Council of Governors

Subject:	Report of the Recovery Committee	Date: 28th September 2020
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs	
Approved By:	John MacDonald Chair of Recovery Committee	
Presented By:	Richard Mitchell, CEO	

Purpose		
The Recovery Committee met on 19th August 2020. This paper informs members of the significant matters considered by the Committee.	Approval	
	Assurance	x
	Update	
	Consider	

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x

Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		

Risks/Issues	
Financial	Ensure recovery of services is provided in a safe, sustainable and cost effective manner, taking consideration of all risks and issues as they arise and developing mitigation plans.
Patient Impact	
Staff Impact	
Services	
Reputational	

Committees/groups where this item has been presented before

Board of Directors 3rd September 2020

Executive Summary

The Council of Governors is asked to accept the content of the Report and note the items highlighted below:

- Phase 3 Letter
- ICS Assumptions
- Recovery Plan

The Recovery Committee met on 19th August. The meeting was quorate and there were no declarations of interest in items pertaining to the agenda.

Phase 3 Letter

The phase 3 letter has been received and committee discussed the three key points:

- Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter.

- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable

COVID spikes locally and possibly nationally – this will be picked up in the Winter plan.
- Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our colleagues, and action on inequalities and prevention.

Other key elements of the letter include:
Ensuring sufficient diagnostic capacity is in place in COVID secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres

Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.

Reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days

There are 31 specific elements for the trust to focus on.

ICS Assumptions
Committee noted the ICS assumptions and the requirement to submit the first draft plan by 21st August with the final report due to be submitted to NHSI 21st September 2020. Committee discussed the communication plan across the ICS to be published by 1st September.

The committee discussed the key areas of risk across the ICS:
- Staff Capacity Risk
- Activity Risk
- Health and Wellbeing of staff
- Planning is done on the basis of the existing cost of current capacity – significant risk

Recovery Plan
The committee discussed the aim of recovering the maximum elective activity possible (between now and winter) and noted the key risks as being:
- Availability of staff to undertake additional recovery sessions
- Impact of second wave / local lock-down
- Social distancing constraints in Outpatients
- Reduced productivity due to IPC
- Available mobile diagnostic capacity
- Financial regime to support recovery to near-normal activity levels

Committee also discussed next steps with regard to recovery and response to the phase 3 letter,
Phase 3 activity recovery does not (in most cases) deliver a reduction in the backlog of activity that has accumulated since Mid-March. Early EDGE modelling indicates 500+ theatre sessions would be required to catch up. Services will continue to identify opportunities to increase activity levels, this will include continued use of the Independent Sector.

The aim is to 'protect' Newark as an elective /cold site throughout winter. Key risks to electives will be the availability of staff.

Committee noted there was a Pandemic Plan in place to address any second spikes.

Committee asked for assurance regarding the communication strategy both internally and across the ICS, how the public are being kept informed of services as they are restored and what they can expect when attending hospital and primary care.