



MEETING TITLE Trust Board Meeting		MEETING DATE 04/06/2020	
TITLE of PAPER	Chief Executive's Report: Covid-19 update	PAPER REF	TB20.005
KEY PRIORITIES	Deliver the best possible response for each patient, first time Equip our people with the best tools, technology and environment to support excellent outcomes Be a respected and influential system partner, nationally, regionally and at place		
PURPOSE OF THE PAPER	The purpose of the paper is to provide an update to the Board on the YAS response to the Covid-19 pandemic.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Chief Executive Officer	ACCOUNTABLE DIRECTOR	Chief Executive Officer
DISCUSSED AT / INFORMED BY Trust Executive Group			
PREVIOUSLY AGREED AT:	Committee/Group: Not Applicable	Date:	
RECOMMENDATION(S)	The Board is asked to: <ul style="list-style-type: none"> • Note the update and • Receive Assurance regarding the activities undertaken in response to the Covid-19 pandemic. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	
NHSI Single Oversight Framework Choose a THEME(s)		1. All	

Chief Executive's Report: Covid-19 Update

1. PURPOSE

The purpose of the paper is to provide an update to the Board on the YAS response to the Covid-19 pandemic.

2. Chief Executive's Introduction / Summary

The Trust is continuing to manage its COVID-19 response through its strategic command structure arrangements aligned to the NHSE/I North East and Yorkshire Region Incident Co-Ordination Centre (NEYICC) and National Ambulance Coordination Centre (NACC). These arrangements are supported by forums at Integrated Care System (ICS) and place and national ambulance sector collaboration via the Association of Ambulance Chief Executives (AAACE). The Executive team are continuing to meet regularly to provide strategic oversight of the Trust's COVID response.

The number of registered coronavirus deaths nationally and regionally has been in decline for several weeks according to Public Health England (PHE) data however there has been a notable increase in 999 activity and hospital COVID related admissions in recent days coinciding with partial relaxation of lock down measures and changing public behaviour.

Staff and volunteers across all parts of the services continue to demonstrate significant dedication, commitment and flexibility and we continue to receive generous support from a large number of individuals and organisations.

Nationally and regionally focus is increasingly shifting towards recovery and the Trust actively engaged (with partners) in capturing lesson learned and realigning service and organisational plans and priorities.

3. Directorate Updates

3.1 Operations Directorate

During April and May the Accident and Emergency (A&E) operations team have continued to focus on the YAS response to the COVID-19 incident.

This is a situation that we have never experienced on this scale before. We are currently taking significant actions and planning under the Trusts Incident Response Model to maximise our ability to respond to modelled demand whilst experiencing a drop in 999 demand of 10-15% compared to what we would expect to see at this time of year.

Emergency Operations Centre (EOC)

After the significant pressures experienced in March call demand has plateaued during April and May with EOC taking around 15-16,000 calls per week. This is around 20% lower than we forecast. This has allowed us to maintain high levels of call answering performance with around 99% of 999 calls being answered in 5 seconds.

As you are aware Protocol 36 was introduced nationally on the 3rd April at triage level 1 and this has helped manage the number of calls that result in an ambulance dispatch. The triage level is reviewed weekly on a national basis by NASMeD (Medical Directors Group) and NDOG (Director of Operations Group). Currently there is no expectation that the triage level will change to 'surveillance only'.

As previously updated our Hear & Treat levels have increased over the last 2 months before reducing again during May. At 7.8% this is still higher than pre-Covid-19 levels.

Like other service lines EOC saw a significant increase in Covid-19 related absence. In March and early April EOC absence was over 20%. Since then Covid-19 related absence levels have reduced week by week and it is currently just over 10%. This, together with the additional staff trained in call taking is allowing us to now reduce overtime.

Social distancing has been a key focus for the EOC management team and great progress has been made. However further work may be required to comply with latest Government guidance to be 'Covid-19 compliant'.

We have, through our Covid-19 response in EOC, had the opportunity to put in new initiatives that will probably lead to permanent change. These changes will be captured through our recovery work.

A&E Operations

One of the biggest benefits of increased Hear and Treat and Protocol 36 in EOC has been the significant reduction in responses for front line crews.

Anecdotal feedback from crews has been positive with crews having time to recuperate between jobs and a feeling that the calls they are being asked to attend are for genuinely poorly people.

We have continued to use the opportunity to slightly change our response model for Covid-19 due to the higher acuity of the patients we respond to. This has required the temporary re-deployment of Rapid Response Vehicles staff to Double Crewed Ambulances (DCA). We have also increased the number of our Clinical Supervisor shifts on DCAs to maximise our conveying response. This has put some additional strain on our fleet availability but the response from the Fleet Directorate has been amazing.

We have also seen a continuation of the higher levels of See, Treat and Refer from our clinicians on scene. This together with the Hear and Treat means we are only taking 57% of patients to the emergency department (down from a BAU of 67%). This has been made possible we believe through the Senior Clinical Cell in EOC.

We continue to use dedicated cleaning teams and HALO's at all key emergency departments. These teams support quicker turnaround of crews and ensure that vehicles are clean and available for the next incident as soon as possible.

Overall the changes implemented have led to ARP performance being achieved during April and May. The exception is the Category 1 mean which often is exceeding the target of 7 minutes.

An unintended consequence of decreased demand is that crews are now being dispatched from a station or a dispatch point, rather than being allocated to a Category 1 whilst responding to a lower acuity call (wheels turning) as happens when demand outstrips supply. It only takes an additional 30 seconds but the Category 1 mean is sensitive to even small increases in response. This phenomena is also being experienced by the West Midlands Ambulance Service who are continually the best performing ambulance Trust in the UK.

Emergency Preparedness Resilience Response (EPRR)

We currently have arrangements in place through the Local Resilience Forums (LRF) to access Fire Rescue Service and Military resource if required in coming weeks.

Yorkshire Air Ambulance (YAA)

After standing down both YAA aircrew from the 3rd April to support the Nightingale Hospital in Harrogate the aircrew remobilised at the end of April.

3.2 Integrated Urgent Care Demand and Performance

Since the last update in April to the Board the demand in IUC has started to reduce to more manageable levels, although still 16.7% above the previous year for April 2020 when compared to April 2019.

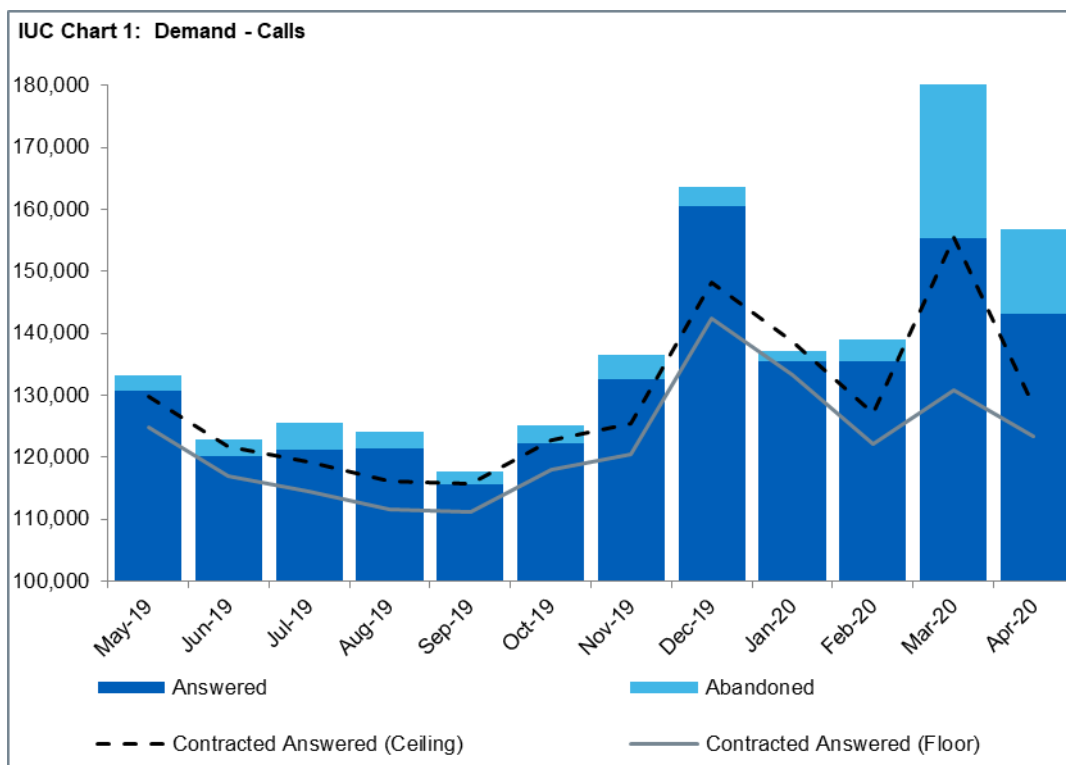


Chart 1 – Demand in IUC

Overall performance for May to date (1 – 12 May and including the public holiday period), is very positive with 89.8% calls answered in 60 seconds. Over this period only two days (Wednesday 6 May and Thursday 7 May) exceeded the

abandonment rate target. This was due to the Trust having telephony problems and the service needing national contingency on the evening of Thursday 7 May whilst work was completed by ICT to resolve the problem.



Staff Capacity / Health & Well-being

Sickness absence since the peak of Covid has reduced significantly within IUC week on week, with a peak total absence of 173 heads in March 2020 falling to 85 heads in total as of 12 May 2020 (an absence reduction of 49%). The proportion of absence associated with Covid reduced from 77% (of total absences) to 56% over the same time period. The IUC health & well-being team have been invaluable in the support of staff off during this time, along with guidance and support from the wider Trust.

Overall the number of staff shielding in IUC is 33 (22 Health Advisors / 2 CTLs / 4 clinicians / and 5 other). Of these, where possible, 29 staff have been equipped to work from home, summary below:

- Remote Clinical Advisors / Clinical Team Leaders
- Health Advisors working as administration support for call centres
- Health Advisors working as auditors / shift support
- Continuing to work in core role (non-call centre shielding staff)

All staff shielding / working from home are fully supported through the Microsoft Teams catch up calls and actively, if appropriate, completing their statutory & mandatory training.

The IUC management team have also started to use the extra capacity to restart essential activities within the call centre: i.e PDRs, return to learn training and statutory & mandatory training.

Response to Covid

The current activities the IUC team are undertaking to continue to support the Covid response include:

- Roll-out of new NHS Pathways version 19.3.8, implementation due 26 May 2020.
- Following the roll out of new technology to support of the requirement for Telephone Booking into GP In-Hours the team will work with NHS Digital to push for technology developments for future mixed model of telephone & face to face bookings.
- Changing the scope of the role of Service Advisor (linked to the removal of the

- Covid-19 specific pathway in version 19.3.8) to undertake dental, HCP and repeat prescription calls.
- Developing new processes within the call centre for buddying / coaching staff without sitting side by side, to maintain social distancing.
 - Working with NHS England on scoping out the role of NHS 111 in stopping 'walk-ins' to ED.
 - Recruitment and training of Health Advisors brought forward (33 in May and 26 in June), to boost capacity within NHS 111 as per Simon Stevens letter to the NHS.
 - Creating a bespoke clinical training package for 11 new Clinical Advisors who applied to the 'Covid-19 clinical' advert for bank staff. This training has developed beyond Covid-19 calls and includes urgent, non-urgent and the clinical advice calls that staff are able to answer within their clinical competency (i.e. paediatrics for the paediatric nurses).
 - Working with the wider Trust on the newly published government guidance on contact centre / office working environments to ensure appropriate health & safety risk assessment and certificates can be completed and published.
 - Completing the evaluation of video consultation pilot and roll-out if deemed successful.
 - Monitoring the Covid-19 business plan, which was developed to identify key clear objectives over this time and to track progress, changes to processes, governance, learning and financial expense.

Integrated and Urgent Care Team Mental Health and Ageing Well Programmes

It is expected that as a consequence of Covid-19 pandemic there will be an increase in people requiring mental health support. YAS continue to work with the three ICS's and at place level to support improvements to the patient pathway for those needing MH services.

YAS are preparing to pick up conversations with commissioners and other providers. Our Mental Health business case has a number of potential development areas including increased MH nurses undertaking remote clinical assessment, joined up models of service delivery for patients who need face to face assessment in crisis (e.g. MH cars in partnership with MH providers and Police) and options for low acuity Mental Health transport.

The YAS ageing well programme which was in development has been paused to do Covid-19 however, in the next phase YAS will be working with partners across the region to consider how YAS supports the delivery of enhanced health in care homes.

3.3 Patient Transport Service (PTS) Operations (Covid-19)

In line with the national guidance on social distancing, all patient journeys have been single occupancy since 28th March. Essential patient transport only has been provided, this has levelled off at 1,200 per day from 2,900 per day pre planned activity. Short notice on-day discharge activity has shown a slow increase during the week of April, increasing during the second week to 300 per

day; this has remained flat throughout April into May at 270-300 per day. The Covid-19 suspect and positive numbers have declined since 4th May.

In addition:

- To-date, 90 of our PTS vehicles have been fitted with bespoke-fit temporary passenger bulkheads and a further 100 are due for completion by mid-May, exceeding national guidelines required for PTS vehicles.
- Together with our fixed passenger bulkhead vehicles, these resources meet the current demand to transport patients either suspected or confirmed of having COVID-19.
- As demand has increased, all PTS staff are now conveying suspect and positive patients – nearly 3,000 of these types of journeys have taken place since March.
- Throughout the pandemic PTS is still undertaking approximately 13,000 journeys a week. PTS staff wear Level 2 personal protective equipment (PPE) for all direct patient contact and donning and doffing procedures mean that our Ambulance Care Assistants utilise large quantities of PPE each week - this is set to increase as clinics and departments start to open up again.
- Finally, the leadership team have taken a proactive role in overseeing and supporting all of the Yorkshire and Humber PTS contracts delivered by other PTS providers; this has ensured that there is full and assured oversight for all patients requiring transport for NHS services.
- Sickness levels have stabilised at just under 20%.

NHSE/I PTS Guidance

- The PTS leadership team from YAS are contributing to the development of the latest guidance that is being developed by NHSE/I on the PTS Covid-19 response. New guidance is expected soon following the most recent ministerial announcements.
- Moving forward, we're working with Acute Trusts, regional system partners and NHS England to manage elective care appointments re-starting. This includes scenario based modelling, for a phased increase in demand for PTS services. This will be managed in accordance to the scale and speed of that happening, alongside social distancing measures. It is anticipated this will be the greater challenge in the forthcoming 4-6 months. Forecasting and engagement are well underway.
- More than 50 PTS staff have volunteered to assist A&E operations and gues.
- PTS are also receiving support from Leeds City Council with are transporting renal patients in Seacroft.
- During conversations with CCG's, feedback has been very positive. NHS North Yorkshire CCG and feedback from the Chief Operating Officer at York Teaching Hospital NHS Trust formally reported how impressed they were with the high level of service they had received from PTS during this Covid-19 crisis.

3.4 North Lincolnshire Contract update

Following the commencement of the Non-Emergency Medical Patient Transport Service contract going live in North Lincolnshire, the Trust Executive Group have agreed the process and timescale for the consultation on assimilation of the staff to Agenda for Change terms and conditions.

The aim is to harmonise the terms and condition of the Savoy Ventures Limited (SVL) staff who transferred across to YAS in March 2020. It must, however be noted that assimilation has been previously agreed on a case by case basis and it may not always be feasible in some transfer situations. The process is outlined below:

- Commence consultation week commencing 11th May 2020 to assimilate to AfC with transferred staff and staff side representatives.
- Subject to consultation, staff assimilate to AfC with effect from 1st June 2020. The decision has been made to back date assimilation payments to 1st April 2020.

3.5 Clinical Directorate

The effectiveness of clinical decision support material and protocols developed by the clinical team and the Senior Clinical Support Cell in the EOC, are now being evaluated. These developments have had a significant impact on 'Hear and Treat' and 'See, Treat and Refer' rates so it is important to understand what elements have had the greatest impact in order to maintain these going forward into the new 'business as usual'. The Clinical Informatics and Audit Team continue to monitor the provision of safe care across the organisation through focussed audits on re-contact rates and management of Covid-19 patients. Our Learning from Deaths process has been maintained to ensure visibility of mortality trends and ensure timely learning is implemented. Although CQI reporting has been temporarily halted, we are undertaking a retrospective review of myocardial infarction and stroke presentations in YAS to address concerns regarding potential late presentation of these life-threatening conditions.

We continue to contribute to the "Urgent Public Health Research" agenda and are involved in a number of studies, the latest being vaccine development led by the Jenner Institute at Oxford University.

Yorkshire and Humber Nightingale Hospital (YHN)

We developed a multi-patient critical care transport capability to allow up to 48 patients per day to be admitted to the Yorkshire and Humber Nightingale Hospital (YHN). Fortunately, to date, the YHN has not been needed so the critical care transport capability has been stood down. Plans have been developed to stand up the capability with seven days' notice should the need arise in the future.

3.6 Workforce and Organisational Development

The Workforce and OD Directorate have been supporting with the Trust's management of the Covid-19 pandemic and are now starting to look at recovery plans. An update on our key activities during the pandemic are set out below:

Health & Wellbeing

- Provision of health and wellbeing support, advice and guidance throughout the pandemic has been a key focus. We have developed a considerable number of guidance documents and communicated to staff the support available. Below are some key highlights:
- Health and Wellbeing Special Edition communications, including one specifically for mental health have been developed

- Information on health and wellbeing has been included in induction packs for all new starters since the commencement of the pandemic
- Action cards are available for managers to work through with staff who have underlying conditions to determine if alternative duties are needed
- Alternative accommodation has been provided for over 60 staff with high risk family members, welfare calls have been undertaken to ensure they remain well when isolated from family support
- Staff Swabbing - the Covid-19 Testing/swabbing of staff continues with calls being made to symptomatic staff with testing available for staff and family members. The Employer Referral Portal is now live; it is noted that staff are beginning to access the Self-Referral Pathway also.
- HR & Health & Wellbeing hotline - YAS implemented a 24/7 query phone line early in the pandemic. YAS have had 114 calls to this line.
- Staff sickness has been as high as 21% of which Covid-19 13.5% (31/03/20) which has now reduced to 12.8% of which 8.4% specifically due to Covid-19. We continue to carry out welfare calls for absent staff

HR Operations

- The speed of recruitment has significantly increased to support the response to the pandemic. Since March 2020 we have recruited over 420 staff compared to normal average of 160 over the same period. Activity is continuing to increase with a recruitment campaign for IUC Health Advisors now commencing.
- The ESR team have continued to work closely with Empactis to provide daily sickness reporting and providing details of eligible staff for staff swabbing 7 days a week. Over 1000 Covid-19 related absence records have been manually entered into ESR since March 2020 to support these processes.

Diversity and Inclusion

- Following some information relating to the disproportionate effect that Covid-19 is having on BAME (Black and Minority Ethnic) communities. YAS have contacted each of our BAME colleagues to highlight the support that is available to them. An action card and management guidance has also been developed.
- A Q&A session for managers has been arranged for early June to answer any questions that they have regarding diversity and health. Leads from HR, Health and Wellbeing and the IPC teams will be available for the session.
- To support staff engagement of our BAME colleagues, YAS are holding a BAME Staff Support session on Thursday 21st May. The session will be hosted by Christine Brereton, Director of Workforce and Tasnim Ali, Chair of the BAME Staff Network.

Wider Organisational Development support

Design work has commenced on a small number of virtual OD-centred coaching and development sessions for leaders and staff centred on wellbeing and on leading and managing teams remotely

YAS Academy

- A number of core programmes (ECA, AAP) continue with changes to delivery methods; a recovery plan is considering new approaches for social distancing to ensure we can continue to provide classroom training.

- Following the HEE stipulation that all students on placements must be on a paid contract of employment, rather than a standard engagement arrangement. YAS are working with our HEI partners and operations colleagues to ensure the safety of our students whilst on placement. Currently all student placements have been paused, however we are considering an approach for our Year Three students who have outstanding placement hours in order that they are not delayed in joining the YAS workforce as Newly Qualified Paramedics.
- YAS have successfully carried out end point assessments to conclude some ECA apprenticeships. These have been done virtually via secure camera connections to satisfy external awarding body requirements
- Despite all classroom delivery programmes paused some programmes have been replaced with Covid-19 priority programmes to increase the capacity of the workforce in areas of need. The following shows the numbers trained since 1st April 2020.

Programme:	Trainees
CFR – Day One Moving and Handling	158
PTS – 2 Day programme (support Nightingale)	30
Pre-reg Paramedic Induction (8 days)	15
Reg. Paramedic Induction (5 days)	12
Level 3 Driving (Bradford Students/YAS waiting list)	28
Return to Work Competency Assessment	19

3.7 Finance Directorate

Fleet

The Fleet team have locked down the main workshops and imposed restrictions at all other sites to protect our mechanical & electrical workforce. Servicing, safety checks and MOT's have continued to be undertaken and as a consequence of the lockdown YAS have temporarily employed three additional mechanics to provide resilience. This has seen vehicle availability increase to above 95% for the first time since YAS was formed.

In addition to this, Fleet have been hiring additional vehicles for use across the organisation including welfare vehicles for our cleaning teams at A&E departments and have been installing temporary bulkheads in PTS vehicles to increase the safety of staff and patients using the service.

Medical Engineering

The medical engineering team have been split into two groups operating increased hours over 7 days to ensure we can maintain social distancing, ensure resilience and maintaining equipment standards.

The team have also been active sourcing alternative suppliers and consumables for our medical equipment, as well as collecting and preparing ventilators for use at the Nightingale Hospital.

Estates

Many of the Estates projects not deemed essential have been put on hold; the exceptions being roofing works at Northallerton, the Chiller and air conditioning work at Callflex and work to the new PTS sites in Hull & Scunthorpe which were required to bring the facilities up to standard for staff operating out of these two new sites.

The Facilities Management (FM) team have been engaged in fitting social isolation screens to desks within contact centres as well as floor mounted screens in general areas.

With the significant increase in Waste generated by Covid-19, our suppliers have been unable to manage with the increased demand so we have implemented an internal team who are actively collecting clinical waste across the patch to keep up with demand, taking clinical waste to one of three new storage points at Menston, Bradford and Sheffield, in addition to increasing waste bin capacity at many stations.

Business as usual has also continued with the mobilisation of new contracts for FM with MITIE, which came on line on the 1 April which is progressing well and the new Catering & Vending contract with Baxter Storey on the 1 May.

The New catering contract will be a limited service during Covid-19 and social distancing and new takeaway service & protocols have been put in place to keep staff safe whilst using the facility at Springhill.

Cleaning Teams

Our cleaning teams have expanded significantly to meet the requirements of the organisations, growing by over 35% in number. They have been providing additional cleaning regimes in contact centres and ambulance stations as well as new teams based at A&E departments carrying out enhanced cleans to ambulances whilst patients are booked into the hospital.

A team has also been set up for the Nightingale hospital to undertake a full cleaning service following delivery of patients to the temporary hospital, along with associated security provision, welfare facilities and medical gas storage facilities.

Financial Update re COVID-19

2019/20

NHSE/I reimbursed the Trust the total amount of revenue costs claimed in relation to Covid-19 in March 2019/20 (£983k). The Trust spent £77k on capital items in relation to Covid-19 in 2019/20, this expenditure was charged against existing CRL (no additional CRL was required due to a small amount of slippage).

2020/21

The normal financial regime has been formally suspended. Providers have instead been guaranteed income based on CCG & NHS England income received year to date at M9 in 2019/20 (plus 2.8% uplift) pro-rata'd for the period concerned. Assumptions have also been made nationally regarding other sources of income YAS will continue to receive (e.g. for education and training, research and development etc.). Where it is anticipated that the block and this additional income will not cover costs, a top payment will be received (calculated

by reference to averaged total income & expenditure in M8,9,10 of 2019/20). We will also be separately reimbursed for all reasonable Covid-19 costs that cannot be covered by this income.

The Finance team are in the process of collating April Covid-19 costs, for submission to NHSE/I to be included in the M1 Provider Finance Return due Monday 18 May.

NHSE/I advised last week that the NHS will not revert to normal financial / contracting arrangements after 31 July; there will be a continuation of alternative arrangements until the end of October 2020. Further guidance will be issued shortly, however it is anticipated there will be some changes to the income levels / reimbursement rules as they attempt to tighten up what can be recharged as Covid-19 specific expenditure.

3.8 Quality, Governance & Performance Assurance

Corporate Co-ordination

Over recent weeks, the Directorate team has continued to maintain core compliance functions and to support the operational response through the corporate co-ordination hub. The requirement for dedicated corporate incident support has now reduced in intensity and the arrangement has been partially scaled back and the team is now increasing its focus on supporting the wider Trust recovery/restoration programme as this is developed. Work is also under way, working with the Clinical Directorate and other teams, on the Trust approach to reviewing available data on the direct and indirect impact of Covid-19 on patients and staff.

RIDDOR Reporting

Work has been undertaken nationally to support a consistent approach across ambulance Trusts to reporting under HSE RIDDOR requirements. When complete this framework will be used to support consideration of reporting in relation to individual cases of serious staff harm.

Infection Prevention and Control

The IPC team continues to provide intensive guidance and support to the command team and Trust staff. Further work is progressing well with the procurement team to support full personal issue of the Respiratory Protection Hoods. All Trusts have been asked to complete a template IPC Board Assurance Framework and it is understood that these will be reviewed by CQC and NHSE/I in early June to benchmark practice and draw out any national learning. The completed will be shared with the Board when completed.

Working safely during Covid-19 in Ambulance Service non-clinical areas

Following the move toward relaxation of lock down requirements, the government has published a suite of guidance documents to support transition including the return to work. An ambulance-specific version is being finalised and this will form the basis of further detailed local risk assessment and response for staff in office, call centre and ambulance station environments.

Working safely at home

An updated procedure for use of Display Screen Equipment has been developed, including an e-learning package for staff and remote risk assessment tool, as part

of the wider work to sustain flexible working arrangements introduced during the initial Covid-19 response.

Statutory and mandatory training

A review of the current position with regard to statutory and mandatory training is currently being completed, to identify key risks and support prioritisation of training provision as part of the wider restoration/recovery plan.

3.9 Impact on Business as Usual and the Trust's Development Agenda

The Trust Executive Group has been working with the senior leadership team to progress work capturing positive learning from the Covid-19 experience. It is important that this piece of work is aligned to/considers the wider system recovery plans. The Board will hold a 'deep dive' workshop to enable full discussion of a proposed plan and to ensure that we take advantage of the broad expertise of the whole Board.

4. RECOMMENDATIONS

The Board is asked to:

- **Note** the update, and
- **Receive Assurance** regarding the activities undertaken in response to the Covid-19 pandemic.