



University  
of Glasgow

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Institute of Health  
& Wellbeing

**An independent review of the process followed by  
NHS Lanarkshire Monklands Replacement/Refurbishment  
Project (MRRP)**

**Report of the Independent Review Panel**

**June 2019**

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# 1. INTRODUCTION

## 1.1. Monklands District General Hospital: Background

Monklands District General Hospital is a medium sized hospital located on the border of Airdrie and Coatbridge in North Lanarkshire, Scotland. Collectively, Airdrie, Coatbridge, and their surrounding villages were once referred to as 'Monklands'. Monklands Hospital was opened in 1974 although only became fully operational in 1977. The hospital provides emergency services (unplanned care) to a population of approximately 260,000 people in North Lanarkshire and a range of specialist services (planned care) for the whole Lanarkshire population (approximately 650,000 people).

## 1.2. The Need for Replacement/Refurbishment of the Monklands Hospital

At over 40 years old the Monklands hospital is now an ageing facility which requires significant ongoing and increasing levels of investment to make safe and improve its infrastructure including heating, water pressure, electrical and mechanical functions, and fire safety. Continued recurring failures of the hospital not only have financial implications but have a direct impact on the delivery of clinical services, including infection control. In addition, the hospital contains asbestos, increasing the timescale, cost and complexity of any maintenance required. Much of the hospital's mechanical and electrical infrastructure date back to 1974 and have now exceeded their life expectancy. Additionally, standards and expectations of quality accommodation and layout have changed since the original design of this hospital. The Monklands hospital has been the subject of significant investment (£35 million over a number of years) in an attempt to maintain the highest possible standards.

## 1.3. NHS Lanarkshire 'Monklands Replacement/Review Project' (MRRP)

Early development of an Initial Agreement (IA) for the 'Monklands Hospital Modernisation and Site Master Plan' began in 2008. In March 2016, with the support of the Scottish Government, NHS Lanarkshire began the process of seeking funding for the redevelopment of the University Monklands Hospital – the 'Monklands Replacement/Refurbishment Project' (MRRP). In August 2016, NHS Lanarkshire launched a consultation to give people their say on a new healthcare strategy which included plans to replace or fully refurbish Monklands Hospital. Property advisor – Montagu Evans was commissioned by NHS Lanarkshire to identify potential alternative sites for the hospital. In January 2017, NHS Lanarkshire began the development of the IA. This document describes the

proposals for a major investment to either build a brand-new hospital or extensively refurbish the accommodation at Monklands Hospital. The IA set out a shortlist of four options to be considered: do minimum, full refurbishment of current hospital, new-build on current hospital site or new-build on another site. Over the course of the next two years a number of activities were actioned culminating in the NHS Lanarkshire MRRP Option Appraisal and the subsequent public consultation.

#### **1.4. Call for Independent Review**

On 9 November 2018, Jeane Freeman MSP, Cabinet Secretary for Health and Sport announced an independent review of the processes undertaken by NHS Lanarkshire to plan for the redevelopment of Monklands Hospital. This announcement was in response to concerns raised by elected representatives and members of the public on engagement and consultation activity, and specifically on the accuracy of information and the robustness of data and evidence to support the options appraisal process to consider sites for a redeveloped hospital. Paul Gray, Director for Health and Social Care and Chief Executive of NHS Scotland, was asked by the Cabinet Secretary to establish a team to provide her with an independent assessment as to whether the Board of NHS Lanarkshire's process was fully in line with best practice and meaningfully informed at all stages by the views of stakeholders. The Cabinet Secretary envisaged the Independent Review Panel (IRP) to consist of a small team of four or five people including health economist(s), a clinician, a health planner and an individual with a track record in stakeholder engagement and consultation.

## 2. LAY SUMMARY

In November 2018, the Scottish Government announced there was to be an independent review of the processes undertaken by NHS Lanarkshire to plan for the redevelopment of Monklands Hospital. The Government asked for this review to be carried out due to concerns raised by elected representatives and members of the public. These concerns were about whether NHS Lanarkshire had correctly involved the public and others in planning for the redevelopment or refurbishment of the Monklands Hospital; and whether the information used in the planning process, such as identifying possible new sites for a hospital, was of high quality.

Our review found that NHS Lanarkshire had used the correct guidance on how to conduct such planning. The process that NHS Lanarkshire had conducted was mainly in line with this existing guidance and overall very well conducted. This guidance however can be interpreted in many ways. Our review found that some parts of the process may have been conducted differently by others, as a result of interpreting the existing guidance differently. Our review also found that there were some limitations to the process carried out. These limitations were sometimes due to differences in interpretation but sometimes due to lack of transparency and insufficient detail on matters important to the public. Our review also found that NHS Lanarkshire would have benefited from further meetings and discussions with the planning agencies at the early stages of the process. In addition, it is the view of the Independent Review Panel that a 'universal' community evaluation approach that considers the importance of 'place', and working in a more joined-up and inclusive manner with the public and planning agencies would be the most beneficial.

Our review found that open public criticism of the NHS Lanarkshire process and NHS Lanarkshire staff including the clinical team was often unhelpful and contributed to the breakdown of public confidence. While this review has identified areas of improvements for the NHS Lanarkshire process, the Independent Review Panel have not found evidence of deliberate fixing or deception.

Our review has provided recommendations for some further steps for NHS Lanarkshire to carry out, involving the public, in order to increase public confidence. The Independent Review Panel also recommend that the guidance used by NHS Lanarkshire be updated to provide more detailed and clearer instructions for future use.

Finally, during the review process the independent panel gained a full appreciation of the enormous strength of public feeling associated with the Monklands hospital given its unique location embedded within the heart of the community. It was therefore entirely understandable that there would be huge public concern associated the prospect of renovation or re-location of such an important community asset. Going forward the review panel hope to see the Monklands community focus on the positive aspects of service change with a much greater focus on the use of local services aimed at the *prevention* of ill health and the active promotion of good physical and mental health.

### 3. EXECUTIVE SUMMARY

The IRP found that the process was conducted according to NHS Lanarkshire Health Board's interpretation of the current best practice guidance (CEL 4, Scottish Capital Investment Manual and the Green Book). This interpretation is broadly in line with what would be expected by any reasonable standards. However, there are a number of areas which, if conducted differently and in a more transparent manner would likely have improved the process and increased public confidence.

NHS Lanarkshire's process was meaningfully informed at all relevant stages by the views of stakeholders. The wider engagement and consultation undertaken by the Board was extensive. However, there were examples where the Board could have extended consultation to further take account of views and suggestions on key points of contention, to evidence a more convincing case with a view to increasing public confidence.

A recurrent theme across many of the stages (including site selection) was that earlier 'sense checking' engagement with stakeholders (public, planning, stakeholders) may have increased public confidence in NHS Lanarkshire's process.

Where some shortfalls in process of engagement are deemed to have occurred, this could be down to a matter of interpretation of the existing guidance. Where evidence weighs in the balance of inadequately adhering to specific elements of guidance, this was likely caused by the significant time pressures caused by the serious health and safety situation at Monklands, and a genuine desire to improve the facilities for the Monklands catchment.

The robustness and accuracy of the evidence which informed the options appraisal process for site selection was deemed to be limited in some areas. This was due to a combination of insufficient transparency and ease of understanding around the identification of criteria for site selection, including the process of reducing the long list to the short list of sites.

The IRP identified some issues around the face validity of the final '*weight x score*' results in the non-financial option appraisal. The quality of the option appraisal process could have been

improved by introducing validity checks into the scoring process. The IRP note that improved clarity and guidance within the SCIM however could have helped to avoid some of these specific issues. NHS Lanarkshire should not be criticised for limitations and lack of clarity provided by the existing guidance (CEL4/SCIM/Green Book). See recommendations below on updating this guidance.

The IRP noted a mismatch between the significant amount of work conducted by the MRRP and the information presented to the public. Greater sharing and transparency of the work conducted by the MRRP in a manner easily accessible to the public may have reduced public concern.

NHS Lanarkshire did not always take the opportunity to engage fully with the review of the local development plan process which ran in tandem with the MRRP. Stronger participation by the Board as a key agency in the process may have increased the opportunities for fuller engagement with stakeholders, including the general public and relevant agencies about site selection and Place issues.

While some improvements could arguably have been made to the process, the IRP found no evidence of deliberate fixing of the options appraisal process.

Overall, a combination of factors contributed to the breakdown in public confidence in NHS Lanarkshire's process. These included a lack of what could be deemed to be 'real' sources of evidence contributing to the site selection, a lack of transparency in some aspects of the process, a diminishing respect for the MRRP team due to open public critique and challenges faced by the public understanding and 'trusting' in the complex information presented at the option appraisal events.

### **3.1. Recommendations for action (1): MRRP Team**

The IRP recommend that NHS Lanarkshire endeavour to restore public confidence in the MRRP process in relation to providing convincing and easily understood evidence on the accuracy of information and the robustness of data and evidence used to support the option appraisal process. Such actions are needed to actively change the perception of the public that the Gartcosh site selection was predetermined by NHS Lanarkshire. Based on the findings from this review the following specific recommendations are designed to assist with this:

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

This further evaluation should explicitly and transparently take account of the views of the public, obtained following an inclusive process and in line with appropriate recognised approaches, such as multi-criteria analysis, citizens' panel, citizens' jury or consensus voting (full range of possible methods signposted in Appendix 12). This work should clearly and transparently reflect the Board's duty of public involvement.

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

### **3.2. Recommendations (2): General Guidance**

A recurring challenge throughout this independent review was benchmarking against existing 'best practice' and the extent to which NHS Lanarkshire (with the support of the Scottish Health Council (SHC)) had interpreted the guidance in the most appropriate manner. The key 'best practice' documents referred to were CEL4, SCIM and the Treasury Green book. The IRP found the CEL4 and SCIM to be unclear and unspecific in parts thus increasing the burden for agencies following and being judged against these criteria. In addition, CEL4 was published in 2010 and should be updated.

This review recommends that relevant general guidance documents be updated with best practice on a continual basis and provide a much greater level of detail where possible. Specific recommendations based on our experience are outlined below:

- The SCIM should provide guidance on how to combine cost and non-monetary benefits, or generally, how to compare between the options when benefits are not measured in monetary terms.
- For the weighted scoring method, the SCIM may consider adding ‘process’ related criteria (such as the construction time, and the potential adverse effects on clinical throughput and outcome caused by the construction process), in addition to ‘service objectives and performance’ related criteria. The undertaking of sensitivity analysis surrounding process related criteria should also be advocated to reflect the uncertainty in the process.
- Given the limitations of the Multi Criteria Analysis (MCA) approach to weighting and scoring non-financial criterion and the resulting ‘benefit score’, consideration should be given to alternative methods which have greater theoretical validity. The SCIM should also provide further details on how to identify and quantify distributional considerations.
- When the criteria are split to multi-stage evaluation (such as the day 1 and day 2 option appraisal events), the SCIM should provide clear guidance on how to do this – e.g. how to weigh groups of criteria (such as the clinical outcomes) versus another groups of criteria (such as the transportation outcomes).
- The SCIM should provide a complete example of financial appraisal corresponding to each step of identification and quantification of the monetary costs. This should include guidance on the required level of detail the cost estimation should achieve.
- The SCIM could usefully provide a reference list for the possible varying ranges for common cost items for use in sensitivity analysis.
- The CEL4 guidance should provide a higher level of ‘practical advice’ to improve its applicability. Examples include how participants for option appraisal events should be selected, what is the minimum sample size, and what criteria should be used for the stratification of the sample to ensure representativeness. Independence of facilitation should also be recommended in the guidance. Links to examples of good practice in public engagement should also be considered (See examples provided by IRP team in Appendix 2).

- Revised guidance should advise the 'joining up' with other statutory processes, including the planning system to ensure Boards are clear about which statutory duties to engage with.
- A reconsideration of the specific role of the SHC in these processes (i.e. going beyond 'quality assurance') is recommended. The addition of more formal 'approval' stages (with associated processes) to be mutually agreed by all parties may be worth considering.

## **4. PROCESS FOLLOWED BY THE INDEPENDENT REVIEW PANEL AND GUIDANCE USED**

### **4.1. Remit of the Independent Review**

The remit of the independent review panel was to provide an independent assessment of the process followed by NHS Lanarkshire to address:

- The concerns raised by elected representatives and local people about the quality of the option appraisal process, and the wider engagement and consultation undertaken by the Board.
- In particular, assess the quality of the information and analysis undertaken by the Board, and the robustness and accuracy of the evidence which informed the options appraisal process for site selection.
- Provide advice as to whether the Board's process was fully in line with best practice and meaningfully informed at all relevant stages by the views of stakeholders.
- Submit a report and recommendations to the Cabinet Secretary for Health and Sport on completion of the review. The recommendations should set out a clear set of actions to be implemented by NHS Lanarkshire in order to progress plans for the redevelopment of University Hospital Monklands and may include any wider observations on the NHS Scotland consultation process more generally.

### **4.2. Summary of the Independent Review Panels Process**

For the person specification and membership of the IRP please refer to Appendices 3 and 4; for declarations of interest, see Appendix 5. The IRP has drawn on a considerable body of documentation, provided by NHS Lanarkshire and key stakeholders. All documents related to the option appraisal and wider public consultation have been critically reviewed and are considered to provide a clear understanding of the approach that NHS Lanarkshire took in these components of their project. All other documents considered by the IRP relate to important submissions by stakeholders and provided the IRP with relevant context and background. The IRP process of reviewing the evidence and reporting findings has been conducted in line with the chronology of events.

The IRP has also drawn on broader 'Planning and Place' practice which includes the provisions for engagement with the statutory development plan system and the opportunities within that process

for considering major land use change as well as emerging commitments for public authorities around Place (the 'Place Principle') where key assets can be considered collectively for improved community outcomes. The IRP themselves also engaged fully with all requests for meetings with stakeholders and associated agencies such as the SHC and the District Valuation Service (DVS). A full listing of the IRP meetings is documented in Appendix 6. Further to this, the IRP themselves used guidance on how to best conduct an independent review. The publication of the Britton Review (1) was very timely for the commissioning and conduct of this review and as such the actions of the IRP were benchmarked against the recommendations provided by the Britton Review [Appendix 7] to ensure best practice in reviewing.

### **4.3. Relevant Guidance on Major Service Change**

The submitted content related to option appraisal and financial appraisal were reviewed and appraised according to the following four sets of guidelines:

- The New Scottish Capital Investment Manual (SCIM) (2017) (2)
- The Green Book (2013) (3)
- The 'Informing, engaging and consulting people in developing health and community care services' guidance issued through CEL4 (2010) (4)
- Scottish Health Council (SHC) guidance (and associated SHC assessment) (2014)(2010) (5, 6)
- Fairer Scotland Duty guidance (2018) (7)

#### **4.3.1. The New Scottish Capital Investment Manual (SCIM)**

The New SCIM guidance (2) was referred to in multiple places in the MRRP option appraisal and financial appraisal process. It is one of the mandatory guidelines that all NHS Scotland Bodies must follow when proposing an infrastructure investment. It provides guidance related to process and techniques to apply in the development of all infrastructure and investment programmes and projects. The following sections of SCIM guidance were reviewed and benchmarked for this independent review of MRRP: Strategic Assessment, Initial Agreement, Outline Business Case, and the Option Appraisal guide.

#### **4.3.2. The Green Book**

The UK Treasury's Green Book (3) was reviewed in conjunction with the SCIM guidance to assess the MRRP option appraisal process as recommended (SCIM Option Appraisal guide (2017) (2)). The Green Book is an umbrella guide to principles of appraisals and evaluation. It is issued by UK's HM Treasury for developing transparent, objective, evidence-based appraisal and evaluation of proposals to inform decision-making. The Green Book guidance on the following issues was reviewed for this independent review of MRRP: '4. generating options and long-list appraisal', '5. short-list option appraisal', and '6. valuation of costs and benefits'.

#### **4.3.3. CEL4 2010**

CEL4 (2010) provides guidance on informing, engaging and consulting people in developing health and community care services (4). The MRRP referred to the CEL4 in their option appraisal process to guide their engagement and consultation with patients, the public and stakeholders. As NHS Boards have autonomy on decisions related to the provision of NHS services but not on major service changes, this guidance explains the process of decision-making in case of a major service change. In addition, CEL4 clarifies the role of the SHC in ensuring consistency and robustness in the way the NHS Boards achieve their aims. The MRRP engagement and consultation process was assessed according to this guidance on the issues of Equality Diversity and Impact Assessment (EDIA), community engagement, and the process of informing, engaging and consulting stakeholders.

#### **4.3.4. Scottish Health Council (SHC) Assessment and Guidance**

Throughout the MRRP process, the engagement and consultation process undertaken by NHS Lanarkshire was assessed by the SHC at all stages and a major service change was declared. As detailed in CEL4, the role of the SHC is to support and monitor the ways that NHS Boards discharge their statutory duties to involve patients and the public in the planning and delivery of NHS services. The SHC works as a primary body to promote improvements in the quality and extent of Patient Focus and Public Involvement in the NHS in Scotland. In addition, the SHC produces guidance related to major service change in terms of health inequalities impact assessment (Feb 2014) (5), identification of major service change (Feb 2010) (6) and engagement with stakeholders in option appraisal (Feb 2010) (6). In particular, it provides guidance on engagement with stakeholders in the option appraisal process from the early stages of option generation and development to the option

appraisal process and thus serves as a useful complement to the SCIM guidance on evaluation of the risk of bias of the MRRP option appraisal in this independent review. In order to seek Ministerial approval on proceeding through the requisite stages of a major service change, Boards are required to evidence their compliance with national guidance through SHC assessment.

#### **4.3.5. Fairer Scotland Duty (FSD)**

MRRP submitted their Fairer Scotland Duty (FSD) assessment in November 2018 according to the FSD guidance (April 2018). The FSD provides guidance on how strategic decisions can reduce inequalities of outcome caused by socio-economic disadvantage in Scotland (7). It outlines key requirements for the NHS Lanarkshire to fulfil in their process of consideration of MRRP's options. In this case of major change, the FSD requires NHS Lanarkshire to consider ways to reduce inequalities of outcome, involve relevant communities who face poverty and disadvantage and publish an assessment. The FSD guidance provides five stages of meeting these goals. It includes planning, evidence, investment and improvement, decision and publication. Though the protected characteristics are considered separately in the EDIA, all EDIA stages will eventually contribute to the FSD document. The MRRP's assessment form was reviewed in this independent review according to the FSD guidance.

## 5. EVIDENCE REVIEW: CONSULTATION ON ‘ACHIEVING EXCELLENCE’ 2016

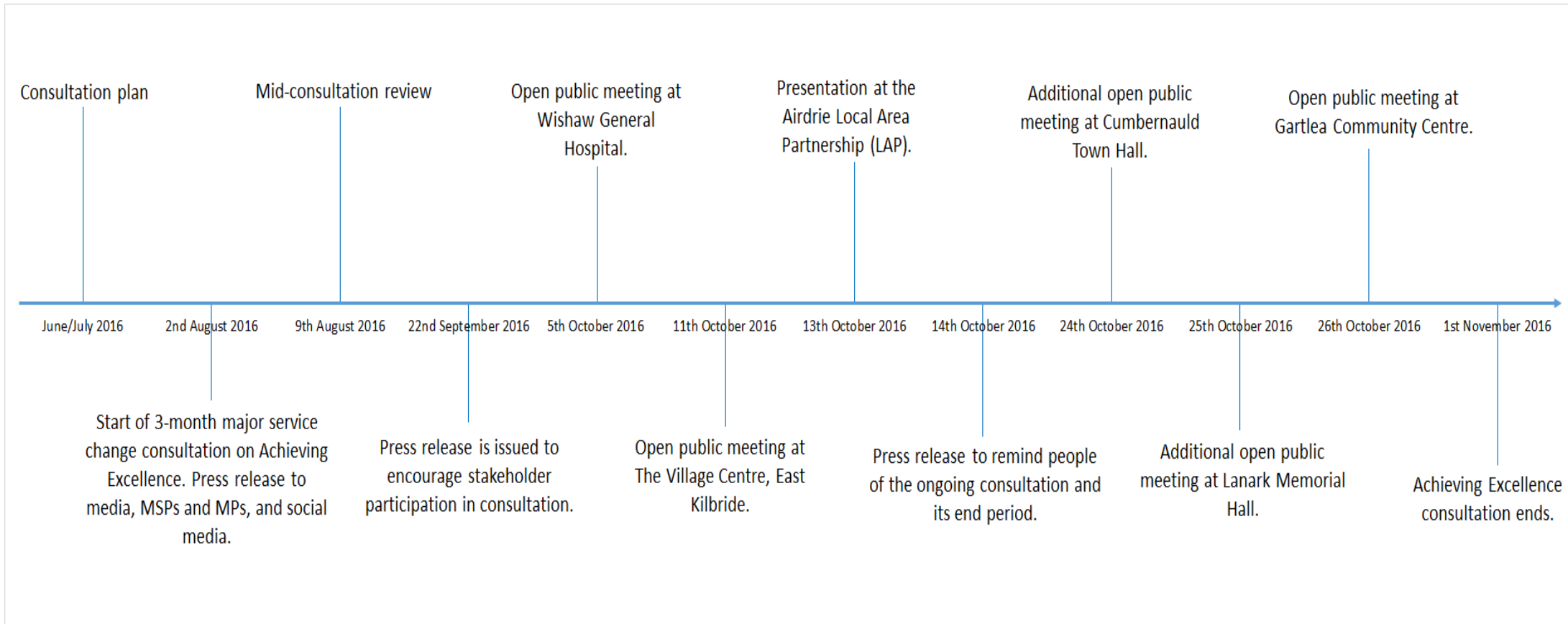
In 2016, NHS Lanarkshire introduced ‘Achieving Excellence’ – a new healthcare strategy “*to provide high-quality, safe, effective and person-centered care to patients of all ages by doing the right thing, on time and in budget*” (8). This strategy proposed a number of key priorities towards achieving this vision: (i) adopt a person-centered approach; (ii) increase team working across health and social care services; (iii) develop centres of excellence (including the redevelopment of Monklands); (iv) expand on the use of innovative new technologies; and (v) improve transport and travel in Lanarkshire. In particular, the redevelopment of Monklands referred to the replacement or refurbishment of the existing Monklands Hospital.

‘Achieving Excellence’ presented four options to redevelop Monklands:

- Option A – Continue to maintain the existing hospital building
- Option B – Partial redevelopment on the existing site
- Option C – Complete redevelopment on the existing site
- Option D – Complete new build elsewhere in North Lanarkshire

Over a period of three months (August to November 2016), NHS Lanarkshire undertook extensive consultation on ‘Achieving Excellence’ (8). Paper and electronic copies of the consultation documents – full document, an easy to read version, and summary documents were distributed widely to staff and across the community. NHS Lanarkshire also issued multiple press releases and released a consultation video through their website, eNewsletter and social media to encourage people to engage with the consultation. They produced briefings and updates for councillors, (through local area partnerships), MSPs and MPs. People were invited to complete an online survey or share their views via email or post. Furthermore, NHS Lanarkshire held a large number of stakeholder engagement events across different locations, including seminars, roadshows, briefings and public meetings (8). In total, over 1300 people attended these events. A timeline of consultation on ‘Achieving Excellence’ is detailed in Figure 1.

**Figure 1. Timeline of consultation on 'Achieving Excellence'**



Overall, the consultation feedback indicated support for the vision and plans set out in 'Achieving Excellence'. The consultation sought to address six key questions relating to: (i) overall views on the vision and plan; (ii) best option for the redevelopment of Monklands; (iii) location of the trauma surgery centre of excellence; (iv) location of the orthopaedic elective surgery centre of excellence; and (vi) any other issues. With regards to the redevelopment of Monklands Hospital, the findings concluded that while there was strong support for the redevelopment of Monklands Hospital, views on the best option for redevelopment were mixed. Only 11% of people who responded to the online survey expressed a preference to continue to maintain the existing Monklands Hospital. However, there was no clear preference when comparing the remaining options – 30% preferred partial redevelopment on existing site; 33% preferred complete redevelopment on existing site; and 26% preferred complete new build elsewhere in North Lanarkshire. Transport or accessibility, minimizing disruption and cost were the key issues raised in selecting the best option.

This consultation was subsequently assessed by the SHC in November 2016 (9). Overall, they were satisfied that the consultation was compliant with the CEL4 guidance. The SHC highlighted areas of good practice but have also identified learning points for the future, and made specific recommendations going forward.

#### **IRP Observations:**

- The relevant CEL4 guideline (4) suggests that it is necessary to include appropriate and proportionate level of representation from all stakeholders. The responsibility of routinely communicating and involving people (which includes health service users, patients, staff, members of the public, carers, volunteers and voluntary organisations as well as potentially affected people, staff and communities), to design, develop and deliver health service lies with the board.
- The IRP is satisfied that MRRP has consulted widely with all relevant stakeholders on 'Achieving Excellence'. The MRRP used of a wide range of approaches to share information and sought feedback, this was noted and welcomed by the IRP.
- In addition, the IRP found the SHC report (9) to be in line with the findings and observations from this review. However, the IRP notes that the SHC recommendations do not appear to have been fully (and explicitly) incorporated in the subsequent steps of the MRRP.

## 6. EVIDENCE REVIEW: EQUALITY DIVERSITY AND IMPACT ASSESSMENT (EDIA) AND FAIRER SCOTLAND DUTY (FSD)

### 6.1. Evidence Review: Equality Diversity and Impact Assessment

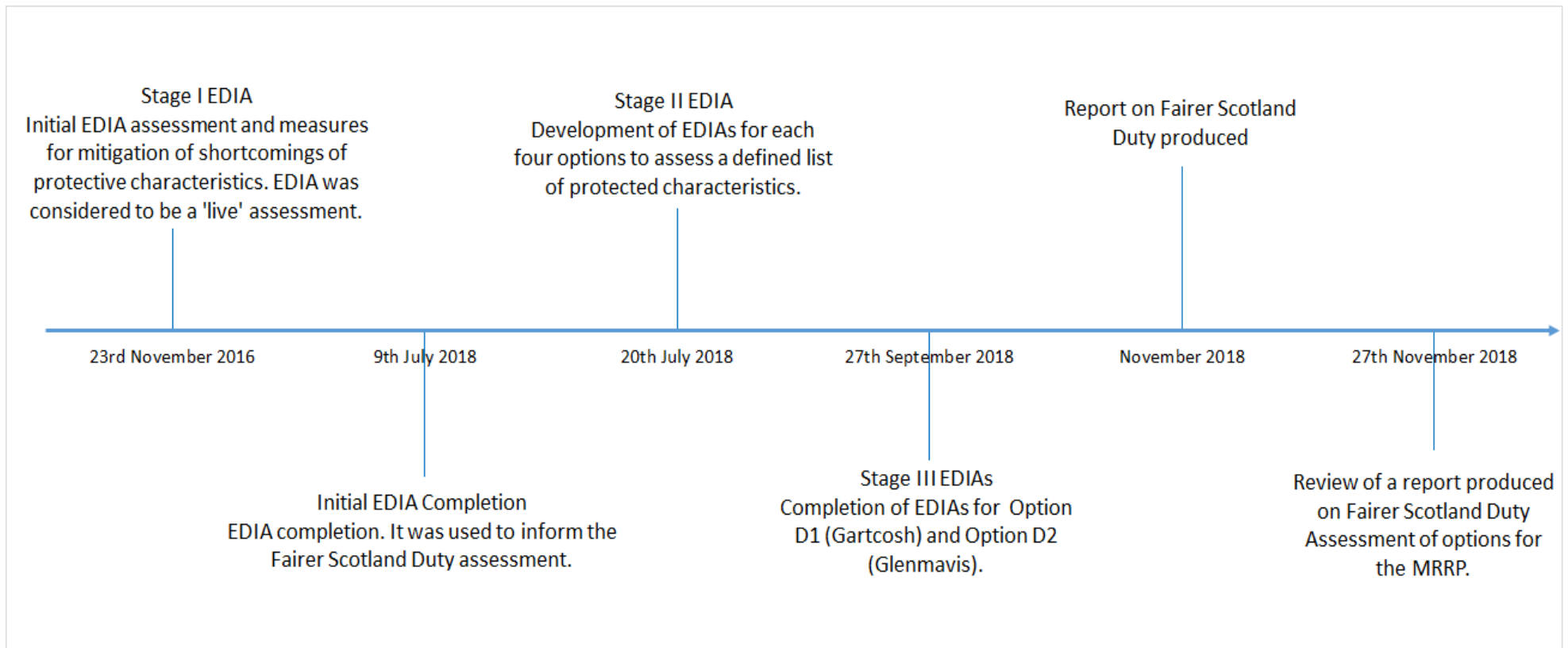
Following the consultation on 'Achieving Excellence', in November 2016, NHS Lanarkshire conducted an initial Equality & Diversity Impact Assessment (EDIA) associated with the MRRP. The aim was *"to identify the likely impact of the process and to ensure that through early stakeholder engagement that any potential negative impacts experienced by key stakeholders can be identified and mitigated, as far as possible"* (8). Potential positive and negative impacts were recognized and mitigation actions for 'protected characteristics', including age, disability, literacy, low income/poverty, mental health problems and rural areas, were proposed. For example, NHS Lanarkshire identified potential negative impact on young people relating to dissemination of information via the mainstream press alone, as access may be limited. The proposed mitigation action was to disseminate information via social media and the NHS Lanarkshire website. The timeline of EDIA activities is detailed in Figure 2.

#### IRP Observations:

- CEL4 guidance (4) gives responsibility to the board to ensure that all equality groups have access to the informing, engaging, consulting process as well as take account any potential adverse impact of the proposed service change in an equality impact assessment. Further, the EDIA template is required to be completed for the communications and engagement plan and must *"ensure that this includes all equality groups, as identified, and that any potential negative impacts experienced by stakeholders can be identified and mitigated, as far as possible to allow them to participate in the consultation"*(4).
- The IRP is satisfied that the consultation on 'Achieving Excellence' was in compliance with the guidance.

A second EDIA was undertaken in July 2018 following the completion of the option appraisal on the potential options for replacement or refurbishment of the UHM (10). The report also described resources being allocated to recruit a dedicated communications officer for the MRRP.

**Figure 2. Timeline of EDIA Activities**



NHS Lanarkshire also developed separate EDIAs for each of the four MRRP options – ‘do minimum’ (A), ‘full refurbishment of current hospital’ (B), ‘new hospital built on current site’ (C) and ‘new hospital built on new site’ (D). In August 2018, a discussion on consultation communications and engagement plan including updated EDIAs and NHS Lanarkshire Transport Impact Assessment took place (11). Subsequently, NHS Lanarkshire held a mid-consultation review with stakeholders through the MRRP Stakeholder Engagement Group. The stakeholder engagement group proposed that separate EDIAs be completed for the two Option D sites of Glenmavis and Gartcosh. This proposal was actioned by NHS Lanarkshire (12). Stage II EDIA was published in September 2018 (13). Stage III EDIAs on Option D1 Gartcosh and D2 Glenmavis were completed and published on September 2018(14). These EDIAs were subsequently used to inform the Fairer Scotland Duty assessment in November 2018 (15).

#### **IRP Observations:**

- The IRP notes and welcomes that the EDIA process was a ‘live’ process but notes there was a significant gap between the first and second EDIA (2016 and 2018).
- The introduction of a dedicated communications officer and development of individual EDIAs for each of the four option reflects good practice.
- The IRP welcomes the development of the two individual EDIAs for the two Option D in response to feedback from the Stakeholder Engagement Group. However, this was conducted late in the process and arguably may have precluded the identification (and engagement) of people with protected characteristics to participate in the consultation.
- The IRP notes that NHS Lanarkshire has planned to undertake a Health Inequalities Impact Assessment (HIIA) once the NHS Lanarkshire board has decided on the new location. This is in line with current guidance.

#### **6.2. EVIDENCE REVIEW: FAIRER SCOTLAND DUTY**

An FSD assessment was published on November 2018 to be considered simultaneously with the formal consultation and other relevant information (15). NHS Lanarkshire gathered evidence for this assessment through the following mediums:

- Literature search around hospital relocation
- North Lanarkshire Locality Health and Wellbeing profiles:

*The profile presents Monklands catchment locality health and wellbeing profile data. The report indicates the status of deprivation in these areas.*

- Hospital activity data (from TrakCare):

*The hospital activity data described the current service configuration including travel data based on NHS Lanarkshire Department of Planning's travel analysis (car travel time analysis, public transport travel time analysis and mode of travel to current Monklands site). These data helped draw conclusions about the travel, parking and potential of expansion for the sites.*

- MRRP consultation documents

- Fairer Scotland Duty Stakeholder workshop (11 October 2018):

*The workshop's assessment template was an amended checklist developed by the NHS Grampian. combined with the Health Inequalities Impact Assessment checklist with FSD. Only the socioeconomic impact section was focused as the EDIAs covered the protected characteristics. The participants reviewed the positive and negative impacts of range of factors of which of travel and transport; employment; and sense of belonging were most discussed.*

- Three focus groups (two community, one low-paid staff):

*The focus groups included 13 community participants (from around the hospital area) and 9 staff members of the Monklands hospital. NHS Lanarkshire Qualitative Researcher and a member of Public Health/Health Improvement Team facilitated it. The participants were given a short set of questionnaires on socio-economic outcomes related to the MRRP. The participants were asked to consider the four options and put their preference along with reasons forward. The most discussed areas were same as the workshops.*

The conclusion reached by the report focuses on both the positive and negative impacts of MRRP. Of note, the report highlighted that the decision to relocate to another site will benefit other areas of significant deprivation. A range of mitigation measures that would be adopted in case the relocation takes place are also listed.

On November 2018, the Chair of Scottish Health and Inequalities Impact Assessment Network (SHIAN) carried out an initial review of the FSD report (16). The review noted that the 'key issues identified are well supported by the evidence presented and the recommendations flow from the impacts and evidence'. It was advised that NHS Lanarkshire should regard the FSD assessment in its decision-making process and publish a final report.

**IRP Observations:**

- The chair of SHIAN approved the newly amended and combined checklist and all the stakeholders were circulated with a copy prior to the workshop. The FSD report lists stakeholders who attended the workshop including those representing the Monklands hospital area.
- The IRP note that NHS Lanarkshire colleagues involved in the FSD assessment of the MRRP were invited by the Improvement Service to share good practice and their experience of carrying out the FSD assessment.
- In line with the FSD assessment recommendation to outline plans for the vacated site, NHS Lanarkshire currently have plans in place to provide community health and social care facilities within the vacated site however they halted these developments (and associated public dissemination) due to the announcement of the review. The IRP note that, given the strength of local feeling about the potential 'loss' of a community asset making the public aware of provisional plans for the vacated site earlier would have provided some reassurance that health and wellbeing would remain at the heart of the Monklands community. It is recommended that any further evaluation work ensure that information about plans for the existing site is included for context.
- The IRP note that, with specific reference to current evidence about what improves the health of a community, a greater focus on the active 'prevention' of ill health with services relating to health, sport and education is recommended.

## 7. EVIDENCE REVIEW: SITE SELECTION

In 2016, while developing and consulting on 'Achieving Excellence', NHS Lanarkshire initiated the process of identifying potential sites suitable for the relocation of the Monklands Hospital. In March 2016, Montagu Evans, a property development specialist agent was commissioned to conduct a "high level site search" for sites of  $\geq 30$  acres that were available for purchase, within the boundaries of North and South Lanarkshire Council area. They worked in conjunction with the property team at North Lanarkshire Council and produced a long list of 41 sites. This process was updated subsequently in 2017, and 42 sites across 37 locations were found to meet the criteria. A timeline of this process is detailed in Figure 3.

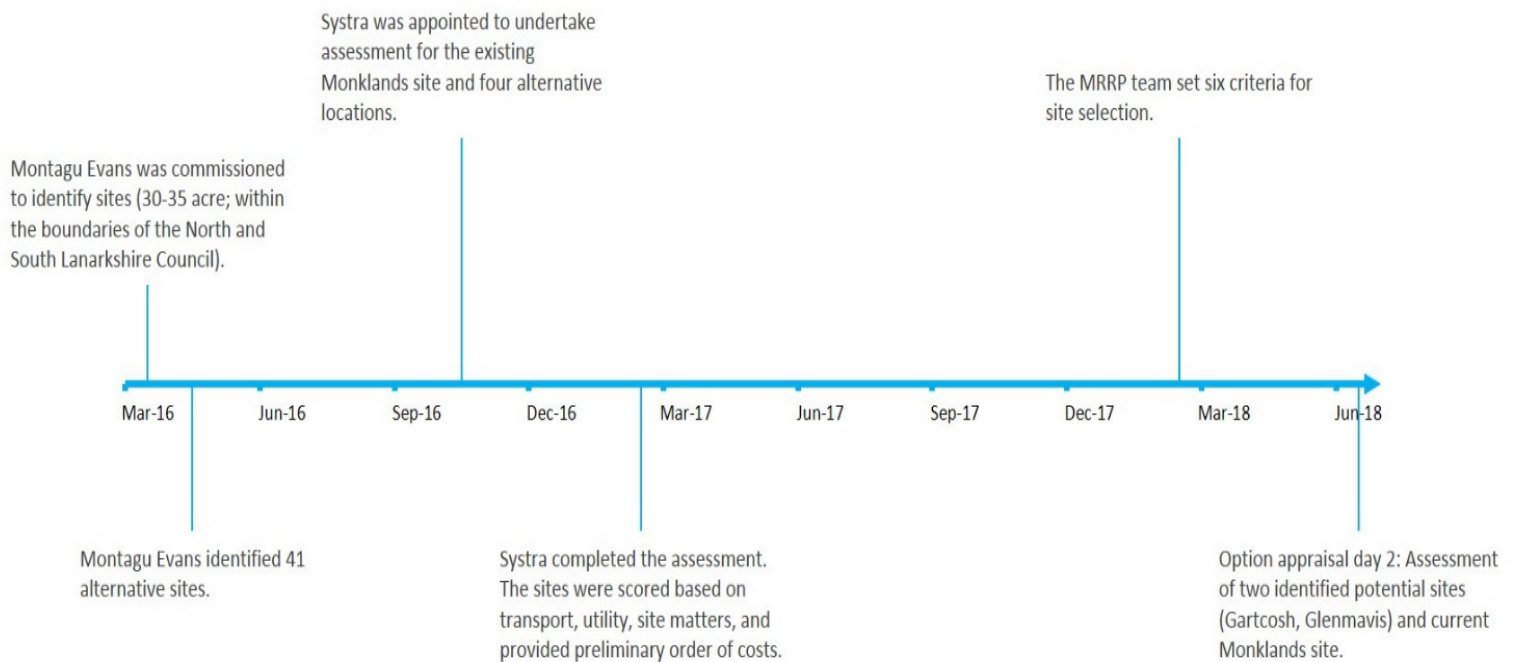
In October 2016, Systra (planning specialists) were appointed to undertake high-level assessment of the existing Monklands site and potential sites at four locations: Eurocentral (2 sites), Chapelhall (Newhouse/Calderbank), Gartcosh and Glenmavis. These sites were assessed according to transport, utility and site matters. A preliminary order of costs was also produced. The final report was submitted to MRRP in February 2017 (17).

Formal review of the long list was undertaken by a sub-group of MRRP Project team led by NHS Lanarkshire's Head of Planning and included the Director of Hospital Services, Chief of Medical Services, Chief of Nursing Services, MRRP Clinical Lead, Director of Property & Support Services and Lead Advisers (Currie & Brown). The sub-group developed a more detailed set of criteria(18):

- Site must be within North Lanarkshire (rejected 7)
- Site must be a minimum of 40 acres (rejected 6)
- Site must be within Monklands Hospital unscheduled care catchment area (rejected 14)
- Site must not impact on existing hospital unscheduled care catchment areas/populations (rejected 5) – these sites were considered to impact upon the catchment boundaries of one or more hospitals within Lanarkshire and neighbouring health areas (GG&C and Forth Valley) disrupting patient flow patterns and volumes, and destabilizing emergency department activity.
- Site must be designated for appropriate development within Local Plan (rejected 2) – zoned for Housing Land Supply within the North Lanarkshire Council local plan

- Site must have suitable access by road (rejected 2) – scale of road infrastructure redevelopment required was unlikely to be deliverable.

**Figure 3. Timeline of site selection**



**IRP Observations:**

- In the view of the IRP, the process of how the criteria for the long list were developed and the sites shortlisted (41 sites, updated to 42 sites, Systra evaluation of 4 locations), whilst conducted in line with guidance, is not fully transparent.
- There is a lack of clarity around the definitions and judgement relating to sub group specified criteria 4 and 6.
- This site selection process was a desk-based exercise that does not include details of discussions with Agencies – particularly Transport Scotland. Given the significance of the location of the existing Monklands hospital in the heart of the community, it is the view of the IRP that more detailed work at an earlier stage would have been more convincing.
- Overall, the issue regarding site selection could have been improved. The provision of a detailed breakdown of decisions that led to the final sites in a clear and transparent manner would have

helped with public confidence. Any future evaluation work by NHS Lanarkshire should build this element into the material as important contextual information.

## 8. EVIDENCE REVIEW: INITIAL AGREEMENT

The timeline for the work conducted around the Initial agreement is outlined in Figure 4. The main purpose of MRRP Initial agreement (IA) is *“to confirm the need for investment in the proposal for the Monklands Replacement/Refurbishment (MRR) to meet the requirements of the Healthcare Strategy “Achieving Excellence” and service re-configuration modelling in NHS Lanarkshire”* (19). The IA provided details on the case for investment from the strategic, economic, and commercial, financial and management perspectives. From the perspective of the strategic case for investment, the measurable investment objectives are detailed in the IA:

- Improving person-centred services
- Improving the safety of patient care
- Improving clinical effectiveness and enhancing patient experience and clinical outcomes
- Improving the quality of the physical environment
- Providing flexible and adaptable facilities across the healthcare systems

From the perspective of the economic case for investment, the IA presented four delivery options, taken forward from the consultation on ‘Achieving Excellence’:

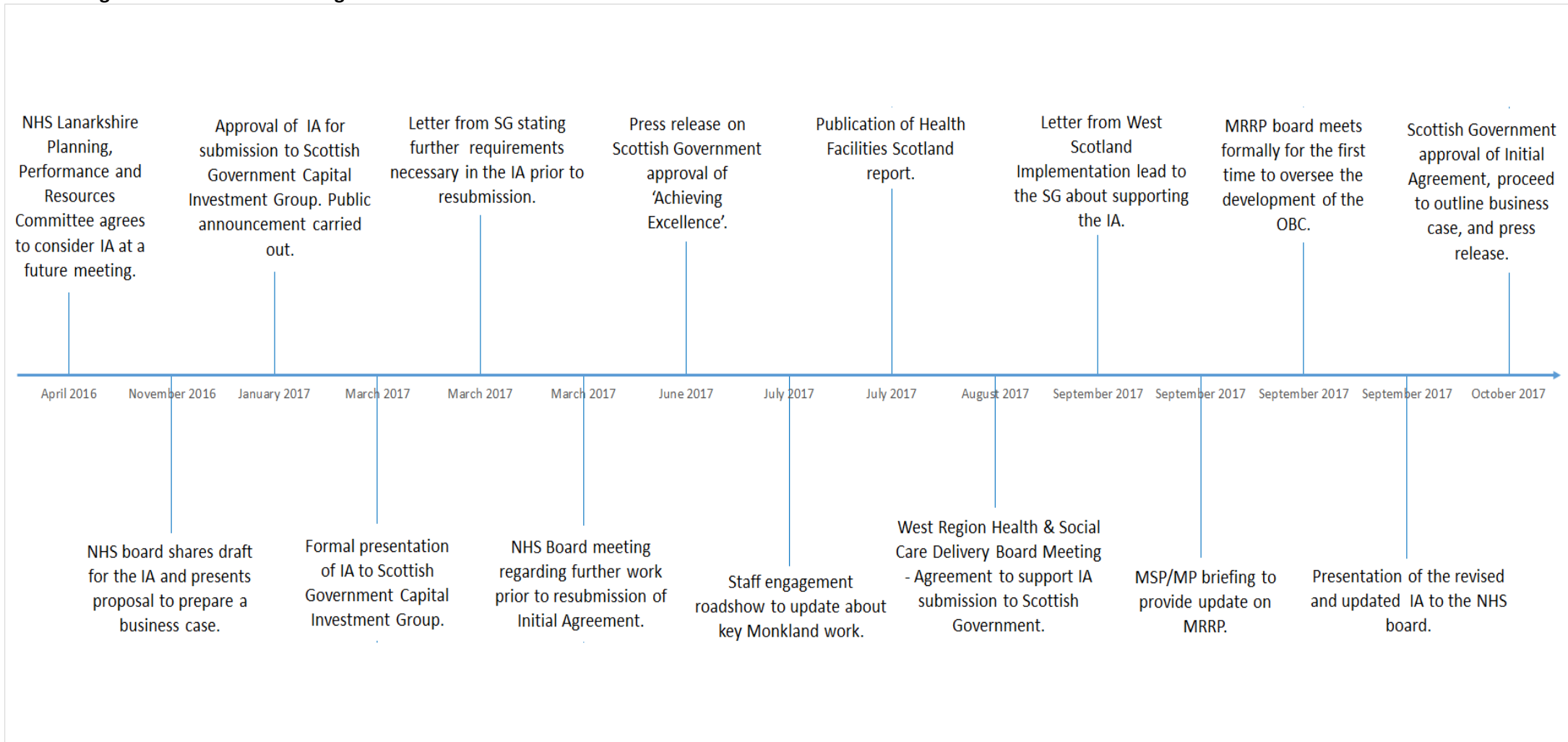
- Option A – do minimum (which cannot deliver the service model and was included for comparison only)
- Option B – full refurbishment of current hospital
- Option C – new-build on current hospital site
- Option D – new-build on another site

The pros and cons for each option was described, including programme duration and costs.

### **IRP Observations:**

- The IA is in line with the SCIM guideline. As directed by the guidance, it *“sets out current arrangements from which change will take place and provides the evidence base supporting the need for change and the benefits to be realised”* (19). Alternative strategic/service solutions were reviewed against the investment objectives. The IA provided details on the case for investment from the strategic, economic, and commercial, financial and management perspectives.

**Figure 4. Timeline of initial agreement**



## 9. EVIDENCE REVIEW: OPTION APPRAISAL

### 9.1. Selection of participants

The nomination and selection of participants by the North and South Lanarkshire Health and Social Care Partnerships commenced on 1 February 2018, i.e. six weeks in advance of the Option Appraisal process. A press release was sent encouraging participation before the selection process. The partnerships were given this responsibility as NHS Lanarkshire and both Integrated Joint Boards (IJB's) recognised that existing public engagement mechanisms within both partnerships were 'best placed to secure meaningful representation from those who are directly affected by the project' (20). The balance between the number of representatives put forward by the North and South Lanarkshire Health and Social Care Services (HSCs) respectively was originally proposed to be 50/50 but was later changed to represent more North Lanarkshire users. Therefore, 11 participants were nominated by the North Lanarkshire HSCs and 7 participants by the South Lanarkshire HSCs. Overall, 18 patients/patient representatives were invited and 16 attended the exercise (21).

#### IRP Observation:

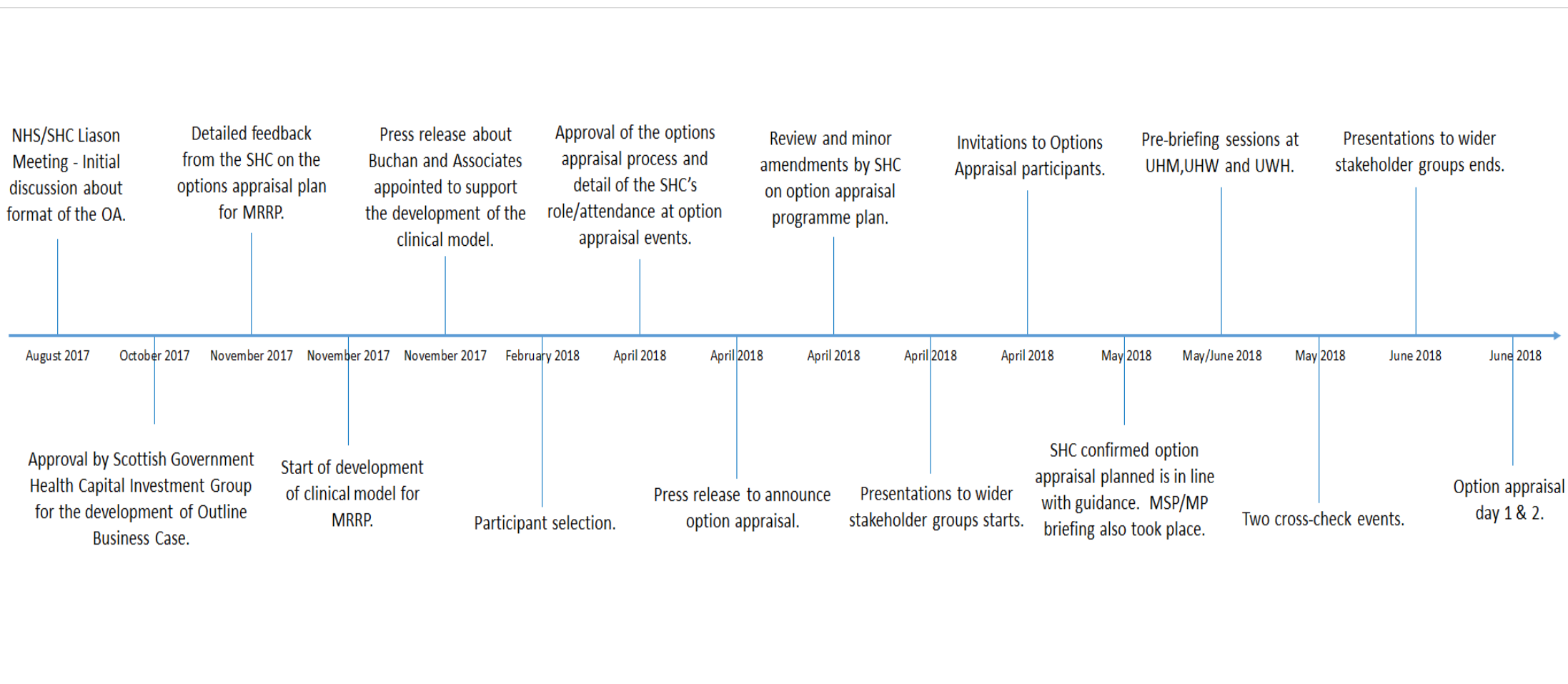
- Though regular meetings between SHC service change advisors and NHS Lanarkshire on the options appraisal methodology for MRRP are recorded, the IRP believes that minutes of these meetings would have been helpful. Specifically, the CEL4 (2010)(4) states the board's duty to ensure involvement of stakeholders including clinical and professional staff in developing options and in the appraisal process. The minutes would have helped understand the insight that went into the development of this methodology. This would have also clarified the role of the stakeholders in the development process. Currently, it is labelled as 'verbal briefings'.
- Nevertheless, the approach to the selection and inclusion of participants is in line with the SCIM guideline, which says that option appraisal should be undertaken by 'a group of people who represent all of the interested parties, including those who are directly affected by the project, and those who are responsible for its delivery'(2). NHS Lanarkshire followed the SHC guideline, as outlined: *'There is no definitive guidance on the optimum number of people, or the proportions of the various stakeholders, that should be involved in a weighted scoring exercise. It will be for Boards to decide in each case what is reasonable and proportionate'* (20). This can be viewed in the following table presenting the attendees from different stakeholder groups(22).

**Table 1. Number of attendees for each representative group**

<b>Attendee Representation</b>	<b>No. of Attendees</b>
Project team	4
Patients/ patient representatives - North Lanarkshire	10
Patients/ patient representatives - South Lanarkshire	6
University Hospital Monklands staff member	8
University Hospital Hairmyres	3
University Hospital Wishaw	3
Health & Social Care Partnerships - North Lanarkshire	2
Health & Social Care Partnerships - South Lanarkshire	2
Scottish Ambulance Service	1
Director/Service Leads Lanarkshire	5
Director of Regional Planning	1
Staff Side Acute	3
Staff Side Health & Social Care Partnerships	2
GP North Lanarkshire	1
NHSL	2
<b>Total</b>	<b>53</b>

**Source:** MRRP Option Appraisal stakeholder list of scoring participants and designation (22)

**Figure 5. Timeline of option appraisal.**



## **9.2. Stakeholder engagement**

A series of 15 presentations was given to wider stakeholder groups from April to June 2018. These presentations were updates on the MRRP process and the option appraisal process. In May 2018, NHS Lanarkshire invited all Lanarkshire MSPs and MPs to briefing meetings and presented details of the option appraisal process. During 22 May to 1 June 2018, six lunchtime information/pre-briefing sessions were held to provide preliminary information on the event programme to the nominated participants(23, 24).

### **IRP Observations:**

- NHS Lanarkshire has followed the CEL4 guidance (4) in that they have endeavored to engage the wider stakeholder groups to present the plans for the option appraisal process and provided the relevant information to the participants prior to the event.
- The content of presentations predominantly referred to the potential new sites. This may have reduced the extent to which these stakeholder groups perceived equal consideration had been given to all the options in the option appraisal.

## **9.3. Crosscheck Events (21, 24 May 2018)**

Before the option appraisal events, clinical crosscheck events involving staff (and public) from across NHS Lanarkshire took place to ensure consistency and that the clinical requirements were clearly understood. The crosscheck events were *“the final stage in the process of assuring that clinical community supported the clinical model principles”*(23, 25, 26). The event was held over two days to ensure clearer understanding of the process detail.

### **IRP Observations:**

- These crosscheck sessions represent good practice. A record of problems identified during this process and the outcome of these events in detail would have strengthened the process.

## **9.4. Non-Financial Option Appraisal**

NHS Lanarkshire conducted an option appraisal with two key components, non-financial and financial. This section relates to the non-financial component.

The SCIM (2) requires the undertaking of a formal appraisal of the options that can deliver the stated project objectives during development of the OBC (Outline Business Case). Here, the OBC was developed to replace or refurbish University Hospital Monklands. On 28 March 2018, detailed plans for undertaking an MRRP Option Appraisal Process including confirmation of dates; number of participants; selection process and scoring methodology was completed(27). The dates of option appraisal were publicly announced on 12 April 2018 and the SHC sent a final feedback with minor adjustments to NHS Lanarkshire's paper "MRRP Formal Option Appraisal: Process, Participants, Timeline & Outline Workshop Programme"(28). These were adopted by NHS Lanarkshire and the process subsequently endorsed by the SHC, subject to clarification of few points. NHS Lanarkshire responded on 25 May 2018 by providing the updated options appraisal process taking into account the SHC's comments(29).

### **9.4.1. Option Appraisal Day 1**

Participants who represented patients and public, careers, service users and service providers were invited to split into small groups at separate tables. The sessions were attended and overviewed by observers from the SHC. Each group had a facilitator from NHS Lanarkshire or Buchan & Associates. Table discussion and wide Q&A took place throughout the option event to ensure that participants had full opportunity to seek clarification at any point.

Day 1 was solely based on the option's ability to deliver the clinical model (23). The presenters articulated the clinical model requirements in detail. As described in the OA document (23), the key issues were as follows:

- Setting out the challenges around providing safe and effective healthcare in an aging site
- Addressing challenges in demography and epidemiology
- Moving to making day case the norm and increasing ambulatory care

- Improving palliative care and end of life services
- Providing a safe and welcoming environment for patients
- Developing centers of excellence
- Supporting an aging population

The process of development of the clinical model emphasized the high level of collaboration between each of the clinical work streams. Additionally, it informed the key clinical adjacencies to ensure optimum flow and provide the best patient journey. This process fed into the Clinical Output Specification of each group and ensured the new models of care are deliverable. A further presentation on the service model requirements was then delivered.

A final presentation, which detailed options A-D, was delivered to the participants. The options presented were Option A, B, C and D. The assessment of Option D (new build on another site) was done on its ability to deliver the clinical model. Participants were informed that other location specific issue would be discussed in the next session if the option scored the highest. The presentation concluded with a summary of advantages and disadvantages of each option which were derived from the IA. After every presentation, participants were given the opportunity to ask questions and discuss any issues to ensure clarity of understanding.

**IRP Observation:**

- A list of all participating stakeholders (22) is provided but is limited in providing details and characteristics of group compositions in Day 1 and Day 2.
- Overall, the IRP is satisfied that the process carried out is in line with guidance. Future events should consider ensuring facilitators are independent and to document the characteristics of the scoring participants to ensure and report their representativeness.

**9.4.1.1. Identifying the benefits criteria**

A healthcare planner from Buchan & Associates introduced the benefit criteria and scoring process. These criteria were “in line with ‘Achieving Excellence’ and are *person-centredness, improved safety of patient care, improved clinical effectiveness, enhance the function and quality of the physical environment, and deliver flexible & adaptable facilities*”(23). Descriptors and measure for each criterion were discussed and agreement was reached.

### **IRP Observations:**

- The criteria are in line with 'Achieving Excellence' and its descriptors/ measures were all related to the clinical model objectives.
- The IRP notes that NHS Lanarkshire explained that day 1 appraisal focuses on "the assessment of Option D (new build on alternative site) is purely on its ability to deliver the clinical model and not on specifics around the actual location (nor many of the other factors identified in the initial consultation)". Delegates were advised that location specific issues, particularly in respect of transport, access, drive times, etc. would be fully considered on Day 2 if Option D emerged as a high scoring option.". This two-step approach led to different aspects of the new hospital to be weighted at the different levels. The related issues will be discussed in detail in a later section – Combination of scores from Day 1 and Day 2.

#### **9.4.1.2. Ranking, Weighting and Scoring**

Based on the definition and measure, the participants ranked the five criteria according to their relative importance. Then, their relative weights were generated using the 'weighted pairs' methods. The weights were: 24.7% for improved clinical effectiveness, 23.5% for improved safety of patient care, 21.2% for person centeredness, 18.0% for delivering flexible and adaptable facilities across the health system, and 12.6% for enhancing the function and quality of the physical environment.

### **IRP Observations:**

- The IRP note that the 'weighted pairs' approach is a recommended approach and this approach was chosen by NHS Lanarkshire over simpler alternative including qualitative approaches. The SCIM guidance states that *'there are a number of approaches to the appraisal of costs and benefits that are difficult to value in money terms. These include, listing and describing them, developing a matrix or impact statement, and applying the weighted scoring method.'* The weighted scoring method is considered superior as it is the preferred methodology for Scottish Government Health and Social Care Directorates.
- In the view of the IRP, there were insufficient details documenting on how this was actually done. Validity and sense checks of participant understanding at this stage are not evident.

After weights were generated, the participants were asked to give a score on a scale of 0-10 per criterion for each of the four options. The participants were instructed to score on a scale where '10' indicates the option "could hardly be better" and 0 indicates the option "could hardly be worse" (30)(Table 2). Subsequently, the score was multiplied by the weights to generate to estimate an overall score (Table 3).

**Table 2. Scoring mechanism presented to the participants during the option appraisal day 1 & 2**

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

**Table 3. Option Appraisal Day 1 result**

WEIGHT %	Option A - Do minimum		Option B - Refurbishment of current hospital		Option C - New build on current hospital site		Option D - New build on alternative site	
	SCORE	W x S	SCORE	W x S	SCORE	W x S	SCORE	W x S
24.7	1.7	41.4	2.7	66.7	5.1	126.3	9.5	235.4
23.5	1.5	35.0	2.3	54.7	4.4	102.7	9.5	223.1
21.2	1.5	31.1	2.3	47.9	4.5	95.9	9.3	197.8
18.0	0.7	11.7	1.7	29.7	4.0	71.9	9.5	171.4
12.6	1.1	13.4	2.7	33.7	5.2	65.5	9.7	121.8
100.0		132.6		232.7		462.3		949.5
RANK		4		3		2		1

## IRP Observations:

- SCIM guidance states that the 0-10 score should be interpreted in a cardinal scale (“if Option A is considered to perform three times as well as Option B, then Option A is given a score that is three times that of Option B”). However, the description of the scale presented by NHS Lanarkshire suggests cardinality of scoring may not have been explained. Despite this, the IRP are of the opinion that this would not have impacted on the relative ranking of the four options based on the score alone.
- The face validity of the scores given to each benefit criteria for each option would have benefited from sense checking. The IRP note that, for example, it is understandable that a new build would perform better in terms of the clinical effectiveness. However, it is difficult to understand why being both new built, building on alternative site would achieve ‘more than excellence’ (>9.0), while building on Monklands site would just provide service ‘adequately’ (~5.0).
- The IRP accepts that one of the contributing factors to the lack of face validity may also be due to insufficient clarity on how the individual criteria were described and defined.
- The IRP did not find any content recording the justification of the absolute scores given. What can be confirmed based on these scores however are the results of the ordering of each option, option D > C > B > A.
- The IRP note the same scoring approach was undertaken on Day 2. SCIM (2) note *‘the group needs to think carefully about the differences in the scores awarded to the options, and to provide meaningful justification for them’* – the IRP would like to have seen greater evidence of this given the scale presented and the lack of additional explanation. Further, the SCIM note *“the credibility of the scores depends upon the provision of a rational justification to support them, including measurement where possible”*. In any case, project sponsors must be able to provide justification for each and every score that is awarded, this is expected to be recorded in full detail. The IRP see limited evidence of this latter justification in the process conducted.
- The resulting scoring approach combined with the issues identified regarding face validity, permits only the ordering/ranking of options to be identified.
- Generic, methodological limitations are also a factor in the limited robustness of the results. The IRP see no further research to determine the best unit of measurement. Explicit consideration of distributional effects within this exercise are also not apparent. The IRP note however that these limitations should be balanced against SCIM guidance which states that *‘There are a*

*number of approaches to the appraisal of costs and benefits that are difficult to value in money terms. These include, listing and describing them, developing a matrix or impact statement, and applying the weighted scoring method.'* Hence, while limitations have been found in the weighting and scoring approach used by NHS Lanarkshire credit should also be given to NHS Lanarkshire for the fact that simpler methods such as listing and describing criteria could have been adopted but were rejected in favour of the recommended, yet more complex, weighted scoring approach.

- The IRP note that the option appraisal presentations were quite technical and did not always use plain English throughout; these presentations were likely difficult to understand. Descriptions of the benefit criteria and description of key features was overly technical, hence not likely to have been fully understood by all participants.

#### **Further IRP comments on scoring approach**

As noted in SCIM, where possible, costs and benefits should be valued in money terms (using techniques such as those presented in Annex 2 of the Green Book (3)). However, SCIM (2) notes it is not always cost-effective or practical to value costs and benefits in money terms. In many assessments, there are non-monetary impacts such as environmental, social or health effects that cannot be valued cost-effectively. These non-monetary costs and benefits must be taken into account and should not be assumed to be any less important than the monetary values. Their values may be crucial to the decision and indeed, it is the finding of the IRP that these values were indeed important in distinguishing between options.

SCIM notes, the aim is to find a suitable way to assess non-monetary factors and present them alongside monetary values. In the simplest cases, it may be adequate just to list and describe them however, it will often be appropriate to use a more sophisticated technique. The term Multi Criteria Analysis (MCA) is frequently used to describe the range of techniques available. The weighted scoring method approach is the preferred methodology within the MCA toolkit and indeed this was the approach taken by NHS Lanarkshire. SCIM further notes that whatever the technique adopted 'research may be needed to determine the best units of measurement'. The more practical MCA approach to be used when it is not possible to value benefits in monetary terms is accepted and

recommended by SCIM (there are well known theoretical limitations in moving from a monetary valuation approach as recommended by the Green book however for pragmatic reasons this weighted scoring approach provides an accepted pragmatic solution in many cases).

#### **9.4.1.3. Sensitivity Analysis**

Four sensitivity analyses were carried out (23), including: 1) all benefit criteria be weighted equally, 2) the scores for the top ranked criteria be ignored, 3) with only patient scorers included, 4) scorers from the top 10 scoring staff be removed. None of the sensitivity analyses showed any variations in the scoring.

#### **IRP Observations:**

- Such extreme insensitivity is unusual. What can be concluded from this sensitivity analysis, however, is that the ordering of the options is likely to be correct. Despite being the top ranked option, stating that option D leads by a 'considerable margin', without any consideration of uncertainty, however, may be over optimistic due to the inability to use the resulting scores as cardinal values.

### **9.4.2. Option Appraisal Day 2**

#### **9.4.2.1. Site Selection**

On Day 2 of the Option Appraisal, NHS Lanarkshire Head of Planning presented the process and the results of site selection to the participants. 42 individual sites across 37 locations in the long list were screened against six criteria: within North Lanarkshire, minimum site size of 40 acres, within UHM catchment, little impact on unscheduled care population of adjacent hospitals, current or future ability to achieve suitable planning status, and existing road infrastructure and the ability to upgrade appropriately. Gartcosh and Glenmavis were the only sites fitting the criteria.

#### **IRP Observations:**

Predefined explicit selection criteria were developed and applied to site selection; this is welcomed by the IRP. However, there are a number of points which the IRP note could have been improved, including:

- How criteria were identified in the first instance could have been more transparent. How the criteria were then presented and understood to participants could have been clearer.
- Some of the criteria were ‘objective measures’ that could have been open to interpretation. For instance, criteria related to impact on unscheduled care catchment area and road infrastructure issues are difficult to quantify (let alone challenging to understand when expressed in non-plain English language).
- 18 sites were rejected because of the impact on catchment area. The IRP note that it would have been useful for the MRRP to demonstrate why the impact on other catchment areas would be smaller if the hospital is located in Glenmavis or Gartcosh, compared to the rejected sites. Similarly, it would help understanding of the screening process if it could demonstrate, with credible evidence, why the road improvement for Gartcosh or Glenmavis would be less expensive compared to the two sites that were rejected.
- A general observation was that the language used at these public meetings was ‘high level’ and not ‘plain English’. The IRP note that is likely to have been the case having read through all related materials and presentations which often display use of technical or complex terms.

#### **9.4.2.2. Transport**

The presentation slides on day 2 provided detailed information on the current Monklands site, Gartcosh and Glenmavis. This included a range of information detailing site size, adjacency to roads infrastructure, access to rail network, number of points of access to locations and site history, supplemented by recent drone footage.

#### **9.4.2.3. Identification of benefit criteria**

Three location options were explored: Monklands, Gartcosh, and Glenmavis. The groups discussed and agreed advantages and disadvantages for each location. Similar to Day 1, the benefits criteria and scoring process was introduced. The benefits criteria were specific to location: getting in and out of the site by road, journey times, public transport infrastructure, and ability to support centres of excellence and regional services.

### **IRP Observations:**

- For one of the benefit criteria, '*journey time to NHSL hospitals*' (Glasgow Royal Infirmary, Queen Elizabeth/RHC and Forth Valley), the IRP note that a shorter journey time may not necessarily be an advantage since it would mean a greater impact on the patient flow between these hospitals and the new Monklands hospital. The IRP felt that possibly some measure of 'impact on catchment criteria' could have been added as benefit criteria to address this concern. This could have also strengthened the consideration on the impact on other catchment criteria given its nature as an extent question rather than a 'yes' or 'no', and its weight given in the screening process.
- Further, the IRP felt that the final eight benefit criteria (day 1 clinical criteria + day 2 travel criteria) may not have included the full spectrum of possible benefit criteria. Compared with the factors that participants felt important in the wider consultation, one factor is not included in the optional appraisal process: *potential for disruption*. This is likely an important factor which would impact on the current hospital service if option A, B and C were selected. A related factor is construction time. NHS Lanarkshire estimated that new builds at alternative sites (option D) would be five years less than the next option, rebuild at Monklands (option C). The option to build on the Monklands site does not lose by a large margin but it is still less preferred than option D given that option D could provide the best clinical model to deliver the best care, no disruption to current hospital service, the shortest project completion time, and the possibility for expansion in the future.

#### **9.4.2.4. Ranking, weighting and scoring**

Similar to option appraisal day 1, the group undertook an exercise to rank and weight the criteria according to their importance. The resulted weightings are: 29% for getting in and out of the site by road, 27.6% journey times, 24.8% public transport infrastructure, and 18.6% for ability to support centres of excellence and regional services (Table 4). The same scale descriptions as Day 1 was provided to participants (31) so the same issues with the scoring exist (see section 9.4.1.2).

### **IRP Observations:**

- There is a lack of face validity for the transportation score for Monklands (it is almost the lowest for all criteria compared to both Gartcosh and Glenmavis). This was found to be at odds with the advantages and disadvantages table which clearly shows that the Monkland site has the least

disadvantage on this attribute. No justification for the resulting scores and the magnitude of the differences of the scores between the options were provided. And this, again, was considered to be an important issue which weaken the validity of the results, for both the ordering of the options and the scores for the day 2 appraisal.

**Table 4. Option appraisal day 2 results**

BENEFIT CRITERIA		WEIGHT %	Option 1 - Monklands		Option 2 - Gartcosh		Option 3 - Glenmavis	
		W	SCORE	W x S	SCORE	W x S	SCORE	W x S
1	Getting in and out of the site by road	29.0	3.3	94.6	8.7	251.3	6.0	174.1
2	Journey times	27.6	5.6	153.3	8.7	239.8	5.8	159.3
3	Public transport infrastructure	24.8	5.7	140.9	8.1	200.5	3.4	83.4
4	Ability to support centres of excellence and regional services	18.6	4.4	82.2	8.9	165.2	6.1	113.5
<b>TOTAL</b>		<b>100.0</b>		<b>471.0</b>		<b>856.8</b>		<b>530.3</b>
<b>RANK</b>				<b>3</b>		<b>1</b>		<b>2</b>

**9.4.2. Sensitivity Analysis**

The same sensitivity analysis was carried out for Day 2 and no variation on the scores was identified.

**9.4.3. Combination of Scores of Day 1 and Day 2**

The group decided the scores from day 1 and day 2 account for 70% and 30% of the total score. The MRRP team felt these proportions were able to reflect the relative importance of delivery of clinical model (day 1) and access to the location (day 2). Initially, this proportion was suggested as minimum 75% weight to day 1 and 25% to day 2, then after discussion with stakeholder group on day 2, the weight on location was changed to 30%.

**IRP Observations:**

- The proportion (70:30) having been adjusted following discussion (from 75:25) seems reasonable to the review team in terms of the relative importance of clinical outcomes and location accessibility for building a new hospital.

- The scoring mechanism was not cardinal hence the ordering of options on Day 1 is appropriate but measured differences in the total benefits points are less meaningful.
- The ordering of the scores for Day 2 lacks face validity – no explanation was given as to why Monklands was scored lowest, especially with a large marginal difference when compared to other options, in terms of its location.
- The benefit criteria on Day 1 and Day 2 arguably do not cover the full spectrum of benefits that were identified through the wider consultation.
- Despite the noted limitations, the IRP team are of the view that repeating the entire process after addressing all the above limitations (i.e. expansion of benefit criteria, appropriate cardinal scoring mechanism, and re-scoring to improve face validity) would likely not change the ordering of the options, but likely affect only the scale of marginal differences. In other words, repeating the process is likely to result in option D still lead, but possibly by a smaller margin. To this end, any re-evaluation work does not need to focus on establishing the order of the options but rather on the values and preferences of the public for attributes of the options so as to identify meaningful ‘valued’ differences between the options. It is imperative that when these attributes are presented, they are informed by up to date, credible evidence and clearly and easily explained using plain English.
- The IRP team note the generic methodological limitations associated with such a ‘blunt’ scoring and weighting method to benefit valuation (and latterly combined with financial values) emphasizes the overall generic methodological limitations with such approaches (see recommendations for updating the guidance).

## 9.5. Financial Appraisal

The MRRP financial appraisal was conducted by Currie & Brown – external consultant and financial advisor to NHS Lanarkshire. Initial work began in 2016 when Currie & Brown produced “indicative costs” for the four options described in the IA document: “Do minimum” (Option A), “Refurbishment” (Option B), “New build at Monklands” (Option C) and “New build at new site” (Option D) (19). The indicative costs took into account:

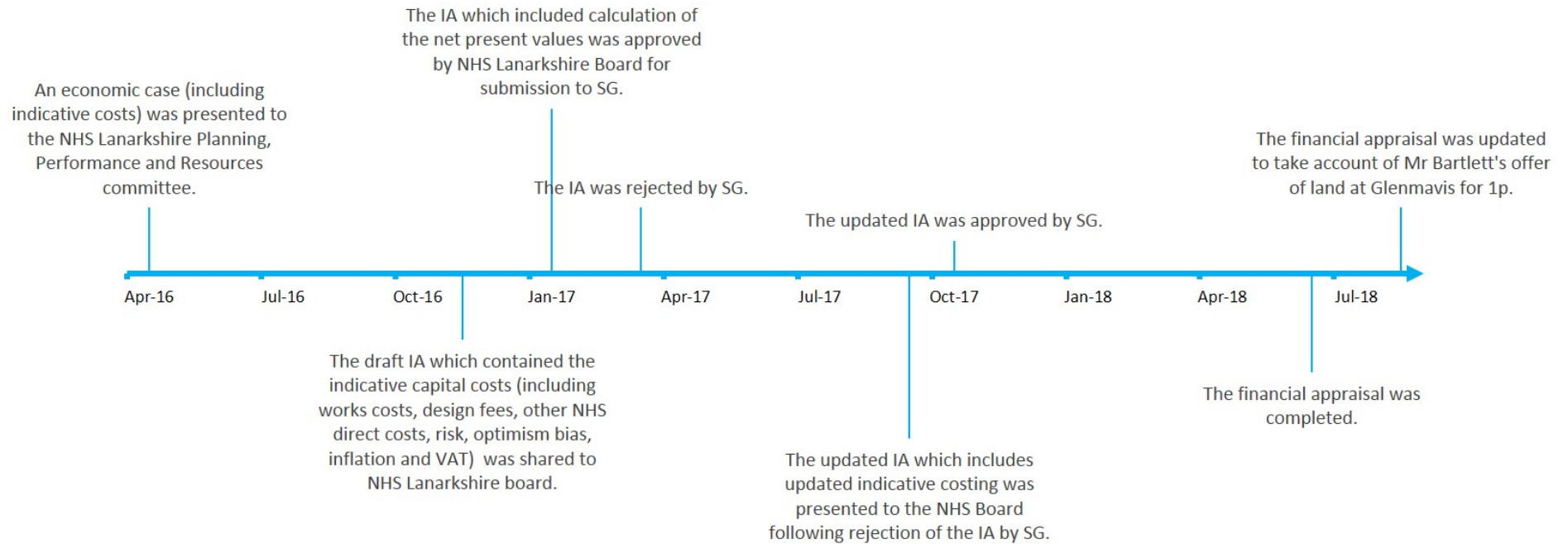
- Capital costs of delivering the building (net of any land sales)
- Life cycle costs
- Recurring revenue costs (net of any revenue savings)
- Non-recurring revenue costs (to support the development of the building)

The financial costs were further updated in 2017 based on Curry & Brown’s *“knowledge of the construction cost for major acute hospitals, and a realistic assessment for site specific abnormal items based on the available desktop information”*(32). A detailed timeline is presented in Figure 6.

### 9.5.1. Capital Costs

The estimation of capital costs consisted of: (i) cost of building work; (ii) project design fees; (iii) NHS direct costs; (iv) costs attributed to risk and optimism bias; (v) inflation; and (vi) VAT. For the “Do minimum” option (Option A), only the costs of addressing risks and maintaining continual function were included in the calculation. For the “Refurbishment” option (Option B), costs associated with constructing new buildings and phased refurbishment of existing buildings whilst maintaining continual function were estimated. For the “New build at Monklands” option (Option C), costs of construction of new build, whilst maintaining continual function were estimated. For the “New build at new site” option (Option D), costs of acquiring new site, full construction costs, and costs of re-providing West of Scotland Satellite Radiotherapy treatment Centre and Maggie’s Centre were estimated.

**Figure 6. Timeline of financial appraisal**



*Abbreviation: IA: initial agreement. SG: Scottish Government. VAT: value-added tax.*

It was assumed that Gartcosh and Glenmavis (Options D1 and D2) would have the same baseline construction cost. Site-specific abnormal items identified in a desktop analysis *e.g.* “*extensive mine workings / poor ground conditions requiring remediation were identified at Glenmavis, with limited potential for mine workings identified at Gartcosh...*” were also included in respect of the two sub-options – new build at Gartcosh (Option D1) and new build at Glenmavis (Option D2)(23).

### **9.5.2. Life Cycle Costs**

Life cycle costs relate to costs of maintaining the fabric of the buildings over their economic life. This also takes into account the time of construction. It was assumed that the economic life of the “Do minimum” option would be 20 years (19). For the remaining options, it was assumed to be 50 years (19).

### **9.5.3. Revenue Costs**

Revenue costs were divided into recurring and non-recurring revenue costs. The recurring revenue costs relates to costs associated with moving to a new facility. The non-recurring revenue costs included cost items such as health and safety, and fire-training.

### **9.5.4. Adjustment of Optimism Bias**

In estimating costs, an optimism bias adjustment was applied to the estimates. Different rates were used to adjust for optimism bias for each option: 32% for Option A, 25% for Option B, 21% for Option C, 15% for Option D1 and 15% for Option D2. These percentages were applied to the base cost estimate and the resulted figure was added to the base case cost.

### **IRP Observations:**

- NHS Lanarkshire followed the UK Treasury Green Book guidance (3) in that the optimism bias was adjusted. However, there is a lack of detail on how these percentages were chosen and why the optimism bias percentages for building on new sites were the lowest, compared to the other options. The IRP noted that the base risks of bias were similar across the options whereas the final bias for Option D was reduced more compared to other options, after applying a ‘mitigation factor’, without clear justification for the mitigation factor chosen. The IRP is unable

to determine the appropriateness of the estimated optimism bias that was applied to the cost estimates.

- The IRP noted that although there are two sites for Option D (New Build) only one Optimism Bias/Risk calculation was undertaken as it was considered that the key site-specific risks were already captured in the base costs for each of the individual site options. It is the view of the IRP that a more detailed and varied sensitivity analysis around the chosen risks would be useful.

### 9.5.5. Net Present Cost

The financial appraisal estimated net present cost. A summary of the costs was provided by NHS Lanarkshire and replicated below (Table 5).

**Table 5. Net present cost of financial appraisal**

	Option A Do Minimum £000's	Option B Refurbishment £000's	Option C Monklands £000's	Option D1 Gartcosh £000's	Option D2 Glenmavis £000's
Capital Cost	326,221	851,185	613,492	562,360	567,976
Net Present Cost	166,976	456,473	472,977	463,559	467,655
Annual Equivalent Cost	10,637	17445	17,676	17,449	17,448
Total Benefit Points	234.1	304.2	464.9	921.6	823.7
Cost per Benefit Point	45.437	57.347	38.023	18.934	21.219

### IRP Observations:

- The time horizon was not explicitly stated in the financial appraisal document, however, the spreadsheet provided by NHS Lanarkshire contains a distribution of capital costs (sheet 'cashflow') over 22 years (33) so the review team assumes that the time horizon for costs were 22 years. It is also not clear what discount rate was applied for the calculation, or the price year used.

- D1 Gartcosh has ‘the best’ (i.e. the lowest) cost per benefit point at 18.934 with Glenmavis a close second at 21.219 followed by Option C at 38.023. With the exception of option A, all options (B, C, D1 and D2) have very similar annual equivalent cost, ranging between 17,445,000 to 17,676,000 (33). However, after dividing the annual equivalent cost by the total benefit points, the differences on the cost per benefit point was revealed between the options. The resulting total benefit point for Gartcosh was lowest (i.e. ‘the best’), this option appears the most cost beneficial option among all options.
- Given issues identified with the interpretation of the scoring scale, it could be argued that the benefit points assigned are not entirely accurate. However, given the margins of difference, it is unlikely that the order of the top two ranked options would alter even given a theoretically ‘perfect’ exercise. To this end, the IRP further note the ‘bluntness’ of these options appraisal methodologies and the challenges with combining non-monetary ‘benefit’ points with lumpy monetary (financial) values akin to combining apples and oranges (compared to the theoretically superior yet practically challenging cost-benefit analysis approach where all costs and outcomes are measured in monetary terms).
- A further methodological query from the IRP was the credibility of combining the longitudinal cost with the one-point total benefit score due to the differences in time horizon. However, the IRP note that no guidance was found on the appropriate way to do this.

#### **9.5.6. Sensitivity Analysis**

The sensitivity analysis compared the cost per benefit point after doubling the cost of Option D1 (Gartcosh), which would be £33,923 per benefit point, versus the current cost per benefit point of other options including A, B, and C and concluded that option D1 Gartosh was still the dominant option. D2 had to increase by 15% to dominate D1, but the only factor that made this happen would be the increased cost of D1 due to the change of site or planning conditions. A switching value was calculated – Gartcosh would need to increase by more than £84.5m to alter outcome.

#### **IRP Observations:**

Although the process of financial appraisal followed the SCIM overall, the IRP team noted the following limitations:

- High-level cost estimates based on cost per m<sup>2</sup> of floor, with adjustment for potential abnormal costs were used; there is much uncertainty associated with these estimates however such high level costings at this stage are standard practice.
- The IRP understood that a more detailed elemental cost estimate based on the emerging designs and site-specific issues will be developed will in the next step of the OBC.
- The list included few costs that reflect wider social and environmental costs, e.g. planning condition costs, contribution to road access, car parking etc. The process fails to meet the SCIM guidance *“wider social and environmental costs and benefits for which there is no market price also need to be assessed.”* (2)
- A whole life approach seems to be initiated by NHS Lanarkshire but the life of the sites have not been stated. The construction period has also not been factored.
  - SCIM (2) requires the analysis to adjust for displacement, when a service development/reconfiguration in one region will draw service users to/from similar service provision in an adjacent region. The IRP did not find any information related to displacement in the financial appraisal, however, displacement was included in the patient flow model, and considered under the ‘impact on unscheduled care catchment area’ criteria when screening the long list of sites (please see section 9.4.2). Nevertheless, as stated earlier in Section 9.4.2, impact on unscheduled care catchment area may be also considered as benefit criteria in the short list appraisal between Monklands, Gartcosh and Glenmavis, due to their importance.
  - In the view of the IRP, the sensitivity analysis is judged to be insufficient. According to SCIM, a more detailed item-based sensitivity analysis should be conducted, to alter an assumption, one at a time, and examine the influence on the final annual equivalent cost. Rationale should be provided for choosing the assumptions investigated and the range of variations. The assumptions that could potentially be explored include the building work fee (as this accounts for the largest proportion of the overall cost), and road infrastructure fee (as this may have a lot of variation factors), and optimism bias values, as this is applied differently across the options, and added as a considerable percentage to the base cost.
- The financial appraisal process combined cost and non-monetary benefit and determined the best option by cost per benefit score. The IRP considers this to be in line with the SCIM guideline *“the highest scoring option is confirmed as the leading option by subjecting it to a cost and benefit analysis to assess each option to finalise the leading option”*.

## 10. Post Option Appraisal Consultation

On completion of the option appraisal, NHS Lanarkshire undertook a three-month public consultation (July to October 2018). The timeline for this consultation is detailed in Figure 7. NHS Lanarkshire also used a wide variety of initiatives to encourage people to engage with the consultation, including setting up a consultation website, inviting people to complete an online survey and share views via email, post or in person by attending the public meetings. Table 6 provides the minimum number of consultation responses and video views received during this three-months public consultation.

**Table 6. Consultation responses during the 3-month post option appraisal consultation**

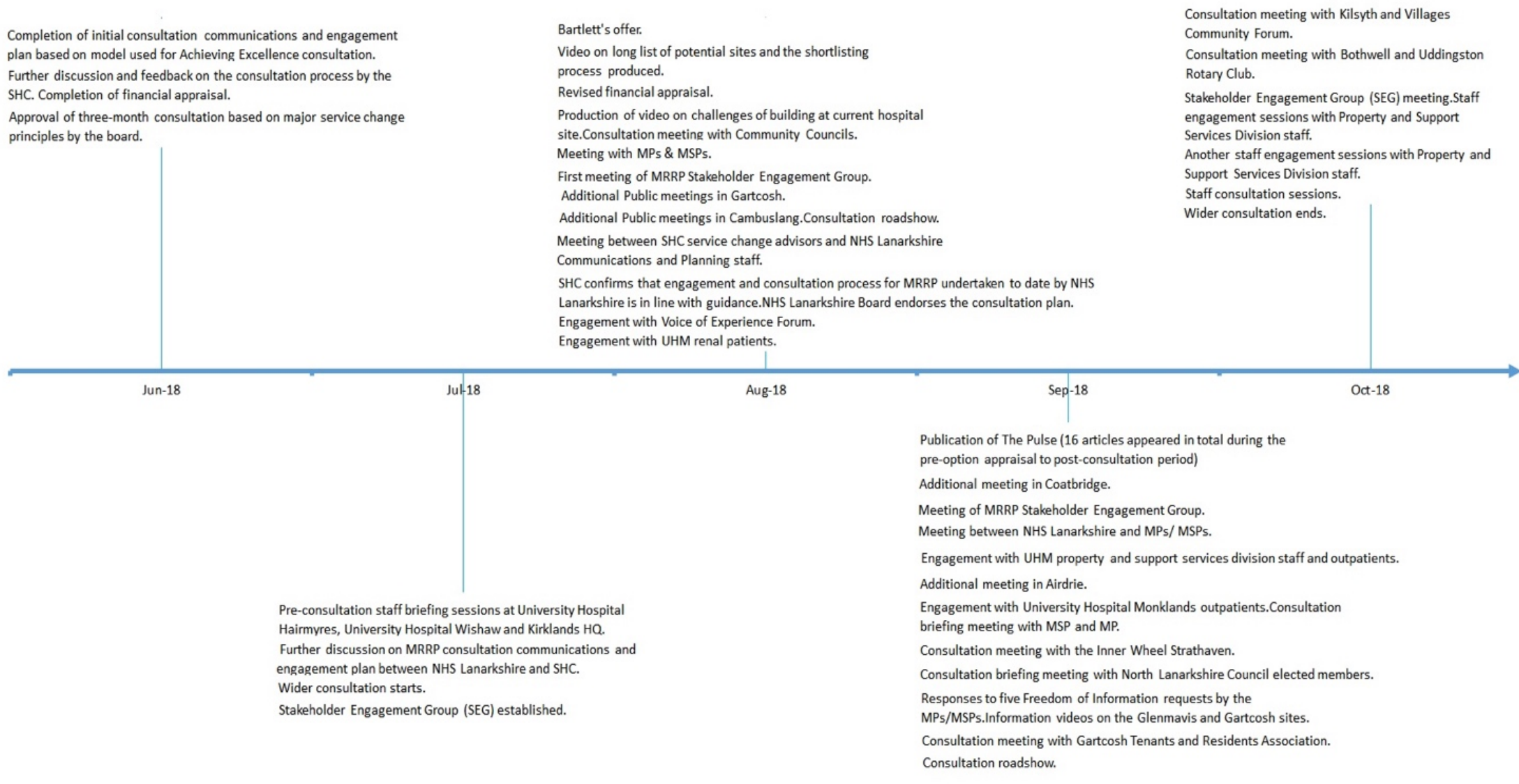
	Consultation Responses	Video Views
July 2018	985	23200
August 2018	215	20700
September 2018	758	4000
October 2018	188	1700

**Source:** Consultation Plan on Replacement or Refurbishment of University Hospital Monklands (34)

### 10.1. Engagement with staff

Prior to wider consultation, NHS Lanarkshire held pre-consultation staff briefings on the option appraisal outcome at University Hospital Monklands, University Hospital Hairmyres, University Hospital Wishaw and Kirklands HQ (35). During the consultation, NHS Lanarkshire also used the staff magazine – the Pulse, to provide information on the consultation and held several staff engagement sessions and additional daytime meetings to address concerns related to travel and transport. NHS Lanarkshire held additional daytime meetings and video presentations to address specific areas on concern.

**Figure 7. Timeline of post option appraisal consultation**



## **10.2. Engagement with patients and/or public**

During the three-month consultation, NHS Lanarkshire held a large number of public meetings, additional meetings on request, consultation roadshows, and specific patient group meetings to directly engage with patients, organizations, and the wider public. NHS Lanarkshire also held a number of briefing meetings and direct correspondence with elected representatives to discuss concerns regarding accuracy of information in the option appraisal, transportation, Bartlett land offer, and general views.

## **10.3. Establishment of Stakeholder Engagement Group (SEG)**

In July 2018, following advice from the SHC, the MRRP established Stakeholder Engagement Group (SEG). The role of the SEG was to guide and shape the consultation process. All public or patient participants of the option appraisal were invited to join the SEG. The final membership included patient/public, staff representation, and NHS Lanarkshire's equality and diversity manager (36). The SEG met in September 2018 and held a mid-consultation review. At this stage, NHS Lanarkshire reported that the recurring themes raised at the public consultation meetings (six held) were: public transport, parking, rail links (positive for Gartcosh and negative for Glenmavis), and adjustments to road infrastructure (37). The SEG also noted both positive comments from staff engagement on the proposed move, and negative comments from online petitions to keep the hospital on site or in central Monklands (37)

### **IRP Observations:**

- The IRP welcomes the establishment of the SEG. The group has provided valuable advice to the MRRP on how emerging concerns could be addressed.
- It is the view of the IRP however that establishment of the SEG earlier in the process could have provided important insight and anticipation to the issues that emerged during the consultation. This would have ensured the inclusion of sufficient details to be included in their consultation material prior to public airing.

## **10.4. Release of additional information**

In response to a number of attendees at public meetings (and from responses to the consultation) querying why the two sites were identified some extra work was conducted by NHS Lanarkshire. A

series of maps, describing the shortlisting process was produced and published on the website and highlighted on social media. A further animated video, highlighting the rationale for the selection of the two sites from the list of 37 was created and published on Youtube. Further, NHS Lanarkshire published a report on travel methods, drive times and public transport in September 2018, and further published information from their external advisors on estimates of drive time and land remediation costs in October 2018.

#### **IRP Observations:**

- The IRP is satisfied that due process has been carried out by NHS Lanarkshire, but there is a question around whether NHS Lanarkshire did enough to ensure these additional works were sufficiently accessed and understood.
- For instance, whilst the DVS independently assessed and evaluated the process of identifying sites prior to option appraisal, the onus is on NHS Lanarkshire to ensure that this information has been widely accessed and checks made on understanding.

#### **10.5. Bartlett land offer**

The IRP notes there were additional circumstances which impacted the process conducted by NHS Lanarkshire. One key event was the offer of land by local businessman Mr Ronnie Bartlett. During the consultation (August 2018), Mr Bartlett contacted NHS Lanarkshire and offered his land at the Glenmavis site *“on a ‘life rent’ basis for a nominal rental of 1p”*. Subsequently, the MRRP revised the financial appraisal to take this offer into account(23). This reduced both the estimated annual equivalent cost and the cost per benefit point for the Glenmavis option. However, the cost per benefit point remained greater than that of the Gartcosh option.

#### **IRP Observations:**

- The updating of the financial and full option appraisal in response to the Bartlett offer is deemed to be in line with good process.

#### **10.6. Stakeholder Survey**

Overall, NHS Lanarkshire received feedback from public and community meeting (>800 people attended), online survey via survey monkey (928 responses), written survey responses (68

responses), letters and emails (61 communications), submissions from elected representatives (11 submissions), submissions from groups and professional bodies (12 submissions).

The Health Service Research Unit (HSRU) at the University of Aberdeen performed an independent assessment of the findings from the online survey (38). The HSRU assessment reported that the responses “*fairly clearly*” indicated the responders’ preferred option and therefore, deemed qualitative survey method a “*reasonable pragmatic strategy*”. However, they also suggested that a quantitative or multiple-choice question approach would be more helpful. The data showed that many responders supported the move to Gartcosh option but was conditional upon the resolution of their concerns – these were mostly related to transport and parking.

In particular, the HSRU assessment highlighted that some individual responses favoured two or more option categories. Further, the MRRP approach to categorising and analysing comments into ‘for’ or ‘against’ the options may have under-represented the “*strength of feeling against the Gartcosh site*”. Additional categories that can be grouped as “*against Gartcosh*” were identified. Reanalysis of the data resulted in 244 “*for Gartcosh*” and 599 “*against Gartcosh*” (as opposed to the original score of 224 “*for Gartcosh*” and 285 “*against Gartcosh*”). Following this independent assessment, the MRRP has incorporated all the criticisms and recommendations in their final report.

**IRP observations:**

- Despite the error in defining the categories for analysis, the HSRU independent assessment deemed the qualitative strategy for the consultation survey overall to be a reasonable strategy.
- The IRP notes that the concerns over the Gartcosh option have been reflected throughout the public engagement consultation period. This may be caused by the differences in expectations; public may not expect Gartcosh to lead by such a considerable margin compared to the options of retaining Monklands hospital in Monklands. This is especially apparent in the community where the current Monklands hospital exists. Different expectation from the public inflamed the doubts for the option appraisal process and all the criticisms for the potential risk of bias.

## **11. IRP Findings and assessment of the process conducted by NHS Lanarkshire**

### **11.1. Overall summary**

The IRP's overall assessment of the process conducted by NHS Lanarkshire was that there was a significant amount of high-quality work done in good faith by all parties. NHS Lanarkshire followed the recommended published guidance (CEL4, SCIM, SHC Guidance). NHS Lanarkshire employed the services of agencies such as Currie and Brown, Montague Evans and Strathclyde Partnership for Transport (SPT) for specialist components of the process. The process was subject to external review and validity assessment by a number of agencies including the SHC, DVS and the University of Aberdeen. Our review identified that some of the existing guidance followed by NHS Lanarkshire is out of date and lacking in detail, and some of the resulting components relying on this guidance has been the source of many of our identified limitations. Our review identified clear areas of consensus including the agreed need for change and acceptance of the proposed clinical model. There were also unique circumstances which affected the context of the process conducted by NHS Lanarkshire, including the offer of land by local businessman (Mr Bartlett) which had an impact on the process. Another important consideration is the exceptional circumstances which the current Monklands Hospital has (and still is) experiencing in relation to severe daily health and safety challenges and the impact this has had on the process in terms of the urgency for a decision on the refurbishment/redevelopment of a new hospital. The IRP note that conducting the stakeholder engagement and the options appraisal during this challenging time, while staff are managing severe health and safety conditions, and where there is obvious support for a new clinical model, has likely compounded the perception of some that the final result was fixed. While our review found evidence that some aspects of the process could have been improved, we found no evidence of deliberate fixing of results.

### **11.2. Specific issues identified**

It is the view of the IRP that with any activity whether it be public engagement or options appraisal there are natural variances in interpretations of approaches which will understandably give rise to different results. The job of the IRP was to understand the extent to which any natural deviation arising due to interpretation of guidance was sufficiently against existing guidance/best practice and

therefore arguably not in line with 'due process'. With this in mind, the IRP note the following specific issues which could have reasonably been conducted to a higher quality, would have benefitted from additional work or would generally have improved the process:

- Greater transparency on early and future engagement with transport and planning agencies
- Greater transparency and understanding around the definitions and justification of the site selection criteria and the selection of the shortlisted sites
- The use of validity and sense checks would have improved the quality of the option appraisal process and the overall confidence on the results
- A more balanced presentation of options at the options appraisal sessions with independent facilitators and chair person would have helped to reduce any possible bias towards sites (Gartcosh) and/or perception of bias
- Greater transparency around efforts to manage the unresolved concerns of the public
- Less use of technical terms and a greater use of plain English throughout all stakeholder engagement

### **11.3. Press Impacts**

There was significant open public critique of the process conducted by NHS Lanarkshire in the form of press articles. The IRP reviewed these articles. The IRP found many of the accusations and content of many of these articles to be unevidenced and highly speculative. This was deemed to have contributed to the breakdown of public confidence. The IRP note that this unevidenced critique of some components of the process suggesting that NHS Lanarkshire 'fixed' the results of the option appraisal likely negatively influenced public opinion of the process. While some improvements could arguably have been made to the option appraisal process (as documented in this report) the IRP found no evidence of deliberate fixing or deception.

Elected representatives of our community are important public figure heads. Despite having the best interests of their constituents in mind, our review found they do not always use their voice and influence in a constructive and evidence-based manner to achieve the best outcome for their community. It is the view of the IRP that there were a number of missed opportunities for more positive collaborations with NHS Lanarkshire.

#### **11.4. Examples of Good Practice**

The IRP are keen to highlight and commend examples of good practice throughout the process conducted by NHS Lanarkshire. These are summarized below and are in line with findings from the SHC report findings:

- The use of accepted best practice guidance.
- The engagement of external experts for specialist components of the process.
- The use of dedicated consultation web pages.
- The establishment of a Stakeholder Engagement Group (albeit this could have been established earlier in the process).
- The use of a variety of methods to facilitate feedback, including by phone.
- The addition of additional public meetings in Airdrie and Coatbridge in response to anticipated public interest.

#### **11.5. Limitations of the Current Guidance**

A recurring challenge throughout this IRP was benchmarking against existing 'best practice' and the extent to which NHS Lanarkshire had interpreted the guidance in the most appropriate manner. The key 'best practice' documents for stakeholder engagement and capital investment planning referred to were CEL4, SCIM and the Treasury Green book. The IRP found the CEL4 and to be dated; both CEL4 and SCIM are often unclear and unspecific in parts thus increasing the burden for agencies following and being judged against these criteria. This review has found these general guidance documents urgently need to be updated. In addition, it is the view of the IRP that these best practice documents should be updated on a continual basis and provide a much greater level of detail where possible.

Specific areas where SCIM should provide guidance includes how to combine the cost and non-monetary benefits, (or generally, how to compare between the options when benefit is not measured in monetary terms). For the weighted scoring method, SCIM may consider adding 'process' related criteria (such as the construction time, and the potential adverse effects on clinical throughput and outcome caused by the construction process), in addition to 'service objectives and performance' related criteria. Sensitivity analysis surrounding process related criteria should be undertaken to reflect the uncertainty in the process. Given the limitations of the Multi Criteria Analysis (MCA) approach to weighting and scoring non-financial criterion and the resulting 'benefit

score', consideration should be given to alternative methods which have greater theoretical validity. Further details should also be provided by SCIM on how to identify and quantify distributional considerations. When the criteria are split to multi-stage evaluation (such as the day 1 and day 2 option appraisal events), SCIM should provide some guidance on how to do this, for example, how to weigh groups of criteria (such as the clinical outcomes) versus another groups of criteria (such as the transportation outcomes). Further, SCIM should provide a complete example of financial appraisal corresponding to each step of identification and quantification of the monetary costs. This should include guidance on the required level of detail the cost estimation should achieve. The SCIM could usefully provide a reference list for the possible varying ranges for common cost items for use in sensitivity analysis.

The CEL4 guidance should provide a higher level of 'practical advice' to improve its applicability. Examples include how participants for option appraisal events should be selected, what is the minimum sample size, and what criteria should be used for the stratification of the sample to ensure representativeness, documentation of all discussions, responses and actions. Independence of facilitation should also be recommended in the guidance. Links to examples of good practice in public engagement should also be considered (See examples provided by IRP team in Appendix 2). Finally, all revised guidance should advise the 'joining up' with other statutory processes, including the planning system to ensure Boards are clear about statutory duties to engage.

The IRP believes there may also be scope for a more formal role for the SHC in assisting public bodies with interpreting and following the guidance provided by the SHC. The addition of clear 'approval' stages may assist with this.

#### **11.6. Multi criteria decision analysis (MCDA) approaches**

Much of this report focused on the specifics of the option appraisal process in relation to the scoring, weighting and raking of the identified sites. The approach used by NHS Lanarkshire was essentially multi criteria decision analysis (MCDA). The IRP highlights that such an approach should only be a "*tool to help*" decision makers reach a decision, this is highlighted in the 2016 Taskforce publication (39):

*“MCDA results can be presented in tabular or graphical form for decision makers. Aggregate value scores can be interpreted and used in different ways, that is, to rank the alternatives in order of importance or providing a measure of value for each of the alternatives. Alternatives’ total scores can also be combined with cost data to identify “value for money” of each alternative to allow portfolio or resource allocation decisions. Also, it is worth-while emphasizing that MCDA is intended to serve as a tool to help decision makers reach a decision—their decision, not the tool’s decision.”*

This review has identified some limitations in the multicriteria approach conducted however it is important to note that the 2016 Taskforce on using MCDA state *“MCDA can support decision making in health care. It improves transparency and consistency in decisions—and potentially, the accountability of public sector decision makers. It does not replace judgment, but rather identifies, collects and structures the information required by those making judgements to support the deliberative process”*(39). The IRP note the significance of the statement *“... it does not replace judgement”* and as such the results of the options appraisal approach should be one of many components that inform the overall decision. An important next step in this process is what is termed ‘uncertainty analysis’ where the results from MCDA should not be taken as the “final decision” but rather the MCDA model should be used to *‘explore the uncertainty in the decision problem’*. The decision makers can be presented with results from analyses exploring different types of uncertainty (e.g., parameter uncertainty, structural uncertainty, and heterogeneity) to support decision making. It is the view of the IRP that a final step by NHS Lanarkshire focus on reducing the uncertainty around key variables in the option appraisal around the top two identified sites.

### **11.7. Planning and Place**

An unfortunate spin off of the MRRP process and associated focus on delivery of a high-quality clinical service potentially away from the existing central community site may have appeared to take priority over the social and environmental consequences of such a significant change occurring in the heart of the community. The IRP are of the view that an early understanding and appreciation of the strength of feeling would possibly have avoided some of the community anxiety associated with the planned change. As part of the process the Monklands community would have benefitted from receiving reassurances about what will happen to the existing site and what the consequences

might be locally for such a big change in the local environment. A number of activities were ongoing and scheduled in relation to what would become of the existing Monklands Hospital site at the time of the announcement of the Independent Review. These planned activities were then paused but NHS Lanarkshire referred the IRP to the “Plan for North Lanarkshire” which outlines the future direction for the North Lanarkshire Partnership in terms of a shared ambition for inclusive growth and prosperity for people and communities. This plan includes a direct focus on tackling inequalities. Included in the proposals is the establishment of a new Community Investment Fund which will realise new resources of over £500m for direct investment and as part of wider housing and town centre regeneration activities. It is intended that a series of new facilities/hubs will be created to support a range of integrated community services. This will include nursery and education, cultural and leisure, business facilities and shared service options for the public sector and communities alike. NHS Lanarkshire also informed the IRP that due to the pausing of the MRRP, NHS Lanarkshire has only been able to informally engage with the Chief Executive, Leader and Deputy Leader of the Council, to discuss the potential for the existing Monklands site to be considered as a future community health hub as part of the North Lanarkshire Strategic Plan. Wider community engagement was intended to commence once the decision on a new hospital site had been confirmed. NHS Lanarkshire also informed the IRP that informal discussions have also taken place with Professor Sir Harry Burns, as part of the joint collaborative work with the University of Strathclyde to consider how NHS Lanarkshire would utilise some of the existing Monklands estate as an integral element of an innovative programme to engage communities in addressing inequalities. NHS Lanarkshire note that they are awaiting a decision on the chosen site before commencing wider community engagement on this topic.

The Place Principle was adopted by the Scottish Government in March this year. The principle focuses on service providers and those looking after assets working collaboratively with communities to maximise the impact of their resources to support inclusive growth and to create more successful places. Primary health care providers, like other organisations holding assets, can play a positive role on improving places for their communities. Going forward, there can be a more collaborative approach to developing proposals for the existing Monklands general hospital site where the community are given a voice in shaping the outcome and the relationship between the existing site and adjoining land use. As indicated above, the IRP would encourage that engagement

going forward and as part of further dialogue with the local community on site selection and justification and referencing the value of the Place Principle in future guidance.

All planning authorities in Scotland have a duty to prepare a development plan for their area. Existing Government guidance indicates that these plans are primarily about place. They guide the future use of land in our cities, towns and rural areas, by addressing the spatial implications of economic, social and environmental change. They indicate where development should happen so that they can provide confidence to investors and communities alike. In this way, the development plan forms the basis for determining planning applications across the country. Preparation of plans is an inclusive process with opportunities for all parties, including communities, to make their views known on proposals for change. The process includes an independent examination of unresolved representations. The Government encourages meaningful engagement between planning authorities and Health Boards at all stages of plan preparation.

Health Boards are key agencies for the purposes of development planning and are under a duty to co-operate with planning authorities in preparation of local development plans and the associated action programme. NHS Lanarkshire engaged with the planning authority on progressing their site selection exercise but not formally on the development plan process, notwithstanding the two processes were ongoing over similar timescales. The IRP consider that this was unfortunate, not least in that the development plan process had the potential to provide early sight and opportunity for comment on a significant land use issue both for the community and for relevant agencies. Effective engagement with key agencies, including Transport Scotland, may also have had the benefit of more fully informing the access issues and costs associated with shortlisted sites (and reducing risks in any future consenting process). The IRP recommend that revised guidance underlines the importance and value of engaging with the land use planning system in line with current legal requirements.

## 12. CONCLUSIONS AND RECOMMENDATIONS

In fulfilling the remit of this review, the IRP reviewed the documented process of the MRRP in detail and engaged with a large number of stakeholders. Specifically, the IRP set out to address:

- The concerns raised by elected representatives and local people about the quality of the option appraisal process, and the wider engagement and consultation undertaken by the Board.
- In particular, assess the quality of the information and analysis undertaken by the Board, and the robustness and accuracy of the evidence which informed the options appraisal process for site selection.
- Provide advice as to whether the Board's process was fully in line with best practice and meaningfully informed at all relevant stages by the views of stakeholders.
- Submit a report and recommendations to the Cabinet Secretary for Health and Sport on completion of the review. The recommendations should set out a clear set of actions to be implemented by NHS Lanarkshire in order to progress plans for the redevelopment of University Hospital Monklands and may include any wider observations on the NHS Scotland consultation process more generally.

The IRP made a large number of observations, both positive and negative, throughout their review. Overall, the IRP conclude that NHS Lanarkshire carried out a significant amount of high-quality work in good faith in a bid to identify a meet the objectives set out in 'Achieving Excellence'. We found a large number of examples of good practice in relation to stakeholder engagement, including the setting up of a dedicated stakeholder engagement group, their externally commended approach to the Fairer Scotland Duty assessment, their use of recommended guidance, use of innovative approaches to community engagement (social media etc) and many others. However, there are a number of aspects of this work which could have been improved. These improvements would have likely increased public confidence in the process conducted by NHS Lanarkshire. These are summarised as follows: the MRRP team would have benefited from earlier and more meaningful engagement with transport and planning agencies; greater transparency and understanding around the definitions and justification of the site selection criteria and the selection of the shortlisted sites; increased use of validity and sense checks; a more balanced presentation of options at the options appraisal sessions (with independence of both facilitators and chairs); greater transparency around

efforts to manage the unresolved concerns of the public and a greater use of plain English throughout all stakeholder engagement. A general lack of attention to the 'Place' principle and the importance of conducting a more holistic 'joined up' approach to planning change was also found. The IRP found that the current guidance (CEL4, SCIM, SHC guidance) to be sometimes lacking in detail and clarity and this caused confusion in terms of how best to adhere to the guidance.

The following sections outlined recommendations for going forward for both the MRRP team and more generic recommendations on updating of guidance.

### **12.1. Recommendations for going forward**

Our review provides both a set of specific set of recommendations for MRRP action and a more general set of recommendations for the updating of guidance and the role of bodies such as the SHC. Our recommendations are informed by the many meetings we held with all stakeholders, our experience and expertise on options appraisal methodology, clinical models and community planning. Our report is highly granular in parts due to the nature of the options appraisal intricacies however we have also conducted an overarching 'holistic' review into the totality of processes conducted by NHS Lanarkshire and endeavored to pull together all IRP observations to produce a set of pragmatic yet meaningful recommendations for moving forward. Our recommendations encapsulate observations about NHS Lanarkshire's process in light of identified limitations of current guidance and methodologies used.

#### **For MRRP Action**

An overarching recommendation for NHS Lanarkshire going forward is to improve their generic process with a greater focus on iteration, using adaptive approaches to identifying and defining relevant local and project-specific issues and a recognition of the importance of using 'process' to develop shared ownership of issues (especially difficult ones). It is imperative that communities never feel as though service change has been 'imposed' upon them and approaches should be sensitive to this possibility, especially where there is a perception of 'loss' to a community. The IRP recommend that NHS Lanarkshire endeavour to restore public confidence in the MRRP process in relation to providing convincing and easily understood evidence on the accuracy of information and the robustness of data and evidence used to support the option appraisal process. Such actions are needed to actively change the perception of the public that the Gartcosh site selection was

predetermined by NHS Lanarkshire. Based on the findings from this review the following specific recommendations are designed to assist with this:

### **12.2. Recommendations for action (1): MRRP Team**

The IRP recommend that NHS Lanarkshire endeavor to restore public confidence in the MRRP process in relation to providing convincing and easily understood evidence on the accuracy of information and the robustness of data and evidence used to support the option appraisal process. Such actions are needed to actively change the perception of the public that the Gartcosh site selection was predetermined by NHS Lanarkshire. Based on the findings from this review the following specific recommendations are designed to assist with this:

- NHS Lanarkshire should make provision for new independent (external) members to the MRRP board. This will help support greater objectivity and external vision, as well as increased understanding of the public perception of the MRRP process. Such external members should have experience of major service change and be experienced in providing scrutiny and governance to these processes. The addition of independent members may also help to bring NHS Lanarkshire and public representatives together and as such this should assist with improving public confidence. The services of an independent professional facilitation may be worth considering however this will depend upon the appointment of sufficiently independent members.
- NHS Lanarkshire should re-evaluate the top two scoring options underpinned by credible and convincing detail on the non-financial benefit criteria and associated financial costs.
  - In particular, greater clarity should be provided on accessibility issues and costs affecting both sites, including changes to transport infrastructure and public transport for the alternative sites. This will require further meaningful engagement with Transport Scotland.
  - NHS Lanarkshire should also engage with the local planning authority and relevant key agencies on likely development challenges associated with the two competing options.

This further evaluation should explicitly and transparently take account of the views of the public obtained following an inclusive process and in line with appropriate recognized approaches, such as multi-criteria analysis, public voting or a citizens' panel. This work should clearly and transparently

reflect the Board's duty of public involvement. In line with conducting multi-criteria decision analysis (MCDA), the latest task Force guidance on MCDA note that *"MCDA is intended to serve as a tool to help decisionmakers reach a decision—their decision, not the tool's decision. The decision makers can deliberate on which is the most appropriate evidence (and thus, the most appropriate score and the most appropriate 'total value') before making their final decision"*. Based on this guidance, it is the recommendation of the IRP that NHS Lanarkshire now focus on populating all the uncertainties identified by this review in relation to the two top ranked sites and re-present the top two options in a deliberative exercise fully informed by the public (specific suggestions across a range of options appraisal methods, public engagement and examples of good practice are included in Appendix 12).

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

### **12.3. Recommendations (2): General Guidance**

A recurring challenge throughout this independent review was benchmarking against existing 'best practice' and the extent to which NHS Lanarkshire (with the support of the Scottish Health Council (SHC)) had interpreted the guidance in the most appropriate manner. The key 'best practice' documents referred to were CEL4, SCIM and the Treasury Green book. The IRP found the CEL4 and SCIM to be unclear and unspecific in parts thus increasing the burden for agencies following and being judged against these criteria. In addition, CEL4 was published in 2010 and should be updated. This review recommends that relevant general guidance documents to be updated with best practice on a continual basis and provide a much greater level of detail where possible. Specific recommendations based on our experience are outlined below:

- The SCIM should provide guidance on how to combine cost and non-monetary benefits, or generally, how to compare between the options when benefits are not measured in monetary terms.
- For the weighted scoring method, the SCIM may consider adding 'process' related criteria (such as the construction time, and the potential adverse effects on clinical throughput and outcome caused by the construction process), in addition to 'service objectives and performance' related

criteria. The undertaking of sensitivity analysis surrounding process related criteria should also be advocated to reflect the uncertainty in the process.

- Given the limitations of the Multi Criteria Analysis (MCA) approach to weighting and scoring non-financial criterion and the resulting ‘benefit score’, consideration should be given to alternative methods which have greater theoretical validity. The SCIM should provide further details on how to identify and quantify distributional considerations.
- When the criteria are split to multi-stage evaluation (such as the day 1 and day 2 option appraisal events), the SCIM should provide clear guidance on how to do this – e.g. how to weigh groups of criteria (such as the clinical outcomes) versus another groups of criteria (such as the transportation outcomes).
- The SCIM should provide a complete example of financial appraisal corresponding to each step of identification and quantification of the monetary costs. This should include guidance on the required level of detail the cost estimation should achieve.
- The SCIM could usefully provide a reference list for the possible varying ranges for common cost items for use in sensitivity analysis.
- The CEL4 guidance should provide a higher level of ‘practical advice’ to improve its applicability. Examples include how participants for option appraisal events should be selected, what is the minimum sample size, and what criteria should be used for the stratification of the sample to ensure representativeness. Independence of facilitation should also be recommended in the guidance. Links to examples of good practice in public engagement should also be considered (See examples provided by IRP team in Appendix 2).
- Revised guidance should advise the ‘joining up’ with other statutory processes, including the planning system to ensure Boards are clear about statutory duties to engage.
- A reconsideration of the specific role of the SHC in these processes (i.e. going beyond ‘quality assurance’) is recommended. The addition of more formal ‘approval’ stages (with associated processes) to be mutually agreed by all parties may be worth considering.

#### **12.4. Final comments: The importance of ‘prevention’**

During their review the IRP became fully aware of the significant strength of public feeling associated with the Monklands hospital given its unique location embedded within the heart of the community. It is therefore entirely understandable that there would be huge public concern associated with the possible re-location of such an important community asset. Going forward the

IRP are keen to see the Monklands community focus on the positive aspects of service change and reconfiguration with a much greater focus on engaging with services aimed at the *prevention* of ill health and the active promotion of good physical and mental health. With details emerging on the plans for a health care campus on the existing Monklands site there should be a renewed focus on the promotion of good health within Monklands and hopefully a whole community response and desire to engage with 'preventive' strategies from the broad range of facilities provided by NHS Lanarkshire. The development of a health and social care campus, with the prevention of ill health as the focus, should also go some way to reducing health inequalities in this community over time.

## **13. ACKNOWLEDGEMENTS**

The IRP would like to thank NHS Lanarkshire, members of the public, local communities, elected representatives, Architecture and Design Scotland, Currie & Brown, the District Valuation Service (DVS), Head of Enterprise and Place, North Lanarkshire Council, MRRP Project Stakeholder Group, Montagu Evans, Scottish Health Council (SHC), Scottish Futures Trust, Systra and Transport Scotland for giving up their time to provide feedback and views on the MRRP engagement and consultation process.

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## **Appendix 2. Links to examples of good practice in public engagement**

### **NHS Improvement**

Toolkit for communications and engagement teams in service change programmes.

<https://improvement.nhs.uk/documents/163/10473-NHSI-Toolkit-INTERACTIVE-04.pdf> (40)

### **Chief Scientist Office**

Research project briefing; Involving the public in major service change in Scotland.

[https://www.cso.scot.nhs.uk/wp-content/uploads/CSOCF01\\_RPB.pdf](https://www.cso.scot.nhs.uk/wp-content/uploads/CSOCF01_RPB.pdf) (41)

### **Academy of Government @ Edinburgh University**

Does public engagement on NHS service change lead to greater public support for difficult decisions?

<https://academyofgovernment.wordpress.com/2017/07/31/does-public-engagement-on-nhs-service-change-lead-to-greater-public-support-for-difficult-decisions/> (42)

### **PAS (Planning Aid for Scotland)**

SPEED - primarily a toolkit to support engagement - <https://www.pas.org.uk/speed/> (43)

### **Scottish Awards for Quality in Planning**

Loch Lomond, Overall Winner for LivePark (2015) -

<https://www.webarchive.org.uk/wayback/archive/20170111124551/http://www.gov.scot/Publications/2015/11/4983/4> (44)

### **Scottish Awards for Quality in Planning**

NHS Tayside was commended for this project in Dundee (2014) – though the application form contains more information on community involvement throughout the development

<https://www.webarchive.org.uk/wayback/archive/20170117003000/http://www.gov.scot/Publications/2014/11/6172/10> (45)

### **Tayplan and University of Dundee**

Dundee Waterfront is a £1billion investment in regenerating the central waterfront area. It is also a national development, designated in National Planning Framework 3. With a focus on engaging children and young people, the use of Minecraft gave school children in Dundee an opportunity to set out their designs for the future of the area. As well as the project involving primary 6 and 7 pupils from across the city, students from nine secondary schools were also involved in a similar Minecraft Youth Camp, funded by Dundee University and TAYplan -

<https://tayplan.wordpress.com/2016/04/25/tayplan-and-university-of-dundee-youth-camp-recognised-at-venice-biennale/> (46)

### **Appendix 3. Person specification for the Independent Review Panel (IRP)**

The person specification for review team members required an ability for members to:

- Analyse complex data and information used by NHS Lanarkshire and present a view on what it suggests;
- Assess whether the information/data used by NHS Lanarkshire to come to a view was robust;
- Examine the Options Appraisal Process and express a view on how appropriate it was to support the decision that Gartcosh was the highest scoring site;
- Lead and direct a small team in considering other aspects including clinical input and planning decisions;
- Consider how local engagement and consultation with all stakeholders has been taken account of and present options on how that process might be strengthened.

## **Appendix 4. Independent Review Panel (IRP) Membership and Support**

### **Independent Review Panel (IRP) Membership**

#### **Professor Emma McIntosh (co-chair)**

##### **Professor of Health Economics, University of Glasgow**

Emma McIntosh is Deputy Director of the Health Economics and Health Technology Assessment (HEHTA) team within the Institute of Health and Wellbeing, University of Glasgow. Emma is programme lead on HEHTA's Economics of Population Health theme and Director of the NIHR Global Health Research Group on Arthritis. Emma is Associate Editor of the Journal 'Health Economics', a member of the NIHR PHR funding board committee and member of the management board of the Glasgow Centre for Population Health (GCPH). Emma chairs the NIHR PHR funded PLAN A Trial Steering Committee. She has an MSc in Health Economics and a PhD in Economics. Emma's methodological interests are in the area of economic evaluation, evaluating public health interventions, stated preference methods and cost benefit analysis. Emma has previously held posts at the Universities of Oxford, Aberdeen and Kent. Emma has also authored two book in the Handbooks in Health Economics Series published by Oxford University Press.

#### **Professor Olivia Wu (co-chair)**

##### **Professor of Health Technology Assessment, University of Glasgow**

Olivia Wu is Director of HEHTA and Visiting Professor at Mahidol University in Thailand. She is also Director of the National Institute for Health Research (NIHR) Complex Reviews Support Unit (CRSU) – a national methods support unit for evidence synthesis. Olivia has expertise in a broad range of health technology assessment (HTA) methodologies; her research spans across a wide range of clinical areas and different types of health technologies (e.g. pharmacological treatments, medical devices and diagnostic tests). Her work has informed clinical guidelines and health policy decisions, both at national and international levels. Olivia has been a long-standing member of the NICE Technology Appraisal Committee and advisor to Healthcare Improvement Scotland. She has also been advisor to HTA agencies in Brazil, China, Taiwan and Thailand. Olivia serves as a member of NIHR Systematic Review Programme Advisory Group (since 2015), the NIHR HTA General Board (since 2016) and the Appointment Panel for NIHR Senior Investigator (2018).

**Dr Michael Higgins****Medical Director, Golden Jubilee National Hospital**

Michael Higgins is a consultant in cardiothoracic anaesthesia and intensive care. He graduated in medicine from Edinburgh University in 1981. He has been full time Medical Director of the Golden Jubilee Foundation NHS Scotland Special Health Board (National Waiting Times Centre) since December 2012, having been previously Clinical Director of Intensive Care and then Associate Medical Director at the same institution. He co-chairs the Scottish Association of Medical Directors, and is SAMD representative on several national NHS groups. He is chair of the National Patient Public and Professional Reference Group which provides advice on the commissioning and oversight of National Specialist Clinical Services and Managed Clinical and Diagnostic Networks. Dr Higgins worked for several years at Monklands Hospital during the early part of his anaesthetic training.

**Mr John McNairney****Chief Planner, Scottish Government**

John McNairney is the Chief Planner at the Scottish Government where he leads the Planning and Architecture division. He has practiced as a chartered town planner for over last thirty years and has worked in consultancy, in local and in central government. He joined central government in 1999, at Devolution, and has since supported a range of policy and modernising initiatives covering information, planning policy and digital. He was appointed Chief Planner in 2012. His team have since delivered Scotland's third National Planning Framework, the review of Scottish Planning Policy, the policy on architecture and place, Creating Places, the collaboration of the Place Standard tool and the continued development of Scotland's Digital Planning programme. He is the lead official on the current review of planning in Scotland where the Planning Bill has recently completed the Committee stages of the parliamentary process.

**Dr Andrew Walker****Director, Salus Alba**

Andrew Walker previously worked as a health economist for Greater Glasgow Health Board (now part of NHS Greater Glasgow and Clyde). He is currently working as a self-employed consultant advising pharmaceutical companies preparing submissions to NICE/SMC for new medicines. Andrew chaired a review of the plans of NHS Lanarkshire for A&E services at the Monklands Hospital site; this report was published in January 2008.

## **Independent Review Panel (IRP) Support**

### **Professor Craig White**

#### **Divisional Clinical Lead, Scottish Government**

Craig White works for the Scottish Government where, since 2013, he has been leading national programmes developing the Strategic Framework on Palliative and End of Life Care, policy and legislative development in support of organisational duty of candour. Craig is a graduate of the University of Glasgow in Psychology (B.Sc. Hons, 1992), Psychological Medicine (PhD, 2004), Medical Law (MML, 2014); University of Manchester (ClinPsyD, 1995) and University of Durham (PGCert, 1997). He is a Fellow of the British Psychological Society and Fellow of the Royal College of Physicians of Edinburgh. He was previously Assistant Director (Quality) and Board Caldicott Guardian in NHS Ayrshire and Arran and has held several senior clinical leadership and management roles in the West of Scotland. He is acting as Head of Review Support for the Monklands Independent Review, providing support to the review members and overseeing co-ordination of communication between the Independent Review, the Scottish Government and NHS Lanarkshire.

### **Ms Moira Sim**

#### **Research Co-ordinator, HEHTA, University of Glasgow**

### **Dr Yiqiao Xin**

#### **Researcher, University of Glasgow**

### **Ms Dikshyanta Rana**

#### **Researcher, University of Glasgow**

## Appendix 5. Declarations of interest

Name	Declarations
Emma McIntosh	<p>An academic health economist employed by Glasgow University (previously Oxford, Aberdeen and Kent Universities). My work is typically as a grant holder and researcher on health/health related research topics funded by national health funding bodies through open competition. I sit on the funding board of the NIHR and the management board of the Glasgow Centre for Population Health. I do not believe any of these activities constitutes a conflict of interest.</p>
Olivia Wu	<p>Scientific advisor to Healthcare Improvement Scotland (HIS), providing advice on methodological approaches in evidence synthesis and health technology assessment to the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicine Consortium (SMC).</p> <p>Director of team receiving funding from the Scottish Government and the Chief Scientist Office Scotland to undertake various pieces of research work.</p> <p>Budget holder for the health economic component of the Cancer Medicines Outcome Programme (funded by the Scottish Government).</p> <p>Director of team receiving funding from Health Care Improvement Scotland for various training and scientific support activities. These include:</p> <ul style="list-style-type: none"> <li>• Developing and delivering methodological training on evidence synthesis to staff at HIS (workshop in 2015). (Budget holder)</li> <li>• Providing evidence review to the Scottish Medicine Consortium to support recommendations on access to new medicines for NHS Scotland (ongoing, since 2017) Budget Holder.</li> <li>• Developing and delivering an online training module on the core principles of health technology assessment for new members of the Scottish Medicine Consortium (2019). Member of project team.</li> </ul>

Michael Higgins	<p>The Golden Jubilee Foundation HB and Lanarkshire HB have ongoing strategic planning interactions and also share operational patient pathways involving cross boundary patient flows (for instance through the West of Scotland Heart and Lung Centre). I may be involved in these in my role as Board Medical Director. There are no specific current or recent issues that I am aware of in this regard that would present a potential conflict of interest in terms of my role on the Monklands Independent Review Group.</p>
John McNairney	<p>The terms of the review are focused both on the quality, robustness and accuracy of information supporting the option appraisal process and the wider engagement and consultation undertaken by the Board.</p> <p>My role as Chief Planner at the Scottish Government includes advising Ministers on individual planning cases that come before them and on wider operation of the Scottish Planning system. While the Monklands review does not extend to the consideration of a live planning application, my Chief Planner role could nevertheless give rise to a perception of conflict of interest given that the review will include consideration of locational aspects around the choice of an alternative site. Perception of conflict of interest may particularly arise where a planning application comes to Scottish Ministers for consideration.</p> <p>In the event that a future planning application is submitted for any of the sites associated with a new hospital within North Lanarkshire and that application is subsequently considered by Scottish Ministers as either a called-in application or a recalled planning appeal, I would stand back from providing any advice to Ministers on the planning case and avoid viewing relevant papers. Instead, one of two Assistant Chief Planners within Planning and Architecture Division would provide any necessary planning advice to Ministers.</p> <p>In addition, whether in the role as review panel member or my substantive Chief Planner role, I will continue to act in accordance with the terms of the</p>

	<p>Civil Service Code and the professional code of conduct of the Royal Town Planning Institute. Both attached here for information.</p> <p><a href="https://www.gov.scot/publications/civil-service-code/">https://www.gov.scot/publications/civil-service-code/</a></p> <p><a href="https://i.emlfiles4.com/cmpdoc/6/2/1/9/5/1/files/59082_rtpi-code-of-professional-conduct-feb-2016-new-cover-2017.pdf">https://i.emlfiles4.com/cmpdoc/6/2/1/9/5/1/files/59082_rtpi-code-of-professional-conduct- feb 2016 new-cover-2017.pdf</a></p>
<p>Andrew Walker</p>	<p>Employment</p> <p>I previously chaired a review of the plans of NHS Lanarkshire for A&amp;E services at the Monklands Hospital site; this report was published in January 2008.</p> <p>I currently work as a self-employed consultant advising pharmaceutical companies preparing submissions to NICE/SMC for new medicines.</p> <p>I previously worked as a health economist for Greater Glasgow Health Board (now part of NHS Greater Glasgow and Clyde)</p> <p>During my time at Glasgow University I acted as an adviser to the Health and Sport Committee, Scottish Parliament, during scrutiny of the relevant chapter of the draft budget.</p> <p>Personal</p> <p>I am not a member of any political party and I have not been active on behalf of a party.</p>
<p>Craig White</p>	<p>Current</p> <p>Salary for role delivered through Service Level Agreement with NHS Ayrshire and Arran (employer) is funded by Scottish Government.</p> <p>Honorary Professor, College of Medical, Veterinary and Life Sciences, University of Glasgow.</p> <p>Personal friend of Executive Nurse Director, NHS Lanarkshire.</p> <p>Husband is an employee of South Lanarkshire Council.</p>

Historical

Previously worked in roles (in Scottish Government and NHS Scotland) supporting reviews of NHS Lanarkshire:

Worked closely with Governance and Improvement Support Team (Jeanne Freeman, Malcolm Wright and Lewis Ritchie) in NHS Lanarkshire appointed by the Scottish Government following the Healthcare Improvement Scotland 'Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire' in 2013.

Worked across NHS Lanarkshire and NHS Ayrshire and Arran leading process of evidence review and submission to the Independent Scrutiny Panels established to review the decisions made regarding the Accident and Emergency Services provided at Ayr Hospital and Monklands Hospital in 2007.

Employed by University of Glasgow (1998-2002), Clinical Research Fellow/Senior Lecturer, Department of Psychological Medicine, School of Community Based Sciences.

Prior sessional appointment (2006-7) as Lead Clinician for Supportive and Psychological Care (Cancer and Palliative Care), West of Scotland Regional Cancer Networks and attended West of Scotland Regional Managed Clinical Network for Palliative Care – both of which included remits covering services provided by Monklands Hospital.

Previously (2013-2016) National Clinical Lead for Palliative and End of Life Care, Scottish Government included engagement with NHS Lanarkshire staff supporting strategic development and improvement support for these services.

## Appendix 6. List of IRP meetings with stakeholders

Organisation	Date
Representatives of the NHS Lanarkshire Board	10.01.19
MP & MSP Airdrie and Shotts	08.02.19
Scottish Futures Trust	19.02.19
Architecture and Design Scotland	20.02.19
MSP Coatbridge and Chryston	22.02.19
MP Coatbridge, Chryston and Bellshill	22.02.19
District Valuer Services	26.02.19
Head of Enterprise and Place, North Lanarkshire Council	26.2.19
Systra	11.03.19
Scottish Health Council	11.03.19
NHS Lanarkshire Clinical Leads	11.03.19
MSPs Central Scotland	18.03.19
Transport Scotland ( Telephone call)	25.03.19
MRRP Project Stakeholder Group	29.03.19
Site Visits	02.04.19
Currie & Brown (Telephone call)	05.04.19
NHS Lanarkshire Board	28.05.19

## Appendix 7. Britton Recommendations

1. Appropriate data on the frequency and nature of 'Commissioning Inquiries, Reviews and Panels' is collected, recorded and reported.
2. A distinction is made between those which have been established within a statutory framework and those which have not. Including this detail on a website will inform the public understanding.
3. There would be merit in setting up a dedicated unit to support commissioned reviews.
4. Where possible, the chair is involved in the decision of what the title of the review should be.
5. Material or key terms contained in a title should be explicitly defined and agreed by members.
6. If possible, the chair should be the principal author in the drafting of the remit.
7. The interests and expertise of all members are considered when drafting and agreeing the remit.
8. The interests and expertise of all members are considered when drafting and agreeing the remit.
9. Consideration should be given as to who sets the terms of reference. For example, this could be the chair or the commissioning Minister or a combination of both.
10. All members of a review should have the opportunity to contribute to the development of the terms of reference.
11. The Government consider providing a guide and template to drafting terms of reference. It should be generic in nature to meet the diversity of investigations.
12. A period be set aside to consult on the terms of reference. This would enhance legitimacy, promote transparency, confidence and trust in the review process. We recognize that this must be offset against other possible limitations, for example, constraints on time.
13. The chair identifies areas that may have the potential to compromise the independence of the investigation. This is part of his or her overall duty to ensure an effective inquiry process and public confidence in the outcomes and recommendations.
14. Applying a test of 'impartiality'. This would allow someone with prior knowledge or involvement in the subject matter to be a potential member on the basis that their involvement was disclosed and evaluated.
15. A process should be in place to identify and measure potential conflicts of interest to ensure that a proportionate response can be made.
16. The chair has responsibility to lead the members of the review in discussion to consider possible conflicts of interest.
17. The importance of transparency and accountability in the completion of Declaration of Interest should be explained as part of a general induction process.
18. The appointment process to select the chair should be open and transparent.
19. The commissioning party should ensure that the chair possesses skills specific to the nature of the inquiry. The commissioning party should also have a continuing responsibility to ensure that the chair promotes accountability and confidence in the inquiry process.
20. Support and some sort of induction, including background materials be given prior to undertaking the role. The former is especially important if the prospective chair is undertaking the role for the first time.
21. A system of mentorships be established and a pool of those who have had experience chairing a Government review be available to draw upon to support a novice chair.
22. Potential appointees have no perceived conflict of interest which may raise doubts on impartiality and independence.
23. The chair should be involved in the selection process of potential review members.
24. Guidelines should be developed detailing the procedure which is required to establish an independent review. These guidelines should be in a form which can be modified and standardised over time. We believe that the more widely used they become, the more accepted they become.

25. The process for the selection of members should be as independent of the subject or area under review, as possible.
26. Criteria should exist to determine the composition and balance of review members in relation to the subject matter under review.
27. The chair should be the first appointment and that members should be either selected by the chair or in consultation or approved by the chair.
28. The degree of external control of a review may also have to be considered within the – sometimes competing – interests of constraints on time and costs. The process for evaluation and selection should be transparent and accountable and if possible, undertaken by someone outwith the area or subject being reviewed
29. An evaluation of the merits of having special interest representation in a review should be guided by the nature and requirements of the review.
30. Alternative approaches be considered in whether it is more appropriate to have this representation as part of a sub group with an effective spokesperson to feedback discussion to the core group.
31. A process be established to manage any changes to the membership of a review. The process should include matters such as intimation of any resignations and consideration of replacements and quoracy.
32. A review should agree, at the outset, what it is seeking to establish and the methodology of how this can be achieved. Whilst we would anticipate that an investigative/inquisitorial approach may be the norm it would depend on the nature and requirements of the review.
33. Group members of a review have equal access to information and points of contact.
34. Consideration be given to providing members of a review with appropriate training and induction covering matters such as conduct and responsibilities, as well as matters pertaining to confidentiality, information sharing outwith the group and how to manage enquiries from the media.
35. A methodology to evaluate evidence should be understood and agreed by all members of a review.
36. It is clearly defined who has editorial control for the structure and composition of any report.
37. A clear understanding of who has responsibility for the printing and publication of any report.
38. There should be a clear and realistic indication of the timeline of a review. This should be included in the terms of reference.
39. The commissioning party should provide oversight and support to the chair to manage and review any lapse in timescale.
40. Consideration should be given to the creation of a dedicated administrative support unit within the Scottish Government. This unit could be utilised for all commissioned reviews.
41. The ultimate responsibility for the content of the minutes rests with the chair.
42. There should be a template that standardises what is presented at the conclusion of a Review, and how this information is presented.
43. A budget should be identified at the beginning of any discussion on the commission of a review.
44. The chair and members should be advised if there is to be remuneration for membership and, if so, agreement should be reached on the terms of any remuneration.
45. If there is reason to believe that the subject under review will attract media and wider public interest, there should be support and media training for both the chair and members of the review.
46. Training should be provided and reassurances given to members that advice and support to manage media scrutiny is available.

**Appendix 8. Selected Public Consultation Activities (July to October 2018)**

<b>Stakeholder groups</b>	<b>Dates and details (All dates 2018)</b>
Public meetings	<p>17 &amp; 18 Jul: Additional Public meetings in Gartcosh and Cambuslang was scheduled for 20 Aug and 27 Aug respectively.</p> <p>4 Sept: Public meeting was held in Coatbridge.</p> <p>13 Sept: Public meeting was held in Airdrie.</p> <p>3 Oct: Public meeting was held in Shotts.</p>
Patients and beyond	<p>16 Aug: An information stall was set up in UHM restaurant and main entrance to engage directly with patients, visitors and staff.</p> <p>30 Aug, 3 &amp; 14 Sept: Targeted engagement sessions were carried out with UHM renal patients, UHM cancer patients, and UHM outpatients respectively.</p> <p>27 Sept: A consultation roadshow was held at UHM to engage and inform members of the public.</p>
Staff	<p>1 Sept: consultation was published on the Pulse and The Pulse online (NHS Lanarkshire's staff magazine).</p> <p>12 Sept &amp; 4 Oct: Two staff engagement sessions were held with Property and Support Services Division staff in response to concerns about travel and transport.</p> <p>12 Oct: Consultation sessions were open to all staff to provide a final opportunity for participation and consultation process. These daytime events were primarily attended by Property and Support Services Division staff.</p>
Community councils	<p>13 Aug: A presentation was given at UHM to representatives of North Lanarkshire community councils.</p> <p>18 Sept: Consultation briefing meeting was held with North Lanarkshire Council elected members.</p>
MSP, MP	<p>14 Aug &amp; 7 Sept: Two meetings were held between NHS Lanarkshire and Alex Neil MSP and Neil Gray MP to discuss concerns about information considered during the OA regarding East Airdrie Link Road, rail links, offer of land at Glenmavis, weighting of views in Monklands area.</p> <p>14 Sept: A consultation briefing session was held to which all Lanarkshire MSPs and MPs were invited. At the request of elected</p>

	<p>representatives the discussion was not formally noted and did not form part of the consultation feedback.</p> <p>17, 18, 21 Sept: Responses for the 13 FOI (Freedom of Information) requests submitted by a MSP on August 2018, were issued.</p>
Other stakeholder groups	<p>29 Aug: A consultation meeting was held with Voice of Experience Forum – North Lanarkshire, upon request. The VoEF is a voluntary organisation that represents the views of older people in North Lanarkshire.</p> <p>17 Sept: A consultation meeting was held with the Inner Wheel Strathaven upon request.</p> <p>26 Sept: A consultation meeting was held with committee members of the Gartcosh Tenants and Residents Association in response to concerns raised at the Gartcosh public consultation meeting on 13 August 2018.</p> <p>2 Oct: A consultation meeting with Bothwell and Uddingston Rotary Club was held upon request.</p>
NHS Lanarkshire reactions to consultation comments	<p>27 Jul: Following advice from SHC, a Stakeholder Engagement Group (SEG) was set up to involve stakeholders to guide and shape the consultation process. All option appraisal public/patient participants were invited to be members.</p> <p>SEG membership included SHC as observers, patient/public and staff-side representation, and NHS Lanarkshire’s equality and diversity manager.</p> <p>7 Aug: Following feedback from members of the public regarding the MRRP site shortlisting process a specific animation was produced detailing the long list of potential sites and the shortlisting process was produced – used on website/social media/at public meetings.</p> <p>13 Aug: A video was produced to inform stakeholders on the scale of issues at the existing Monklands site presents in terms of construction, site conditions and implementation of clinical model.</p> <p>16 Aug: Further to feedback from the public additional information on all sites considered was produced in agreement with SHC.</p> <p>5 Sept: A mid-consultation review was held with MRRP SEG to identify further actions to enhance the consultation process.</p> <p>8 Sept: A report on travel methods, drive times and public transport was published. This provided further detailed analysis over and above the travel and transport information in the consultation</p>

	<p>document and addressed public feedback raised at the consultation events.</p> <p>21 Sep: In response to comments about information on the Gartcosh and Glenmavis sites from a MSP and a MP, additional videos were produced and shared on the website, social media and with stakeholders.</p> <p>1 Oct &amp; 5 Oct NHS Lanarkshire responded to SHC letters to provide assurances on the factual accuracy of information presented at the OA.</p>
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## Appendix 9. List of numbers of written submissions from stakeholders

In response to a letter from the IRP sent to 180 elected representatives, comprising MPs, MSPs Councillors and Community Councils, for the areas coterminous with NHS Lanarkshire's geographical boundaries, the following written submissions were received.

MPs	1
MSPs	3
Health & Social Care Forums	1
Community Councils	3
Personal views	5
Commercial /other interests	2

## Appendix 10. IRP Meeting minutes

**Table of IRP Meetings**

Meeting	Date
IRP Meeting 1	9 <sup>th</sup> January 2019
IRP Meeting 2	7 <sup>th</sup> February 2019
IRP Meeting 3	28 <sup>th</sup> February 2019
IRP Meeting 4	26 <sup>th</sup> March 2019
IRP Meeting 5	23 <sup>rd</sup> April 2019
IRP Meeting 6	14 <sup>th</sup> May 2019
IRP Meeting 7	28 <sup>th</sup> May 2019

<b>Monklands Independent Review Meeting</b>		
9 <sup>th</sup> January 2019 @ 3.30- 6pm		
Lecture Room 3, 1 Lilybank Gardens, University of Glasgow, G12 8RZ		
<b>Minutes</b>		
<b>Attending</b>	Mike Higgins (MH), Emma McIntosh (EM) (Co-Chair), John McNairney (JM), Moira Sim (MS) (Minutes), Craig White (CW), Olivia Wu (OW) (Co-Chair).	
<b>Apologies</b>	Andrew Walker (AW)	
<b>Item</b>		<b>Action</b>
<b>1.</b>	<p><b>Introductions</b></p> <p>Emma McIntosh, Co-Chair, welcomed all to the first meeting of the Monklands Independent Review. The group each gave a brief summary of their background and relevant expertise. Biographies will be published on the review website.</p> <p>All to forward a short bio and photograph to be included on the website.</p>	All
<b>2.</b>	<p><b>Terms of reference of review</b></p> <p>The group reviewed the terms of reference put before the Scottish Parliament by Jeanne Freeman, Cabinet Secretary for Health and Sport. The Co-Chairs referenced the Britton Report, which provides recommendations for conducting a non-statutory independent review, and proposed the review team use this to benchmark their process. In line with the above recommendations, the group will consider the terms of reference and a breakdown of these will be undertaken as part of the scoping stage.</p> <p>The extent of the work undertaken by NHS Lanarkshire was acknowledged. The review group noted the timescale set out in the information to the Scottish Parliament and will consider whether the proposed timeline may need to be extended.</p>	
<b>3.</b>	<p><b>Scope and title of review</b></p> <p>The scope of the review is to be drafted in the form of a series of questions, which the group agree should be asked.</p>	

	<p>In accordance with the Britton Report, the review group will consider and draft a title for the review.</p> <p>It was agreed that in order to draft the scope of the review (and indeed conduct the review), full understanding of all stages (including decisions made &amp; associated justifications) leading to the review announcement need to be fully understood by the review team. It was therefore agreed that it would be useful to obtain a timeline and chronology of events, hence this will be requested from NHS Lanarkshire. The remit of this document will be to describe, identify and provide justification for the process undertaken. This is to be linked to associated documents. The review team will consider this in light of the Britton review recommendations.</p> <p>CW to work with NHS Lanarkshire Board Secretary to produce the above timeline by 23<sup>rd</sup> January 2019.</p> <p>The group noted the importance of measures to ensure independence and transparency of the review process. The importance of public confidence in this independent review was highlighted and all agreed this was crucial to the process.</p> <p>MS reported that the University of Glasgow has agreed to host the review and will provide administrative support. A website will be set up to provide information to the public and stakeholders on members, process and meetings. In addition, a generic email address will be set up to allow public and stakeholder comments to be submitted via the website and collated. University of Glasgow policies on confidentiality and freedom of information will be adhered to and links to these displayed on the website. The University of Glasgow Communications Team will be contacted to advise of the process and to give advice. MS to progress website set-up and development.</p>	<p>CW</p> <p>MS</p>
<p><b>4.</b></p>	<p><b>Roles of review group members and any additional future review group members</b></p> <p>The group noted that additional review group members may be added if required. As recommended by the Britton Report a process for integrating and updating any new members will be drafted.</p> <p>Discussion took place around the importance of bringing in additional expertise if and when required. It was agreed that the team would bear this in mind this possibility at all times. Additional researcher resource will be provided by the Health Economics and Health Technology Assessment Group (HEHTA), University of Glasgow, to support any necessary analysis.</p>	<p>All</p>
<p><b>5.</b></p>	<p><b>Timescales</b></p> <p>The review group noted the timescale set out in the information to the Scottish Parliament, to submit a report and recommendations to the</p>	

	Cabinet Secretary for Health and Sport by the end of February 2019, with initial findings to DG Health and Social Care by 15 February 2019. The group agreed that a summary of review stages and timelines (possibly with some initial findings) at the very minimum can be provided by 15 <sup>th</sup> February 2019. The timeline for the final report will be kept under review.	
<b>6.</b>	<b>Existing sources of best practice guidance (re: methods for engagement and consultation with the public)</b> The group highlighted the need to identify relevant best practice guidance against which to assess the process conducted by NHS Lanarkshire. It was noted that NHS Lanarkshire had used the Scottish Health Council 2010 guidance (Scottish Government CEL 4 (2010)). The remit of the review group is to interpret the existing evidence, including robustness of process and level of adherence, in addition to considering whether view of stakeholders were appropriately considered. External sources of guidance also to be considered and future discussion will take place as to whether there is an argument for going beyond the existing guidance.	
<b>7.</b>	<b>Agenda for meeting with representatives from NHS Lanarkshire on Thursday 10th January 2019</b> OW and EM will meet with representatives from NHS Lanarkshire on Thursday 10th January 2019. CW will join for the first part of the meeting only. The purpose of the meeting is to obtain initial views of NHS Lanarkshire on the process undertaken and their submission to the review. A timeline/chronology of events, mapped to relevant documents will be requested.	
<b>8.</b>	<b>Declarations of interest</b> CW has drafted a Declaration of Interest form appropriate for the process. The group reviewed and accepted the proposed wording. MS will circulate the form, for completion by each member. Declarations of interest will be scrutinised by the Co-Chairs and any issues addressed, following which all declarations will be added to the website.	MS All OW/EM
<b>9.</b>	<b>AOB</b> No other business raised.	
<b>10.</b>	<b>Date of next meeting</b> Thursday 7 <sup>th</sup> February, 2pm-5pm, University of Glasgow	

Item	Action Point	Action	Status
<b>1.</b>	All to forward a short bio and photograph to be included on the website.	All	In progress
<b>3.</b>	CW to work with NHS Lanarkshire Board Secretary to produce chronology/timeline by 23 <sup>rd</sup> January 2019. MS to progress website set-up and development.	CW MS	Complete Complete
<b>4.</b>	All to consider whether additional expertise is required.	All	

8.	MS to circulate declaration of interest form for all to complete.	MS/All	In progress
	OW and EM to scrutinise and approve declarations of interest.	OW/EM	In progress

<p><b>Monklands Independent Review Meeting</b>  7<sup>th</sup> February 2019 @ 14:00-17:00hrs  Lecture Room 3, 1 Lilybank Gardens, University of Glasgow, G12 8RZ  <b>Minutes</b></p>		
<b>Attending</b>	Mike Higgins (MH), Emma McIntosh (EM) (Co-Chair), John McNairney (JM), Moira Sim (MS) (Minutes), Craig White (CW), Olivia Wu (OW) (Co-Chair).	
<b>Apologies</b>	Andrew Walker (AW)	
<b>Item</b>		<b>Action</b>
1.	<p><b>Previous minutes and action points</b>  The previous minutes were accepted as correct.</p>	
2.	<p><b>Chronology documents from NHS Lanarkshire</b>  OW updated the team on the visit of OW and EM to meet the NHS Lanarkshire Board on 10<sup>th</sup> January 2019 (CW in attendance for first part of meeting).</p> <p>The NHS Lanarkshire Board expressed their concerns regarding timelines as their process is currently paused, pending the review. They also highlighted the fact that their work was assessed throughout by the Scottish Health Council (SHC). The review team noted that the final SHC report was sent to the Scottish Government (SG) and NHS Lanarkshire. This is not in the public domain.  MS to confirm copy on file.</p> <p>A chronology of events, mapped to relevant documents, was requested from NHS Lanarkshire. This was received on 30<sup>th</sup> January 2019 and is available to all review members via the OneDrive folder. The comprehensive format of the chronology, including 200 embedded documents was acknowledged by the review team. It is noted that not all documents referred to in the chronology are in the public domain. The team noted that there are a small number of documents missing from the Chronology- all to report on any missing documents which need to be requested.</p> <p>CW was asked to give an update on his meetings with NHS Lanarkshire and SG. CW reported the following;</p> <p>17th January 2019. Meeting with Board Secretary, NHS Lanarkshire. Assisting with process, informed chronology documents. Suggested highlighting things that went well and things that could be improved.</p>	<p>MS</p> <p>All</p>

	<p>21st January 2019, Meeting with Chief Executive, NHS Lanarkshire. Meeting to discuss the work that the Board was undertaking to collate and provide further details to the Independent Review.</p> <p>16th January 2019. Briefings to Director General/Chief Executive NHS Scotland and Scottish Ministers on progress of review.</p> <p>CW will forward notes of the above meetings, to be retained on file.</p> <p>JM raised the issue of additional meetings with relevant bodies and asked the co-chairs whether there was any obstacle to this. OW clarified that the purpose of any additional meetings is to assist in understanding the evidence, rather than to obtain the opinions of stakeholders. All agreed that if there are questions to better understand the contents of the chronology documents, then all will take appropriate steps to clarify.</p> <p>JM will meet with Head of Planning, North Lanarkshire, Montagu Evans and Currie &amp; Brown.</p> <p>MH noted that the clinical model was well accepted and felt that no further follow up of that was required.</p>	<p>CW</p> <p>JM</p>
<p><b>3.</b></p>	<p><b>Stakeholder meetings</b>  Meetings requested and agreed;  Alex Neil, MSP and Neil Gray, MP- 8<sup>th</sup> February 2019  Fulton McGregor, MSP – 22<sup>nd</sup> February 2019</p> <p>Review team meetings to be arranged;  Clinical leads (OW, EM, MH)  Scottish Health Council (OW, EM)  District Valuer Services (OW, EM, JM)  Head of Planning, North Lanarkshire (JM)  Montagu Evans (JM)  Currie &amp; Brown (JM)</p>	
<p><b>4.</b></p>	<p><b>Communications via website</b>  Requests for a meeting have been received from Alex Neil, MSP, and Neil Gray, MP, and Fulton McGregor, MSP for Coatbridge &amp; Chryston.</p> <p>Several additional communications have been received from members of the public and from community groups. All communications are documented, collated and stored on the OneDrive folder, for all to access. There have been no comments submitted via the website form to date.</p>	

	To fully understand objections, it was agreed that it was proportionate to send out a letter to all Constituency and Regional MPS, local Councillors and Community Councils, to give an opportunity to raise issues. Requests for meetings will be considered and will be at the discretion of the co-chairs. CW will draw up and provide a list of all those to be contacted.	CW
<b>5.</b>	<p><b>Scope</b></p> <p>OW presented Power Point slides highlighting;</p> <ul style="list-style-type: none"> <li>• Key issues covered by the terms of reference</li> <li>• The relevant guidance documents</li> <li>• Key components of the process to be reviewed</li> </ul> <p>Under key components of the process, the team considered the generation of options and site selection to comprise two main areas of focus for the review team;</p> <ul style="list-style-type: none"> <li>• consideration of existing site as an option, and;</li> <li>• the process of alternative site selection (long and short list).</li> </ul> <p>OW advised that two researchers will undertake the evaluation of the non-financial option appraisal against the guidance, under OW and EM supervision. This will be presented at the next meeting, for review and input from the Review team.</p> <p>The team discussed timescales for the Review and the Report to the Cabinet Secretary due on 15<sup>th</sup> February.</p> <p>MS and CW will meet to discuss and draft a report of actions, progress to date and revised trajectory, to form the basis of the Report to the Cabinet Secretary.</p>	OW,EM  MS, CW
<b>6.</b>	<p><b>AOB</b></p> <p><b>Administration</b></p> <p>UoG have requested a contract for the work from SG.</p> <p>UoG costs have been forwarded, non- UoG costs have been collated and total costs will be forwarded to SG.</p>	MS
<b>7.</b>	Date of next meeting – 28 <sup>th</sup> February at 2pm	

Item	Action Point	Action	Status
2.	MS to confirm copy of final SHC report on file.	MS	Complete
2.	All to report on any missing documents to MS	All	
2.	CW to forward notes of meetings	CW	Complete
2.	JM to arrange meetings to include Head of Planning, North Lanarkshire, Montagu Evans and Currie and Brown.	JM	In progress
4.	CW will obtain and provide a list of all those to be contacted	CW	Complete



	<p>Olivia Wu and Emma McIntosh met with the following elected representatives, to hear views on the process conducted by NHS Lanarkshire.</p> <p>Alex Neil MSP and Neil Gray MP Fulton McGregor MSP Hugh Gaffney MP.</p> <p>Olivia Wu, Emma McIntosh and John McNairney met with Andrew Putland, District Valuer Services.</p> <p>John McNairney met with Colin Proctor of Scottish Futures Trust, Jim MacDonald, CE of Architecture and Design Scotland, and Shirley Linton, Head of Enterprise and Place, at North Lanarkshire Council.</p> <p>A meeting is to be arranged with Monklands clinical leads, NHS Lanarkshire.</p>	
<p><b>4.</b></p>	<p><b>Follow up – Letter to MPs, Councillors, Community Councils</b></p> <p>MS advised that a letter from the Co-Chairs, on behalf of the Review, advising of the Independent Review process and inviting comments via the website portal, had been sent out by email and post to a total of 180 elected representatives, comprising MSPs, MPs, Local Councillors and Community Councils, for the areas coterminous with NHS Lanarkshire’s geographical boundaries.</p> <p>To date, in response, the Review has received the following communications;</p> <p>Email requests for meetings from Hugh Gaffney MP, Richard Leonard MSP and Elaine Smith MSP.</p> <p>Letter and webform from Jamie Hepburn MSP and Stuart McDonald MP.</p> <p>Emails and webform from Graham Black- Catalyst Consult, regarding Maxim Park Healthcare Campus.</p> <p>2 further anonymous webforms with comments.</p>	
<p><b>5.</b></p>	<p><b>Response to report to Cabinet Secretary – Date for recommendations</b></p> <p>The initial progress report to the Cabinet Secretary was submitted in February 2019. In response, CW advised that the Cabinet Secretary has requested that the Review advise on the final date for completion.</p> <p>The Review members, taking into consideration the remaining evaluation work to be undertaken, along with planned stakeholder meetings, followed by decision-making and report-writing, proposed the end of May 2019 as the date for completion of the Review. CW will advise the Cabinet Secretary of the end date.</p>	

	The Co-Chairs have also received an email from the Chief Executive of NHS Lanarkshire requesting an indication of the date of completion, in order to update staff on the current position.  CW to advise Cabinet Secretary of the end date. MS to advise NHS Lanarkshire in conjunction with notification to Cabinet Secretary.	CW MS
6.	<b>AOB</b> CW raised a query regarding the outstanding submission of declaration of interests and personal details from Review member Andrew Walker. EM will write to AW to request this again.	EM
7.	<b>Date of next meeting</b> 26 <sup>th</sup> March 2019, 14:00-17:00hrs.	

Item	Action Point	Action	Status
2	All to advise on any omitted documents	All	In Progress
2	CW to forward links to documents referred to	CW	Complete
2	YX and DR to undertake evaluation of financial option appraisal against guidance for next Review meeting. OW and EM to supervise.	YX, DR OW, EM	In Progress In Progress
5	CW to advise Cabinet Secretary of the end date. MS to advise NHS Lanarkshire in conjunction with notification to cabinet Secretary.	CW MS	Complete Complete
6	EM will write to AW to request DoI again	EM	Complete

<b>Monklands Independent Review Meeting</b> <b>26th March 2019 @ 0900-1200hrs</b> <b>Lecture Room 2, 1 Lilybank Gardens, University of Glasgow, G12 8RZ</b> <b>Minutes</b>		
<b>Attending</b>	Mike Higgins (MH), Emma McIntosh (EM) (Co-Chair), John McNairney (JM), Dikshyanta Rana (DR), Moira Sim (MS) (Minutes), Craig White (CW), Olivia Wu (OW) (Co-Chair), Yiqiao Xin (YX).	
<b>Item</b>		<b>Action</b>
1.	<b>Previous minutes and action points</b> The previous minutes were accepted as correct. AP to be followed up- all to identify any outstanding documents to be requested from NHS Lanarkshire.  No new declarations of interest.	All/MS
2.	<b>Update on Review Team membership</b> Andrew Walker has tendered his resignation due to other work commitments. This has been accepted by the Co-Chairs and	

	communicated to Scottish Government. The Co-Chairs have expressed their thanks to AW for his input to the process to date.	
<b>3.</b>	<p><b>Researcher update (Dikshyanta Rana/Yiqiao Xin)- Evaluation of financial option appraisal against guidance</b></p> <p>Researchers Yiqiao Xin (YX) and Dikshyanta Rana (DR) gave an overview to the group of the evaluation of the financial option appraisal against guidance.</p> <p>Discussions ensued regarding key findings, analyses and outcomes.</p>	
<b>4.</b>	<p><b>Feedback - Stakeholder meetings</b></p> <p>Since the last meeting, the following meetings have been held between members of the Review Team and Stakeholders.</p> <p>Meeting with Clinical Leads, NHS Lanarkshire, 11th March 2019. Review members attending- OW, EM, MH, CW. Clinical leads attending; Rory MacKenzie (Chief of Medical Services) Clare Rae (Professional Lead /Head of Physiotherapy) Jonathan Cavan (Head of Pharmacy) Karen Goudie (Chief of Nursing Services) Marion Devers (Deputy Chief of Medical Services) Carole Cosgrove (Nursing Lead MRRP) Jim Ruddy (Clinical Lead MRRP) Nick Kennedy (Consultant Physician/ Senior Staff Representative)</p> <p>Key issues discussed relate to the delay of the MRRP, introduced by the independent review process, and uncertainty surrounding the outcome and how this would further impact on progress. It was noted that there is no controversy surrounding the clinical model. The clinical leads advised that they had written to the Cabinet Secretary on 8th March 2019, to express concerns over timescales. A copy of this letter has been forwarded to the Review Team.</p> <p>Meeting with Scottish Health Council, 11th March 2019. Review members attending- OW, EM, JM, MH. The review heard comments from Scottish Health Council regarding their role, focusing on advising on due process for the community engagement element of the NHS Lanarkshire's process.</p> <p>Meeting with Alan Devenny of Systra, 11th March 2019, to understand the consultant's role in the site selection process</p>	

	<p>Review members attending- JM.</p> <p>Phone call with Alison Irvine, Director, Transport Scotland, 25th March 2019, to clarify TS engagement in site selection process. Review member- JM.</p> <p>Meeting with Richard Leonard MSP and Elaine Smith MSP, 18th March 2019. Review members attending- OW, EM. The Review heard comments from the above MSPs. A meeting with the Youth Group was suggested. To be confirmed by Richard Leonard MSP and Elaine Smith MSP.</p>	
5.	<p><b>Feedback public comments</b></p> <p>A small number of comments have been received via the web portal, in response to the letter sent to MPs, MSPs, Councillors and Community Councils on 18<sup>th</sup> February 2019. All are documented and under consideration by the Review.</p>	
6.	<p><b>Remaining tasks/meetings planned and outstanding documents</b></p> <p>The two remaining meetings to be undertaken are; Meeting with Stakeholder Engagement Group, 29th March 2019. Meeting and site visit with Shirley Linton, Head of Enterprise and Place, at North Lanarkshire Council, 2nd April 2019.</p> <p>The Review aim to complete the series of meetings undertaken to further understand the process and the additional meetings undertaken at the request of Stakeholders, by 5th April 2019.</p> <p>YX and DR will identify any remaining outstanding documents required to complete the evaluation, to be requested from NHS Lanarkshire.</p>	YX, DR
7.	<p><b>Report planning/timescales</b></p> <p>The final report will be submitted to the Cabinet Secretary by end of May 2019. A draft report will be submitted by 15th May 2019.</p> <p>The Review Co-Chairs will meet with the Cabinet Secretary for Health and Sport on 22nd May 2019.</p> <p>Internal timelines; Draft documents will be circulated between the Review team during week commencing 15th April, in advance of the next review meeting.</p> <p>MS to advise UoG communications team on report submission date.</p>	All  MS

8.	<b>AOB</b>	
9.	<b>Date of next meeting</b> 23rd April 2019.	

Item	Action Point	Action	Status
1.	All to advise on any omitted documents	All	Complete
6.	YX and DR will identify any remaining outstanding documents, to be requested from NHS Lanarkshire.	YX, DR	Complete
7.	Draft documents to be circulated week commencing 15 <sup>th</sup> April 2019.	All	Complete
7.	MS to advise UoG Communications team on report submission date	MS	Complete

<b>Monklands Independent Review Meeting</b> <b>23<sup>rd</sup> April 2019 @ 0900-1200hrs</b> <b>1 Lilybank Gardens, University of Glasgow, G12 8RZ</b> <b>Minutes</b>		
<b>Attending</b>	Mike Higgins (MH), Emma McIntosh (EM) (Co-Chair & minutes), John McNairney (JM), Dikshyanta Rana (DR), Craig White (CW), Olivia Wu (OW) (Co-Chair), Yiqiao Xin (YX).	
<b>Apologies</b>	Moira Sim (MS)	
<b>Item</b>		<b>Action</b>
1.	<b>Previous Minutes and Action points</b> The previous minutes were accepted as correct.  AP to be followed up: all to identify any outstanding documents to be requested from NHS Lanarkshire.  No new declarations of interest.	MS
2.	<b>Review of Draft Report</b> Structure and plan for the final report. Discussions aided by suggested structure by Mike Higgins.  Examples of good practice of 'public engagement'. Examples to be identified and sent around MIR team. Including examples from other sectors.	CW/JM
3.	<b>Remaining tasks/meetings planned and outstanding documents</b>	

	Request further details from NHS Lanarkshire on: <ul style="list-style-type: none"> <li>• Optimism bias calculations</li> <li>• Activities paused due to independent report announcement (including: transport plans for sites and plans for health care campus at current Monklands site).</li> </ul>	EM EM
<b>4.</b>	<b>Report planning/timescales</b> 8th May: OW EM to circulate draft of report to wider IRP team.  14th May: IRP team meet to discuss IRP draft report.  17th May: IRP to send report to Cabinet Secretary.  22nd May: EM/OW meeting Cabinet Secretary to discuss draft report in light of original remit/TOR.  23rd May: 3 copies of report to be couriered to NHS Lanarkshire.  28th May: IRP to meet NHS Lanarkshire to discuss factual accuracy of report.  31st May: Final report to be sent to Cabinet Secretary.	EM/OW  ALL  EM/OW  EM/OW  MS  EM/JM CW  MS
<b>5.</b>	<b>AOB</b>	
<b>6.</b>	<b>Date of next IRP team meeting</b> 14 <sup>th</sup> May 2019 1000-1200 hrs, 1 Lilybank Gardens, University of Glasgow, G12 8RZ	ALL

<b>Item</b>	<b>Action Point</b>	<b>Action</b>	<b>Status</b>
<b>1.</b>	Identify any outstanding documents to be requested from NHS Lanarkshire	MS	Complete
<b>2.</b>	Examples of good practice of 'public engagement' to be circulated.	CW/JM	Complete
<b>3.</b>	Request further details from NHS Lanarkshire on Optimism bias calculations and any activities paused due to independent report announcement.	EM	Complete
<b>4.</b>	Reporting timescales	ALL	Ongoing

**Appendix 11. IRP Progress Report to Scottish Government, February 2019**

<b>Monklands Independent Review</b> <b>Progress Report to Scottish Government, 13th February 2019</b>	
<b>Progress to date</b>	<p><b>Document submission and meetings</b></p> <p>The initial submission from NHS Lanarkshire to the Monklands Independent Review, was received on 7th January 2019.</p> <p>Review team meetings were held on 9th January and 7th February 2019.</p> <p>The Co-Chairs met with NHS Lanarkshire Board on 10th January 2019.</p> <p>A chronology of the process, mapped to relevant documents was requested from NHS Lanarkshire and was received on 30th January 2019.</p> <p><b>Review of process and initial findings</b></p> <p>In-depth review of the chronology and approximately 200 embedded documents has been undertaken by the Review team. This has enabled identification of the following categories;</p> <ul style="list-style-type: none"> <li>○ The relevant guidance documents</li> <li>○ Non-financial option appraisal <ul style="list-style-type: none"> <li>○ Generation of options</li> <li>○ Site selection (criteria: site size, planning status and impact on unscheduled care catchment area)</li> <li>○ Definitions (e.g. “impact” and “benefits”), weighting and scoring</li> <li>○ Appraisal (framing, sampling, reporting)</li> </ul> </li> <li>○ Financial option appraisal <ul style="list-style-type: none"> <li>○ Decontamination costs</li> <li>○ Bartlett offer</li> <li>○ Appraisal (framing, sampling, reporting)</li> </ul> </li> <li>○ Consultation <ul style="list-style-type: none"> <li>○ Travel and transport</li> <li>○ Impact on Gartcosh/hospital catchment areas/existing Monklands site/deprivation</li> <li>○ Potential bias (e.g. sampling and reporting)</li> <li>○ Decision making (recommendations for next step)</li> <li>○ Trade-off between findings of option appraisal and consultation</li> </ul> </li> </ul> <p><b>Evaluation of evidence</b></p> <p>Two researchers from the Health Economics and Health Technology Assessment group (HEHTA), University of Glasgow, are undertaking the evaluation of the non-financial option appraisal against the guidance, under the supervision of Professor Emma McIntosh and Professor Olivia Wu.</p> <p><b>Communications with the public and elected representatives</b></p> <p>A Monklands Independent Review website has been set up, providing detail on the Review members, access to meeting minutes and a portal for comment;  <a href="https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/hehta/monklands/">https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/hehta/monklands/</a></p>

	<p>Several individual communications have been received from the public and elected representatives. All will be considered under the review process.</p> <p>Meetings with the Review team have been requested by a number of elected representatives.</p> <p>The Co-Chairs met with Alex Neil, MSP and Neil Gray, MP, on 9th February 2019.</p> <p>The Co-Chairs will meet with Fulton McGregor, MSP, on 22nd February 2019.</p>
<b>Next steps</b>	<p><b>Planned meetings</b></p> <p>A series of meetings is planned to assist in understanding the evidence. Dates to be confirmed during February for members of the Review team to meet the following;</p> <ul style="list-style-type: none"> <li>• Scottish Health Council</li> <li>• Clinical Leads, Monklands</li> <li>• District Valuer Services</li> </ul> <p><b>Letter to Constituency and Regional MPS, local Councillors and Community Councils</b></p> <p>To fully understand objections, it was agreed that it was proportionate to send out a letter to all Constituency and Regional MPS, local Councillors and Community Councils, to give an opportunity to raise issues.</p>
<b>Revised trajectory</b>	<p>A further update will be provided by 15<sup>th</sup> March 2019. This update will include the end date for the review.</p>

## **Appendix 12 Suggested approaches/sources of guidance for final evaluation stage**

### ***Multi-criteria approaches***

There are a wide range of methods which can be used in the final evaluation stage recommended by the IRP. The SCIM guidance states that ‘there are a number of approaches to the appraisal of costs and benefits that are difficult to value in money terms. These include, listing and describing them, developing a matrix or impact statement, and applying the weighted scoring method. The weighted scoring method is considered superior by SCIM as it is the preferred methodology and indeed this was the approach adopted by NHS Lanarkshire . If this multi criteria weighting scoring approach is extended into this final evaluation stage, options identified within the 2016 Task Force report (39) include the following: direct rating methods (visual analogue scale, direct rating, and points allocation); Simple Multi Attribute Rating Techniques) and pairwise comparison (e.g., Analytical Hierarchy Process (AHP)and **Measuring Attractiveness by a Categorical Based Evaluation Technique** MACBETH).

Weights can also be estimated using more technical decompositional methods such as Discrete Choice Experiments (DCE’s), conjoint analysis, and **Potentially All Pairwise RanKings** of all possible **Alternatives** (PAPRIKA).

For a summary of these approaches outlined and associated references see: Thokala et al (2016). ISPOR Task Force Report: multiple criteria decision analysis for health care decision making—an introduction: report 1 of the ISPOR MCDA emerging good practices task force. Value in Health (2016) 19; pp1-13. (39)

### ***Alternative approaches to multi-criteria methods***

A comprehensive list of methods for involving the public within decision making can be found at [www.involve.org](http://www.involve.org). Involve are a public participation charity whose vision is to put people at the heart of decision making. Involve’s ethos is that decision-making in the UK needs to be more:

- **Open** - so that people can understand, influence and hold decision-makers to account for the actions and inactions of their governments;

- **Participatory** - so that people have the freedom, support and opportunity to shape their communities and influence the decisions that affect their lives; and,
- **Deliberative** - so that people can exchange and acknowledge different perspectives, understand conflict and find common ground, and build a shared vision for society.

Involve outline a wide range of methodologies depending upon the stage of the policy/service change (agenda setting, policy development, decision making, implementation) timelines and costs and also outline the strengths and weaknesses of each approach. Some relevant methods include the following: citizen’s jury; citizens panel; co-production approaches; deliberative mapping and consensus voting.

### ***Holistic evaluation and the need for Place based approaches***

Scotland has a dedicated Improvement Service (IS) with a remit to ‘... help councils and their partners to improve the health, quality of life and opportunities of all people in Scotland through community leadership, strong local governance and the delivery of high quality, efficient local services. As part of this they provide a report entitled ‘Place-based approaches to Joint Planning, Resourcing and Delivery’ (<http://www.improvementservice.org.uk/documents/research/place-based-approaches-report.pdf>) (47). This report summarises key developments in place-based working that have occurred within Scotland and the UK over recent decades and it also provides an overview of current place-based initiatives across Scotland. Based on this analysis, a series of key features of place-based working have emerged and these have been encapsulated within a Checklist (<http://www.improvementservice.org.uk/documents/research/place-based-approaches-checklist.pdf>) (48). The Checklist sets out a series of key issues to consider when either embarking upon a new place-based initiative or reviewing an existing one. It has been designed as a practical tool for use by partnerships to help shape their thinking and approach.

### **Engagement with the public – Examples of good practice**

Outlined below are some suggested links to good practice examples in engagement.

#### **PAS (Planning Aid for Scotland)**

SPEED - primarily a toolkit to support engagement - <https://www.pas.org.uk/speed/> (43)

### **Scottish Awards for Quality in Planning**

Loch Lomond, Overall Winner for LivePark (2015):

<https://www.webarchive.org.uk/wayback/archive/20170111124551/http://www.gov.scot/Publications/2015/11/4983/4> (44)

### **Scottish Awards for Quality in Planning**

NHS Tayside was commended for this project in Dundee (2014) – though the application form contains more information on community involvement throughout the development

<https://www.webarchive.org.uk/wayback/archive/20170117003000/http://www.gov.scot/Publications/2014/11/6172/10> (45)

### **TAYplan and University of Dundee**

Dundee Waterfront is a £1billion investment in regenerating the central waterfront area. It is also a national development, designated in National Planning Framework 3. With a focus on engaging children and young people, the use of Minecraft gave school children in Dundee an opportunity to set out their designs for the future of the area. As well as the project involving primary 6 and 7 pupils from across the city, students from nine secondary schools were also involved in a similar Minecraft Youth Camp, funded by Dundee University and TAYplan -

<https://tayplan.wordpress.com/2016/04/25/tayplan-and-university-of-dundee-youth-camp-recognised-at-venice-biennale/>. (46)