Provider Information Request

Guidance for providers of a Single Specialty Diagnostic Imaging in the independent healthcare sector

Contents

1. Introduction

The purpose of the Provider Information Request

Acute independent healthcare providers are being inspected under three separate categories: hospitals; single specialties and non-hospitals. To find out more about the approach to inspecting acute independent healthcare providers please see our website.

The Provider Information Request (PIR) is an important element of our new inspection process, and we have designed a PIR specifically for independent healthcare providers of a diagnostic imaging. These services fall within our acute single specialties category of inspection.

The PIR is sent to a provider prior to the location inspection visit and is designed to help us plan the inspection of your service. Inspectors will use this information to help decide the areas they wish to look at in more detail during their visit.

The PIR will help you to understand the areas we may look at during our visit, and to provide you with the opportunity to reflect on what you do well for the people who use your services by asking you to respond to questions about key areas of your service. We hope the PIR will also add value to your existing quality assurance processes.

The Diagnostic Imaging PIR is an excel document that consists of a series of qualitative and quantitative questions that we require you to answer, as well as a list of documents that we require you to submit alongside the PIR document itself.

The information you provide in the PIR, along with information we already hold about the service or available to us from other sources, will be used to compile a pre-inspection data pack. Data packs help the inspection team to understand the profile of a service and give focus to the inspection visit itself.

Overview of the Provider Information Request

The PIR consists of 12 sections which request specific information about your service in terms of: background and context; in relation to the five key questions we ask about each of the services we are responsible for regulating; and documents we wish to review before or at the beginning of the inspection..

- Section 1: Provider details.
- Section 2: About the service.
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The guidance in this document provides help for each section of the PIR (Sections 1-12).

Governance

It is important that providers have appropriate and reliable processes for collecting the information requested in the PIR. These processes should ensure that the information is accurate, and that it has been properly checked before submission to CQC.

If you are the Nominated Individual or a Registered Manager, you should decide exactly how information is collected taking account of this guidance document. We recommend that you consider the following when developing your process for collecting the information we have requested:

- Is there an audit trail for individual pieces of information? Where different sources of information have been used, is there a record to show what information was extracted and when?
- Is there a process for cross checking information collated by different individuals?
- Has the information been 'signed off' as representing the facts accurately and completely by someone in a suitable management position? This should be done before you submit the information.

General advice on completing the PIR

If you are the Nominated Individual or a Registered Manager, you should ensure that you have read and understood this guidance.

You should also ensure that you have distributed copies of the guidance to any other persons within your organisation that may help to complete the PIR.

We recommend you complete each section in the same sequence as it occurs in the PIR document except for the section related to documents requested, which can be completed concurrently if necessary.

We require you to answer all questions in the PIR. Exceptionally, if you believe a question is not relevant to the services you provide, do not leave the answer box blank – please use it to explain why you are not providing the information requested.

Areas of the PIR document for the provider response to each question are highlighted by a shaded box. Please only use the highlighted box for your answer to each question.

The box will automatically expand to accommodate your response where this is necessary. We ask providers to be concise in their responses – please limit narrative answers to a maximum of 250 words. In the PIR document we have highlighted those questions subject to the word limit in order to help you.

For each question that requires a numerical answer, please use numbers and not words – for example:

- **5** and not **five**; or
- **90%** and not **ninety percent**.

All numerical answers should be to the nearest whole number except for full time equivalent (FTE) data which should be to one decimal place – for example:

- **5** and not **5.3**; or
- **71%** and not **70.6%**; and
- **6.3** FTE and not **6.25** FTE.

1. Provider details

1.1 Location	Rationale: Validation of details of the location to be inspected held on CQC records. The location number is the reference we always quote in our correspondence related to the location to be inspected. We will prepopulate the information requested in this table based on CQC records. Please review this information and correct any errors.

1.2 Responsible person	Rationale: Provides CQC with a single point of contact in case of any queries about the PIR submission. Please do not disclose personal contact details. The contact number and email address should be your provider / location related details.

1.3 Date of information extract and location type	Please provide the date at which you ran the data from your systems (dd/mm/yyyy) and please specify your location type. For further guidance please refer to our locations guidance http://www.cqc.org.uk/directory-care/providers/about-locations

1.4 Registered Manager and nominated person	Please provide details of your registered manager and nominated person. Include the names of both and details of whether this is likely to change before inspection.

1.5 Change to regulated activities	If you plan to make any changes to the regulated activities you are registered with us please specify and tell us what these changes are and when you plan to make them

Statement of Purpose Please provide an electronic copy of your statement of purpose	

2. About the service

2.1 History of the location to be inspected	Rationale: Provides the inspection team with useful context and background information that is not already held on CQC records. A brief history in terms of services provided, including the dates of any significant events in service terms (for example, commissioning of a new service or facilities, award of a new contract or change of ownership). Please ensure the information you provide is specific to the actual location to be inspected compared to information that is for the corporate body (provider-level information).

2.2 Services provided	Rationale: Provides the inspection team with information about the services of the location. Please provide details of the services(modalities) you provide include the specific details of services provided at your fixed sites and any mobile locations, by 'fixed' locations we mean operated or managed at a fixed location; and by mobile location we mean via a mobile unit or trailer that does not have a fixed location and move geographically from one place or region. Please include age range information as requested in the question.

2.3	Layout of the service	Rationale: Provides the inspection team with knowledge of the overall layout in which in service is being provided. This may help when planning the inspection. Please provide details about the layout of the location. Include number of rooms and the type of equipment in each room. If appropriate include information about waiting areas, offices, reporting rooms, treatment rooms etc. If you have mobile or satellite units (which you manage and operate), please provide details. Include floor plans and arrangements for essential services e.g. water, electricity.

2.4 &2.5	Accredited services	Rationale: Provides the inspection team with knowledge of the specific standards that the service may be performing to or aspiring to in the future. Please include information as requested, if the service at the location is not accredited but you are working towards accreditation, please provide information as requested and include (if known) stage of accreditation and anticipated date for achievement. .
2.6	Commissioned patients	Please provide commissioning information as requested. In addition provide key contact/commissioner information. Provide the anticipated annual episode of care/treatment for each service that is commissioned. This section applies to NHS commissioning only.

3. Additional service information

3.1	3rd party	Rationale: Provides the inspection team with knowledge of other providers who may be involved in providing the service. Please include outsourced services that form any part of a regulated activity.

4 External reviews and investigations

4.1 External reviews and investigations	Rationale: Provides information from external sources which will help the inspection team plan the inspection visit. You must answer trigger question (4.1): • The information entered here may include – for example – a review for the purpose of either acquiring or maintaining an accreditation. Please look at each external review or investigation of the location in the last 12 months and provide details on: • The name of the review or investigation. • Who commissioned it, and the purpose of the review or investigation. • When the review or investigation was carried out or when the results were published.

5. Staff details

5.1& 5.2 How you determine staffing levels at the location; current staff employed	Rationale: Provides the inspection team with information in order to gain an understanding of: • The workforce you employ to provide services at the location. • How actual staff employed compare to your staff plans. • How much you rely on bank and agency staff. 5.1 **How you determine staffing at the location:** Please describe the process you follow in order to determine the types and numbers of staff to ensure a safe and effective service from the location. Please refer to any tools you use and any relevant standards or guidelines you apply as part of your process. 5.2 **Current number of staff at the location:** *FTE number* – for each staff type we have listed (*except for* Ophthalmologists – under rules or privileges), please state the current full time equivalent (FTE) in post. *Headcount* – for each staff type we have listed (no exceptions), please state the absolute number of people in post analysed by the terms of their contract. Where the FTE number or headcount for a given combination is zero, please enter "0" – do not leave the cell blank.

5.3 Vacancies	**5.3 Current number of vacancies, and turnover in the last 12 months at the location:** Vacancies: *FTE number* – for each staff type we have listed, please state the current full time equivalent (FTE) posts vacant. That is: Planned FTE number of staff ('Establishment') LESS Actual FTE number of staff in post *Headcount* – for each staff type we have listed, please state the absolute number of vacancies. Where the FTE number or headcount for a given combination is zero, please enter "0" – do not leave the cell blank. Turnover: For each staff type we have listed, please state the absolute number of staff (headcount) who left the service, and joined the service, in the last 12 months. Where the headcount for a given combination is zero, please enter "0" – do not leave the cell blank.
5.4 Bank and agency staff	**5.4 Use of bank and agency staff, and the rate of staff sickness at the location:** Bank and agency staff: For the last three full months for which you have complete data (for example, January to March 2017), for each staff type we have listed please state the total number of shifts worked: • By bank staff – that is, staff you directly employ. • By agency staff. Where the value for a given combination is zero, please enter "0" – do not leave the cell blank. Sickness: For the last three full months for which you have complete data, for each staff type we have listed please state the average rate of sickness. Please express the rate as a percentage based on the following calculation: The numerator will be the total time of sickness related absence in the three-month period. The denominator will be the total planned working time in the same three-month period.

		Sickness (continued): 'Time' can be defined to align with your recording systems (days, shifts, hours and so on) – the only requirement is you must use the same definition of time for both numerator and denominator. Where the value for a given combination is zero, please enter "0%" – do not leave the cell blank.
5.5	Induction of bank and agency staff	**5.5 Induction of bank and agency** Please describe the induction procedures for your bank and agency staff. Including locum staff. Please include information about your processes for checking agency and bank staff
5.6	Appraisal rates for professional registration	**5.6 Rates for appraisal and validation of professional registration at the location:** With reference to the second column of the data entry table: for each staff type you have listed, please state the number (headcount) of current staff in post employed by you for a continuous period of 12 months or more. This number is the denominator you must use to calculate a rate for appraisal and validation of professional registration for each staff type – see below. If the denominator for a given combination is zero, please enter "0" – do not leave the cell blank. **Appraisal:** For each staff type you have listed, please express the rate as a percentage based on the following calculation: The denominator will be as defined above. The numerator will be the number (headcount) of those staff *included in the denominator* who have undergone appraisal in the last 12 months. Where the value for a given combination is zero, please enter "0%" – do not leave the cell blank. **NB** If the value of the denominator is zero, a rate cannot be calculated and you should enter "N/A". **Validation of professional registration:** In this context, 'validation' means <u>your</u> own checks on the status of the professional registration of staff you employ. It does not refer to the process of professional registration revalidation operated by professional bodies e.g. the GMC).

6. Safe

6.1 Provider assessment for safe	Rationale: Affords the provider the opportunity to assess how safe their service is. By safe, we mean people are protected from abuse* and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse. To direct the focus of their inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The KLOEs are set out in Appendix B to our Acute hospitals provider handbook. Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and that we focus on those areas that matter most. Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts and these are also included in Appendix B to our Acute hospitals provider handbook. Before you respond to this question, you may wish to review the KLOEs and associated prompts for Safe (Appendices – pages 7 to 9).

6.2 – 6.5 Incidents	Rationale: Provides information that will enable the inspection team to develop an understanding of the safety record of the location, and also identify the people who carry out key safety roles at the location. Some of the questions in this sub section may use terms that are normally associated with the NHS. However, whether you treat NHS patients or not, these questions remain applicable to your service and you should answer them. Where we have used NHS terminology we have provided a working definition, and relevant guidance where required, so that you can supply the information we have requested.
6.2 - 6.5 Incidents (continued)	**6.2 Roles** Please provide the work contact details only, of the following people listed in 6.2 who carry at the listed roles for the location Safety roles (continued): **6.3 Patient deaths** Please provide information about any incident of death during the last 12 months. If you answer 'yes' to trigger question (1), you must answer question (2), (3) and (4) If the death of the patient was expected and they were receiving appropriate care and treatment do not count them as unexpected in response to question (3) Where the value to question (3) &(4) is zero please use "0" do not leave the cell blank **6.4 Never Events and serious incidents:** Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Each Never Event type has potential to cause serious patient harm or death; but serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event. You must answer trigger question (1): Your analysis should be based on the Department of Health

definitions for Never Events in place for the reporting period we have specified:

For the period up to March 2015, please refer to - The never events list: 2013/14 update:

http://www.england.nhs.uk/wp-content/uploads/2013/12/nev-ev-list-1314-clar.pdf

For the period from April 2015, please refer to - The revised Never Events List 2015/16:

http://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf

If you answer **Yes**, you should proceed to answer question (2). For each case of a Never Event at the location please enter further details:

- Date of the incident.
- Type of Never Event.
- The actual degree of harm.

Serious Incidents (other than Never Events):

A Serious Incident is an incident that occurred resulting in:

- The unexpected or avoidable death of one or more patients, staff, visitors or members of the public under your care / on your premises.
- Permanent harm to a service user, staff, visitor or member of the public where the outcome required lifesaving intervention.
- An event that prevents or threatens to prevent your ability to deliver health care services.
- Adverse media coverage or public concern about the location.

You must answer trigger question (1):

In order to determine if there has been any incidence, you should not include any:

- Never Events (because we have already asked you about the incidence of these in sub section 6.4.2 above); or
- *Non clinical* work place or health and safety incidents at the location.

If you answer **Yes**, you should proceed to answer question (2). For each case of a Serious Incident (other than Never Events) at the location, please enter further details:

	• Date of the incident. • Type of incident. • The actual degree of harm. **6.5 IRMER/IRR reportable incidents** You should record all IR(ME)R and IRR reportable incidents, as a combined figure. In relation to IR(ME)R, this should be after you have confirmed the exposure was much greater than intended (MGTI); details of what constitutes an MGTI can be found in guidance published on the department of health's website. In relation to IRR this should include events reported to the Health and Safety Executive where the malfunction of equipment used in industrial radiography or gamma irradiation, causes a radioactive source to fail to return to its safe position by normal means at the end of the intended exposure period. IRR guidance can be found on the Health and Safety Executive's website under PM77.
6.6 Duty of Candour	**6.6.Duty of Candour** Please tell us how many duty of candour notifications have been made in the last 12 months. For further information about Duty of Candour may be found in our Acute hospitals provider handbook and associated prompts for Safe (Appendices – pages 7 to 9)
6.7 Safeguarding	Rationale: Provides information that will enable the inspection team to: • Identify the people who carry out key safeguarding roles at the location. • Develop an understanding of the systems, processes and practices in place to keep people safe and safeguarded from abuse. • Develop an understanding of how risks to people who use services are assessed and how the service responds to this.

6.7 Safeguarding (continued)	**Safeguarding roles:** Please disclose the name and substantive role of the person who is the location lead for: • Adults safeguarding. • Children safeguarding. If you know that one or both of these responsibilities will be changing before the inspection visit, please advise us of the changes including dates. **Safeguarding training:** Please state the current proportion of the staff at the location involved in the care of patients aged under 18 years which is trained to: • Safeguarding Level 1 • Safeguarding Level 2. • Safeguarding Level 3. You should express the proportion as a percentage based on the following calculation: The denominator will be the number (headcount) of staff who are involved in the care of patients aged under 18 years. The numerator will be the number (headcount) of *those staff included in the denominator* who are trained to Safeguarding Level 2 and Level 3 respectively. Please include the current proportion of the staff at the location who are trained to: • Adult safeguarding level 1 • Adult safeguarding level 2

6.8 Cleanliness, infection control and hygiene	Rationale: Provides the inspection team with information on the effectiveness of infection control systems, processes and practices. You must answer trigger question (1): By 'healthcare acquired infection' we mean any incidence of the following: • An episode of blood culture results reported as positive for MRSA (Methicillin-resistant Staphylococcus Aureus). • An episode of blood culture results reported as positive for MSSA (Methicillin-sensitive Staphylococcus Aureus). • An episode of blood culture results reported as positive for any other bacteraemia (other than MRSA and MSSA) for which you screen routinely. • A surgical site infection. If you answer **Yes**, you should proceed to also answer question (2). Please provide basic details for each case of a healthcare acquired infection at the location: • Date of the case. • Type of infection (see above).

6.9 Medicines	Rationale: Provides information that will enable the inspection team to develop an understanding of the arrangements made at the location for the management of medicines. **1. Controlled drugs:** You must answer trigger question (1): If you answer **Yes**, you should proceed to also answer question (2). Please disclose the name and substantive role of the person who is the Controlled Drugs Accountable Officer (CDAO) for the location. **3.Safe and secure handling of medicines:** Please disclose the name and substantive role of the person who is lead for the safe and secure handling of medicines at the location. If you know that one or both of these responsibilities will be changing before the inspection visit, please advise us of the changes including dates.

	4. Pharmacist support Please describe the arrangements made by the service for pharmacy support

6.9 Medicines (continued)	**5. Non-medical prescribers:** You must answer trigger question (5&6): If you answer **Yes**, you should proceed to also answer question (7). Please disclose the non-medical roles within the location authorised to prescribe, and for each role, the type of non-medical prescribing they carry out. If you answer **No**, proceed directly to sub section 5.6.

6.10 Records	Rationale: Provides information that will enable the inspection team to develop an understanding of how the individual care records of people you treat are managed. As part of your response, please tell us how you are assured the systems, processes and practices in place are operating effectively. If this includes audit, please disclose the level of compliance achieved in the last relevant audit.

6.11 Assessing and responding to patient risk	Rationale: Provides information that will enable the inspection team to develop an understanding of how the potential risks to services are anticipated and planned for in advance. **Unplanned transfer of a patient:** You must answer trigger question (1): By 'unplanned transfer of a patient', we mean: • A transfer for medical, surgical, obstetrical care or for clinical management, including the transfer of a patient to a hospital that is owned by you; and

6.11 Assessing and responding to patient risk (continued)	**Unplanned transfer of a patient (continued):** • The transfer was not planned at the time of the patient's original admission for surgery.

6.12 Medical Staffing	Rationale: Provides the inspection team with information in order to gain an understanding of how the potential risks to the service are anticipated and planned for in advance in terms of access to important medical personnel when required Access to expert medical advice post-operatively: Please describe the arrangements at the location to obtain expert consultant clinical input to the care of a patient post-operatively, where the need for this should arise.

7. Effective

7.1 Provider assessment for effective	Rationale: Affords the provider the opportunity to assess how effective their service is. By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. To direct the focus of their inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The KLOEs are set out in Appendix B to our Acute hospitals provider handbook. Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and that we focus on those areas that matter most. Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts and these are also included in Appendix B to our Acute hospitals provider handbook. Before you respond to this question, you may wish to review the KLOEs and associated prompts for Effective (Appendices – pages 10 to 13).

7.2 Patient outcomes	Rationale: Provides information that will enable the inspection team to develop an understanding of how people's care and treatment outcomes are monitored and how they compare to other services. **Audit of patient outcomes:** Please describe the arrangements made by your service to audit the outcomes of treatment at the location. That is to say, how you evaluate the effectiveness of these outcomes and how they compare to other similar services and similar services nationally. Please include information on any national activities (audits, benchmarking, and so on) the location takes part in as well as local activities.

7.3 Competent staff	Rationale: Provides information that will enable the inspection team to develop an understanding about the qualifications of specific staff and arrangements for supporting and managing staff. Please tell us how you are assured that the staff who work in your service at the location are competent in the duties their role requires them to carry out. You should explain how you were assured when they began the role, and also how you are assured on a continual basis.

8. Caring

8.1 Provider assessment for caring	Rationale: Affords the provider the opportunity to assess how caring their service is. By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. To direct the focus of their inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The KLOEs are set out in Appendix B to our Acute hospitals provider handbook. Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and that we focus on those areas that matter most. Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts and these are also included in Appendix B to our Acute hospitals provider handbook. Before you respond to this question, you may wish to review the KLOEs and associated prompts for Caring (Appendices – pages 14 and 15).

8.2 Compassionate care	Rationale: Provides information that will enable the inspection team to develop an understanding of the arrangements made by the location to obtain and assess patient feedback on their care, treatment and support. Please describe the arrangements made by your service to collect, record, analyse and act on feedback from patients who receive treatment at the location. Where your arrangements include a patient survey, please confirm the frequency of this (for example, annual) and the last survey for which data on patient satisfaction is available.

9. Responsive

9.1 Provider assessment for responsive	Rationale: Affords the provider the opportunity to assess how responsive their service is. By responsive, we mean that services are organised so that they meet people's needs. To direct the focus of their inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The KLOEs are set out in Appendix B to our Acute hospitals provider handbook. Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and that we focus on those areas that matter most. Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts and these are also included in Appendix B to our Acute hospitals provider handbook. Before you respond to this question, you may wish to review the KLOEs and associated prompts for Responsive (Appendices – pages 16 and 17).

9.2 Meeting people's individual needs	Rationale: Provides information that will enable the inspection team to develop an understanding of how services meet the needs of different patient groups. Please include examples of how the planning and delivery of regulated services at the location have been adapted to meet specific needs of the different groups of patient treated at the location.

9.3 Access and flow	Rationale: Provides information that will enable the inspection team to develop an understanding of how the service is managed and how care and treatment is prioritised and how people access care and treatment in a timely way. **1. Managing a new enquiry or referral for admission to the service** By 'when you have no capacity' we mean that there are no sessions available to begin the examination or procedure for the patient and none will become available in the short term. If you have not actually had to contend with this scenario for the location, you should still tell us what your arrangements are. **2. Prioritising referrals for procedures/examinations** Please tell us how you do prioritise referrals for procedures/examinations when you do have a waiting list. If you have not actually had to contend with this scenario for the location, you should still tell us what your arrangements are. **3. Waiting lists** Please state the total number of people who are awaiting an examination or procedure at the location at the time of completing this PIR. If you do not have anyone waiting please enter a "0" do not leave it blank. **4. Cancelled procedures/examinations** Please review all planned procedures/examinations at the location over the last 12 full months. Out of this cohort of planned activity please tell us: The number of planned procedures/examinations cancelled for a non-clinical reason. By 'cancelled' we mean the procedure or examination did not take place at the time and date agreed with the patient but it may have taken place at a later date/time) How many of these were due to machine breakdown or other equipment failure? If applicable vehicle breakdown? What was the most frequent reason for cancellation?

9.3 Access and flow (continued)	**5. Delayed procedures/examinations** Please review all planned procedures/examinations at the location over the last 12 full months, of these how many were delayed due to a machine breakdown or equipment failure? If appropriate vehicle breakdown?

9.4 Compliments and Complaints	**1&2. Number of compliments and complaints** Rationale: Provides information that will enable the inspection team to develop an understanding of the level of compliments and complaints made about the location. Please state the total number of written compliments and complaints you have received for the location in the last 12 months.
	3&4. Analysis of complaints Rationale: Provides information that will enable the inspection team to develop an understanding of the level of complaints made about the location. For the last 12 months, please state: The total number of complaints you have managed under your formal complaints procedure; this number will be equal or less than the number given in (2) of these, how many did you uphold? This number will be equal to or less than number in (3).

9.5 Managing Complaints	**Procedures and information for managing complaints** Rationale: Provides information that will enable the inspection team to develop an understanding about how complaints are received and handled by the location. Please describe the arrangements made by your service for the location in order to: Help patients and people close to them to raise any concerns or make a formal complaint. You should include details of the information you provide and how this is made available.

	Resolve a complaint by a patient or people close to them before it becomes formal.

9.6Responsibility for Complaints	**Responsibility for complaints** Rationale: Provides information to the inspection team about who has formal responsibility for complaints at the location. Please state the name and substantive role of the person at the location responsible for oversight of the management of complaints. Please also include the name and substantive role of other people at the location who are involved in the day to day administration of complaints.

10. Well-led

10.1 Provider assessment for well-led	Rationale: Affords the provider the opportunity to assess how well-led their service is. By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture. To direct the focus of their inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The KLOEs are set out in Appendix B to our Acute hospitals provider handbook. Having a standard set of KLOEs ensures consistency of what we look at under each of the five key questions and that we focus on those areas that matter most. Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts and these are also included in Appendix B to our Acute hospitals provider handbook. Before you respond to this question, you may wish to review the KLOEs and associated prompts for Well-led (Appendices – pages 18 to 20).

10.2 Governance, risk management and quality measurement	Rationale: Provides information that will enable the inspection team to understand: • Who is responsible for governance at the location. • How certain risks are being managed. **Governance:** Please disclose the name and substantive role of the person who is the lead for governance and quality monitoring at the location. If you know that this responsibility will be changing before the inspection visit, please advise us of the change including the date.

10.3 Public and staff engagement	Rationale: Provides information that will enable the inspection team to gain an understanding of the arrangements to involve people who use your services and the impact of these. Please provide specific examples of actual changes to the regulated services at the location as a direct result of views and experiences of the people treated there. In each case, please explain how you obtained the patient feedback that prompted the improvement.

10.4 Innovation improvement and sustainability	Rationale: Provides information that will enable the inspection team to gain an understanding of any other forms of innovation, improvement or sustainability programmes/projects you are involved in which focus on improving the quality of care/ service Please provide specific examples. In each case please explain how the programme or project contributes to driving up improvements in quality of care.

11. Documents requested

11.1 Documents related to the location and Diagnostic Imaging or Endoscopy	Rationale: Provides information from relevant provider and service documents to provide context for the visit, and help the inspection team plan the visit. We have asked you to submit two categories of document with your completed PIR: • Documents related to your corporate policies • Documents directly related to local policies and procedures For each item requested, please annotate the Y / N box to confirm whether you are submitting a document or not. Please ensure that you use the reference as the prefix for the filename of each document you submit – for example: D1 The location management structure organogram.pdf. **NB** Where you submit a 'zipped' file, each constituent file that is part of the complete 'zip' file should also follow this naming convention. Whilst you may submit up to a maximum of five documents for each request, we would prefer you to submit a single file wherever possible.

12. Further guidance and support

If you have any questions, you can contact our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: ihcinspections@cqc.org.uk

Write to: CQC HSCA Compliance
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA