

Quarterly Review of the Clinical Service

4th June 2018

Minutes

Present: Andre Gouws (Manager of Clinical Services), Antony Morland (Director, Registered Manager and Nominated Individual)

Matters arising

The contrast media policy needs to be retired from the policy portfolio as we no longer do this. Clinical Governance policy needs to be adopted as per CQC advice.

1. Staff review
 - a. Staffing is now configured in way to routinely maintain two individuals on reception and two involved in the scanning of patients. We do not use temp or locum staff at present, but may explore the need to to cover staff leave.
 - b. See AOB item on clinic model review
2. Equipment review
 - a. Cleaning schedule
 - i. Cleaning schedule for outer areas is daily and has been recorded over the review period.
 - ii. Cleaning for the inner area (scanner) performed by the radiographer is weekly and has been recorded for the review period.
 - b. Maintenance schedule
 - i. The scanner maintenance visits by Siemens (in March 2018) are logged and can be found here:

<https://drive.google.com/open?id=0Bwgs4p-cQMkwVWEtWGZpNkNwSzA>

1. Policy statements
 - a. GDPR
 - i. Data protection self assessment completed according to ICO guidelines.
 - ii. Green status received across all 6 relevant sections of the assessment.
 - b. Internal document for workflow involved in providing chaperones

- i. Chaperoning presents additional demands on staff and can present greater risk to patients, chaperones and staff. A proposed workflow has been established and discussion will take place before the next quarterly review.
- 2. Review of cases
 - a. 69 completed cases, 3 pending and 4 cancellations (at request of patients).
- 3. Review of patient feedback
 - a. Feedback received from 54 patients.
 - b. Overall rating of service is rated as “Excellent” by 50 patients, with the other 4 offering no response.
 - c. 3 individuals did not agree that it was easy to find the center
 - d. 4 individuals did not find the parking satisfactory
 - e. All other responses, when given, were positive including:
 - i. Ease of appointment scheduling
 - ii. Staff scheduling appointment were polite and professional
 - iii. Staff treated patient promptly and courteously on arrival
 - iv. The scan was properly explained to the patient
 - v. The MRI environment was clean and comfortable
 - vi. The radiographer was courteous and professional
 - vii. The patient was told when to expect their report
 - viii. The patient would recommend YDI to a friend or colleague
- 4. Review of complaints
 - a. No complaints during this period
- 5. AOB

Review of clinic model and staffing

The Clinic Model has been working well. The main feature of the model is that a greater human resource can be allocated to the scanning of patients when that scanning is scheduled to one afternoon a week. It also has the benefit of ensuring that some late afternoon appointments are available. The impact of on staff has, in general, been positive.

Add standing item for statutory notifications to future agenda. They are:

- 1. Absence of registered manager for more than 28 days

2. Allegations of abuse (safeguarding)
3. Change of registered details
4. Change in statement of purpose
5. Death or injury of a service user
6. Police investigations

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Matters arising

1. Staff review
 - a. See AOB item on clinic model review
2. Equipment review
 - a. Cleaning schedule
 - b. Maintenance schedule
3. Policy statements
 - a. GDPR
 - b. Internal document for workflow involved in providing chaperones
4. Review of cases
5. Review of patient feedback
6. Review of complaints
7. AOB

Review of clinic model and staffing

Quarterly Review of Clinical Service

7th March 2018

Minutes

Present: Andre Gouws (Man. Imaging Services), Antony Morland (Director)

Matters arising: There were no matters arising that are not dealt with in the agenda items below

1. Staff review
 - a. Since the last meeting the individual on sick leave has returned to work, but on secondment in another Department. The secondment will be for the duration of 6 months. We have appointed Andre Gouws to the role of Manager of Imaging Services. He, with the Director, will have oversight of the clinical service. The service is running effectively with the current staffing.
1. Equipment review
 - a. The equipment is functioning well and planned and unplanned maintenance are recorded here <https://drive.google.com/open?id=0By1M66iwlslDod181dWRpQ3dJNV>
1. Policy statements
 - a. As raised in the previous minutes, policies were under review and were finalized. It seems that in the light of an informal visit from the CQC, another iteration would be desirable, particularly covering 'Clinical Governance' and 'Contrast Media' - see item under AOB.
2. Review of cases
 - a. Since 06/12/2017 YDI has scanned 63 patients. Average of 5 per week, compared to 7.5 per week in the previous quarter. The difference is largely due to the Christmas break. We have a current income up to and including month 7 of the financial year of £54K, so our target of £98K is still within reach, although a pro-rata forecast is £92K.
3. Review of patient feedback
 - a. All excellent or good. Some comments about being helpful, reassuring and offering first-class service. Also, some comments about providing music.
4. Review of complaints
 - a. No complaints were received
5. AOB
 - a. CQC visit 6th March, 2018

Notes on the visit were made available by Linda Oliver. She was very helpful and advised that we consider our crash arrangements and whether we had a need for them. This will be considered before the next meeting and documented in policy. She also views the clinic model we are going to trial (see below) as a good way to enhance service, while also balancing the resource needed to provide it.

a. Clinic Model

The staff at YNiC developed a model for a clinic mode of providing the service. This will be trialed in March 2018. One afternoon/evening session will be provided each week on Mondays. The staffing of the clinic can be more flexible under this more regular arrangement and should enhance the service. We will also be able to offer appointments later in the day.

* Document referred to to extract data is REFERRAL CONTROL SHEET 2017-2018.ods

Quarterly Review of Clinical Service

7th March 2018

Agenda

Matters arising

1. Staff review
2. Equipment review
3. Policy statements
4. Review of cases
5. Review of patient feedback
6. Review of complaints
7. AOB
 - a. CQC visit 6th March, 2018
 - b. Clinical Model

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2017-2018.ods

Quarterly Review of Clinical Service

6th December 2017

Minutes

Present Antony Morland (Director and Registered Manager) Andre Gouws (Science Manager)

1. Staff review
 - a. ABM noted that we are working with one HCPC registered radiographer. This individual is qualified to and has time and resources available to manage the case load.
2. Equipment review
 - a. The equipment is maintained under service contracts with GE and Siemens. It is noted the most clinical scanning is performed on the Siemens instrument.
3. Policy statements
 - a. We work to clinical policies. These policies are under review and are being updated. It is hoped that they will be finalized for early 2018.
4. Review of cases
 - a. Since 01/09/2017 YDI has scanned 98 patients. 30 September, 38 October, 30 November. Average of 7.5 per week.
5. Review of patient feedback
 - a. Feedback was 'Excellent' from all patients recorded in referral control sheet.
6. Review of complaints
 - a. No complaints received
7. AOB
 - a. None

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Quarterly Review of Clinical Service

6th December 2017

Agenda

Present Antony Morland (Director and Registered Manager) Andre Gouws (Science Manager)

1. Staff review
2. Equipment review
3. Policy statements
4. Review of cases
5. Review of patient feedback
6. Review of complaints
7. AOB