

## Guidance for CSU's relating to existing governance processes

- **CQUINS**
  - All CQUINS data collection and submission has been suspended for Q4 (19/20) and Q1 (20/21)
- **Mandatory nursing audit/medical audit**
  - All mandatory nursing (Handover audit and Vascular Access Device audit) and medical audits have been suspended for Q1
- **Speciality audit plan**
  - All planned speciality audit plans to be suspended and do not require submission on 31 May 2020
- **NCEPOD**
  - All NCEPOD that require clinical input has been suspended
- **NICE Guidance**
  - All NICE guidance will be reviewed by the quality team. Any urgent key updates will be disseminated. The completion of all other baseline assessments relating to NICE guidance will be suspended.
- **Perfect ward and governance meeting**
  - Matron to review perfect ward dashboards on a monthly basis and escalate any areas of concern to the HoN for further discussion and action.
  - CSU leads to continue to oversee governance, agree local arrangements to review quality standards (incidents, complaints, PALS, mortality), perfect ward escalation and risks on a bi-monthly basis and complete an assurance/escalation statement (see appendix 1). Please send the completed document to : [leedsth-tr.qualitygovernance@nhs.net](mailto:leedsth-tr.qualitygovernance@nhs.net)
- **M&M and Mortality Screening Tool and SJR**
  - Routine mortality reviews to be suspended (M&M)
  - Mortality screening tool to be completed for all inpatient deaths on PPM+; specialties to conduct this when completing the Medical Certificate of Cause of Death (MCCD)
  - SJR will be required if 'Yes' is documented in response to the following questions;
    - *Are you concerned that any problems in healthcare occurred?*
    - *Have you any concerns that this death was avoidable?*
    - *Is this case subject to an investigation?*
    - *Did the Family / carers have any significant concerns regarding the quality of care provided?*

If there are concerns following completion of a SJR then this must be escalated.

- **Falls and pressure ulcer RCA meetings**
  - Local RCA meetings to continue with limited numbers, observing social distancing rules. No change in Stop the Line process. Both falls and pressure ulcer panel meetings will be held remotely using either Microsoft teams or Skype for Business.
- **QI collaborative**

- Collaborative meetings suspended unless local agreements are made. Wards or departments that are part of a collaborative may continue to implement any new interventions if deemed appropriate.
  - Data relating to the collaboratives will continue to be collated and shared with CSUs.
- **Duty of Candour**
    - The processes relating to Duty of Candour (DoC) Regulations will continue. Support from risk management will be available, including the preparation of a second DoC letter when moderate to severe harm has occurred.
- **Mixed Sex Breaches**
    - If a mixed Sex Breach has occurred, this will be reported on datix and a verbal apology given to the patient. Corporate Nursing will review reported breaches once every two weeks and collate themes. CSU's will not be required to undertake an RCA.
- **Ward Healthcheck metrics**
    - Separate communication has been distributed to the Heads of Nursing and Matrons in relation to the new arrangements.
- **Reactive ward/department assurance visits**
    - The Clinical Support Team in Corporate Nursing will liaise directly with CSU's to arrange reactive assurance visits where these are required.
- **Safety thermometer**
    - This has been suspended nationally - there is no requirement to collect this data
- **VTE's**
    - VTE RCA's will be completed by the VTE Clinical Nurse Specialist using the patient's electronic records. Support will be sought from the medical team if this is required. This process will be reviewed and may be revised depending on the capacity of the VTE Clinical Nurse Specialist.
- **Committee Meetings**
    - Committee meetings will be suspended until 31 May 2020, in line with the guidance provided by NHSE/I. If there are any issues requiring urgent discussion or Trust Board sign off (for externally reportable information), please contact Sarah Johnson via email: [leedsth-tr.qualitygovernance@nhs.net](mailto:leedsth-tr.qualitygovernance@nhs.net)

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**Appendices - Appendix 1 – Assurance/Escalation Form (to be completed by the CSU Triumvirate team bi-monthly)**

## Assurance/Escalation Form – For use during COVID-19

Meeting:		Date of meeting:	
Attendees:			

<b>Key Decisions / Actions</b>
<b>Areas of risk / New risks identified</b>
<b>Actions underway</b>

