



<b>MEETING TITLE</b>		<b>MEETING DATE</b>	
Trust Board Meeting In Public		24/03/2015	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	5.4
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 January 2015 to 16 February 2015, and the opportunity for TEG to highlight the key variances / movements contained within the February Integrated Performance Report (IPR).		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes, Interim Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Interim Chief Executive
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):</b>			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.  That the Board notes and discusses the variances contained within the February 2015 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>	<b>Yes</b>		<b>No</b>

<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> <b>Choose a DOMAIN</b>	All Not Applicable Not Applicable		
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	All Not Applicable Not Applicable		

## **Report from the Trust Executive Group (TEG)**

### **1. Purpose**

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 January 2015, and the opportunity for TEG to highlight the key variances / movements contained within the December 2014 Integrated Performance Report (IPR).

### **2. External Environment**

2.1 Three NHS Trusts have been authorised to become Foundation Trusts since January. St Georges Healthcare Trust was authorised as to become a Foundation Trust from 1 February 2015, with Nottinghamshire Healthcare NHS Trust and Kent Community Health NHS Trust authorised from the beginning of March.

2.2 Monitors' Quarter 3 Performance Report published in February notes that 2.68m patients attended Foundation Trust (FT) A&E departments, 8% higher than the same period last year. Rising demand combined with high levels of staff vacancies especially in A&E doctors and nurses have resulted in A&E departments being under significant stress. Winter pressures also meant a rise in demand for ambulances. In Q3 2014/15 FT ambulance trusts responded to 933,000 calls (105,000 or 13% more than during Q3 2013/14). Ambulance FTs performances against the national response time standards deteriorated considerably in Q3 2014/15. The FT sector in aggregate failed to achieve all three key national standards against Category A (life threatening) calls including Red 1 (most time critical patients) and Red 2 (serious, but less time critical patients) categories, with all five trusts failing at least one of these standards. Two of the 5 FT ambulance trusts are also reporting in year financial deficits.

2.3 The Trust, along with 15 other NHS organisations, published its report on the connection with Jimmy Savile on Thursday 26 February. These were accompanied by a national assurance report by the Savile Legacy Unit and national lessons learned report by Kate Lampard.

2.4 In January the Department of Health invited individual organisations and partnerships, including the voluntary sector to apply to become 'vanguard' sites for the New Care Models Programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. More than 260 individual organisations and partnerships expressed an interest in developing a model in one of the areas of care, with the aim of transforming how care is delivered locally. On 10 March, the first wave of 29 vanguard sites were chosen. Locally the following bids have been approved to progress to the next stage Harrogate and Rural District CCG (Integrated Primary and Acute Care Systems) ,Calderdale Health and Social Care Economy and West Wakefield Health and Wellbeing Ltd

(both Multispecialty Community Provider bids), NHS Wakefield CCG (Enhanced health in care homes).

- 2.5 To mark National Apprenticeship Week (9-13 March 2015) YAS commissioned several short films of its apprentices in action. The films feature current apprentices describing their roles and future ambitions. The YAS Apprenticeship Scheme was launched in 2009, and approximately 200 apprentices have completed our apprentice programme to date with 80% going on to secure employment with the Trust in a range of departments. The films can be viewed via the Trust's main website:  
<http://www.yas.nhs.uk/Apprenticeships/index.html>

### **3. Business Planning & Delivery**

#### **3.1 The business priority areas include:-**

- Development of the Trusts' Urgent and Emergency Care Strategy and operational plans for 2015/16.
- Progressing contract negotiations for A&E, PTS, NHS 111 and West Yorkshire Urgent Care. Reasonable progress has been made towards agreement of the A&E contract, however, discussions towards reaching agreement in other areas remain challenging.
- Agreeing next steps with Wakefield CCG following receipt of the draft capacity Review report investigating reasons for A&E demand and capacity pressures during 2014/15.
- Developing PTS service improvement priorities for 2015/16 under the 'Project Darwin' banner. Initiatives include automation of planning and scheduling, fleet modernisation, the introduction of vehicle telematics and improvements to patient on day communication.
- Commencement of formal consultation with staff and staff side representatives on proposed workforce changes within A&E.
- Progressing joint initiatives with commissioners to support the roll out of Public Access Defibrillators, health service employee and volunteer First Responder Schemes and public health messaging.
- Further roll out of community based initiatives including scoping Fire Co-responder schemes in West and South Yorkshire and developing plans for the 2015 Restart A Heart campaign.
- Progressing approval of the Trusts' Strategic Outline Case for 'Hub and Spoke' and 'Make Ready' with commissioners and the NHS Trust Development Authority.

### 3.2 Trust operational priorities:-

- Progressing actions in support of the 'Spring into Action' A&E performance improvement initiative including better management of on-day resources and improved demand forecasting and forward planning (described further below).
- Embedding new rotas within PTS and reducing expenditure on private provider transport.

## 4. Executive Team Reports

### 4.1 Chief Executive

- A priority during February has been work undertaken with Curzon and the PTS management team to develop robust plans for PTS transformation. A dedicated project team has been established to improve delivery including Alistair Gunn (PTS Logistics Manager) and Mark Ruud (Head of Events and Commercial Services). PTS patient representatives have also been identified to inform and challenge improvement initiatives.
- Members of the Executive Team have met with Jo Webster (Chief Officer of Wakefield CCG) to progress joint quality and performance improvement initiatives. These meetings are part the work being undertaken to agree a joint strategy for ambulance services.
- Detailed work is underway to scope the work and resources required to complete the Outline Business Case for the Hub and Spoke estate model and Make Ready support service infrastructure. This work includes development of plans for proof of concept using the Manor Mill facility in Leeds.
- Angela Harris, Lead Nurse Urgent Care and I attended the first meeting of the Crisis Concordat Group in York. This group will bring together health, police and partner agencies to establish strategic aims and priorities for early intervention mental health services in North Yorkshire.
- The Interim Chief Executive and Director of People and Engagement met with national leadership from Unite and ACAS in Leeds in February to progress steps to formal re-recognition including training for union representatives and Trust managers. Meetings are also taking place with representatives from Unison, GMB and the RCN as part of plans for widening staff side representation.
- A number of staff engagement sessions have been held including strategy briefings and question and answer sessions with Clinical Supervisors (CS) attending CS Away Days during February and a ride out on a PTS renal patient shift in York.

## 4.2 Operations Directorate

- The major priority for the Directorate continues to be the delivery of the Performance Improvement Plan. This has undergone a significant refresh this month along with the reporting pack that is used by TEG on a weekly basis to track the progress of the plan and shared with Commissioners and TDA.
- Following on from the presentation at the February BDM, the Operations Director launched 'Spring into Action'. This initiative is designed to galvanise the organisation into focused, key actions that will deliver performance improvement in the immediate timeframe. Providing confidence and reassurance that performance improvement is possible in the very short term. Early indications are that there is improvement in operational performance and a highly focused daily operational management structure. This initiative will run over the next 2 months to allow some of the recommendations from other pieces of work detailed below to be implemented.
- Work with Lightfoot has commenced on an analysis of our call cycle and any system efficiencies that can be made.
- An interim report from ORH has been received and we are on track to receive their report early April.
- The Professional Planning Forum which was undertaking a review of our Resource function is due the week of the Board meeting.
- Paramedic vacancies remain an issue for the directorate and the skill mix is being carefully monitored in the weekly operational improvement meeting with executive colleagues.
- Sickness absence remains high across the departments. Total sickness is 7.16% at end of December. Long term sickness is at 4.55%. Management of absence remains a significant priority for managers.
- Handover delays at hospitals continue to be a significant challenge for the Trust. Hull Royal Infirmary continues to require attention from the CBU and corporate management team. A monitoring analysis which is reviewed at the weekly operational improvement meeting is tracking the impact of handover delays and this is shared with TDA and Commissioners.
- Resilience team have started planning for the upcoming Tour de Yorkshire.

## IPR Section 2 (A&E Performance)

	January	February
Red1	70.56%	71.06%
Red2	67.22%	69.98%
Combined	67.46%	70.09%

### January IPR Narrative

- Total Demand increase is 3.1% on last year Red 1 Demand is increased by 0.3% with an overall increase in Red demand of 13% YTD performance is 70.6%. All CBUs are below their YTD performance for last year. Resource hours for January 176,793, averaging 5,703 per day.
- Red 2 demand increased 13% on previous year. YTD performance is 67.2%. All CBUs except North Yorkshire are below their YTD performance for last year. A revised performance improvement plan is in operation.

### February IPR Narrative

- Red 1 performance continues to improve
- RED 1 performance was 71.60% an increase of 1% on January. RED 1 demand YTD is up 0.9%. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency
- RED 2 performance 69.98% an increase of 2.5% on January. RED 2 demand YTD is up 12.1%. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency. Abstractions remain high lowering base line operational hours. Still a large number of hours lost to Turnaround issues at many of the large Acutes' across the region.

## 4.3 Clinical Directorate

National representation:-

- The Executive Medical Director now chairs the National Ambulance Services Medical Directors group (NASMeD). This further strengthens the Clinical Directorate's presence at the Association of Ambulance Chief Executives (AAACE) with Dr Phil Foster leading the Urgent and Emergency Care Group, Mark Millins leading the Guidelines Development Group and Cathryn James as the NASMeD Co-ordinator.

- Kat Dixon, Clinical Pathways Advisor, presented at the Florence Nightingale Conference.

#### Clinical development:-

- The Clinical App has been launched, providing up to date clinical pathways information and access to the Paramedic Pathfinder decision support tool. Although still in beta form, it is being widely used and continues to be developed.
- New Home Office regulation relating to licencing for Controlled Drugs has caused some concern over the legality of moving morphine stock between ambulance stations and the possession of individual licences for each station. This is a national issue and is being addressed with the Home Office by the Ambulance Pharmacists' Network.

#### Research:-

- The process for apportioning funding from the National Institute for Health Research (NIHR) through the regional Clinical Research Network (CRN) has been altered and would have significantly adversely affected funding received by YAS for 15/16. However, a 5% 'cap and collar' has been applied to avoid smaller research organisations such as YAS from being left without viable funding. The funding proposal for 15/16 does not reflect the forecast significant increase in activity and discussions are ongoing regarding appropriate funding levels for the coming year.

#### Service reconfigurations:-

- Stroke services at Scarborough will cease from August 2015, adding further pressure on the ability to achieve the Stroke 60 ACQI.

#### **IPR Exceptions**

- Stroke 60 remains a challenge to deliver nationally. The Stroke 60 ACQI has been raised at a national level and the national lead for stroke care has presented to NASMeD.
- The Trust's resuscitation strategy concentrates on improving survival to discharge from out of hospital cardiac arrest rather than the measure of Return Of Spontaneous Circulation (ROSC) at hospital which is not an effective patient-centric measure of good practice. This is demonstrated by the Trust's survival to discharge rate for the Utstein Comparator group of 38.2% YTD which remains the highest in England for the sixth consecutive month.
- YAS achieved 87.4% in October for STEMI 150 with five of the 11 breaches due to YAS operational delays, two of which were related to delayed back up of RRVs by a conveying resource.



#### **4.4 Standards and Compliance Directorate**

- Care Quality Commission – The Trust is awaiting a further update on publication date for the draft inspection report and potential date for the quality summit which follows this. At present the Trust is expecting to receive the draft report in early April. This week the CQC has published its guidance for providers on display of ratings, in addition to the recently published provider guide to the new Fundamental standards of care. The CQC has also published its Equal Measures – Equality Information Report for 2014. The implications of these new publications will be considered in the next Quality Committee meeting.
- Hillsborough – The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead. The next phase of proceedings will include the report from the independent ambulance expert witness.
- NHS 111 – The Trust is implementing a new phase of national pilot projects focused on use of pharmacist and pharmacy support staff skills both within the NHS 111 call centres and as a referral end point, supporting the increase of dental triage during winter period, and improving the value that NHS 111 can provide to palliative care patients.
- The Trust is continuing to hold discussions with commissioners about the plans for NHS 111 and West Yorkshire Urgent Care services for 2015/16.
- The Trust published its investigation into matters relating to Jimmy Savile on 26 February, in liaison with the Department of Health Savile Legacy Unit which co-ordinated the publication of NHS Trust reports across the country. No specific allegations of abuse were highlighted relating to Savile's activities in the ambulance service, but the report focuses on the nature of Savile's contacts with the service, how these were managed and lessons to be learned from this. All NHS Trusts have received a letter from David Flory, Chief Executive of the NHS Trust Development Authority, requesting a response from the Trust to the recommendations arising from Kate Lampard's national Lessons Learned report.
- Quality Account 2014/15 – the Trust is continuing to prepare the Quality Account, building on the informal stakeholder consultation, with the formal external consultation due to commence on 26 March.

#### **IPR**

- NHS 111 – Call volumes have continued above the predicted level during quarter 4. The Call answer performance is stable. The warm transfer target for follow up with a clinician remains challenging and is subject to review as part of the national development of the NHS 111 service. A local KPI agreed with commissioners measures the percentage of callers managed by clinicians within 2 hours and this is currently at 91% .

- Complaints and concerns - The number of complaint responses taking longer than 25 days remains higher than desired, but the position has begun to improve, following changes to the complaints policy and procedures and integration of EOC complaint management into the Patient Relations Department. The reporting of complaints response performance in the IPR will change from May onwards to reflect the new procedures and align to commissioner contractual reporting requirements.
- Safeguarding training - The Safeguarding Children Level 2 Workbook was introduced 3 years ago. As a result, a number of staff are now due to complete the update, resulting in a decrease in compliance between October and December. The Safeguarding team is working with managers to prioritise the completion of refresher training and completion rates have increased during January and February.

#### **4.5 People & Engagement Directorate**

Agreement of the national pay award was confirmed on March 9<sup>th</sup>, 2015, resulting in the national threat of industrial action being lifted. Key elements of the award are:-

- Abolition of the bottom point of AfC and increasing pay point 2 to £15,100. This means an increase of 5.6% for staff on point 1 and 3.1% for staff on pay point 2.
- 1% consolidated pay rise for all staff up to point 42 from April 2015. A further consolidated pay rise of an additional £200 for staff on pay points 3-8. This means staff on these pay points will receive an increase between 2.1% and 2.3%.
- An increment freeze in 2015/16 for staff on pay point 34 and above for one year only.
- From April 2015 redundancy changes being implemented which include a floor for calculation of redundancy payments of £23,000 and a ceiling for calculation of £80,000 with an end to employer top up for early retirement on grounds of redundancy.

There were also specific issues for the ambulance services which include:-

- In relation to Sickness / Unsocial hours allowance payment; to curtail discussions for the move away from Annex E unsocial hours enhancements. To curtail discussions around a move towards section 2a unsocial hours under A4C. To suspend immediately any further work to test, in the High Court, the national agreement on sick pay which relates to the NHS Employers and the Ambulance Service Employers view that

the original agreements included the Ambulance Service Sector. This issue would instead be remitted to the wider talks on further AfC reform.

- Ambulance Employers to introduce a scheme whereby they will match the value of additional pension contributions made by front line ambulance staff to enable them to take their 2015 pension unreduced at 65. For instance if the cost of this was 4%, the employer would pay 2%.
- Ambulance employers to work with the Ambulance Unions to address the current recruitment and retention issues for 999 operational road staff, including considering changes to use of job profiles and bandings or through application of National Recruitment and Retention Premia to appropriate job roles.
- Ambulance Employers will take forward with Ambulance Unions work a specific work stream under the NHS Staff Council Working Longer Review identifying the specific challenges for front line ambulance staff of the increase in pension age and how they can be addressed.

The full implications of the agreement are still being assessed, particularly in relation to recruitment and retention issues. It is disappointing to note the agreement to continue to pay unsocial hours supplements when absent due to sickness. This does put the Ambulance Service at odds with the rest of the NHS.

An update on individual departments is provided below:-

### **Human Resources**

- Following the development of the Employee Well-Being strategy, the strategy has been reviewed by the Quality Committee and JSG and approved by TMG. The strategy is scheduled to be launched in late March and the launch will be followed by a calendar of events throughout the year which supports the physical and mental well-being action plans developed by the Employee Wellbeing group.
- Recruitment to core services continues to be a key focus of the Human Resources team. In particular, paramedic recruitment is a key focus with conditional offers being made to the Year 2 students at Sheffield Hallam University and a dedicated Lifewise assessment centre for paramedic recruitment arranged for 18 April.
- The Strategic Workforce Group held its first meeting on 23 February and agreed that a key piece of work was the development of a career framework for both clinical and non-clinical staff. A small sub-group will take this work forward in late March.
- The senior directorate team continues to support the development of the A&E five-year workforce model, working closely with the A&E

operations senior management team and the local staff-side representatives and the PTS transformation programme.

### **Organisational Effectiveness and Education**

- The Training and Education plan for 2015/16 prioritises the additional programmes required as part of the A&E five-year workforce plan and these are now under development. The additional technician programme for band 4 to 5 staff is currently underway. There are 44 applications for the Technician to Paramedic programme being delivered in conjunction with Teeside University.
- Work to improve staff engagement across the organisation continues. The staff survey results have now been finalised. A report regarding the staff survey will go to the next Quality Committee. The final quarter of the Friends and Family test has been issued. The cultural questionnaire is being developed and will be distributed to all staff.
- The BME staff network was re-launched and a sub group has been established to develop an action plan which meets the requirements of the NHS Race Equality Scheme. Additional actions were also agreed which will improve our approach to race diversity in coming months.

These actions are:-

- Agree and move forward with a prayer guidance document.
- A face to face training programme themed around “Valuing Difference to be developed and delivered initially to managers over the next 12 months
- The creation of a pool of trained BME colleagues who will act as advisors to interview panels.
- Consideration of BME representation on JNC
- Acceptance of the need to tackle poor behaviours where it is experienced and witnessed with confidential reporting mechanisms continuing to be available.
- National Apprenticeship week was held the week commencing 9<sup>th</sup> March. A number of activities were held to promote the apprenticeship scheme in YAS which included a video showcasing a number of apprentices.
- Work is commencing, supported by Health Education Yorkshire, to align qualifications and training for support staff up to band 4. This will enable a more flexible progression route which will include apprenticeships into the organisation and between roles and functions.

## **Corporate Communications**

- Corporate Communications have been involved with managing the Trust's input into the publishing of the final report into Jimmy Saville's association with ambulances services in Yorkshire and a significant key witness at the Hillsborough inquest.
- Proactively kicking off this year's Restart a Heart campaign on Valentine's Day. This will continue to be promoted in coming months. We have also celebrated NHS 111's second birthday and highlighted YAS Apprenticeships as part of National Apprenticeship Week.
- Internally communicating proposed changes to the A&E workforce plan, offering guidance on the implications of Purdah and leading internal communications around the spring into Action initiative.
- We are also still seeing the implications of the Unite campaign as a number of Local Authority Scrutiny functions contact us for performance details relating to their areas and reassurance around some of the issues Unite raised earlier in the year.

## **IPR Section 4 Workforce**

- There was a slight improvement in absence compared to the previous month with February absence at 6.57%, still some way above the Trust's 5% target.
- Highest levels of absence were in the Ancillary Division (10.34%) NHS 111 (7.66%) and A&E Operations (6.73%). In respect of both NHS111 and A&E Operations, this represents a significant improvement compared to previous months.
- Work continues with individual Associate Directors to bring about further improvement.
- A revised PDR management system has been put in place which provides managers with information on the number of due PDRs for completion. As a result, further incremental improvement can be noted with the completion rate now at 72.34%.
- The Clinical and Finance and Performance Directorates show the highest levels of non-compliance.
- Work to address quality concerns is on -going.

### **4.6 Finance & Performance Directorate**

- Contract negotiations are ongoing with A&E, PTS and NHS 111 commissioners. Focus to date has been to agree joint provider and commissioner priorities and strategies for commissioning including activity levels and required levels of investment in 2015/16 contracts.
- Business Intelligence (BI) are currently working with Iain Bell from IMAS on the development of the IPR and data warehouse. The BI team

are also ensuring contract reports are in line with any new 2015/16 contractual requirements.

- The ICT team are continuing to support the roll out of ePRF and Paramedic Pathfinder clinical decision support applications across West Yorkshire. PTS Airwave at Wakefield has been upgraded and work is progressing to commission a new Airwave at our PTS Callflex call centre. The telematics contract has been awarded to chosen suppliers and implementation will commence by the end of March. The ICT team are also supporting the development of the clinical website which will go live Monday 16<sup>th</sup> March.
- Procurement are finalising the Trusts' new Procurement Strategy aligned to the NHS national e-procurement strategy and the new Head of Procurement started in post in January.
- Estates Department staff have continued to support the business case for the proposed move to a Hub and Spoke station model. Work is also continuing on moving forward the Trust's sustainability programme in order to reduce the carbon footprint of the Trust and reduce energy costs (for example, replacement of old, inefficient boilers). In March work has begun on the Springhill 2 building at YAS HQ to refurbish and upgrade the Reception area and parts of the Emergency Operations Centre (EOC). The purpose of the works is to significantly improve staff working conditions and environment.
- The Fleet Team have been fully engaged with Operations colleagues in the "Spring into Action" initiative. This includes a daily focus on; vehicle availability, faster turnaround of vehicle issues to keep staff on the road, vehicle movements and co-ordination to ensure the fleet is in the right place, reactive to changes in demand on day and providing improved cover across the weekends. In addition the Fleet Maintenance team are reviewing the workshop operating hours across a number of sites to provide a responsive and flexible service.
- The Finance Team are currently focused on 2015/16 budget setting and financial plans along with preparations for year-end accounts. The Finance team together with Business Development are heavily involved in supporting the current A&E, PTS and NHS 111 contract negotiations for 2015/16. The team continues to be engaged in the further development of Service Line Reporting and supporting Business Development with new business proposals and models of delivery.

### **IPR Section 2d (ICT)**

- There has been no further outage of our (CAD) system since 25<sup>th</sup> October. The system supplier continues to implement 24/7 support arrangements to minimise future disruption.

## **IPR Section 5 (Finance)**

- The Trust's forecast year end surplus is £2.9m against plan of £2.9m. However this may potentially be significantly impacted by the application of penalties for Red 1 and Red 2 performance and Hillsborough cost pressures. These risks are currently in discussion with Commissioners.

### **5. Recommendation**

- 5.1 That the Trust Board has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.