<sup>3</sup>.

We made four recommendations for NHS Lanarkshire to assist them in their next steps to fully meet national guidance. These were:

1. 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.
2. 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

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<sup>1</sup> Informing, Engaging and Consulting People in Developing Health and Community Care Services, Scottish Government [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

<sup>2</sup> Scottish Health Council report on NHS Lanarkshire's consultation on the Replacement or Refurbishment of University Hospital Monklands, <https://www.hisengage.scot/service-change/reports/university-hospital-monklands-consultation/>

<sup>3</sup> In November 2018, the Cabinet Secretary for Health and Sport announced that a broader, independent review on the consultation process followed by NHS Lanarkshire was to be established. Following this announcement we took the decision to pause the publication of our report and publish this at the conclusion of the work of the independent review panel

socio-economic information, and set out any proposed mitigating actions to take account of potential adverse impacts on any groups.

3. 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.
4. 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.

Following the public consultation, and prior to the Board of NHS Lanarkshire recommending a preferred option, the Cabinet Secretary for Health and Sport announced that a broader independent review of the processes undertaken by NHS Lanarkshire to plan for the redevelopment of Monklands Hospital was to be established<sup>4</sup>. The independent review panel published its [report](#) in June 2019 and made three recommendations to assist NHS Lanarkshire in its endeavors to restore public confidence in the process.

## Further engagement

Over the past 12 months, NHS Lanarkshire has sought to take forward a rigorous approach to engagement (see appendix 1) in line with the recommendations made by the independent review panel<sup>5</sup> and ourselves.

NHS Lanarkshire set up the Monklands Replacement Oversight Board<sup>6</sup> and undertook an open process for people to suggest potential site options for the new University Hospital Monklands. This resulted in an additional viable option being identified at Wester Moffat for consideration alongside the Glenmavis and Gartcosh sites identified and consulted on in 2018.

NHS Lanarkshire also commissioned and prepared supporting information in response to concerns people raised. This information was used to support public engagement and the option scoring exercise.

## Our view

The work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months has been assessed in line with our recommendations and those identified by the independent review panel. This report confirms that NHS Lanarkshire has met the expectations set out in our recommendations from June 2019. It has also followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project.

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<sup>4</sup> [https://www.parliament.scot/S5\\_HealthandSportCommittee/General%20Documents/20181210\\_Letter\\_to\\_HandS\\_Comm\\_-\\_Monklands\\_Hospital.pdf](https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20181210_Letter_to_HandS_Comm_-_Monklands_Hospital.pdf)

<sup>5</sup> An independent review of the engagement and consultation process followed by NHS Lanarkshire Monklands Replacement/Refurbishment Project (MRRP), University of Glasgow, [https://www.gla.ac.uk/media/Media\\_653870\\_smxx.pdf](https://www.gla.ac.uk/media/Media_653870_smxx.pdf)

<sup>6</sup> The Monklands Replacement Oversight Board provides the required degree of assurance on the progression of the Monklands Replacement Project – four patient/public representatives are members of this Governance Committee.

It is our 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 our recommendations of 2019.

From our assessment, we have 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.

## 2. Public engagement

*Healthcare Improvement Scotland – Community Engagement* has regularly met with NHS Lanarkshire to discuss and provide advice on the further engagement process for a new University Hospital Monklands.

Our advice has focused primarily on the recommendations set out in our assessment report (June 2019). It has taken account of the Cabinet Secretary for Health and Sport's decisions<sup>7</sup> based on the independent review panel report, including the decision to exclude the existing site at Monklands from the re-evaluation process on the basis that "building a new hospital on an existing site takes longer, costs more and risks infection and other patient safety concerns." We have also recognised the wider context for engagement, for example the COVID-19 pandemic.

In June 2020, we prepared an interim assessment (Appendix 2) for NHS Lanarkshire on the engagement undertaken from October 2019 to March 2020.

In our interim assessment, we confirmed that *"on the basis of the information available to us, and our observations of the engagement that NHS Lanarkshire has undertaken to date, activity has met the expectations set out in our recommendations of June 2019, with one recommendation; recommendation 4 to be further progressed as part of the remaining planned engagement activity."*

We have therefore focused this report on subsequent activity undertaken in response to recommendation 4. This relates to further engagement, including option appraisal.

*"Engage with local people and communities in relation to additional information to ensure their views are understood and can be fully taken into account when any decisions are being made."*

A site scoring event was held in March 2020 on the three shortlisted sites, Gartcosh, Glenmavis and Wester Moffat. However, NHS Lanarkshire withdrew the outcomes of this due to a technical failure in the electronic voting system and issues of participant representation. We supported this decision on the basis that the outcomes were unreliable and not sufficiently robust.

In mid-March 2020 national restrictions were put in place in response to the COVID-19 pandemic. This public health crisis resulted in a pause in NHS Lanarkshire's engagement activities because of the requirement to comply with social distancing, self-isolation and shielding.

NHS Lanarkshire and an external commissioned consultation agency, [the Consultation Institute](#), subsequently developed plans to implement a new scoring exercise with people taking part by post or telephone.

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<sup>7</sup> Scottish Government news, Replacement of Monklands Hospital, 27 June 2019, <https://www.gov.scot/news/replacement-of-monklands-hospital/>

We continued to meet with officers from NHS Lanarkshire to provide advice on the process, feedback on the draft scoring information pack and to set out clear, practical expectations. These were arranged into three main themes:

Theme	Expectation
<b>Information</b>	<ul style="list-style-type: none"> <li>● Information meets national standards and guidance, for example it is clear and easy to access and understand.</li> <li>● Information is provided in different formats to meet people’s needs and support their involvement.</li> <li>● People have access to the information they feel is relevant to the engagement.</li> <li>● Information is factually accurate.</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>● People are clear on the process and are able to contribute.</li> <li>● People find the process easy to follow.</li> <li>● People are clear how each step informs the next.</li> <li>● People know how and are able to get additional information or support if they need it.</li> <li>● People understand the decision making process, and feel able to inform this.</li> </ul>
<b>Evaluation</b>	Feedback from participants should indicate that their involvement has been positive and that they felt enabled and supported to undertake each task in the process as required.

## 2a. Equalities impact assessment

NHS Lanarkshire prepared and published equality impact assessments for each of the three shortlisted location options for the new hospital. The assessments, with action plans to address adverse impacts, for example, the integrated community transport hub, were published on NHS Lanarkshire’s website in early February 2020. This enabled people to consider them in advance of the community discussion sessions and People’s Hearing referenced to in our interim assessment (Appendix 2).

NHS Lanarkshire also prepared an equalities impact assessment on the postal and telephone scoring exercise. This was to help identify whether any group of people may experience a particular challenge in getting involved and if so, how this could be reduced. We suggested, for example, that a Freephone number be provided and dedicated support put in place for participants if needed. The suggested actions were incorporated by NHS Lanarkshire.

## 2b. Postal and telephone scoring exercise

Due to national restrictions, NHS Lanarkshire carried out a postal and telephone scoring exercise in July and August 2020. It used the same breakdown by geographic area for public participants for the March 2020 event<sup>8</sup>. An adjustment to staff representation was made in response to feedback received.

Additional steps were taken to ensure that as many people as possible could be involved and there was sufficient representation from all communities. People who had initially self-nominated to participate in the option scoring event, together with respondents to a telephone survey who had expressed an interest, were invited to take part. In total this involved 317 patients, carers and members of the public and 81 staff members. Patient and public representatives' scoring made up 51%, from across geographic communities, with staff making up 49%. This goes beyond expectations set out in guidance. The number of people involved in the postal and telephone scoring is also very high compared with previous option scoring exercises from across Scotland.

NHS Lanarkshire, with advice from the Consultation Institute and Electoral Commission, agreed the use of an algorithm to ensure scoring reflected proportionality from each of the geographic areas<sup>9</sup>.

The supporting information pack for participants to weight and score the non-financial benefits criteria was made publicly available on NHS Lanarkshire's [webpage](#)<sup>10</sup>. In addition, 'Frequently Asked Questions' from the site scoring event held in March 2020 were provided to support shared understanding. This was updated to include new questions.

A report<sup>11</sup> prepared by the Consultation Institute shows that of the 317 patients and public representatives who were invited to participate, returns were received from:

- 122 (total number of participants=174) who weighted the benefits criteria, and
- 113 (total number of participants=178) who scored the benefits criteria for each option

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<sup>8</sup> MRP postal scoring – participant proportions,

<https://www.nhslanarkshire.scot.nhs.uk/?wpdmdl=12849&ind=1593558506586>

<sup>9</sup> New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, 2020, the Consultation Institute, <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458870234&filename=Appendix-B-Consultation-Institute-weighting-and-scoring-report.pdf&wpdmdl=15061&refresh=5f88bd47318ac1602796871>

<sup>10</sup> <https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/>

<sup>11</sup> New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, Summer 2020

<https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/?ind=1601458870234&filename=Appendix-B-Consultation-Institute-weighting-and-scoring-report.pdf&wpdmdl=15061&refresh=5f8f130c907b91603212044>

The collated weightings (table 1) were shared with participants prior to the scoring exercise.

Table 1

Criterion 1: travel times (public)	Criterion 2: travel times (staff)	Criterion 3: access/connectivity	Criterion 4: contamination	Criterion 5: cross-boundary flow impact
31.10%	22.96%	19.27%	14.47%	12.20%

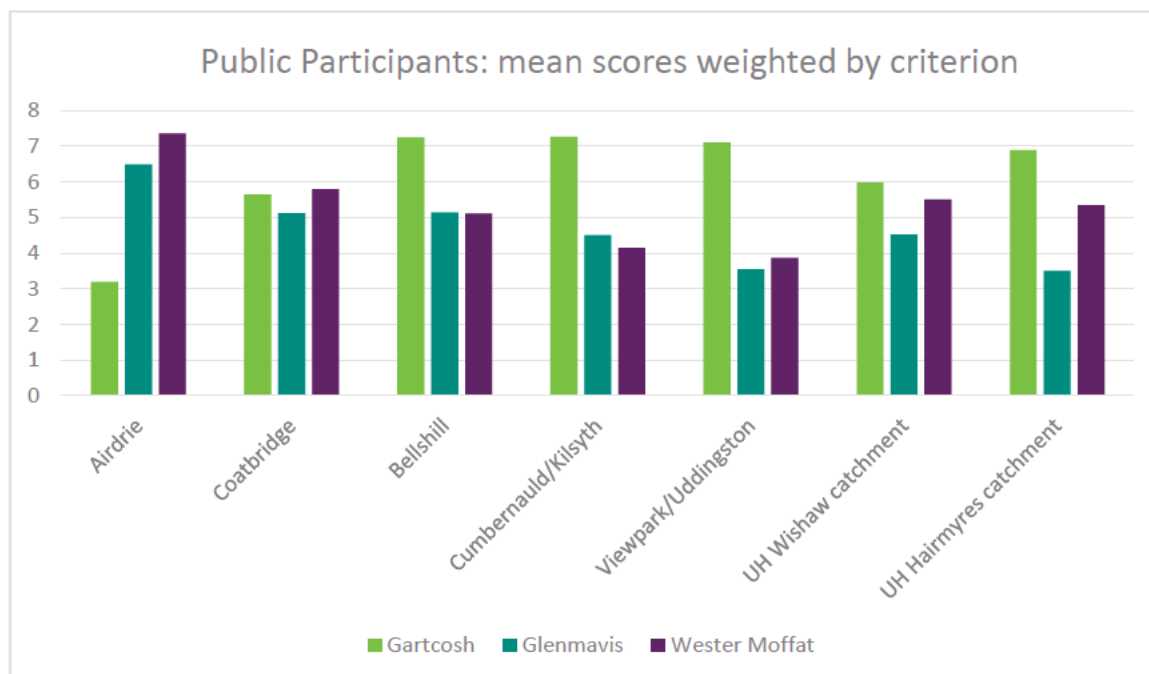
Following the scoring exercise, the total collation of scores for non-financial benefits criteria taking into account criteria weightings and applying proportionate representation of scoring by community was:

Table 2

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

Statistics from the remote criterion-weighting and scoring exercise report, shared by NHS Lanarkshire, show the public participants’ means scores, that is, the average of a group of scores, weighted by criterion, for each of the three sites. This is shown in the graph below.

Graph 1



This illustrates that more public groupings scored Gartcosh to greater or lesser extent over 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.

## 2c. Feedback from patients and the public who took part in the option scoring

NHS Lanarkshire received evaluation feedback from 102 of the 113 public participants (90% response) who took part in the scoring exercise. We consider this a very high response rate compared to similar exercises carried out.

Of the 102 public representatives who provided evaluation feedback, 77% described their interest in taking part in the option scoring as solely 'patient/service user, carer or public' and 12% as 'voluntary or community group'.

Feedback on people's views and experiences of their involvement compares favourably with figures from previous option appraisal exercises conducted across Scotland. It also provides assurance against the expectations outlined above. A summary of responses from public participants is given below. The feedback was provided using a five-point scale.

- 91% of respondents found the information clear (ranging from somewhat, very or extremely clear)
- 88% of respondents found it easy to some degree to allocate weighting to the criteria (ranging from somewhat, very or extremely easy)
- 86% of respondents found it easy to some degree to allocate scores (ranging from somewhat, very or extremely easy)
- 76% of respondents felt the process gave them the chance to provide meaningful input (ranging from agree to strongly agree)
- 75% of respondents felt the information clearly explained how the criteria were developed (ranging from agree to strongly agree)
- 89% of respondents knew how to contact someone for more information and support if needed (ranging from agree to strongly agree)
- 79% of respondents felt the next steps in the Monklands Replacement Project have been made clear (ranging from agree to strongly agree)

## 2d. Steps after option scoring

NHS Lanarkshire responded to the key themes emerging from people's feedback to the options weighting and scoring exercise as described above by undertaking risk analysis on: contamination, cross-boundary flow and transport infrastructure.

The scoring from this was combined with the economic appraisal, net present cost per benefit point, which resulted in the overall site feasibility option appraisal<sup>12</sup> scores. Gartcosh and Wester Moffat received relatively similar scores at 194.12 and 195.74 respectively and Glenmavis scored lower on 156.84. The scores are highlighted in table 3 below.

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<sup>12</sup> <https://www.nhslanarkshire.scot.nhs.uk/download/mrp-option-appraisal-report/>

Table 3

Gartcosh	Glenmavis	Wester Moffat
194.12	156.84	195.74

## 2e. Fairer Scotland Duty assessment

The January 2020 Fairer Scotland Duty assessment was [updated](#) to take into account the additional site at Wester Moffat and feedback from public and stakeholder engagement exercises, including concerns raised by some option scoring participants on the impact of travel on people with low incomes. A standard approach was taken to consider the three sites across four themes: multiple deprivation and income inequality; employment and economy; transport and connections; and environment. The assessment noted that further analysis of transport, including evaluation of transport costs, will be undertaken following site selection. This part of the process was validated by the Chair of the Scottish Health Inequalities Impact Assessment Network and shared on NHS Lanarkshire’s website.

## 2f. Public feedback period

From 30 September to 18 October 2020, NHS Lanarkshire invited public feedback on the outcome of the site feasibility option appraisal. It stressed that these scores did not reflect a final decision by NHS Lanarkshire on the location of the new University Hospital Monklands. Supporting information on all work carried out until the end of September was provided on NHS Lanarkshire’s [webpage](#)<sup>13</sup>. A summary paper on the option appraisal report and an easy read version was also provided.

During this period, people were able to share their views by post, telephone or email. NHS Lanarkshire confirmed they received 766 responses, with 55 from staff email addresses.

## 2g. Supporting remote and digital engagement

From mid-March 2020 there have been restrictions on how people interact in their community and with health and care services. This has required organisations, including NHS boards, to share information and engage with people in different ways.

NHS Lanarkshire continued to share information at key stages in the process. This has primarily been through their website, press releases, an extensive social media campaign using Facebook, Twitter and Instagram®, internal staff communications, mailings to their partners and stakeholders including Community Councils and briefings for elected representatives. The opportunity to distribute information, for people to see and read, through local facilities such as public libraries and GP surgeries has inevitably been limited by the pandemic.

We have reviewed social media comments and the main themes we identified are given below.

- Location – a strong sense from people who support the Glenmavis or Wester Moffat site that the new hospital should be central to the Monklands catchment area and therefore retained in its

<sup>13</sup> <https://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/monklands-engagement/>

current locality. A similar sense from those who support Gartcosh that the Monklands catchment area is wider than the Airdrie and Coatbridge vicinities, and Gartcosh is more accessible to Cumbernauld.

- Transport and access – a general view that public transport networks across Lanarkshire are currently inadequate and must be significantly improved whichever location is chosen. Some people queried the current road infrastructure for the three sites and how this may impact on emergency ambulance journeys.

It has not been possible to hold public meetings or focus groups in person and so NHS Lanarkshire has taken a 'remote' approach, using phone survey and deliberative conversations; as well as two online surveys, one for patients who travel across Lanarkshire to access specialist services at University Hospital Monklands and one for young people.

- **Phone survey and deliberative conversations**

NHS Lanarkshire commissioned a second phone survey to be undertaken from 2 to 9 October of 500 people: 78.5% living in the Monklands catchment area, 14% from Wishaw and 7.5% from Hairmyres. This randomised approach gathered information from the wider population on awareness of the proposals; experience of services; and, opinions and potential impacts in relation to each of the three proposed sites.

More than half, 54% of people who live in the Monklands catchment area had used the hospital in the past year, as had 15% of people from the outside catchment area.

The survey found that 70% of people within the catchment area had heard about plans for University Hospital Monklands in the past 12 months, with 9% having heard about the scoring outcome. From the description given, 77% felt the process to this point has been fair.

Qualitative feedback from responses show that 84% of people were aware of the Gartcosh and Glenmavis options, with 60% of people aware of Wester Moffat site.

For each of the proposed sites, around half of respondents believe they would be impacted if the hospital were moved to that location, with the chief concern being the distance they would be required to travel and issues with transport in reaching each site.

Twenty nine people took part in deliberative conversations which were either focus groups or phone calls. Key messages were:

- Public transport across NHS Lanarkshire would need to improve whichever site is chosen.
- The voice of people who use the hospital the most, those most reliant on public transport and those people who are vulnerable, for example people with learning disabilities should carry a greater weight compared to others.
- Consensus that the needs of staff currently working at the Monklands site should be taken into account.
- People tend to get information from local Facebook groups, information in community settings, through community individuals like hairdressers, and external advertising.

- **Online survey – specialist services**

A targeted online survey was designed to gauge potential impacts on people who access specialist services from across Lanarkshire. Nine patients from renal services provided feedback.

The site option that tended to polarise views on potential impact appeared to be Gartcosh. Respondents who referred to 'a lot of' impact viewed Gartcosh as distant from the Monklands area, with main concerns raised being transport, travel and related cost.

Respondents indicated that a new hospital at either Glenmavis or Wester Moffat would have either no impact or 'a little, but they would be able to deal with it'.

- **Online survey – young people**

Social media posts and Facebook advertisements were used to seek the views of residents aged 13 to 17 years in the NHS Lanarkshire area, this resulted in 16 completed responses. Transport and distance were the main factors considered in relation to potential impact on the respondents. Three people in this age group were unclear why the existing hospital could not be refurbished or replaced on the existing site.

## 3. Summary and conclusions

### Summary

We have assessed the engagement work taken forward by NHS Lanarkshire on the Monklands Replacement Project over the past 12 months in line with our recommendations<sup>14</sup> in 2019 and those identified by the independent review panel<sup>15</sup>.

At the time of making our recommendations in 2019 the site option for a new University Hospital Monklands at Wester Moffat had not been identified. We consider the open process for members of the public and others to identify potential alternative sites for the new University Hospital Monklands as demonstrating a live and dynamic process. In this instance it resulted in a third viable option being identified.

Our findings are based on our attendance at events, information materials shared by NHS Lanarkshire, evaluation feedback and review of online social media platforms and local media.

This report confirms that NHS Lanarkshire has met the expectations as set out in our recommendations from June 2019.

NHS Lanarkshire has also followed national guidance to date in relation to public engagement and option appraisal on the Monklands Replacement Project. We believe the work that has been undertaken will support NHS Lanarkshire in identifying a preferred location option to take forward.

### Our conclusions

NHS Lanarkshire has taken a rigorous approach to engagement and option appraisal on the new site for University Hospital Monklands over the last 12 months.

During this further period of engagement NHS Lanarkshire has 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.

In our view, NHS Lanarkshire has 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.

We welcome the focus given to potential socio-economic factors that may result from the decision on the location of the new hospital. The Fairer Scotland Duty assessment has benefited from its 'live' status

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<sup>14</sup> Scottish Health Council report on NHS Lanarkshire's consultation on the Replacement or Refurbishment of University Hospital Monklands, <https://www.hisengage.scot/service-change/reports/university-hospital-monklands-consultation/>

<sup>15</sup> An independent review of the engagement and consultation process followed by NHS Lanarkshire Monklands Replacement/Refurbishment Project (MRRP), University of Glasgow, [https://www.gla.ac.uk/media/Media\\_653870\\_smx.pdf](https://www.gla.ac.uk/media/Media_653870_smx.pdf)

meaning that new evidence as it emerges is taken into account. The Fairer Scotland Duty assessment has already made a number of recommendations that have been accepted by NHS Lanarkshire. This includes a proposal to co-develop and co-produce a health and wellbeing hub on the existing Monklands site.

A range of engagement methods was offered to enable people to be involved for example community discussions, People's Hearing, option scoring, phone surveys.

The restrictions imposed as a result of the COVID-19 pandemic have impacted on communication and engagement approaches. An example was the need for NHS Lanarkshire to re-run its option scoring remotely. We recognise the challenges this presented NHS Lanarkshire, for example the lack of opportunity for people to openly discuss, share, hear and understand different perspectives and potentially reach consensus. However, people's positive evaluation of the process demonstrates the effective delivery of this work despite the challenges.

In our June 2020 interim report we commented that *"the process has benefited from the way in which it has been made clear how people's feedback at each stage has informed the next"* and this pro-active approach has continued. For example, people's concerns during option appraisal informed the risk analysis and Fairer Scotland Duty assessment.

The Cabinet Secretary for Health and Sport was unequivocal on the reasons why the new hospital could not be built on the existing site. Generally, this has enabled dialogue to move forward. However, feedback from NHS Lanarkshire's surveys and our observations from social media indicate that some people remain unclear as to why the current site is unsuitable.

People's expressed preferences for the location of the new University Hospital Monklands tend to reflect where they live and align with geographic catchments. Therefore regardless of which location is supported or preferred, the outcome is likely to leave some communities feeling disenfranchised.

It is our view that the engagement NHS Lanarkshire has undertaken over the last 12 months on the three shortlisted sites is robust and will support the Board of NHS Lanarkshire in identifying a preferred location for the new University Hospital Monklands.

However, it is important to highlight that the Wester Moffat site has not been subject to the same level of public consultation as the Gartcosh and Glenmavis sites in 2018.

Any further public engagement or consultation should serve to add value to the process and consideration will need to be given to this once a preferred site is identified.

## 4. Recommendations

At the time of writing this report NHS Lanarkshire has not identified a preferred option for the location of a new University Hospital Monklands.

The wider engagement on the three sites, Gartcosh, Glenmavis and Wester Moffat, over the last 12 months has been robust, and it is our view that any further public engagement or consultation should serve to add value to the process.

Our recommendations to the Board of NHS Lanarkshire as it proceeds with identifying a preferred option for the location of the new hospital, are:

1. **Actively involve** service users, community representatives, staff and the Third Sector in reviewing the concerns raised and co-designing solutions to issues arising from the location. Regardless of which location is supported or preferred, the outcome is likely to leave some communities feeling disenfranchised and it is important that steps are taken to address this. This will include engaging with people on how the new hospital may operate within the strategic aims of Achieving Excellence.
2. **Consider** how proposed mitigating factors identified in the Fairer Scotland Duty assessment may be 'tested' and refined with communities who will be most impacted. For example, public transport and travel infrastructure have been consistently raised as a concern throughout the process and apply to all three locations. NHS Lanarkshire must provide assurance that they understand these concerns and will work with communities to address them.
3. **Engage with** *Healthcare Improvement Scotland – Community Engagement* to determine what further focused and proportionate public engagement or consultation may be required once a preferred location is identified. This is in recognition that whilst all three sites have been subject to robust public engagement over the past 12 months, Wester Moffat has not been the subject of formal public consultation, which the other locations of Gartcosh and Glenmavis were in 2018.
4. **Provide feedback** to people on NHS Lanarkshire's preferred location for the new University Hospital Monklands, demonstrating how the views received through the public consultation in 2018 and engagement in 2020 was taken into account.
5. **Discuss** with *Healthcare Improvement Scotland – Community Engagement* how it could help support the co-design of the proposed Health and Wellbeing Hub on the existing University Hospital Monklands site.

With the aim of contributing to continual improvement in the quality of public involvement activities in the NHS in Scotland, we have identified the following points which we hope will inform future practice. These are summarised as areas of good practice and learning points.

### **Areas of good practice identified by *Healthcare Improvement Scotland – Community Engagement***

- NHS Lanarkshire was able to secure robust geographic representation because of the large number of people invited to participate in the postal and telephone scoring.

- Flexible and innovative approaches were incorporated in the engagement process, for example the People’s Hearing was recorded live and enabled NHS Lanarkshire to proactively respond to the number of submissions it received in ‘real time’
- NHS Lanarkshire responded proactively to the number of submissions received and used time effectively to add value to next steps.
- Recordings and notes from the community discussion events and the People’s Hearing were placed on the webpage to support openness and transparency.
- Despite the challenges presented by the COVID-19 pandemic, NHS Lanarkshire acknowledged the inadequacies of the option scoring event in March 2020 and developed a viable proposal to re-run the process by post.
- Collaborative working with relevant external partners and national groups added robustness to the process and provided assurance on key areas of public concern, for example the Fairer Scotland Duty assessment.
- The open process for selecting potential sites for a new hospital enabled an additional viable option to be identified for appraisal.

### **Learning points identified by *Healthcare Improvement Scotland – Community Engagement* for future processes**

- Involving people and communities from the outset of the process is vital in relation to securing public confidence. Keeping NHS Lanarkshire’s engagement with local community, carer and Third Sector groups under review will help to ensure public confidence is maintained.
- Achieving maximum reach and effective involvement in the development of service redesign and change will continue to be pertinent given the constraints presented by the COVID-19 health crisis.
- Support continuous improvement through the use of new approaches to interactive dialogue and consensus building.

## 5. Appendix 1

Key steps in the engagement process for University Hospital Monklands: 2016 – 2020

Date	Activity
2016	NHS Lanarkshire three-month public consultation on 'Achieving Excellence'. This included consideration of the redevelopment of Monklands Hospital.
2017	Scottish Government approval of Initial Agreement for University Hospital Monklands.
2018	
March	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.  We publish our quality assessment report on the engagement and consultation process.
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 potential sites shortlisted Gartcosh and Glenmavis and new site at Wester Moffat.  Vision for a new digital hospital with video and stills published.
January – February	Information to support consideration and discussion on the three shortlisted sites published.
February	Community discussion sessions held in Gartcosh, Gartlea, Cumbernauld and Coatbridge.  Representative telephone survey of 750 people.
March	People's Hearing and site scoring event takes place but outcomes withdrawn.

<b>March – June</b>	Public advised that a postal scoring exercise will be facilitated. Public-facing element of process paused due to public health restrictions in place in response to COVID-19 pandemic.
<b>July – August</b>	Postal and telephone option scoring exercise.
<b>September</b>	Feedback collated from option scoring and financial and risk analysis taken forward.  Outcome of ‘site feasibility option appraisal’ reported – this marked the start of a two-week public feedback period starting on 30 September.
<b>September – October</b>	Fairer Scotland Duty assessment to be updated and shared on 13 – 18 October.  Public feedback concludes on 18 October 2020.

# 6. Appendix 2

Healthcare Improvement Scotland – Community Engagement’s Interim assessment (June 2020) on the engagement undertaken from October 2019 to March 2020

## **Healthcare Improvement Scotland – Community Engagement’s Interim assessment on NHS Lanarkshire’s engagement process for the Monklands Replacement Project**

**June 2020**

### **1. Introduction**

In our [June 2019 report](#), the Scottish Health Council<sup>16</sup> assessed NHS Lanarkshire’s engagement and consultation process on a proposal to refurbish or replace University Hospital Monklands against national guidance<sup>17</sup>. The report made recommendations for the next steps in this project. A summary of these recommendations, together with the actions taken by NHS Lanarkshire to respond to them and our findings to date, are detailed in appendix 1.

We have also reviewed the recommendations set out in the [Monklands Independent Review Panel report](#) which relate to engagement and indicated how we believe these requirements have been, or will be responded to moving forward (appendix 2).

This interim assessment provides details of the engagement work undertaken by NHS Lanarkshire from October 2019 up until the option scoring event on 10<sup>th</sup> March 2020. The findings are based on information that has been shared with us or is publicly available, feedback from participants and our observations at local engagement events.

The engagement work still to be undertaken, including the proposed next steps for the option appraisal and scoring process, will be reported on following its conclusion (currently anticipated to be August 2020).

### **2. Engagement process to date**

NHS Lanarkshire has promoted the key stages in the public engagement process through a range of local press and social media activities.

Key stages to date were:

- an open process for suggesting potential site options for the new University Hospital Monklands (October-December 2019) – almost 200 suggestions were received
- shortlisting of options against five criteria (January 2020) – an additional option at Wester Moffat was identified (along with Gartcosh and Glenmavis)
- preparation and publication of supporting information on NHS Lanarkshire’s website (January-March 2020)
- engagement on shortlisted sites (January-March 2020) – four community discussion sessions; four community information events; telephone poll; and People’s Hearing
- scoring event for shortlisted sites (10<sup>th</sup> March 2020)

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<sup>16</sup> The Scottish Health Council’s operating name changed to *Healthcare Improvement Scotland – Community Engagement* from 1 April 2020. For more information on its role please visit: [www.hisengage.scot](http://www.hisengage.scot)

<sup>17</sup> [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

### 3. Findings

- I. **Community discussion sessions** – four events (in Airdrie, Gartcosh, Cumbernauld and Coatbridge) were held in February and attended by a total of 141 people. NHS Lanarkshire received 84 feedback forms from participants (60% response rate), which they shared with us. The feedback forms indicate that those participants came from the areas most impacted by the proposal. Responses included:
  - **88%** of respondents strongly agreed or agreed that they had the chance to give their views
  - **94%** of respondents strongly agreed or agreed they were able to actively contribute
  - **82%** of people strongly agreed or agreed that they were confident their views had been recorded

In our experience these are high satisfaction responses when compared to those from other engagement and consultation processes.

- II. **People's Hearing** – this one day event provided an open platform for people to raise specific concerns or questions regarding the external assurance information provided and to scrutinize the engagement process. The panel received four submissions for consideration – from two members of the public, elected representatives and a medical staff group.
- III. **Scoring event** – from our observations at the scoring event on 10<sup>th</sup> March, we were alert to issues relating to representativeness of participants and the technical failure in the electronic voting system. We fully support NHS Lanarkshire's decision to withdraw the results and have subsequently provided advice on proposals for a postal and telephone scoring exercise. This advice has been provided in the context of the COVID-19 pandemic, with cognisance given to Scottish Government guidance on social distancing, shielding and isolation.

### 4. What went well

It is our view that NHS Lanarkshire appears to have been thorough in the information it has provided in response to questions and concerns people raised on key areas such as transport, groundworks and contamination. The information has been available to people during the engagement process to allow scrutiny, and updated in response to further queries demonstrating a 'live' process.

From our observations at the community discussion sessions, the issues people raised were positively listened to by the independent facilitator and NHS Lanarkshire and questions appeared to be answered. For example, checks were made that the points people raised were fully understood by reading back questions prior to responding. People were also given the opportunity to ask questions in the full group or during round table discussions.

In particular, we feel that the process has benefited from the way in which it has been made clear how people's feedback at each stage has informed the next. For example, an additional option was identified as a result of the site identification process and the non-financial benefit criteria have been changed following people's feedback from the community discussion sessions and submissions.

### 5. Interim assessment

On the basis of the information available to us, and our observations of the engagement that NHS Lanarkshire has undertaken to date, activity has met the expectations set out in our recommendations of June 2019, with one recommendation (Recommendation 4 in appendix 1) to be further progressed as part of the remaining planned engagement activity.

This is our interim assessment and further engagement, including option scoring, is planned to proceed in the coming months.

### 6. Next steps in the process

*Healthcare Improvement Scotland – Community Engagement* will continue to provide advice on the postal and telephone scoring exercise currently scheduled to take place in July, with engagement on the highest scoring option planned for August 2020. We advise that:

- For the postal and telephone scoring exercise, NHS Lanarkshire takes into account our feedback dated 22<sup>nd</sup> May 2020 on draft information and materials. This included: explaining the different elements of option appraisal and scoring; supporting people to participate; and describing how scores will be analyzed.
- NHS Lanarkshire uses its communications and engagement plan to undertake an inclusive process for people to receive information about the outcome of the option scoring exercise and give their views on this.

Following completion of these remaining planned engagement activities, we will provide a report detailing our feedback on all the engagement you have undertaken since October 2019 and recommending any relevant next steps.

*Healthcare Improvement Scotland – Community Engagement* has welcomed the constructive discussions with NHS Lanarkshire regarding its engagement approach for the Monklands Replacement Project and looks forward to our continuing dialogue.

### Healthcare Improvement Scotland – Community Engagement June 2020 Appendix 1 - Summary of Scottish Health Council recommendations from June 2019, actions taken in response by NHS Lanarkshire and our findings

	Scottish Health Council recommendation (June 2019)	What NHS Lanarkshire did	Findings
1.	Review the outcome of external assurance activities e.g. 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.	Comprehensive external assurance activities have been undertaken, with reports published on NHS Lanarkshire's website during January and February 2020. People were given the opportunity to raise questions or seek clarity on the information provided at a People's Hearing held on 2 March 2020.	Information prepared covered many of the issues raised during consultation and further public engagement. Reports for the three candidate sites included: historical ground conditions; ground (intrusive site) investigations; site summary and Monklands Replacement Project (MRP) costs.  A MRP Transport Strategy was published, which takes into account Transport Scotland's draft National Transport Strategy.  The MRP Transport Strategy considers current and potential accessibility in terms of: walking and cycling, bus and rail travel, road network and drive time analysis. It also considers potential demand management measures. A paper entitled <i>Updated Drive Times</i> (collated drive time figures for peak (8am weekday) and off peak (10am weekday) showing difference from existing hospital to each of the candidate sites, was uploaded on 10 <sup>th</sup> March 20.
2.	Complete and publish a full, updated, equality impact assessment that takes into account the evidence received	NHS Lanarkshire has published an updated interim Fairer Scotland Duty Assessment and Equality Impact Assessments for each of	The <a href="#">interim Fairer Scotland Duty Assessment</a> (January 2020) builds on evidence from a number of sources, including

	<p>through the public consultation together with appropriate demographic and socio-economic information, and sets out any proposed mitigating actions to take account of potential adverse impacts on any groups</p>	<p>the candidate sites on its website to detail this information.</p> <p>It has also prepared a <a href="#">briefing paper</a> on the Scottish Index of Multiple Deprivation in North Lanarkshire.</p>	<p>locality profiles, a Fairer Scotland Duty stakeholder workshop and focus groups held in October 2018. This work was reviewed to take account of any additional socio-economic impacts for the new shortlisted site, Wester Moffat.</p> <p>The three main themes identified from the stakeholder workshop and three focus groups (both of which included public representatives) were broadly: accessibility, travel and transport; employment; and, sense of belonging.</p>
3.	<p>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.</p>	<p>Similar to a recommendation set by the Monklands Independent Review Panel. NHS Lanarkshire's public exercise at the end of 2019 generated a large volume of suggested sites which were reviewed and informed a short list of options. Further opportunities, including the People's Hearing, provided opportunities to consider alternative options and inform next steps.</p>	<p>External assurance activity has been undertaken for the three sites to provide comparable information and much of this was published on NHS Lanarkshire's website in advance of the four community discussion sessions in February and People's Hearing in March 2020.</p> <p>Information stalls were organised in local healthcare settings in Airdrie, Coatbridge, Cumbernauld and at University Hospital Monklands.</p> <p>Four community discussion sessions took place in February 2020 (Airdrie, Gartcosh, Cumbernauld and Coatbridge) to gather people's views on the shortlisted sites and to invite them to consider the non-financial benefits criteria for scoring. The events were attended by a total of around 140 people and the main themes raised were: transport and parking; contamination; cross-boundary flow; socio-economic impacts; trust and the engagement process. Notes and audio recordings from the events were made publicly available on NHS Lanarkshire's website. There was visibility of the main points raised at the community discussion sessions being taken forward to the People's Hearing in March.</p> <p>People could join the People's Hearing, held at the Excelsior Stadium, Airdrie, in person or through a live recording on the Monklands Facebook page. It</p>

			<p>was broadly structured into three parts: submissions received in advance, consideration of non-financial benefits criteria (drawn from the community discussion sessions and submissions), responding to questions to people in the audience or posted via Facebook. A full video recording of the session is available on <a href="#">NHS Lanarkshire's website</a>. A report on the People's Hearing has not yet been finalised.</p> <p>The Scottish Health Council provided feedback on questions to be used for a telephone poll. The poll included questions on: people's experience of using the acute hospitals in NHS Lanarkshire and beyond; level of awareness of the proposal to replace Monklands; and view on priorities for a new site. We have not received information on the methodology used and responses.</p> <p>NHS Lanarkshire has issued two sets of Frequently Asked Questions – these are dated July 2019 and February 2020 and reflect the different stages in the process and development of proposals.</p>
4.	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.	<p>The non-financial benefits criteria have been amended to reflect feedback from previous engagement and now include consideration of contamination and impact of cross-boundary flow.</p> <p>The results of the scoring event held on 10<sup>th</sup> March were discounted due to issues around representativeness of participants and a technical failure in the electronic voting system. NHS Lanarkshire has commissioned an independent consultation agency to facilitate a postal and telephone scoring process in July<sup>18</sup>, which <i>Healthcare Improvement Scotland – Community Engagement</i> has provided on-going advice and feedback on.</p>	

<sup>18</sup> The timeline for this engagement will be subject to consideration of the changing external context, relevant Scottish Government guidance and any restrictions that may be in place regarding the Covid-19 pandemic.

		Following the outcome of the scoring process, there will be a further period of public engagement.	
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**Appendix 2 - Summary of Monklands Independent Review Panel report recommendations relating to engagement from June 2019, actions taken in response by NHS Lanarkshire and our findings**

	<b>Monklands Independent Review Panel report – recommendations relating to engagement (June 2019)</b>	<b>What NHS Lanarkshire did</b>	<b>Observations</b>
1.	Re-evaluation of the top two scoring options:	The exercise to invite suggestions for alternative sites carried out in the latter part of 2019 resulted in a large volume of feedback from the public, with a third option being identified through shortlisting. The work being undertaken appears to address this recommendation and will be used to inform next steps.	As described above, comparable information for each of the three sites has been prepared. This evidence will be considered as part of the postal and telephone scoring process in July 2020.
2.	Clear vision for the existing site to take account of views within the local community:	<p>This work appears to be ongoing with agreement to work with North Lanarkshire Council and the University of Strathclyde to develop proposals for future use of the existing site, with a recognition that public involvement is key to proposals.</p> <p>A separate project team/ structure will be established to take this proposal forward. Confirmation of these arrangements expected in 2020.</p>	The <a href="#">Fairer Scotland Duty Assessment</a> notes that relocating the hospital requires consideration of a range of mitigation measures including: <i>“NHS Lanarkshire, North Lanarkshire Council and the Scottish Government working together with the local community to ensure that should the hospital move, any new development at the vacated site benefits the community and seeks not just to mitigate the loss of the local asset but to decrease socio-economic inequalities through community development and regeneration opportunities. Specifically, the board should consider providing community healthcare facilities within the vacated site”</i> .

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