# **Council of Governors**

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Subject:	Report of the Recovery Committee         Date: 11 <sup>th</sup> August 2020			
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs			
Approved By:	John MacDonald Chair of Recovery Committee			
Presented By:	Richard Mitchell, CEO			
Purpose	nd			
The Recovery Committee met on 22 <sup>nd</sup> July 2020. This paper Approval				
Committee for reporting to the Board of Directors. Update Consider				X
			Consider	
Strategic Object	ives			
To provide	To promote and	To maximise the	To continuously	To achieve better value
outstanding	support health	potential of our	learn and	
care	and wellbeing	workforce	improve	
X	X	X	X	X
<b>Overall Level of</b>	Assurance			
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial				
Patient Impact	Ensure recovery of services is provided in a safe, sustainable and cost			
Staff Impact	effective manner, taking consideration of all risks and issues as they arise and			
Services	developing mitigation plans.			
Reputational				
	ups where this item	has been presented	before	
	s 6 <sup>th</sup> August 2020			
	<b>J</b>			
<b>Executive Summ</b>	narv			
The Board of Dire	ectors is asked to acc	ept the content of the	e Report and note th	e items hiahliahted
below:		-F		
Terms of Refe	erence approved			
<ul> <li>National expension</li> </ul>	• •			
•	cancer and diagnostic	<b>^</b>		
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<ul> <li>Activity levels</li> </ul>		5		

• Communication to patients.

The first meeting of the Recovery Committee took place on 22nd July 2020. The meeting was quorate and there were no declarations of interest in items pertaining to the agenda.

## Terms of Reference

The Terms of Reference were considered and it was agreed to add to the ToR, all quality issues with regard to recovery e.g. potential harms would be considered by the Quality Committee. The Terms of Reference are approved once this item is added.

### National expectation

An update on the national expectation, including when the phase 3 letter may be expected was provided to the committee.

## Risk areas - cancer and diagnostics

The key risk areas for recovery were discussed including the risks to cancer patients in particular the risk within diagnostics. Additional capacity is being utilised in the Independent Sector to ensure patients are seen as quickly as possible. We have been asked to ensure any patients over 104 days are seen before 21<sup>st</sup> August and the number of patients waiting 62 days should be reduced by 20% by 21<sup>st</sup> August.

We are making positive progress on delivering this and performance against these trajectories will be reported to Board in September through the SOF, integrated performance report.

### Activity levels increase

Outpatient follow up activity is 800 per week compared to 900 per week pre-COVID. Theatres are making progress but remain less productive. The strategy to utilise Newark Hospital for orthopaedics from late August will enable the reduction of waiting times. Some elective activity is being supplemented with the independent sector.

#### Communication to Patients

The Committee agreed an action to review how we communicate with patients who are under the joint care of NUH and SFHFT.