WHERE WE ARE …

• The Care Quality Commission has recognised the significant improvements and changes that we have made in the March 2017 report

• We have established an Improvement Portfolio Board with clear lines of reporting and accountability

• The Quality Improvement Plan has been developed and is in place. It is monitored through the Improvement Portfolio Board

• Joint working with our partners is essential to continue to deliver sustainable change across North East London and Essex

• We undertake continual external and internal assurance
## MUST DO ACTIONS – MARCH 2017 REPORT

<table>
<thead>
<tr>
<th>Improvement Plan Must Do Action</th>
<th>Must Do BRAG (To End of May 2017)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Must Do 1</strong> - Ensure there is oversight of all training done by locums particularly around advanced life support (ED)</td>
<td>Completed</td>
<td>Completed and process in place</td>
</tr>
<tr>
<td><strong>Must Do 2</strong> - Take action to address the poor levels of hand hygiene compliance</td>
<td>Completed</td>
<td>Completed with an improvement in compliance that meets Trust target. A further detailed plan is in place to continue to improve.</td>
</tr>
<tr>
<td><strong>Must Do 3</strong> - Ensure fire safety is maintained by ensuring fire doors are not forced to remain open (PAEDS)</td>
<td>Completed</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Must Do 4</strong> - Ensure staff have a full understanding of local fire safety procedures, including the use of fire doors and location of emergency services (PAEDS)</td>
<td>Completed</td>
<td>Completed – A further plan is in place to train ward staff to be fire safety marshals within working area</td>
</tr>
<tr>
<td><strong>Must Do 5</strong> - Ensure hazardous waste including sharps bins is stored according to related guidance and EU directives. This includes the consistent use of locked storage facilities. (PAEDS)</td>
<td>Completed</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Must Do 6</strong> - Take action to improve the response to patients with suspected sepsis</td>
<td>Completed</td>
<td>Completed – The response time has improved and further work is being done in line with a national CQUIN to further develop and improve</td>
</tr>
<tr>
<td><strong>Must Do 7</strong> - Take action to improve the levels of resuscitation training</td>
<td>Completed</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Must Do 8</strong> - Ensure all patients attending the ED are seen by a clinician in a timely manner</td>
<td>On track</td>
<td>Plan in place with in ED. Continues to improve since inspection but with on-going work and monitoring.</td>
</tr>
</tbody>
</table>
TRUST BOARD

Chair: Dr Maureen Dalziel (Chair)
Monthly

Quality Assurance Committee
Chair: Dusty Amroliwala (NED)
Monthly

Finance and Investment Committee
Chair: Eric Sorensen (NED)
Monthly

People and Culture Committee
Chair: Mark Lamb (NED)
Monthly

Audit Committee
Chair: Tom Phillips (NED)
Monthly

Trust Executive Committee
Chair: Matthew Hopkins (Chief Executive)
Monthly

Improvement Portfolio Board
Chair: Matthew Hopkins (Chief Executive)
Monthly

Programme Meetings
(Chair SROs)
Fortnightly

Projects
Weekly

Clinical Quality Review Meeting
Chair: CCG
Monthly

Oversight Assurance Committee
Chair: TBC
Bi-monthly

All CQC Must Do and Should Do Actions
QUESTIONS?