

Council of Governors Membership and Engagement Group Meeting

AGENDA

Date: Tuesday 3rd October 2023

Time: 17:30 – 19:00

Venue: Boardroom, Level 1, King's Mill Hospital

No	Item	Status	Paper
1.	Chair's Welcome and Apologies for Absence <i>Quoracy check: (Minimum of 3 Governors, 1 of whom must be a public Governor, and 1 Trust Officer (from Communications) in attendance)</i>	Agree	Verbal
2.	Declarations of Interest <i>To declare any pecuniary or non-pecuniary interests</i> Chair	Declaration	Verbal
3.	Action Tracker Chair	Approve	Enclosure 3
4.	Communications Feedback / Membership Activity Rich Brown, Head of Communications	Assurance	Enclosure 4
5.	Options for Conducting Future Governor Elections Sally Brook Shanahan, Director of Corporate Affairs	Discussion	Verbal
6.	AGM Feedback Rich Brown, Head of Communications / Sally Brook Shanahan, Director of Corporate Affairs	Assurance	Verbal
7.	Wider Engagement Chair	Update	Verbal
8.	Ashfield Christmas Stalls Chair / Liz Barrett	Update	Verbal
9.	Meet Your Governor Feedback Sally Brook Shanahan, Director of Corporate Affairs	Assurance	Presentation
10.	Feedback from Governors Chair / All	Update	Verbal
11.	Any Other Business		Verbal
12.	Date of Next meeting Date: January 2024 Time: 17:30–19:00 Venue: Boardroom, Level 1, King's Mill Hospital		

COUNCIL OF GOVERNORS - MEMBERSHIP & ENGAGEMENT ACTION TRACKER
17th July 2023

Present: S.Holmes (Chair), A.Jackson, D.Wilson, I.Holden, J.Stubbings, J.Wood, K.Nadin, K. Stewart, L.Dales, N.Cooper, P.Kirby, P.Gregory, R.Scott, S.Musson, S.O'Neill, S.Holmes, T.Burton, S.Brook Shanahan, R.Brown, S.Bradshaw (Actions)

Apols: J.Dove, J.Wyatt, N.Slack, S.Hunkin

Absent: D.Walters, J.Doddy, L.Barrett, V.Desai

There were no declarations of interest
pertaining to items on the agenda

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
M&E 22/10	12/07/2022	Consider contacting Nottinghamshire County Council Youth Service to engage with youth forums to encourage more young members and potential governors	Membership & Engagement	None	04/49/2022 03/10/2023	S Holmes		<p>Update 04/10/2022 Sue Holmes to follow up</p> <p>Update 10/01/2023 Before contact is made with youth forums, Sue H requested governors who are interested in being involved to contact her to ensure there are sufficient governors to take this forward</p> <p>Update 18/04/2023 No response from governors asking to be involved with this. Therefore, no contact made with youth forums. Will follow up when new governors are in post following forthcoming elections.</p> <p>Verbal update to be provided to meeting on 03/10/2023</p>	Amber
M&E 23/01	10/01/2023	Membership figures by category to include comparative figures, rather than just total number of people	Membership & Engagement	None	04/04/2023	R Brown		<p>Update 18/04/2023 Data not included in report for this meeting. However, a dashboard will be developed and updated each quarter, with information to be shared at each Membership & Engagement meeting</p> <p>Update 17/07/2023 Not yet complete</p> <p>Update 02/10/2023 In progress. Dashboard developed for discussion at meeting on 03/10/2023. Design to be finalised and updated, pending comments from governors and obtaining of stats.</p>	Red
M&E 23/06	18/04/2023	"Lines to take" / "What to say when" plan, which is currently being developed, to be shared with governors once complete.	Membership & Engagement	None	04/07/2023	R Brown		<p>Update 11/07/2023 In progress, not yet complete</p> <p>Update 17/07/2023 Initial draft version of document shared with governors. Further work required to complete this document</p> <p>Update 02/10/2023 Proposed format developed for discussion at meeting on 03/10/2023, pending further details being added following feedback from governors.</p>	Red
M&E 23/08	18/04/2023	Sue Holmes to contact Community & Voluntary Service (CVS) regarding making links with various community groups.	Membership & Engagement	None	04/07/2023	S Holmes		<p>Update 17/07/2023 Sue Holmes recently attended CVS breakfast meeting and has made some links to other organisations</p> <p>Complete</p>	Green
M&E 23/09	17/07/2023	Consider sending out questionnaire to Trust members on behalf of Healthwatch re: how people get to health service appointments, how much does it cost, etc.	Membership & Engagement	None	03/10/2023	R Brown			Amber

M&E 23/10	17/07/2023	Include items relevant for younger people in Trust Matters	Membership & Engagement	None	03/10/2023	R Brown		Update 03/10/2023 Ongoing Complete	Green
M&E 23/11	17/07/2023	Each governor to be provided with a supply of membership forms	Membership & Engagement	None	03/10/2023	R Brown		Update 03/10/2023 Supply of forms will be brought to meeting on 03/10/2023 Complete	Green
M&E 23/12	17/07/2023	QR code of link to the Trust website for members to update contact details to be included in packs for Meet Your Governor (MYG)	Membership & Engagement	None	03/10/2023	R Brown		Update 03/10/2023 In progress but not yet complete	Amber
M&E 23/13	17/07/2023	Core questions to be developed for Governors to use at MYG as an 'ice breaker'	Membership & Engagement	None	03/10/2023	R Brown			Amber
M&E 23/14	17/07/2023	Briefing re: consultants' industrial action to be provided to governors	Membership & Engagement	None	31/07/2023	R Brown		Update 03/10/2023 Included in 'lines to take' document, as per action M&E 23/06 Complete	Green
M&E 23/15	17/07/2023	List of local community groups / events to be compiled as alternative route to gaining feedback	Membership & Engagement	None	03/10/2023	S Holmes		Verbal update to be provided to meeting on 03/10/2023	Amber
M&E 23/16	17/07/2023	Consider how positive feedback from MYG sessions can be fed back to staff	Membership & Engagement	None	03/10/2023	R Brown / S Brook Shanahan		Update 03/10/2023 Comms Team to continue to include these in Trust Bulletins as positive feedback Complete	Green
M&E 23/17	17/07/2023	Update on parking to be presented to a future Council of Governors meeting	Membership & Engagement	Full Council of Governors	14/11/2023	S Brook Shanahan		To be included on agenda for November Full CoG meeting	Grey

Approvals

Data	Local population data by volume	Local Census data by (%)	Trust membership data		Trend lines on previous month	
			15/09/2023			
			#	%		
Total population	4,947,180	-	-	-	<input checked="" type="checkbox"/> TBC	Other options: From the Census <input checked="" type="checkbox"/> Accomodation type <input checked="" type="checkbox"/> Central heating <input checked="" type="checkbox"/> Country of birth <input checked="" type="checkbox"/> Distance travelled to work <input checked="" type="checkbox"/> Ecnomoy activity status <input checked="" type="checkbox"/> Employment history <input checked="" type="checkbox"/> Ethnic group <input checked="" type="checkbox"/> General health <input checked="" type="checkbox"/> Highest level of qualification <input checked="" type="checkbox"/> Hours worked per week <input checked="" type="checkbox"/> Household composition <input checked="" type="checkbox"/> Household deprivation <input checked="" type="checkbox"/> Household size <input checked="" type="checkbox"/> Legal parnership status <input checked="" type="checkbox"/> Length of residence in the UK <input checked="" type="checkbox"/> Method of travel to workplace <input checked="" type="checkbox"/> National identity (i.e. UK only, <input checked="" type="checkbox"/> UK and one other, etc) <input checked="" type="checkbox"/> Number of bedrooms <input checked="" type="checkbox"/> Numbers of cars or vans <input checked="" type="checkbox"/> Occupancy rating for bedrooms <input checked="" type="checkbox"/> Occupation <input checked="" type="checkbox"/> Passports held <input checked="" type="checkbox"/> Proficiency in English <input checked="" type="checkbox"/> Provision of unpaid care <input checked="" type="checkbox"/> Religion <input checked="" type="checkbox"/> Schoolchildren and full-time students <input checked="" type="checkbox"/> Second address indicator <input checked="" type="checkbox"/> Socio-economic Classification (NS-SeC)] <input checked="" type="checkbox"/> Tenure of household From our members database <input checked="" type="checkbox"/> Acorn Socio-Economic Group <input checked="" type="checkbox"/> ONS/Monitor Classifications <input checked="" type="checkbox"/> Wellbeing Acorn Group What doesn't appear to be available <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Sexual orientation
Total public members	-	-	13,631	-	<input checked="" type="checkbox"/> TBC	
Total members with email addresses (#)	-	-	2,566	18.82%	<input checked="" type="checkbox"/> TBC	
Breakdown by consituency	Population by constituency		Members by constituency			
Rest of East Midlands	-	-	10,288	75.48%	<input checked="" type="checkbox"/> TBC	
Newark and Sherwood	-	-	3,193	23.42%	<input checked="" type="checkbox"/> TBC	
Rest of England	-	-	124	0.91%	<input checked="" type="checkbox"/> TBC	
Out of Trust area	TBC	-	26	0.19%	<input checked="" type="checkbox"/> TBC	
Public membership breakdown by demographic						
Gender						
Male	2,449,272	49.51%	4,822	35.38%	<input checked="" type="checkbox"/> TBC	
Female	2,497,908	50.49%	8,614	63.19%	<input checked="" type="checkbox"/> TBC	
Transgender	-	-	1	0.01%	<input checked="" type="checkbox"/> TBC	
Unspecified	-	-	196	1.44%	<input checked="" type="checkbox"/> TBC	
Age profile						
0-16	969,345	19.59%	1	0.01%	<input checked="" type="checkbox"/> TBC	
17-21	298,874	6.04%	77	0.56%	<input checked="" type="checkbox"/> TBC	
22-29	489,649	9.90%	307	2.25%	<input checked="" type="checkbox"/> TBC	
30-39	618,319	12.50%	823	6.04%	<input checked="" type="checkbox"/> TBC	
40-49	584,196	11.81%	886	6.50%	<input checked="" type="checkbox"/> TBC	
50-59	687,913	13.91%	1,864	13.67%	<input checked="" type="checkbox"/> TBC	
60-74	825,787	16.69%	3,872	28.41%	<input checked="" type="checkbox"/> TBC	
75+	473,097	9.56%	4,771	35.00%	<input checked="" type="checkbox"/> TBC	
Not stated	-	-	1,032	7.57%	<input checked="" type="checkbox"/> TBC	
Ethnic Origin						
White - English, Welsh, Scottish, Northern Irish, British	3,883,712	78.50%	11,947	87.65%	<input checked="" type="checkbox"/> TBC	
White - Irish	28,729	0.58%	54	0.40%	<input checked="" type="checkbox"/> TBC	
White - Gypsy or Irish Traveller	3,556	0.07%	0	0.00%	<input checked="" type="checkbox"/> TBC	
White - Other	143,635	2.90%	104	0.76%	<input checked="" type="checkbox"/> TBC	
Mixed - White and Black Caribbean	40,443	0.82%	5	0.04%	<input checked="" type="checkbox"/> TBC	
Mixed - White and Black African	8,824	0.18%	7	0.05%	<input checked="" type="checkbox"/> TBC	
Mixed - White and Asian	21,723	0.44%	10	0.07%	<input checked="" type="checkbox"/> TBC	
Mixed - Other Mixed	15,343	0.31%	14	0.10%	<input checked="" type="checkbox"/> TBC	
Asian or Asian British - Indian	168,979	3.42%	39	0.29%	<input checked="" type="checkbox"/> TBC	
Asian or Asian British - Pakistani	48,941	0.99%	10	0.07%	<input checked="" type="checkbox"/> TBC	
Asian or Asian British - Bangladeshi	13,259	0.27%	8	0.06%	<input checked="" type="checkbox"/> TBC	
Asian or Asian British - Chinese	24,433	0.49%	16	0.12%	<input checked="" type="checkbox"/> TBC	
Asian or Asian British - Other Asian	37,936	0.77%	16	0.12%	<input checked="" type="checkbox"/> TBC	
Black or Black British - African	41,801	0.84%	13	0.10%	<input checked="" type="checkbox"/> TBC	
Black or Black British - Caribbean	28,926	0.58%	19	0.14%	<input checked="" type="checkbox"/> TBC	
Black or Black British - Other Black	10,807	0.22%	4	0.03%	<input checked="" type="checkbox"/> TBC	
Other Ethnic Group - Arab	9,747	0.20%	0	0.00%	<input checked="" type="checkbox"/> TBC	
Other Ethnic Group - Any Other Ethnic Group	15,999	0.32%	8	0.06%	<input checked="" type="checkbox"/> TBC	
Not stated	400,387	8.09%	1,359	9.97%	<input checked="" type="checkbox"/> TBC	
Staff membership						
Total staff members	TBC					



Sherwood Forest Hospitals
NHS Foundation Trust

"What to say when..."

A briefing document for Trust
spokespeople on key issues

Updated: 29 September 2023

Purpose of this document

This document is designed to brief key spokespeople for Sherwood Forest Hospitals NHS Foundation Trust on the latest 'Trust position' on a range of topics, ahead of them taking part in media interviews or attending public events.

The document is updated by the Trust's Communications Team and is updated on a regular basis.

Note: If you are approached to take part in a media interview, please contact the Trust Communications on sfh-tr.communications@nhs.net prior to taking part in the interview.

Contents

Purpose of this document	2
Contents	2
Industrial action	3
Newark Hospital	4
Operational pressures	5
PFI: How the Trust manages its Public Finance Initiative (PFI) arrangements	13
Recruitment	14

Industrial action

- Planned periods of industrial action:
 - Monday 2 and Wednesday 4 October
- By Friday 29 September, the Trust has seen eight separate periods of industrial action involving junior doctors and one period of industrial action involving more senior consultants in 2023 alone.
- As a Trust, we know the importance of good pay and conditions in making great care happen across our hospitals and we respect colleagues' right to take industrial action to protect those most basic requirements.
- We know the impact this national dispute is having on them, as well as the very real impact that we know this is having on our patients here locally.
- We know that there is a patient behind each and every one of those statistics and the longer that this national dispute continues, the more this disruption will impact them and our efforts to drive-down our backlogs for elective care.
- We see the lengths you are going to keep essential services running over the next few weeks and we are grateful for all their efforts.
- The cost has been felt in multiple ways:
 - **Productivity costs**
At the time of writing before the October industrial action is due to take place, the Trust has had little option but to postpone over 5,441 appointments, procedures, and operations in 2023 in order to prioritise safe urgent and emergency care across all periods of industrial action.

This will have an impact on our ability to drive-down our waiting times.
 - **Financial costs**
The financial cost for managing this industrial action now runs to over £1.6million
 - **The impact on our staff**
This action will also be having an impact on the emotional wellbeing of our staff.
- We're all on the side of our junior doctors, consultants and other colleagues in wanting to see a resolution to this national dispute as quickly as possible.

- How people can help their NHS:
 - Please use A&E or call 999 if you are facing life threatening illness or injury. Your NHS is here for you when you need it – especially if you or your loved ones become seriously ill or injured, or their life is at risk.
 - If your relative is due to be discharged from hospital and needs to be collected, please do whatever you can to help bring them home as early as possible. This will help our teams to free-up a hospital bed for someone waiting to be admitted.
 - The quickest way to receive medical help is via NHS111 online, but you can also use your GP, pharmacy or urgent treatment centre.
 - Pharmacies can offer over-the-counter advice and treat common illnesses such as colds, sore throats, stings and allergies.
 - Consider using Urgent Treatment Centres (UTCs). They can treat injuries including sprains, strains, suspected fractures, bites, cuts, scalds, and other non-life-threatening conditions. Waiting times are usually much shorter than A&E.

Newark Hospital

- Key lines TBC

Car parking

- Key lines TBC

Theatre redevelopment

- Key lines TBC

Urgent Treatment Centre overnight opening hours engagement

Who is leading this engagement?

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), which is a statutory body bringing together NHS organisations and partners to improve the health of the local population through shared priorities. The ICB is responsible for planning, developing and buying health services for our area.

The ICB is working closely together with Sherwood Forest Hospitals NHS Trust, the NHS organisation responsible for running Newark Hospital, King's Mill Hospital and Mansfield Community Hospital and the services provided there.

What is urgent care?

Urgent care involves any non-life-threatening illness or injury needing urgent attention. These are usually dealt with by phone or online consultation to NHS 111, pharmacy advice, out-of-hours or same day GP appointments, and/or referral to an urgent treatment centre (UTC).

Urgent care is different to emergency care which involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and A&E.

What is an urgent treatment centre?

An Urgent Treatment Centre (UTC) sees patients with an urgent injury or illness. Common conditions that can be treated in UTCs are:

- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Minor back injuries
- Minor illnesses

What is the national NHS specification for Urgent Treatment Centres?

The national NHS guidance for Urgent Treatment Centres is that they: are open for at least 12 hours a day, offering a GP-led service, staffed by GPs, nurses and other clinicians with access to simple diagnostics, eg urinalysis, ECG and in some cases x-ray.

More information about the guiding principles and standards for Urgent Treatment Centres can be found here: <https://www.england.nhs.uk/publication/urgent-treatment-centres-principles-and-standards/>

Why is Newark UTC currently closed overnight?

The Urgent Treatment Centre within Newark Hospital is currently open between 9.00am-10.00pm. These opening hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic made issues with safely and sustainably staffing the Centre worse than they had previously been.

Even before the pandemic, it was very difficult to recruit staff to work overnight at the Centre and retain these staff on a sustainable basis. There were nights when the service had to be closed at very short notice due to a lack of staff.

We recognise that continued temporary arrangements and potential short-notice closures do not provide the certainty that Newark residents expect and we are now considering what the future permanent arrangements should be.

Where can I go if the UTC is not open overnight?

Access to treatment for urgent care needs is always available through NHS 111 – either online by searching “NHS 111” or via calling 111 from any phone. In an emergency call 999 or go to A&E.

If you do need to go to A&E in an emergency, ambulance waits at Kings Mill Hospital are the 4th lowest nationally.

Following a large reduction in April 2020 (the first full month of the COVID-19 pandemic), ambulance pick-ups from the Newark area gradually increased again to July 2021, when they reached 94% of July 2019 levels, but have been reducing again since.

Across Nottingham and Nottinghamshire there has been an increase in "Hear and Treat" activity over the same period, where incidents are resolved over the phone following a call to 999, which might be the reason for this reducing trend.

Ambulance response times have increased since April 2021, and have been longer than 2019 for the last two years, peaking in December 2022. This same trend has been seen across Nottingham and Nottinghamshire.

I have an urgent care need but am unsure what to do. What is the best number to contact or where should I go?

Access to treatment for urgent care needs is always available through NHS 111 – either online by searching “NHS 111” or via calling 111 from any phone.

The UTC has been closed overnight for over three years. Has a decision already been made?

No. No decision has been made on the future opening hours of the UTC. We are listening to local people's views, gathering information and independent advice to help shape our proposals for any future opening hours.

We are committed to maintaining a safe, sustainable Urgent Treatment Centre at Newark Hospital. We will also ensure that it continues to operate at least in line with the national specification for Urgent Treatment Centres.

What services are available at Newark Hospital?

Newark Hospital is an important and vital part of the health and care landscape in Newark and we are committed to its ongoing success. The Hospital has benefited from a

considerable expansion of services offered in recent years, including a £5.6m investment in new operating theatres.

Over recent years, Newark Hospital has continued to expand the range of services and procedures available to residents. Under the “Ask for Newark” initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

The current services available include:

- Breast cancer services
- Breast surgery
- Cardiology
- Cataract surgery
- Children’s & Adolescent services
- Dermatology
- Diabetic Medicine
- Diagnostic Endoscopy
- Diagnostic Imaging
- Diagnostic Physiological Measurement
- Ear, Nose & Throat
- Endocrinology and Metabolic Medicine
- Gastrointestinal and Liver services
- Geriatric Medicine
- Gynaecology
- Haematology
- Neurology
- Obstetrics and Gynaecology
- Occupational therapy services
- Ophthalmology
- Orthopaedics
- Orthotics and Prosthetics
- Paediatric Surgery
- Physiotherapy
- Podiatry
- Prostate Cancer Service
- Rheumatology
- Sleep medicine
- Urgent Treatment Centre
- Urology
- Vascular surgery

For more information please visit: <https://www.nhs.uk/services/hospital/newark-hospital/RK5HP/departments-and-services/>

Is this about saving money?

Not at all. It’s about ensuring the Urgent Treatment Centre at Newark Hospital offers a safe and sustainable service and that it meets the needs of the population now and in the future.

We do have a duty to ensure we make the best use of NHS resources, and we will do so within any future proposals, but this is not a financially driven process.

How will the proposals be formed?

The ICB and Sherwood Forest Hospitals are committed to listening to the local population as we develop the plan for the future permanent opening hours of the Urgent Treatment Centre at Newark Hospital. This feedback will be combined with operational and clinical information and best practice to develop proposals for the future.

Who will make a final decision and when will it be made?

Any final decision about the future of the Newark UTC will be made by NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).

It will weigh up all the clinical and operational evidence as well as what the residents of Newark tell us through this process and other listening and potential consultation exercises.

How many people use the Urgent Treatment Centre at Newark Hospital?

There have been more than 100,000 visits to the UTC at Newark Hospital in the past four years (data from April 2019 - May 2023). Of these visits, more than 70% are from the Newark area and, on average, this equates to 1,448 attendances each month from patients registered with Newark GPs.

During the time the UTC has been closed overnight we haven't seen a significant increase in people from Newark attending other out of hours urgent care services or A&E overnight. In fact more people – on average 500 per month – are choosing to use the UTC within daytime hours and especially in the first hour of opening between 9am-10am. Even with this increased activity, the UTC also continues to perform well within the national 4 hour target.

The daytime hours have always been the busiest time for the UTC, even when it was open overnight – between 10pm – 7am we would see, on average, one person an hour. Most of these attendances were between 10pm – 1am [1.06/hr]. During 1am until 7am, there were fewer attendances with attendances dropping to around one person every two hours [0.45 per hour]. This is in contrast to seeing between 4-6 every hour in daytime hours.

How can I get involved?

You can come along to our public meetings, dial into a virtual briefing or complete our survey which is available here [\[link\]](#)

When are other Urgent Treatment Centres open in the local area?

In our local area, the UTC locations and opening hours are:

Service	Opening Times	Distance from Newark Hospital
Nottingham City, Seaton House, City Link, Nottingham, Nottinghamshire, NG2 4LA	7am – 7pm	16.1 miles
Lincoln County Hospital, Greetwell Road, Lincoln, Lincolnshire, LN2 5QY	24 hour service	16.5 miles
Sleaford Medical Group, 47 Boston Road, Sleaford, Lincolnshire, NG34 7HD	8am – 8pm	17.3 miles
Latham House Medical Practice, Latham House, Sage Cross Street, Melton Mowbray, Leicestershire, LE13 1NX	8.30am – 6.30pm	21.1 miles
Ilkeston Community Hospital Urgent Treatment Centre, Heanor Road, Ilkeston, Derbyshire, DE7 8LN	8am – 8pm	37.2 miles

What do local people think of the Urgent Treatment Centre?

NHS Friends and Family Test data shows us that the Urgent Treatment Centre has a high number of people who would recommend the service to their friends and family (97%). This is between four and eight percentage points better feedback than for urgent and emergency care services at King's Mill Hospital.

April	NUMBER OF RETURNS	NUMBER OF ELIGIBLE PATIENTS	RESPONSE RATE	% RECOMMEND	% NOT RECOMMEND
Kings Mill ED - Majors KMH	301	1403	21.5%	89.0%	11.0%
Kings Mill ED - Minors	351	2566	13.7%	93.0%	7.0%
Urgent Treatment Centre	729	2418	30.1%	97.0%	3.0%
Kings Mill ED - Paeds	7	954	0.7%	71.0%	29.0%
Kings Mill ED - Resus	30	195	15.4%	97.0%	3.0%
Total	1388	7341			

Who lives in Newark and Sherwood?

The latest estimate of Nottinghamshire's resident population is 824,800 (Census 2021), an increase of 39,000 since the 2011 Census, however a decrease of 8,600 since the ONS Mid-Year Population Estimates 2020. The increase between the Census in 2011 and 2021 is lower than the overall increase for England (6.6%) and the East Midlands (7.7%).¹

Commented [CJ(NAN151): To add something here on plans to build more homes locally - need confirmation from N&SDC

¹ <https://nottinghamshireinsight.org.uk/people/key-population-facts/>

Newark and Sherwood has a total population of 123,400 residents. 19.2% of the population are aged under 18, and 22.6% of the population are aged 65 or over. The local population has seen an increase of 7% between 2011-2021².

You can find out more information about our population here - <https://nottinghamshireinsight.org.uk/places/newark-and-sherwood-profile/>

The strategic housing requirement for Newark and Sherwood is 9,080 dwellings as set out within the Adopted Amended Core Strategy DPD (March 2019). This requirement is for the 20 year Plan period which runs from 2013 to 2033. Current calculations of annual housing requirements across the entire District are for 393 houses per annum for the next 5 years (see <https://www.newark-sherwooddc.gov.uk/media/nsdc-redesign/documents-and-images/your-council/planning-policy/local-development-framework/ldf-monitoring/5-year-land-supply/Five-Year-Land-Supply-Statement-as-at-1st-April-2022.pdf>).

As of April 2022, the total number of dwellings that could potentially be built within the overall Newark and Sherwood District was 7,062. Planning Permission has been granted for 3,364 dwellings in Newark (see <https://www.newark-sherwooddc.gov.uk/media/nsdc-redesign/documents-and-images/your-council/planning-policy/local-development-framework/ldf-monitoring/Housing-Monitoring-and-5-Year-Land-Supply-Report-2022.pdf>). Between 01/04/2021 and 31/03/2022 there were a total of 366 completed residential dwellings in Newark and Rural South areas. The majority of these are 3 bedroom properties.

Why isn't an A&E available at Newark?

A Clinical Senate Review conducted in 2014 ([Microsoft Word - SECCS Co-dependencies report FINAL version 15 12 14.docx \(swsenate.nhs.uk\)](#)) suggests that Departments of Emergency Medicine (A&E) are the first point of hospital contact for patients attending hospital in an unplanned (emergency) way – via ambulance conveyance or by self[1]presentation. A&E services require multi-skilled, multi-professional clinical teams, available 24 hours a day, with the expertise to provide safe triage, rapid diagnosis and appropriate clinical stabilisation or reassurance for all unscheduled attendances, irrespective of age, diagnosis and severity of illness.

To improve the outcomes, including the prevention of death, of patients attending hospital in an unplanned way, a wide range of on-site or instantly available clinical, diagnostic and administrative support is required, as well as immediate access to inpatient beds, ambulatory care pathways, social and psychiatric services.

The co-located services required for a safe and sustainable emergency department include:

- Diagnostic services - Pathology, plain radiology and CT scanning – each available 24 hours a day, with immediate reporting, to enable rapid diagnosis for conditions such as acute stroke, the acute abdomen, and major vessel disease (including pulmonary vascular disease).
- Critical care services - With capacity to treat and prevent poor outcomes (including death) of the small numbers (typically <2%) of A&E attendees that are critically ill.

² <https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000175/>

- Paediatric expertise A significant proportion of A&E attenders are children, so the ability to appropriately assess the severity of a child's illness (and thereby avoid child death) is essential. This expertise can be provided within the A&E team itself, or through consultant-led paediatric teams with access to inpatient beds, either on site, or (via robust, networked pathway arrangements) at geographically nearby specialist paediatric units (the model of care in a number of large cities).
- Acute medicine, including geriatric medicine expertise - To deliver rapid diagnosis, treatment and improved outcomes for adult patients with an acute medical illness. This requires a consultant led acute medicine team working within an AMU +/- a colocated acute frailty assessment unit, 7 days per week, for a minimum of 12 hours per day. It is essential that this team has the capability to undertake comprehensive geriatric assessment (CGA).
- Acute surgery and acute orthopaedics (on-site or as part of network based support) - To deliver rapid diagnosis, treatment and improved outcomes for adult patients with acute surgical and orthopaedic illness.
- Access to inpatient speciality medicine, general surgical and orthopaedic surgical beds - Approximately 30% of patients attending A&E require onward hospital admission for further investigation or specialist treatment. The attendance to admission conversion rate varies greatly according to the age of the patient - being typically up to 50% in the very elderly or those with multiple co-morbidities.
- Liaison Mental Health Services Readily accessible (within 2 hours) psychiatric expertise helps reduce both admission and re[1]admission rates in people with mental health problems.
- Social Workers A&E access to social services is of benefit to staff and to patients (including avoidance of unnecessary main hospital admission for selected patients)

Clinical service needs of hospitals with A&Es and an unselective medical and surgical take

Service should be based on same site	Service could provided inreach if not based on same site
<ul style="list-style-type: none"> • Acute and General Medicine • Elderly Medicine • Respiratory Medicine (with bronchoscopy) • Medical Gastroenterology • Urgent GI Endoscopy (upper and lower) • Cardiology (non-invasive) • General (Adult) Surgery • Gynaecology • Trauma • Orthopaedics • Critical Care (adult): Level 2 and 3 • General Anaesthetics • X-ray, Ultrasound, CT, MRI • Urgent Diagnostic Haematology and Biochemistry • Clinical Microbiology/Infection Service • Occupational Therapy • Physiotherapy • Liaison Psychiatry 	<ul style="list-style-type: none"> • Diabetes and Endocrinology • Rheumatology • Dermatology • Acute Oncology • Palliative Care • Neurology • Nephrology • Urology • ENT • Burns • Maxillo-Facial Surgery • Interventional Radiology • Speech and Language • Dietetics

Whilst some of these services are available at Newark Hospital, the full suite of services is not available and it would not be clinically sustainable, safe, or financially viable to operate all of these services on a small scale at Newark Hospital. There would also be concerns about recruitment and retention of staff to support the running of these services.

An NIHR study has shown that the closure of small EDs is not linked with increased hospital admissions. This study did not show a change in the number of deaths overall and specifically none for those living furthest from an emergency department.

<https://evidence.nihr.ac.uk/alert/closing-five-emergency-departments-not-linked-with-increased-hospital-admissions-though-ambulance-call-outs-increased/>

Is this a consultation / will there be a consultation?

We are currently engaging with the public and stakeholders to understand their views on the current opening hours of Newark Hospital Urgent Treatment Centre, their experience of out of hours care, and other ways that they access Urgent Care out-of-hours. This is not a consultation. This period of listening runs to 17th October. Once we have analysed all the responses received, along with a range of other evidence, information and independent clinical advice, we will agree the next steps with the Nottinghamshire Health Scrutiny Committee.

When the service was open overnight, did the ambulance service bring patients to the UTC?

East Midlands Ambulance Service (EMAS) will transfer patients to the most appropriate service to meet their needs, at any time of day or night. To ensure that patients are treated safely and in a timely manner, a Hospital Admissions Protocol with clinical criteria, set by the Nottingham and Nottinghamshire ICB, was agreed in 2014 between EMAS, Sherwood Forest Hospitals (SFH) and the commissioner. This clearly outlined conditions that the Newark UTC can and cannot treat.

For emergency needs, for example patients with severe breathing difficulties, suspected stroke or heart attack, they will be conveyed to the nearest hospital with an Emergency Department, such as Kings Mill or Queen's Medical Centre. These sites offer a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of such patients.

Ambulance crews will use all available information, such as Hospital Admissions Protocols, to assess the most appropriate and available service which can provide the care each patient needs in a timely way.

Operational pressures

- Key lines TBC

Ambulance turnaround times

- Key lines TBC

Challenges with discharging patients from our hospitals in a timely way

- Key lines TBC

Waiting times

- Key lines TBC

What the public can do to help

- Key lines TBC

PFI: How the Trust manages its Public Finance Initiative (PFI) arrangements

Core narrative

Individuals and organisations across the country are dealing with the challenge of rising costs right now – and your local hospitals are no different.

At the time it was introduced, the Trust's PFI agreement was vital in funding the much-needed redevelopment of our hospitals and it remains a key part of how we maintain our buildings and provide great patient care to our local communities each and every day.

This agreement was also instrumental in seeing our Newark and Mansfield Community Hospitals rated as 'good' by the Care Quality Commission, as well as King's Mill Hospital being named the only 'outstanding' NHS-run hospital anywhere in the East and West Midlands.

The nature of this agreement means that these high-quality facilities will be maintained in the same condition as they were on the day they opened, right up to when this agreement ends. That is great news for our local communities and avoids any additional burden of incurring any further annual maintenance costs.

The Trust is confident that there has been no detrimental impact on patient care as a result of this agreement being introduced and maintained.

We closely manage this agreement to ensure that it continues to help make great patient care happen and to make sure that it offers the best possible value to our local communities.

Key facts

- **How much does the trust estimate the overall PFI deal is now worth?**

The overall value of the PFI as estimated in the 2022/23 draft accounts is £2.2billion. The model for estimating that cost is updated each year, reflecting known and estimated inflation.

- **How much will the Trust pay towards serving the PFI agreement in 2023/24?**

The Trust is expected to pay £54.314million towards servicing the agreement in £57.853million.

This debt repayments (which will be £9.5million) and service fees for facilities management including cleaning, security, building maintenance and food provision across Trust sites. The actual debt reduction was £10.1million in 2022/23.

- **How does the Trust ensure it is getting best value for money from the agreement?**

The Trust works with NHS England and the Department for Health and Social Care to ensure it is doing everything in its power to manage those costs and ensure that nationally-determined standards for patient care are maintained.

The Trust works closely with all active parties in the PFI agreement to ensure that the contract control measures in place are delivered against. This is a vital part of ensuring that the contract delivers the best possible value for money in the circumstances.

- **What happens at the end of the PFI agreement?**

At the end of the term of the agreement, each hospital will be transferred back into the complete ownership of the Trust in the same condition than they were at the start of the contract.

Recruitment

- Key lines TBC

Council of Governors – Membership & Engagement Group Cover Sheet

Subject:	Membership and engagement report		Date: 3 rd October 2023		
Prepared By:	Rich Brown, Head of Communications				
Approved By:	Rich Brown, Head of Communications				
Presented By:	Rich Brown, Head of Communications				
Purpose					
To provide an update on membership engagement and activity for the last quarter, including an update on this year's governor elections.			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			X		X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
None used					
Executive Summary					
<p>The appended report provides an update on membership engagement and activity for the last quarter, including updates on:</p> <ul style="list-style-type: none"> • Member communications and engagement during the quarter • An analysis of member representation is detailed in the report • Supporting the running of the Trust's Annual General Meeting (AGM) and Annual Members Meeting (AMM) • A brief look ahead to planned membership activity planned during the next quarter 					

Member communications and engagement

The Trust Communication team continues to produce a monthly *Trust Matters* e-newsletter that is sent to all members of the Trust who have consented to being contacted by email. Editions over the last quarter were sent in August each month.

The Trust Communication team has also supported governors with facilitating 'Meet your governor' events during August and September across the Trust's hospitals. Feedback from those events has been fed back to the Director of Corporate Affairs via the Corporate Secretariat for consideration, analysis and reporting.

Member representation

The current public membership total stands at 13,613, compared to the 13,971 that we reported last quarter. This represents a decrease in the Trust's membership, owing to the number of members who requested to be removed from the Trust's membership after receiving governor elections correspondence from the Trust earlier in the year.

A brief analysis of the gender, age demographics, ethnicity, socioeconomic groupings and constituencies is provided below:

- **Gender**

Males are still the most underrepresented gender with a total of 4,813 male members across all constituencies. Males currently make-up just 35% of the Trust's membership.

- **Age group**

Less than 2.8% of the Trust's membership are aged under 22, with young people remaining significantly underrepresented among the Trust's membership.

- **Ethnicity**

Of the Trust's 12,256 public members who have declared their ethnicity, less than 327 (2.7%) identify as non-white British. This compares to 8.9% of the population for the Mid-Notts area and 25.6% nationally who are classed as non-White British, according to 2021 Census data.

- **By public constituency**

A breakdown of the Trust's membership by public constituency area is provided below:

- 717: Rest of East Midlands
- 3,187: Newark and Sherwood
- 124: Rest of England
- 20: Out of Trust area

At the last Council of Governors' Membership and Engagement Group meeting, it was requested that a dashboard be presented to each group meeting in future. A draft of the proposed format will be presented at the meeting for discussion.

Annual General Meeting and Annual Members Meeting (AMM)

On Tuesday 26th September, we were delighted to welcome dozens of partners, Trust members, governors and local community members to the Trust's Annual General Meeting (AGM) and Annual Members' Meeting (AMM).

The meeting shared an in-depth look at the Trust's performance during the 2022/23 financial year, including highlights and the Trust's Annual Accounts for the year. Our External Auditor's Annual Report was also presented at the meeting.

The meeting was followed by the latest in our series of Step into the NHS careers showcase events, which was another sold-out event that welcomed hundreds of jobseekers to King's Mill Hospital to learn more about the wealth of careers opportunities on offer across our hospitals.

While demands on Trust services remain high, we know we have so much to be proud of as a Trust. Both events were fantastic opportunities to reflect on those challenges, celebrate our achievements and welcome more people into our NHS.

Membership forward plan

'Business as usual' communications activity will continue over the next quarter, including by the Communications team:

- Continuing to issue monthly *Trust Matters* e-newsletters to keep the Trust's members updated about the work of Sherwood Forest Hospitals.
- Continuing to support governors with holding *Meet your Governor* events each month.