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Essex

Report Period: to November, 2021
Date of Report: Dec 22, 2021

1. Executive Summary

- 1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of the System Oversight Framework (SOF) regime over the coming years.

The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

- 1.2 **Tom Abell** (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) has been in post as our new permanent chief executive since August.

We have recently announced the recruitment of four new executive directors:

- **Hein Scheffer**, joining us as Director of Strategy Culture and Education in April 2022.
- **Marika Stephenson**, joined us as Director of People Services in December.
- **Emma De-Carteret**, as Director of Corporate Affairs and Performance in December.
- **Kate Vaughton** will join us as Executive Director of Integration in February 2022.

- 1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted. We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.
- 1.4 Winter plan activities are progressing, including recruiting more call handlers, the implementation of cohorting, our C1 response time improvement plan and other measures designed to improve resources, enable better demand management, and protect patient care and staff welfare.

2.0 Improvement programme

2.2 The Trust continues to make good progress with the actions identified by the CQC report of September 2020.

This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

As part of the change in oversight measures, the Trust had shifted from special measures to the new System Oversight Framework (SOF) regime.

Information provided at the most recent oversight and assurance group (OAG) had been well received with positive feedback received. Work is now underway to define the success criteria required to evidence that the Trust is satisfying the concerns expressed in the CQC report. Discussions are being held with NHSE/I and the CQC local and national teams to ensure there are clear aims and timeframes to meet the requirements.

Tom Abell (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) has been in post as our new permanent chief executive since August.

On commencing his role, Tom made a number of pledges to staff and the Trust Board including:

- Changing the culture of the organisation and clearing the backlog of Employment Relations cases waiting to be resolved (see section 2.4)
- Urgently reviewing our operational plans to manage exceptional demand for our services so that we can protect patient care and staff welfare (see sections 4.0, 5.1).
- Reviewing our governance and culture to understand the progress that has been made and the work still to be done (see section 2.3)
- Putting a robust Winter Plan in place (see section 7.0)
- Reconfiguring our C1 responder capacity to ensure more of our most urgent calls get a swift response (see section 4.2)
- Tackling the problems of late finishes for crews (see section 5.2).

Another key pledge made was to put in place a strong, permanent leadership team. The Trust recently announced the recruitment of four new permanent executive directors following an open, competitive selection and interview process:

- **Hein Scheffer**, joining us as Director of Strategy Culture and Education in April 2022.
- **Marika Stephenson**, joined us as Director of People Services in December.
- **Emma De-Carteret**, as Director of Corporate Affairs and Performance in December.
- **Kate Vaughton** joining us as Executive Director of Integration in February 2022.

The final role to be appointed is a permanent Director of Nursing, Safety and Quality, with interviews scheduled at the end of January 2022.

Work will now start development and capacity for the senior leadership team.

2.3 Recovery Support Programme

The Trust continues to work with our NHS England appointed improvement team.

Together, we are delivering a plan for continued improvement through a transformation framework to move out of 'special measures' status as soon as possible.

2.4 Changing EEAST's culture

Changing the culture of the organisation so that everyone feels safe in their place of work and can speak up if they see poor behaviour, is one of the organisation's most urgent priorities.

It was one of the key pledges that new CEO Tom Abell made to staff when he commenced his role, and it is a major part of the Fit for the Future Programme.

Tom is holding regular meetings with staff and leaders across our Trust to talk frankly about these issues and how to deliver change.

Staff are engaged through weekly leadership messages and online *We Are EEAST* briefings from the chief executive and senior managers have continued weekly throughout the last few months, alongside regular on-site presence across the Trust.

Our leadership messages are now shared weekly by email to all staff as this was highlighted as the preferred method in our communications survey.

The Chief Executive is also visiting acutes and Integrated Care System (ICS) areas on a six-week rotation and is joining Hospital Ambulance Liaison Officers (HALOs) around the region, to see first-hand the delays and experience our staff and patients see daily.

These actions have been supported by more than 700 sessions with staff on the range of cultural challenges faced by the Trust, alongside ongoing advice and support provided to managers on how to improve support to staff.

Reviews of the Trust's governance and culture have been completed and actions agreed. Governance now sits under the Director of Corporate Affairs and Performance to strengthen our approach to robust governance and transparency.

As highlighted in our submission to the EHRC in October, EEAST has now carried out over 2,000 actions towards embedding cultural change. These have included:

- The appointment of Hein Scheffer as Director of Strategy, Culture and Education. The Culture Programme Director will cover the period between now and April 2022.
- More than 140 staff providing wellbeing support to colleagues by acting as ambassadors, champions or mental health first aiders
- Investing an additional £170,000 into staff health and wellbeing over the winter which includes increasing support for mental health and musculo-skeletal issues – the main causes of staff sickness
- Removing the cap from mental health support sessions for staff
- Completing and closing 50% of the outstanding backlog of Employee Relations (ER) cases. ER casework timescales are reducing with improvements in the process and additional investigation resources in place. The vast majority of outstanding cases are expected to be resolved by the New Year
- Strengthening the Freedom to Speak Up service with additional resource and has seen a 900% increase in the number of contacts to the Freedom to Speak Up service in comparison to last year). EEAST is also seeing high numbers of contacts for formal complaints. This is an important signal that some of the systems and processes are beginning to work better, and people have greater confidence that their concerns will

be both heard and acted upon. Further additional resources have been agreed to deal with ER casework as staff come forward and the numbers continue to increase.

- Over 45 different areas of support, coaching and guidance have been provided to managers and staff within the Trust including skills development, team building, signposting, supporting change initiatives, difficult conversation training, identifying inappropriate behaviours, relationship building, developing behaviours and early interventions.
- A suite of manager training and staff values and behaviours training has been established and is in place for staff to access, supplementing the reviewed, revised stronger Trust policies that are now in place.
- We have established a continuous communication approach to values and behaviours, including in respect of sexual harassment.

2.4 Equality and Human Rights Commission (EHRC)

Our EHRC action plan remains on track. The Trust has finalised an action plan with the EHRC and the actions are included and monitored through our Quality Improvement Plan.

There are clear monitoring points with the Commission to provide them with assurance on our progress.

Our first monitoring point submission was made in October and we await the EHRC's feedback.

Our focus now moves to embedding our actions and ensuring they translate into improvements for workforce, and evidence of the principles around this being consistently demonstrated by staff and management.

2.5 Ofsted

Following the termination of our in house education provider contract following an Education and Skills Funding Agency (ESFA) inspection, we worked closely with Health Education England to source an alternative provider and recently signed a contract with the education provider MediPro.

We are working closely with MediPro to transfer apprentices with minimum disruption to learners.

To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage learners and staff to raise their concerns.

A recent learning from Ofsted review provided 13 recommendations for EEAST themed around: engagement with the regulator, leadership and governance, internal processes, capability building and training and education delivery.

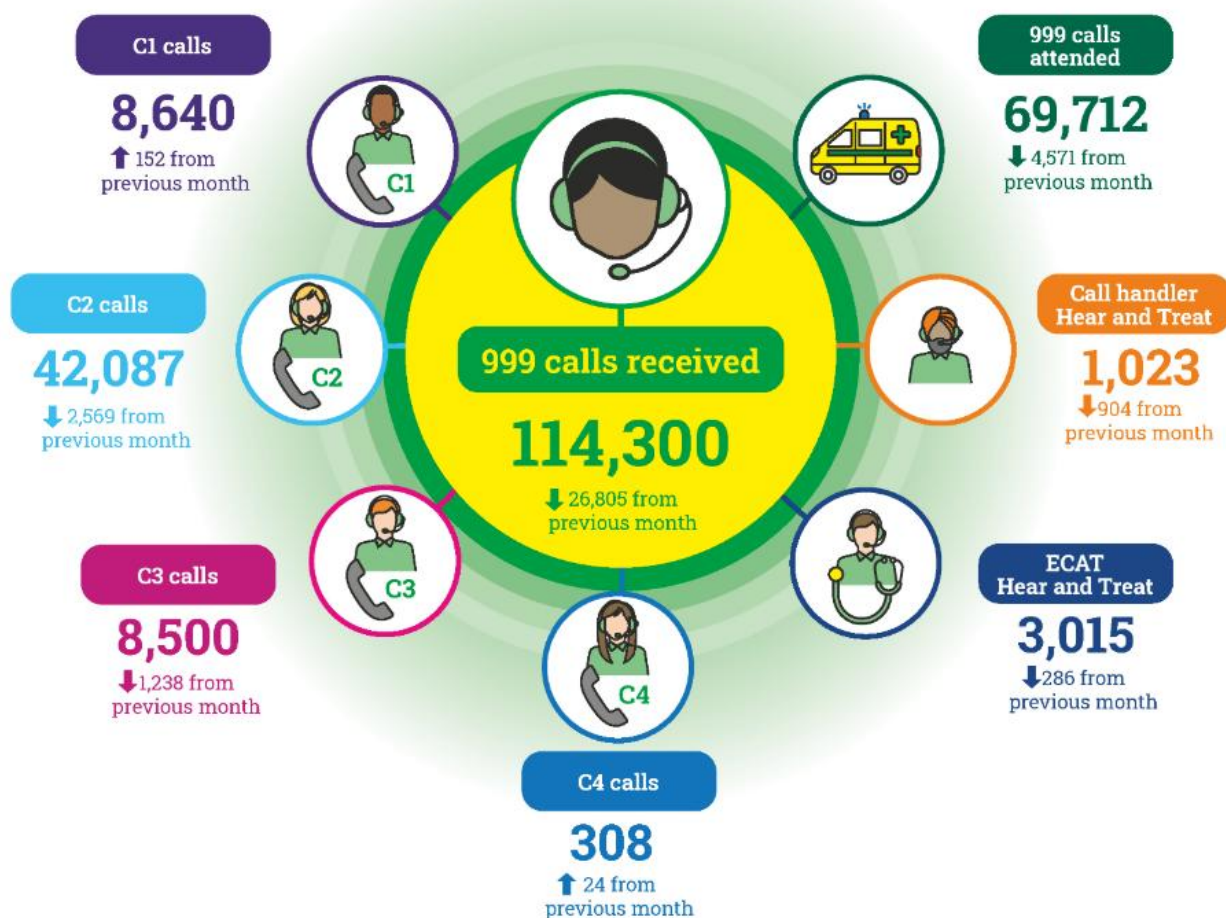
The report is to be presented at a forthcoming Trust Board meeting.

3.0 Region-wide performance overview

Monthly Performance Dashboard



December 2021 Data for 1-30 November 2021



KEY:

999 calls received: Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.

C1 calls: Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.

C2 calls: Total number of calls classed as an emergency for a potentially serious condition.

C3 calls: Total number of calls classed as urgent where some patients may be treated in their own home.

C4 calls: Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist

999 calls attended: Total number of 999 calls that received a response from a clinician either by phone or face to face.

Call handler Hear and Treat: Total number of calls triaged by call handlers as not requiring an ambulance response.

ECAT Hear and Treat: Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

4.0 Local Performance

4.1 The exceptional operational pressure on ambulance services continues nationally, with a resultant impact on patient safety, staff welfare and culture. This is predominantly attributable to demand, handover delays and increasing staff sickness, and is resulting in avoidable patient harm at a system level.

4.2 Despite unprecedented patient demand, we have worked hard to ensure that we are able to respond to calls in order of need, prioritising Category One calls (immediately life threatening) first. However, in common with other rural areas within the Trust region, we remain challenged in reaching patients in Essex as quickly as some other places we serve, and our mean and 90th percentile response times across C1-C4 calls are higher in Essex than the Trust averages.

To tackle the pressure on C1 calls during the winter months, we have developed the C1 Performance Plan. This has created 24 key points around the region (including three in Essex) where peak C1 calls are predicted. These points are covered with C1 responders, including Rapid Response Vehicles, ambulances and Community First Responders. These points are reviewed daily by local teams to ensure the best way to maintain cover. This is to ensure that we maintain a safe service to our sickest patients.

4.3 The Trust has been operating REAP 4 (Resource Escalation Action Plan 4) since late summer.

The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts and is currently the status of all ambulance Trusts in England.

4.4 We are working across the trust to ensure that we support patients with the most appropriate pathway, which includes using the 'Hear and Treat' teams within our control rooms to offer advice and guidance to other services for those callers that are triaged as not requiring an immediate response.

This allows those non-urgent patients to get the help they need quickly, while maximising our community response capabilities by avoiding crews being delayed at calls that did not require an ambulance.

We have resourced this with the deployment of 35 advanced paramedics within our Ambulance Operations Centres to undertake triage, closing at least 15 calls in a 12-hour shift and:

- Ensure the sickest patients are prioritised and responded to first - improving patient safety.
- Triage calls, to ensure accurate risk stratification and avoid sending physical responses when utilising alternative care pathways is clinically appropriate,
- Direct advanced/specialist paramedics in RRVs to those patients where conveyance avoidance can be achieved.

The Trust is also exploring use of Consultant Connect alongside the above activities to provide medical input to clinical decision making and appropriate signposting and care for patients.

4.5 Another action we have taken to combat our challenged C1 call volumes and response times has been to adapt our operating model to focus resources on maximising the number of double-staffed (traditional) ambulances to ensure that our fleet flexibility for any type of call is maximised.

4.6 The impact of increased demand is also being felt at acute trusts where we have seen a corresponding increase in ambulance turnaround times.

We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers at each of the acute trusts to facilitate handovers and ensuring that patients receive care in the most appropriate setting for them without being taken to hospital unnecessarily.

4.7 To improve the impact of increasing Arrival to Handover demand in Acute Trusts across Essex, EEAST is supporting the acutes with a Cohorting regime at times of severe demand. This enables clinicians to offload patients to be managed by our clinicians in Cohorting areas within the Emergency Departments.

4.8 This supports patient safety, improves the arrival to handover data for some journeys and allows the trust to free up ambulances to attend other patients.

4.9 The Trust has updated its Standard Operating Procedure for Intelligence Conveyance (IC). IC is the conveyance of patients to a hospital that may not be their local or normal hospital. It distributes patients arriving at A&E Departments taking into account data about ambulance arrivals and other measures of Emergency Department pressure. This should support patient safety and enable the crews to make decisions as to which hospital is under the least pressure. There are exclusions to this which involve patient diagnosis and other criteria.

Performance

Essex	Standard	National Target	July 21	Aug 21	Sept 21	Oct 21	Nov 21
	C1 Mean	07:00	08:32	09:08	09:40	10:37	11:33
	C1 90th	15:00	15:56	16:36	16:58	18:57	20:26
	C2 Mean	18:00	42:24	43:39	54:55	1:09:18	1:04:38
	C2 90th	40:00	1:25:25	1:29:51	1:52:51	2:23:00	2:13:03
	C3 90th	02:00:00	6:34:47	6:29:56	8:15:38	10:06:36	10:03:22
	C4 90th	03:00:00	9:38:47	6:59:45	10:54:41	10:59:47	11:37:14

Trust	Standard	National Target	July 21	Aug 21	Sept 21	Oct 21	Nov 21
	C1 Mean	07:00	08:45	09:12	09:51	10:39	11:19
	C1 90th	15:00	16:20	17:14	17:59	19:22	20:14
	C2 Mean	18:00	38:29	40:58	48:57	56:05	50:40
	C2 90th	40:00	1:21:20	1:27:59	1:45:54	2:00:14	1:47:04
	C3 90th	02:00:00	5:17:10	5:13:07	6:15:01	7:34:54	6:30:49
	C4 90th	03:00:00	8:19:28	6:54:11	9:05:43	9:04:33	9:35:52

Overall Trust performance for November (previous month in brackets)

Number of contacts received **114,300**

Face-to-face incidents attended **63,474**

Hear and Treat calls **6,238** = 8.95%

C1 Mean **11.25** [10.36]
C2 Mean **51.48** [56.00]
C3 Mean **2.52.51** [3.04.29]
C4 Mean **3.46.23** [3.38.36]

Resourcing

Planned hours of patient-facing coverage against actual hours achieved (as a consequence of sickness and other abstractions).

Month/Year	AGM Name	Total Coverage Hours (Planned)	Work Effective Hours (Actual)
Oct-21	Mid Essex Resources (A&E)	24045:10:00	17247:10:48
	North East Essex Resources (A&E)	16216:37:00	12591:52:00
	North West Essex Resources (A&E)	13410:45:00	9924:45:48
	South East Essex Resources (A&E)	19912:27:00	15413:27:00
	South West Essex Resources (A&E)	20081:24:00	15183:39:12
	West Essex Resources (A&E)	20246:15:00	14820:15:48
		113912:38:00	85181:10:36
Nov-21	Mid Essex Resources (A&E)	22921:57:00	16673:27:00
	North East Essex Resources (A&E)	16571:46:00	12376:46:48
	North West Essex Resources (A&E)	13611:15:00	9700:55:48
	South East Essex Resources (A&E)	19976:57:00	14935:13:00
	South West Essex Resources (A&E)	19766:00:00	15144:27:00
	West Essex Resources (A&E)	20956:51:00	15245:45:48
Nov Total	Total	113804:46:00	84076:35:24

Arrival to Handover Data for July-November 2021 for all 5 Acute Hospitals.

Hospital Name	A2H Count	A2H < 15 min Count	A2H < 15 min %	A2H > 15 min Count	A2H > 15 min Time Lost hh:mm:ss	A2H > 15 min %	A2H > 30 min Count	A2H > 30 min Time Lost hh:mm:ss	A2H > 30 min %	A2H > 60 min Count	A2H > 60 min Time Lost hh:mm:ss	A2H > 60 min %
Basildon & Thurrock Hospital	11914	5210	43.73%	6704	1770:06:37	56.27%	1979	852:05:30	16.61%	547	323:41:14	4.59%
Broomfield Hospital	11629	4618	39.71%	7011	2478:34:55	60.29%	2497	1467:33:07	21.47%	995	676:57:54	8.56%
Colchester General Hospital	15075	2690	17.84%	12385	2839:05:35	82.15%	2589	1248:18:23	17.17%	823	537:32:50	5.46%
Princess Alexandra Hospital	7542	1315	17.44%	6227	4272:04:19	82.56%	3632	3076:15:08	48.16%	1716	1836:55:27	22.75%
Southeast University Hospital	11024	1863	16.90%	9161	2969:12:50	83.09%	2837	1560:43:02	25.73%	965	767:55:34	8.75%
Total	57184	15696	27.45%	41488	14329:04:16	72.55%	13534	8204:55:10	23.67%	5046	4143:02:59	8.82%

Average Arrival to Handover in minutes – target 15 mins

AGM Name	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Mid Essex	00:19:38	00:20:56	00:28:20	00:31:17	00:34:42
North Essex	00:21:48	00:28:22	00:27:56	00:25:12	00:27:04
South East Essex	00:23:28	00:26:17	00:30:45	00:35:07	00:41:06
South West Essex	00:19:40	00:22:05	00:25:33	00:25:04	00:30:38
West Essex	00:37:17	00:36:50	00:47:11	00:52:42	00:54:02
Total	00:23:03	00:26:02	00:30:20	00:31:45	00:35:39

Handover to Clear Data for July-November 2021 for all 5 Acute Hospitals

Hospital Name	H2C Count	H2C < 15 min Count	H2C < 15 min %	H2C > 15 min Count	H2C > 15 min Time Lost hh:mm:ss	H2C > 15 min %	H2C > 30 min Count	H2C > 30 min Time Lost hh:mm:ss	H2C > 30 min %	H2C > 60 min Count	H2C > 60 min Time Lost hh:mm:ss	H2C > 60 min %
Princess Alexandra Hospital	7540	3900	51.71%	3640	560:39:05	48.26%	644	145:00:36	8.54%	64	25:33:06	0.85%
Southend University Hospital	11020	7909	71.74%	3111	456:43:03	28.22%	596	145:55:45	5.41%	73	12:33:20	0.66%
Basildon & Thurrock Hospital	11912	7974	66.93%	3938	467:24:46	33.05%	561	138:46:45	4.71%	79	20:53:23	0.66%
Colchester General Hospital	15075	8264	54.82%	6811	649:24:02	45.18%	475	89:58:39	3.15%	39	10:54:43	0.26%
Broomfield Hospital	11625	8794	75.62%	2831	213:22:54	24.34%	172	33:44:56	1.48%	11	3:19:59	0.09%
Total	57172	36841	64.42%	20331	2347:33:50	35.55%	2448	553:26:41	4.28%	266	73:14:31	0.47%

Average Handover to Clear in minutes – target 15 mins

AGM Name	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Mid Essex	00:12:45	00:13:24	00:13:20	00:13:16	00:13:20
North Essex	00:13:56	00:15:05	00:15:24	00:15:33	00:15:09
South East Essex	00:13:15	00:13:29	00:14:30	00:14:38	00:14:36
South West Essex	00:14:18	00:14:50	00:14:22	00:14:53	00:14:40
West Essex	00:15:28	00:16:09	00:15:56	00:16:26	00:17:13
Total	00:13:48	00:14:28	00:14:36	00:14:51	00:14:50

5.0 Other Projects and Progress

5.1 Co-response

Within EEAST, we have several community-based resources, this ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 Community First Responders (CFRs) split into 250 schemes Trust-wide.

Together they volunteer 38,000 hours per month and improve our C1 mean response time by 15 seconds.

We have also run two additional CFR induction courses through December, bringing an additional 15-20 CFRs into stream.

During December, we also implemented new CFR cars in:

- Ipswich
- Colchester
- Kings Lynn
- Waveney
- Cambridge
- Luton

EEAST is also developing a specific co-response model with the various Fire & Rescue Services (FRS) within the region, based on a successful trial in Bedfordshire. The model will look at FRS supporting EEAST with the following types of co-responding:

- Cardiac Arrest only
- Full C1 response
- Falls response
- Bariatric response

5.2 Late finish programme

Late finishes have a big impact on staff's homelife and wellbeing and we have been trialling a new programme to reduce late finishes (<https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rvvs.htm>).

The main expected benefit is a reduction in the frequency and length of late finishes. Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to: oncoming crews less likely to have to wait for a returning vehicle.
- fewer crews coming in late for their following shift.
- Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved 'Handover to Clear' times.

Following the success of a trial earlier this summer, the late finish programme has now been extended across the whole Trust region and is now being embedded into ongoing Operations practise.

5.3 Essex local projects/collaborations

Tri-Service Rural Community Officer

EEAST have implemented a pilot initiative together with Essex Police and Essex Fire & Rescue in the Dengie Peninsula. This collaborative role includes functions of a new community engagement and prevention role for Essex County Fire and Rescue Service (ECFRS) and Essex Police (EP), with an additional response to medical emergencies similar to a Community First Responder.

A key aspect of the role is community engagement/networking, as well as carrying out 'Safe and Well' visits and referrals to partner agencies

Consultant Frailty Line

MSE Commissioners have funded a Consultant Frailty line and have now given EEAST qualified EMTs and Paramedics access to that line (as of 7/12/21). This will provide additional support for crews when looking to keep patients at home and avoid hospital attendances/admissions.

Same Day Emergency Care (SDEC) Direct access

EEAST have been working with Commissioners and the Mid & South Essex NHS Foundation Trust to create a direct referral pathway for EEAST clinicians to take patients straight to SDEC, where appropriate, instead of A&E. It is hoped that this work will be finalised shortly and able to go live in the New Year.

- 5.4 We are delighted to report that the Trust has been awarded Freedom of the Borough by Basildon Council in recognition of the eminent, valuable and devoted services which our staff have rendered to the Borough of Basildon during the COVID-19 pandemic.

6.0 COVID-19

We have continued to adapt to the latest phase of the COVID pandemic.

- 6.1** Having completed the course of two doses of vaccine for more than 90% of our staff, putting us in the top 20 of trusts for staff vaccination rates, we are now commencing offering staff a booster dose.
- 6.2** We continue to monitor and mitigate the COVID risks to our staff and patients in light of the emerging risk of the Omicron variant - and we are actively reminding all staff of the importance of following the latest COVID protocols at all times.

7.0 Winter Plan

Winter plan activities are progressing. This includes recruiting 50 more call handlers (targeting another 100) and the implementation of cohorting to improve resources and enable better demand management.

7.1 Other Winter Plan Assurance:

- Offering increased overtime levels for existing and experienced staff.
- Offering to 'buyback' leave or allow it to be carried over to 2022.
- A centralised sickness line and rapid COVID-19 testing to reduce sickness absence.
- Setting contingency plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services if required.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and we also direct around 1,500 patients per week to other sources of help. Nationally this is around 11.5% of calls.
- Increasing the use of private ambulance services who work with us.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 Online, pharmacies and their GPs.
- Sector Delivery Leads (SDL) in place daily to monitor hospital delays.
- Head of Operations and General Managers to work 7 days where possible to provide daily management and leadership cover through December and January.
- Assistant General Managers to be the link with each Acute and undertake Level 2 escalations.
- Head of Operations/General Managers to undertake Level 3 Acute escalations daily.
- Implementation of the Patient Cohorting Team.
- HALO hours to be extended over Christmas and New Year at peaks of high demand.
- Daily engagement of system calls to ensure up to the minute analysis of need.
Tactical, System and Teams calls set in the calendars with Acute senior management, management from Health and Social Care and the local CCG.
- Sector Resource Planning Manager predicting Peak of Night and Peak of Day capacity.
- Optimise the use of non-clinical drivers.

7.0 Conclusion

The additional guidance and support we are receiving as a consequence of the CQC Report and being in the Recovery Support Programme, are enabling EEAST to address the serious cultural issues across the organisation, and work is now moving at pace.

We are making good progress towards our improvement targets and being taken out of 'Special Measures'.

7.1 On performance, the picture remains complex as many of the challenges we face are at the system-level nationally and not being faced by EEAST alone.

Hospital handover delays are one such system-issue and we have resourced this with HALO and Cohorting officers to work closely with the CCGs and colleagues in Acute Hospitals to identify and resolve these issues collaboratively.

7.2 To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: [InTouch EEAST](http://www.eastamb.nhs.uk/intoucheeast.htm) www.eastamb.nhs.uk/intoucheeast.htm