

# Elective Recovery Taskforce: terms of reference

## Aim

The aim of the Elective Recovery Taskforce is to make recommendations to the Secretary of State for Health and Social Care and the Prime Minister for how we can increase the volume of elective consultations and procedures as far as possible via the independent sector to tackle the backlog.

## Term

The terms of reference will last for the duration of the taskforce work on whether and how the independent sector can go further to help tackle the elective care waiting list. This is expected to begin in December 2022 and conclude in March 2023.

## Output

The key output of the taskforce is a short set of practical recommendations, with supporting evidence, that can be implemented by the department and NHS.

## Scope

The taskforce is permitted to look into any issue of relevance to the headline aim, but key issues to investigate and form recommendations on include:

- independent sector capacity now and the potential to expand whilst ensuring we meet NHS standards and costs
- operational barriers to making more use of the IS or transfer patients to other NHS providers – including use of data, financial flows and commissioning processes
- cultural and behavioural aspects of patient management and transfer that could enable or form a blocker to greater use of all available capacity
- clinical requirements for greater capacity – and clinical requirements in supporting patients to make positive choices about their care
- workforce challenges to greater use of IS or other NHS capacity
- patient needs and choice and how patients can be best engaged and supported

## Appointees

The taskforce will be comprised of:

- Minister Quince (Chair), Minister of State, DHSC
- Elin Jones, Director of Elective Recovery, DHSC
- Robert Ede, Ministerial Advisor, DHSC
- Bill Morgan, Healthcare Advisor, No. 10
- Sir Jim Mackey, National Director of Elective Recovery, NHSE
- Prof Tim Briggs, National Director of Clinical Improvement, NHSE
- Dr Roberto Tamsanguan, Clinical Director for Tower Hamlets and Clinical Advisor, NHSE
- Mark Brassington, Regional Director of Performance and Improvement, NHSE Midlands
- Mandy Nagra, Chief Delivery Officer, Birmingham and Solihull ICS
- Cara Charles-Barks, Chief Executive, Royal United Hospitals Bath
- David Hare, Chief Executive, IHPN
- Dr Paul Manning, Medical Director, Circle Healthcare
- Darshak Shah, Board member, Newmedica Ophthalmology Provider

- Dr Bahman Nedjat-Shokouhi, CEO, Medefer
- Dr Elaine Kelly, Head of Economics Research, REAL Centre team
- Rachel Power, Chief Executive, Patient Association

## Roles and Responsibilities

The taskforce will be chaired by minister Will Quince. Appointees will be expected to attend a maximum of 5 meetings of 1.5 hours over the course of the project to provide their input and expertise, with papers circulated for discussion in advance.

The taskforce will be supported by a working group comprised of DHSC and NHSE officials. The final report will be jointly authored by DHSC and NHSE with final approval resting with minister Quince in his role as Chair.

Appointees may wish to be involved or facilitate fieldwork or research activities to support the working group but there is no formal expectation that this is required.

There will be no social media activity during the meetings and the content of each meeting will remain confidential to allow for free and open discussion.

## Methodology

Phase	Timings	Activity/Outputs
Set-up	December 2022	<ul style="list-style-type: none"> <li>• Finalised scope</li> <li>• Agreed membership</li> <li>• Initial background data and policy 'problem definition' pack</li> <li>• Proposal for structure and approach to work for chair and taskforce to consider</li> <li>• First meeting</li> </ul>
Analysis and investigation (split over 2 meetings)	December 2022 to February 2023	<ul style="list-style-type: none"> <li>• Fieldwork and investigation by working group with ad hoc support from appointees as per their availability</li> <li>• Interviews and meetings with key stakeholders individually or in groups</li> <li>• Development of targeted projects and reporting on specific taskforce initiatives</li> <li>• Interim report with initial draft findings for discussion at taskforce meetings</li> <li>• Final draft report</li> </ul>
Report recommendations and implementation	February to March 2023	<ul style="list-style-type: none"> <li>• Agreement to and presentation of report and implementation plan to SoS and PM</li> <li>• Integration of findings into NHS/DHSC oversight with development of management measures, trajectories and delivery plan</li> <li>• Agreement to plans and (if necessary) integration into formal guidance</li> </ul>

## Reporting and Monitoring

Before each taskforce meeting, a report will be submitted for discussion. Appointees will sign off the final report with recommendations and an implementation plan. Actions for implementation will be taken forward by DHSC and NHSE officials with continued Ministerial oversight.