CQC RPIR

NHS & Combined Trusts

Information & Metric Additional Guidance for Providers

This document provides guidance to the ‘Routine Provider Information Return (RPIR) Additional Questions’ for Acute providers, and the supporting rationale for each metric*

*metric in this instance may refer to a request for information or a free text question as well as traditional measures

Contents

Routine Provider Information Return – Additional Questions

Introduction

This document provides a brief overview of the rationale for the information requested in your Routine Provider Information Request (RPIR), details which Key Line of Enquiry requests align to where relevant and provides detail on the type of information required for each individual request. Further to this document detailed guidance is also included in the RPIR workbook itself.

The RPIR is sent to an organisation approximately annually and provides a provider's view of their own quality, some quantitative and qualitative data and some contextual information around services provided or national data.

The RPIR It is formatted into four separate documents; firstly, a universal RPIR that all NHS providers will receive and are required to complete and then three separate documents with additional requests relevant to either acute, community health or mental health providers. As routine all providers will receive the universal RPIR and then additional components of the RPIR depending on which services which they provide (i.e. an organisation exclusively providing mental health services will receive the universal RPIR and the RPIR relevant to mental health only). Combined providers will receive a mix of these that matches their make-up.

The RPIR is formatted as Excel workbooks that contains a mixture of quantitative and qualitative questions that we would like you to answer, as well as a list of documents that we require you to submit. The workbooks allow CQC to gain a deeper understanding of the provider performance and the core services that it provides.

Please Note: We recognise not every organisation is structured the same way and so we have tried to adapt the RPIR to be flexible enough to allow for this. However, in instances where you are worried your structures make it difficult to complete the RPIR please contact your named CQC contact as soon as possible to discuss. We have also included an appendix sheet which lists the mapping CQC methodology uses to determine which speciality sits under which core service. You may find it useful to use this to help you extract data.

Navigation
Guidance document – in the contents page the Press Ctrl on your keyboard and click on a heading to navigate to that section in this document.

RPIR workbooks - The workbook has a contents page which hyperlinks to all sheets. All sheets have a back button which hyperlink back to the contents page.

Data Sharing Agreement
We will share the data from the RPIR with NHS Improvement (NHSI) as part of our priority to promote a single, shared view of quality. We are also negotiating access to their data which will enable us to drop some questions from this document to avoid duplication of submission.

If there is anything you would not be happy for us to share with NHSI please do let us know.

Key Points

When completing your RPIR:

- Time periods are included for all requests however please note the following:
    - Where we refer to the last 12 months we mean from the time you are filling in the workbook.
        - Where we mean financial year or year to date (YTD) this is specified.
        - When we ask for data monthly we would like month one (M1) to be 12 months ago and month 12 (M12) to be the most recent data.
        - Please use the last complete month of data for the most recent month, please don't use the current month if you do not have a complete month of data yet.
- Cells for provider completion are highlighted in yellow.
- If something is not relevant to you, or you do not provide the service, please let us know this in the 'Question List' or 'Document Log' tab. Context can be provided in the 'Notes' column.
- In the tables please do not enter 0 if it is not relevant or provided, please leave blank, for example if a ward/team was closed for a period of time, leave the cells blank. If you do provide the service but the answer is a true zero, then please input a 0.
- Where we are asking for data by team / ward, please provide this for every team/ward unless the sheet advises otherwise. [i.e. for sickness fill in every single team / ward, even if it means adding 0 in].
- Please try and limit narrative answers to 250 words, or the limit designated. We recognise the word limit is tight and welcome brief, high-level responses, or even bullet points. As these answers are a starting point for potential discussion or context around data we already hold so do not need to be exhaustive.
- Where we ask you to provide documents you may not always be able to do this. We recognise you may not participate in all audits, collect the information we have asked for or in some instances a document may be impractical to send. In the box called 'Provided to CQC' please indicate whether you have provided documents or not and we will follow up as required.
- In sections where we ask for information by staff groups we use the standard ESR grouping specified by NHS Digital which can be found here: https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-data-set-nwd-guidance-documents.
- Please ensure, to the best of your ability, that all Core Service mapping is mapped against the signed off "sites tab".
- We have included a provider validation sheet so you can check the overall calculations used by CQC at provider-wide level. Any discrepancies need to be resolved in the raw data. This sheet is for the provider's use only as a self-validation check. If you have any queries on the formulas used or issues with the sheet, please contact your named CQC contact.
- We have protected the formatting and sheets in the document. Whilst you can work off multiple versions of the workbook so that individual tabs can be completed by the relevant staff member, please ensure the workbook is compiled back into its complete form before submitting. Please note, any individual locked cells in provider documents should be avoided as this will prohibit the data from being changed once pasted into the template. Any feedback on the format or issues inputting data due to validation please contact your named CQC contact or RPIRqueries@cqc.org.uk.

When submitting documents:

- For all documents submitted please ensure that the appropriate RPIR ID indicated for each return is included as part of the file name (e.g. P1 etc.) and is the first word in the document title. We request you use the following naming convention for files RPIR ID /trust ODS code/ Document name (e.g., P69 RZZ Infection Control Report 2017).
- When returning documents please do not embed documents. We often have issues downloading these from our document storage system.
- If documents are password protected or coded please remember to tell us.
- Documents may be submitted in any commonly recognised office format (e.g. Word, Excel, PDF) but we ask that quantitative data is not submitted as a PDF so that we are able to analyse it.
- Please refer to the accompanying letter for instructions on how to submit your completed PIR workbook and any related documents via our online portal.

Acute Providers

Questions

Context of all acute services

RPIR ID	AC1. Context acute
Question	Please provide a brief description of each core service as it is reflected in your organisation.
Definition	An opportunity for providers to give their own description of how the core services are reflected in their organisation
Points to note	• You can draw our attention to any unusual commissioning arrangements or organisational structures here. • You can highlight any additional services you provide that we may wish to consider inspecting. Detailed guidance about what we might consider can be found on our website http://www.cqc.org.uk/guidance-providers/nhs-trusts/when-we-will-inspect-nhs-trusts • The word limit is not fixed if you need to use slightly more than 250 (up to 10% more).
Time Period	Current

List of End of Life Care networks and partners

RPIR ID	AC2. EOLC networks
Question	Please provide a list of Hospices, EOLC networks and partners you work with.
Definition	A list of any EOLC networks the provider is part of and any partners (for example local hospices or Macmillan Cancer Care). This provides context so we can make sure we only look at the services you provide, but also allows us to contact partners for feedback if we would like to do so.
Points to note	• The word limit is not fixed if you need to use slightly more than 250 (up to 10% more). • End of life care is support for people who are approaching the last months or years of their life and following death.
Time Period	Current

Surgical Site Infections and WHO Checklist Audits – Children & Young People (CYP)

RPIR ID	AC3. Surgery CYP
KLOE Heading	Are there reliable systems, processes and practices to keep people safe, and safeguarded from abuse?

For KLOE Prompt(s)	S1.9 Do the design, maintenance and use of facilities and premises keep people safe? **Could this be E2.4? as not really about environment, more on audits**
Question	Surgery for Children and Young People overview
Definition	A brief description of methods, outcomes and actions from audits into surgical site infections and the 5 safer steps to surgery (WHO Checklist). Specifically for surgery for CYP only.
Points to note	• The word limit is not fixed if you need to use slightly more than 250 (up to 10% more)
Time Period	Current

Gynaecology and Termination of Pregnancy Services (ToPS)

RPIR ID	AC4. GynaeTops
KLOE Heading	Are there reliable systems, processes and practices to keep people safe, and safeguarded from abuse?
For KLOE Prompt(s)	S1.9 Do the design, maintenance and use of facilities and premises keep people safe? **E2.3 or E2.4?**
Question	Surgery for Gynaecology Patients
Definition	A brief description of methods, outcomes and actions from audits into surgical site infections and the 5 safer steps to surgery (WHO Checklist). Specifically, for gynaecological surgery only. Numbers of ToPS/Colposcopies and hysteroscopies performed.
Points to note	• Use the same, latest 12 month period for the 3 tables • All Date fields should be in standard date format, and not include any text • If you offer the service but did not provide any within the 12 months, please enter 0. • If you do not offer the service, please leave blank • Please ensure you input percentages in the correct columns • The word limit is not fixed if you need to use slightly more than 250 (up to 10% more)
Time Period	Latest 12 months

Surgical Site Infections and WHO Checklist Audits – surgery

RPIR ID	AC5. Surgery
KLOE Heading	Are there reliable systems, processes and practices to keep people safe, and safeguarded from abuse?
For KLOE Prompt(s)	S1.9 Do the design, maintenance and use of facilities and premises keep people safe?

	Could this be E2.4? as not really about environment, more on audits
Question	Surgery
Definition	A brief description of methods, outcomes and actions from audits into surgical site infections and the 5 safer steps to surgery (WHO Checklist). Specifically, for all surgery excluding CYP and Gynaecology.
Points to note	• Please do not include information/data already given in the CYP and Gynae tabs. • The word limit is not fixed if you need to use slightly more than 250 (up t0 10% more)
Time Period	Current

Time to initial assessment

RPIR ID	AC6. Time To initial assessment
KLOE Heading	How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe
For KLOE Prompt(s)	S2.4 How do arrangements for handovers and shift changes ensure that people are safe? **Could this be R3.1? as more about assessment times**
Question	Median time to initial assessment for all patients.
Definition	The median time to initial assessment for all patients (including those arriving via ambulance and walk-ins) attending the service over the past 12 months. This is for all urgent and emergency care acute services and should be reported within a separate table for a separate site or location.
Points to note	• There are separate tables within the tab to be used if you have multiple locations/sites providing Urgent and Emergency care. • Please only use the Median time in Minutes to complete the table • Date of extract data fields should be in standard date format • If you do not provide Urgent/Emergency Care, please leave blank
Time Period	Last 12 months

Maternity Overview

RPIR ID	AC7. Maternity Overview
KLOE Heading	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
For KLOE Prompt(s)	E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?
Question	Maternity Overview
Definition	An overview of maternity services provided including numbers of births by location type, still births and neonatal deaths, transfers, consultant cover and planned delivery location.
Points to note	• If possible, please try to align all dates to the same 12 month period. • All Date fields should be in standard date format, and not include any text • Include home births as a separate location • List all sites and locations separately • Please Complete table 11 if you cannot provide any of the required data • Please ensure you input percentages in the correct columns • Please ensure your percentage calculations in table 8 are accurate • Ensure that you use hours where requested, and use minutes where requested. • Ensure the data provided in table 8 & 9 are present in the relevant area of table 10 – as they should total the same number.
Time Period	Latest 12- 24 months – as specified on tab

Critical Care staffing

RPIR ID	AC8. CC - staffing
KLOE Heading	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
For KLOE Prompt(s)	E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs that covers the scope of their work, and is there protected time for this training?
Question	Critical Care staffing overview
Definition	The total number of nursing staff in critical care who have a post-registration awarded in critical care nursing. Also, the number of all staff who received training in the use of specialised equipment. These should be a headcount of all relevant staff and all who have the relevant qualification/training.
Points to note	• All Date fields should be in standard date format, and not include any text

	• Include all critical care units if you have multiple sites and report per unit • Only use whole, positive numbers • The number in the total column, should not be less than the number in the registration/training column
Time Period	Current – a snapshot on a specific date

Clinical supervision

RPIR ID	AC9. Clin Supervision
KLOE heading	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
For KLOE Prompt(s)	E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment?
Question	Clinical supervision rates at team level
Definition	A description of what clinical supervision arrangements are in place for your staff.
Points to note	• We define supervision as “an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team” • This is NOT an appraisal • The word limit is not fixed to 250 if you need to use slightly more (up to 10% more)
Time Period	Current – last 12 months

RPIR ID	AC10. Other - staffing
KLOE Heading	How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?
For KLOE Prompt(s)	E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?
Question	Other Staffing
Definition	The total number of specialist learning disability nurses and registered mental health nurses.
Points to note	• The Date field should be in standard date format, and not include any text • Include both the establishment and the current snapshot • Should be a headcount rather than WTE if possible • Should be a whole number • Please leave blank if not applicable

Time Period	Current – a snapshot on a specific date

Other staffing

Education

RPIR ID	AC11. Education
KLOE Heading	Do services take account of the particular needs and choices of different people?
For KLOE Prompt(s)	R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate, to have access to education and work opportunities?
Question	Education Overview
Definition	An overview of how their educational needs are met and links to any external reviews of education provided (e.g. OFSTED reports).
Points to note	• Only relevant if you have children and young people as inpatients • The word limit is not fixed to 250 if you need to use slightly more (up to 10% more)
Time Period	Within the last 12 months

Children & Young People Mental Health Services (CYPMHS) and Transition Services

RPIR ID	AC12. CYPMHS & transition
KLOE Heading	Can people access care and treatment in a timely way?
For KLOE Prompt(s)	R3.4 Do people with the most urgent needs have their care and treatment prioritised? **Could it be R2.1? as tab not really asking about treatment times etc**
Question	Children and young people mental health services and child transition services
Definition	An overview of CYPMHS services. Who provides them and how they are accessed during times of crisis or out of hours. The number of CYPMHS patients who were admitted as inpatients to an inappropriate area for their safety (e.g. adult unit/wards). An overview of the transition from children to adult services – not CYPMHS specific but any service provided.
Points to note	• Transition service = Transition from children to adult's services • The word limit is not fixed to 250 if you need to use slightly more (up to 10% more)
Time Period	Current

Black Breaches

RPIR ID	AC13. Black breaches
KLOE Heading	Can people access care and treatment in a timely way?
KLOE Prompt(s)	R3.3 What action is taken to minimise the length of time people have to wait for care, treatment or advice? **could it be R3.4? as not really outlining actions to minimise wait times.**
Question	Urgent and emergency care – black breaches
Definition	CQC defines a black breach as handover from ambulance to the ED or A&E taking longer than 60 minutes.
Points to note	• All Date fields should be in standard date format, and not include any text • Only relevant if you have an Emergency Department. • The number of patients affected by this, per week, for the last year • Description should be no more than a sentence or two • Only use the "Monday" date of the particular week • Please only list the weeks where a black breach occurred – if none occurred in a week (Monday – Sunday) you do not need to include this week in the table.
Time Period	Last 12 months

Documents

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) report and Radiation Protection Advisor reports

Information Request ID	Document(s) to provide – AC14
KLOE heading	Are there reliable systems, processes and practices to keep people safe, and safeguarded from abuse?
For KLOE Prompt(s)	S2.6
Guidance	Copy of the latest IR(M)ER report and Radiation Protection Advisor (RPA) reports
Time Period	Last 12 months

Minutes Psychiatric Liaison Service

Information Request ID	Document(s) to provide AC15
KLOE heading	Are there reliable systems, processes and practices to keep people safe, and safeguarded from abuse?
For KLOE Prompt(s)	S1.6

Guidance	Provide the minutes of meetings with psychiatric liaison teams
Time Period	Last 3 meetings

ICNARC case mix programme report - recent data

RPIR ID	Document(s) to provide AC16
KLOE heading	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
For KLOE Prompt(s)	E2.4
Guidance	The Intensive Care National Audit & Research Centre case mix programme report (CMP). We can access the recent, published data via the national website but there is a time lag with this data. We would like the most recent performance figures (even if they are not published).
Time Period	Within last 12 months – most recent collection

Quality Indicators for District Nurse response times

Information Request ID	Document(s) to provide AC17
KLOE heading	How do people receive personalised care that is responsive to their needs?
KLOE Prompt(s)	R1.2
Guidance	Only relevant if you provide district nursing staff. Please provide the local quality indicators, agreed with commissioners, for district nurse response times and the current performance against these.
Time Period	Last 12 months

Reporting times for radiology

Information Request ID	Document(s) to provide AC 18
KLOE heading	Can people access care and treatment in a timely way?
KLOE Prompt(s)	R3.1
Guidance	Provide the Radiology reporting times for the last year.
Time Period	Last 12 months

Appendix A

Acute Core Service Definitions

AC – Critical Care

This includes areas where patients receive more intensive monitoring and treatment for life threatening conditions. Such areas are usually described as high dependency units (level 2), intensive care units (level 3) or by the umbrella term, critical care units. Outreach services provided in other areas of a hospital must be included. Some trusts provide units for specific conditions such as renal or respiratory failure and spinal injury. The units are included in this core service if they are funded as a high dependency unit and/or are led by a consultant intensivist.

AC – Diagnostics

This core service includes imaging services, services where individuals undergo physiological measurements and diagnostic testing, and receive diagnostic test results. Screening procedures, such as X-rays, fluoroscopy, MRIs, PET, CT and DEXA scans, ultrasound (including baby ultrasound that is not part of a maternity service), nuclear medicine scans, and mammography are also included.

AC – End of Life Care

End of life care involves all care for adult patients who are approaching the end of their life and following death. A provider may deliver care on any ward or as part of any of its services. It includes aspects of basic nursing care, specialist palliative care, bereavement support and mortuary services. Care that relates to terminations of pregnancy, miscarriages and stillbirths at any stage of a pregnancy are inspected under maternity services. End of life care services that relate to children and young people are inspected under services for children and young people.

AC – Gynaecology

This includes all services provided to women that relate to gynaecology. This includes providing advice and treatment to women requiring a wide range of both general and specialist care throughout their lives, from birth until after menopause. Services can include paediatric gynaecology, acute pain, pre-menstrual problems, fertility, bladder dysfunction, colposcopy, menopause and oncology. Termination of pregnancy is also included within the scope of this service.

AC – Maternity

This includes all services provided to women that relate to pregnancy (including the planning and/or prevention of). Therefore, ante and post-natal services are included, as well as labour wards, birth centres and units, and theatres providing obstetric related surgery. Some of these services will be provided by the hospital in the community setting and therefore we will consider the pathways being provided between the two settings. If a new born baby requires treatment in a special care baby unit (SCBU) or neonatal unit where the care is delivered by a paediatrician, this will be included under the core service for children and young people.

AC – Medical Care (including older peoples care)

This includes the broad range of specialities not included in the other core services. In general terms, medical care can be thought of as those services that involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery. Endoscopy or chemotherapy services undertaken as a day case will be included within

medical care. Areas that will be inspected include acute assessment units (also known as medical assessment units) and general and speciality wards, including gerontology (also known as care of the elderly) wards.

AC – Outpatients

Outpatient services includes all areas where people receive advice or care and treatment without being admitted as an inpatient or day case. It does not include children's outpatient services, as these are covered under the children and young people service.

AC – Services for Children and Young People

This includes all services provided for children up to the age of 18. This includes inpatient wards, surgery, outpatients, paediatric intensive care units, arrangements for transition to adult services and end of life care along with the interface with maternity services. However, it does not include care provided in the emergency department, which is covered under the urgent and emergency core service. End of life care for children encompasses all care given to young patients who are approaching the end of their life and following death and are delivered on child specific wards or within any child specific service of a trust.

AC – Surgery

This includes most surgical activity in the hospital, for example, planned (elective), emergency and day case surgery. Areas that will be inspected include pre-assessment areas, theatres and anaesthetic rooms and recovery areas. All surgical disciplines should be included when they are provided, for example, trauma and orthopaedics, urology, ENT, cardiac surgery, vascular, ophthalmic surgery, neurosurgery and general surgery etc. Interventional radiology should be included regardless of whether these procedures might be carried out outside the theatre department. For Note: Surgery for children is covered under the core service for children and young people. For NHS hospitals, some specialist surgery, including, for example, caesarean section, is included under maternity, and Gynae surgery under Gynaecology.

AC – Urgent and Emergency Services

Urgent and emergency care refers to the service that people can access, without a referral, in an urgent or emergency situation. This includes emergency departments, commonly called accident and emergency departments (A&E) and urgent care centres (UCC). Services provided may also include a clinical decision unit, ambulatory care unit, minor injury unit or a walk-in centre. Although Urgent Care Centres are usually GP-led and may be the responsibility of another provider or organisation, it is essential that they function effectively with the emergency department. Therefore, care pathways between the two must be considered during inspection. Please note: for the purposes of the inspection, children treated in the emergency department are considered as part of the urgent and emergency core service, not as part of children and young people's services.