

# **Statement of purpose**

Health and Social Care Act 2008

## Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

### 1. Provider's name and legal status

Full name <sup>1</sup>	University of York					
CQC provider ID	1-1429848581					
Legal status <sup>1</sup>	Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Organisation	<input checked="" type="checkbox"/>

### 2. Provider's address, including for service of notices and other documents

Business address <sup>2</sup>	University of York Heslington Hall Heslington
Town/city	York
County	North Yorkshire
Post code	YO10 5DD
Business telephone	01904 435346
Electronic mail (email) <sup>3</sup>	antony.morland@york.ac.uk

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do **NOT** wish to receive notices and other documents from CQC by email

☐

- <sup>1</sup> Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below
- <sup>2</sup> Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.
- <sup>3</sup> Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

*Please note:* CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

3. The full names of all the partners in a partnership	
Names:	

## Part 2

### Aims and objectives

Aims and objectives
<i>What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose</i>
To provide a high quality clinical diagnostic Magnetic Resonance Imaging (MRI) service to NHS patients.
To provide a high quality clinical diagnostic MRI service to non NHS patients.
To provide high quality clinical research scanning services to NHS and Non NHS researchers.
To perform fundamental and general research in the field of Magnetic Resonance Imaging.

# Part 3

Fill in a separate part 3 for each location

The information below is for location no.:	1	of a total of:	1	locations
--	---	----------------	---	-----------

<b>Name of location</b>	York Diagnostic Imaging
<b>Address</b>	The Biocentre Innovation Way York Science Park Heslington York
<b>Postcode</b>	YO10 5NY
<b>Telephone</b>	01904 435 346
<b>Email</b>	antony.morland@york.ac.uk

<b>Description of the location</b>	
(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>The location is a purpose built Magnetic Resonance Imaging facility with disabled access and child friendly waiting area. There is free parking for service users.</p> <p>The MRI scanning at the location will be led by an HCPC registered radiographer with appropriate MRI experience. Scans will be performed by such an individual or other radiographers eligible for HCPC registration. Under specific circumstances governed by internal policies those with Assistant Practitioner status may performs scans under the direct supervision of a radiographer with appropriate MRI experience.</p> <p>The location also has reception/administrative staff to meet and greet the service users and offer the appropriate care and support.</p>	
<b>No of approved places / overnight beds (not NHS)</b>	0

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input checked="" type="checkbox"/>	Adults aged 65+	<input checked="" type="checkbox"/>	
Mental health	<input checked="" type="checkbox"/>	Sensory impairment	<input checked="" type="checkbox"/>	
Physical disability	<input checked="" type="checkbox"/>	People detained under the Mental Health Act	<input checked="" type="checkbox"/>	
Dementia	<input checked="" type="checkbox"/>	People who misuse drugs or alcohol	<input checked="" type="checkbox"/>	
People with an eating disorder	<input checked="" type="checkbox"/>	Learning difficulties or autistic disorder	<input checked="" type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input checked="" type="checkbox"/>	Children aged 13-18 <input checked="" type="checkbox"/>
The whole population	<input type="checkbox"/>	Other (please specify below)		<input type="checkbox"/>

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>
Urgent care services (UCS)	<input type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input type="checkbox"/>
Diagnostic and or screening service (DSS)	<input checked="" type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	<input type="checkbox"/>
Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

<b>Regulated activity(ies) carried on at this location</b>		
Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: 1		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	

Registered Manager(s) for this regulated activity:
--

## Part 4

### Registered manager details

Including address for service of notices and other documents

The information below is for manager number:	1	of a total of:	1	Managers working for the provider shown in part 1
--	---	----------------	---	---

1. Manager's full name	Professor Antony Bryan Morland
2. Manager's contact details	
Business address	York Diagnostic Imaging The Biocentre Innovation Way York Science Park Heslington
Town/city	York
County	North Yorkshire
Post code	YO10 5NY
Business telephone	01904 435 346
Manager's email address <sup>1</sup>	
ross.devlin@ynic.york.ac.uk	

<sup>1</sup> Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.



Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

*Please note:* CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above <b>(Please see part 3 of this statement of purpose for full details of the location(s))</b>	
Name(s) of location(s) (list)	Percentage of time spent at this location
York Diagnostic Imaging	100

4. Regulated activity(ies) managed by this manager		
Personal care	<input type="checkbox"/>	
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Treatment of disease, disorder or injury	<input type="checkbox"/>	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input type="checkbox"/>	
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Maternity and midwifery services	<input type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input type="checkbox"/>	

5. Locations, regulated activities and job shares

**Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.**

**Please also describe below any job share arrangements that include or affect this manager.**