**History of Service**

**Background**

The University of York or its wholly owned subsidiary, YNI Ltd, has provided MRI imaging for patients in partnership with health care companies since 2006. The current arrangements in which the University of York has been the CQC Registered Provider (1-1429848581) have been in place since 1/8/2014. The services are provided at York Diagnostic Imaging (YDI), the Registered Location (1-1490339174). YDI receives and processes referrals from healthcare professionals for MRI scans and has them reported by a third party radiological reporting service, Telemedicine Clinic (TMC).

**The service as now registered**

The history of the service since 1/8/2014 is as follows. The service was led by a HCPC registered radiographer, who was also the registered manager between 1/8/2014 and 8/9/2017 at which point the Director of the York Neuroimaging Centre became the registered manager. At all times MRI scans of referred patients have been performed by appropriately qualified and HCPC registered radiographers. Up until July, 2018 the University of York have employed the radiographer staff, but at the time of writing we have currently engaged an agency radiographer for a short period after which a radiographer will be recruited following the resignation of a member of staff. At the time of writing, we provide the service with five individuals interacting directly with our service users; two receptionists and two individuals involved in the scanning, one of whom is necessarily a HCPC registered radiographer, while the other provides assistance to them. The assisting role is most frequently performed by our Manager of Imaging Services, who has oversight of the service as a whole. The Director (Registered Manager) is routinely in the building during the periods of service. The scans we acquire are reported on by a third party, Telemedicine Clinic (TMC), which employs qualified Radiologists to report.

We currently perform our MRI imaging on one instrument, a 3T Siemens Prisma Scanner, which was installed in September 2016. This up-to-date instrument is maintained under a service contract with the manufacturer. This means that regular preventative maintenance is performed in addition to any unplanned servicing needs. The manufacturer sends email reports of the services, which are stored for inspection. We also perform daily quality assurance measures on the device to ensure it performs safely and to specification.

The location has parking for patients and a comfortable waiting area, which along with our reception was remodelled in the summer of 2017 to offer better confidentiality and comfort for our patients and staff. The access to the location is good, but if individuals with access difficulties come to our location, we have a bell allowing them to seek assistance from our staff. We have accessible toilet facilities at our location.

The vast majority of the patients scanned are referred to YDI for musculoskeletal scans. Far less frequently YDI receives referrals for brain scans. In practice we limit our scans to those that do not require injection of any contrast or any other interventional approach. We have received referrals from approximately 300 referrers since 1/8/2014 and have provided 1400 scans. We have reached a steady rate of approximately 350 scans per year. Since early 2018, we have offered our scan appointments in a clinic that is run on one day a week. This has allowed us to staff the scanning more effectively and as a result provide a better service.

The majority (77%) of patients scanned since 2014 were aged between 16 and 65. Those over 65 comprised 21% of those scanned. We provide very few scans (<2%) to those aged under 16 – a reflection of very low demand.

**Pricing:** Our scan prices start at £310 for a single body area and our pricing is available to the public on our website (http://www.yorkmri.co.uk). Patients are given the price of the scan before they attend their appointment. We review our prices annually and communicate changes to our referrers before any changes are introduced.

**Feedback, Responding to it and Reviews**

We offer every patient the opportunity to give us feedback by completing a brief questionnaire. We have high return rates (70%) of these questionnaires and the feedback is overwhelmingly positive with >90% rating the overall service as excellent. Directions to our location appeared to be an issue with a small number of patients, so we updated our material describing directions to the centre. We also take enquiries that may follow the scan and ensure that patients and their referrers can contact the radiologist who reported on our scans when required.

We also systematically review our performance in providing a timely service to our patients. We have recently adopted a clinic model for our service where we offer routine appointments on one day of the week, while also being able to accommodate clinically urgent cases on other days. The clinic model replaced a service that offered appointments on any day of the week for routine appointments. We have measured the impact of the change in service model on the times between referral and the scan appointment. In short, there was no change. Before the clinic 77% of patients were scanned within five days of referral, and 26% are scanned on the same or day following referral. For the clinic model 80% of patients were scanned within five days of referral, and 32% are scanned on the same or day following referral. If anything, therefore, our clinic model has improved the timeliness of our service. It should be noted that a minority of patients prefer appointments to be made more that five days after their referral for their convenience and that we have always been able to offer appointments within seven days.

We also review the performance of our reporting service, Telemedicine Clinic, which shares its reporting time data with us on a quarterly basis. As a result of short reporting periods that currently average 30 hours, we are able to return a report to the referrer within seven working days of the referral for 85% of patients.

Our policies undergo review, formally every 3 years, or sooner as and when new issues arise from internal or external guidelines, changes in best practice or legislation. Over the last year, the previous Registered Manager reviewed policies before handing over responsibility for them to the Director, who took up the role of Registered Manager. The Director and Manager of Imaging services have since reviewed the policies while also convening meetings with staff for their input to them. As part of the review all staff were given study and reading time to bring them up to speed with recent revisions to our policies.

In 2018 we also reviewed our compliance with GDPR. Although YDI policies and practices are governed by the GDPR compliance statement of the University of York, YDI has completed an independent assessment of its working practices in accordance with the guidelines provided by The Information Commissioner's Office.

**Management**

The service is managed by the Director and the Manager of Imaging Services. The main aspect of management is ensuring that staff have the opportunity to discuss the service and their role within it and this is met by holding two meetings a week – one with and agenda and minutes and the other as a catch up to monitor progress against an action list and set the agenda for the next meeting. Such regular contact allows the service to run smoothly, making sure the appropriate stocks of consumables are maintained, that the equipment is operating safely and within manufacturer’s specifications, and that the building and estate is safe and fit for purpose. It also allows the broader team working at the site to share best practice that have benefits to clinical, research and educational activities.

We also discuss how we provide our service and during 2018 we decided to move to a clinic model whereby we offer appointments on one day of the week. The model was implemented for a trial period of a month and after reviewing its performance, we decided to continue with this model as it allowed a more effective service.

Training needs are also addressed through these regular meetings and through annual Staff Performance Review. As described above, policy review, input to policy from staff and updates to policy are undertaken in staff meetings and in other specific team meetings concerning policy. In the summer of 2017 we held staff training for all of those involved in the service. This Customer Service training helped develop our approaches to offering a caring and responsive service.

We also review our service quarterly and our contact with our CQC representative is scheduled to occur shortly after our quarterly review. The Director also reports to a Management Board (three times a year) that oversees all activity at the premises, whether it is the scanning service, research or teaching. The financial context of the facility and sustainability as well as health and safety are all reported and discussed at this meeting.

**Staff**

Over the last year we have reviewed the way we implement our service and staff it. In the past we allowed patient appointments to occur at any time during the working week. Given that we scan in the region of 300-400 patients a year this meant that our patient appointments were spread out. This offered maximum flexibility, but with it came the issue of whether our staffing for patient visits was effective. We decided that on balance it was best to consider other models of implementing the service. After informative discussion with our staff we decided to trial a clinic model that could accommodate the same number of patients in a year, but arrange those appointments on one day a week, currently Monday. In arranging our service on one day, it allows us to allocate a greater human resource to the activity. We decided to have two receptionists and two individuals handling the aspects of scanning. This team of four provide a high level of care to the patients and their accompanying persons. Specifically, our patients and their accompanying persons are always in an environment where our staff are present and can offer them reassurance about their scan and visit in general and attend to their access and parking needs. Our trial has also shown that there is a greater coherence to the team and the shared objectives of providing a safe, caring, effective and responsive service are far more straightforward to meet now the staffing is configured in this way and is focussed on providing the service in one clearly defined block of time.

Our team usually comprises individuals with extensive experience and long periods of employment with us. It is also essential that scans are performed by the appropriate personnel and we therefore have an HCPC registered radiographer performing that role. We ensure that our employed staff have the appropriate statutory training in Fire Safety, Diversity and Equality and Information Security Awareness. We also provide training in Safeguarding for our staff and have trained individuals in Mental Health First Aid. Those involved in scanner have a minimum of First Aid training.

**Policy List**

**YDI Clinical Governance Framework**

**YDI MRI Local Rules for Operators**

**YDI Code of Conduct**

**YDI Patient Care Policy**

**YDI Patient Identification Policy**

**YDI Consent Policy**

**YDI Safeguarding Policy**

**YDI Incidents and Complaints Management Policy**

**YDI Radiology Reporting Policy**

**YDI Infection Control: Policy and Procedure**

**YDI Equipment Maintenance Policy**

**YDI Records Management Policy**

**YDI Information for young (<10 yrs) children**

**Safe**

The general approach to safety is to have clear policies and procedures and staff that are trained, experienced and skilled in delivering a safe service.

**Policies and procedures**

Many of our policies and procedures concern safety. MRI safety is addressed in **MRI Local Rules for Operators**. Patient identification is an important aspect of safety and is covered in the **YDI Patient Identification Policy**. The **YDI Safeguarding Policy** and its reference to the overaching policy of the University of York provides the necessary information to ensure safety for children and vulnerable adults. The **YDI Code of Conduct** and **YDI Incident and Complaint Management Policy** make it clear that there is a necessity to learn from incidents and complaints to improve safety. The **YDI Infection Control: Policy and Procedure** outlines how safety is ensured for service users and staff by adopting the necessary standards for hygiene and cleanliness. The **YDI Equipment Maintenance Policy** ensures that the equipment used in the service is maintained to ensure safety.

Under the institutional and statutory governance we adhere to the appropriate health and safety legislation and staff training requirements.

**Qualified and trained staff**

To ensure patients are safe, when using our service, we staff our service with the appropriately qualified individuals and ensure they are trained. We maintain records of their training. Our training of all staff requires that they read our policies and procedures that collectively detail the measures in place to ensure patient safety, the safety of their accompanying persons and the safety of those who work at our facility to provide our service. All staff are either DBS checked or work under the direct supervision of those who have been checked.

**In brief our training comprises the following elements:**

1. Statutory Training for Fire, Information Awareness, and Equality and Diversity. As a result of this training the patients that visit our facility are safe, their data is secure and patients will be provided with care without discrimination.

2. We also ensure that all staff performing scanning have a minimum of First Aid training. This means that in the unlikely event of injury, immediate care can be delivered.

3. We also train our staff in safeguarding. Moreover, the University of York has established procedures for dealing with safeguarding, which are referred to in our local policies. Staff are made aware of these policies and procedures and read them. Included in the policies is when to liaise with agencies external to the University of York.

4. The University of York has an active training programme that we encourage staff to engage with and we revisit training needs and requirements annually in documented Annual Performance Review meetings.

5. HCPC registered radiographers are required to maintain skills and training and we support this by meeting the costs of necessary training courses.

6. Our internal training allows all individuals working in the service to build up the necessary skills and experience to be permitted to enter the controlled area of the scanner suite. This means that in addition to the staff performing the scanning, our reception staff are also capable of entering the controlled environment of the scanner room, to act as a chaperone, for example.

Having all staff trained to this level results in an important integration of knowledge of the safety issues across the team that delivers the service. In turn this leads to better-informed discussion of safety among the team at meetings.

7. We also train individuals about the alarms that operate locally and how to respond to them so they can ensure the safety of patients, those accompanying them and other staff at the centre.

**Recording training**

The University of York maintains a training database of statutory training requirements for employees and other courses offered by the institution. The centre holds paper records of DBS checks. The internal training log is maintained on a local database. The University and local database generate email alerts when retraining is required. Updates in policies and procedures governing our service and its safety are shared through emails sent through the local database.

**Identification badges**

Those individuals providing our service wear name badges to identify them and their role within the service. This allows service users to identify individuals who can be approached should a service user need to raise a concern about safety.

**Disciplinary procedures**

The University of York has established disciplinary procedures and conduct or capability are considered as potential reasons for disciplining staff. Identification of working outside of our policies and procedures for scanning patients, which ensure the safety of patients, would be considered very seriously and action would be taken. The **YDI Code of Conduct** encourages staff to report practice that puts patients at risk.

**Our equipment and estate**

Our MRI scanner is serviced by the manufacturer, Siemens, and records of those services are maintained. We also perform daily quality assurance measures on the scanner to ensure it operates within specification.

Central Alerting System emails are received by the Director and are shared with the team, when relevant, and would lead to changes in our policy and procedures as necessary. Manufacturers also write to the Director about issues concerning their equipment and its operation if and when its use can impact on safety to patients. These notices are responded to appropriately to ensure patient safety.

Our site is kept clean and has an effective **Infection Control: Policy and Procedure**. The site is also secure with key fob access to controlled areas, which ensures that service users cannot inadvertently be exposed to risk as described in **MRI Local Rules for Operators**. We also have an alarm system that among other security features to ensure safety offers an alarm call from the toilets, where service users are necessarily alone. We also have installed ‘nurse call’ alarms so that staff can raise an alarm from the controlled areas. We train staff on how to respond to alarms.

We are proactive in reporting issues about our estate through the University of York ‘PlanOn’ system. This results in timely resolution of issues. We take particular care of inspecting and keeping up-to-date fire extinguishers, fire doors, and any potential trip hazards.

**Risk Management**

Our policies (for example **YDI Clinical Governance Framework**) outline our local approach to risk management and this fits under the umbrella policy of risk management for the University of York.

The risks to patients are clear and well defined and our approach to dealing with them is to have a three level system of checking whether patients are safe to scan. First, our referrers are required to check that a referred patient is safe to have MRI and the criteria for safety are made available to referrers, when they register with us. The safety criteria are also available on ‘Referrers’ page of our website <http://www.yorkmri.co.uk/referrers>. Second, the patient is asked the questions that appear on our ‘MRI Safety Questionnaire and Consent for Patients’ over the telephone by our reception staff. Only once the answers to those questions indicate that the patient is safe to be scanned will an appointment be made. Third, on the day of the patient attending for the scan the patient will be asked to complete and sign the ‘MRI Safety Questionnaire and Consent for Patients’ by receptionist staff. The HCPC registered radiographer will subsequently ask the patient to confirm verbally their answers to the ‘MRI Safety Questionnaire and Consent for Patients’ and will only countersign the form if the patient is safe to be scanned. It is therefore the management of the patient information from referral through to countersigning the ‘MRI Safety Questionnaire and Consent for Patients’ by the HCPC registered radiographer that ensures patient safety. The patient information is available to all staff involved in the service to ensure patient safety.

The risk to individuals who are eligible for and MRI scan are very low. However, risk is always present in an environment with high magnetic fields that MRI scanners present. This means that our policies and procedures and training provide clear information how to maintain safety in a high magnetic field environment particularly in the event of emergency evacuation.

We also learn about risk from the research activity at the site - a high quality activity, which has over time scanned many more volunteers than YDI has scanned patients. We have for example reviewed an near miss incident that occurred during scanning a volunteer, who had, unbeknown to him and the team scanning, taken a coin into the scanner room, which was attracted to the scanner. Such events are made known to our staff and are reflected on and appropriate changes to policy considered with input from the team providing our clinical service. It also highlights that we are proactive in reporting and discussing issues of safety.

**Track record**

During the scanning of patients there have been no incidents relating to patient safety since 1/8/2014 and to our knowledge none before this period either.

**Effective**

The imaging service at YDI is effective. The service meets the legislative needs by ensuring that qualified staff deliver the service. Specifically, a HCPC registered radiographer must perform the scans, while the report on the scan is provided by Radiologists working for our third party reporting service, Telemedicine Clinic (TMC). The appropriate staffing to support those required by legislation are trained and skilled. We have in place the appropriate indemnity and insurance to operate effectively and Service Level Agreements allow us to offer a high-quality effective and timely service to patients.

**Policies and procedures and external guidelines**

The YDI **Clinical Framework Governance** gives an overview of measures taken to ensure effectiveness and refers to Royal College of Radiologist guidelines as the basis of acceptance for MRI. The central pillars of the framework are (1) to deliver MRI, when it is appropriate and will affect the patient (2) to review the protocols use to provide MRI in liaison with Radiologists and (3) to consult regularly with reporting Radiologists to ensure the required quality of MRI is achieved. The **YDI Consent Policy** covers the necessary consenting produres that ensure and effective service. The **YDI Radiology Reporting Policy** also specifies how reports on the MRI scans are obtained effectively and in a timely way. The **YDI Equipment Maintenance Policy** specifies how equipment is maintained and serviced to ensure an effective MRI service. The **YDI Records Management Policy** details an important aspect of effective service – storing and sharing the information on patients appropriately and effectively.

**Equipment**

The equipment we use to provide the service is up-to-date and offers performance advantages against other instruments. Specifically our 3 Tesla Prisma instrument made by Siemens offers advantages over more readily available 1.5 Tesla systems that are more commonly available to patients.

**Improvement through interaction with third party clinicians**

In providing our service we encourage and receive feedback from radiologists working for our third party reporting service provider, TMC. This gives us the opportunity to refine some of our imaging procedures so the quality of the information we provide to radiologists is improved allowing for a more effective service for patients. We also seek feedback from referrers with a questionnaire, but have found that return rates are understandably low from busy health care professionals, so we have found that telephone conversations give us feedback. We have found our referrers are happy with the service and the information about patients that they get from it. We also interact regularly with the local NHS radiology department largely to discuss how our facility may be used to add value to the diagnostic imaging performed by the NHS. We also share and review material received from the CQC that could make our service more effective.

**Changes over time**

Over time, our service has, in our view, improved. Over recent months, by adopting a clinic model whereby our team focus on a single service objective in one concentrated period. It appears that this approach has also yielded improvements in the timeliness of the service to patients.

**Potential for improvements from research**

We are a research centre and therefore, when research scanning has the potential to improve our service to patients we will adopt changes. To date the research at the centre has not overlapped with the imaging procedures we provide to patients, but may do in the future.

**Staffing skills knowledge and experience for an effective service**

Our staff are trained so they have the appropriate level of knowledge and skills to provide an effective service. Our policies outline how the service is delivered effectively in a patient-centred way. Staff are all aware of the need to work to these policies so patients receive the service in a timely way. In 2017 we also had our staff undergo a ‘Customer Service’ training day led by an external training agency. This training allowed us to reflect on our service and generate ideas on how to improve the service, which were acted on. We also manage the training needs of staff through annual performance review processes.

**Working together with other healthcare professionals**

We have an active dialogue with referrers and our reporting service, which means we have short and effective lines of communication. These short lines of communication mean we do not lose momentum in providing an effective and timely service. There are circumstances when clinically urgent findings can be detected by YDI staff or by reporting Radiologists. We actively engage with ensuring referrer, or other healthcare providers are in contact with our reporting service when such urgent cases occur to allow for the more effective outcome for the patient.

**Consent**

To provide an effective service we have in place appropriate consenting procedures (as per **YDI Consent Policy**). In short, our policy is to obtain consent in writing from all patients, with only very few exceptions. In circumstances when and adult lacks capacity to consent, consent from an appropriate family member or referring clinician is required and will be recorded (details of the policy are found under 4.1 of the **YDI Consent Policy**). In practice, this has never happened in the delivery of our service. We also have policies in place to obtain consent appropriately from parents or guardians of children and the appropriate engagement with the consenting process of young people and their parents or guardians (details are found under 4.2 of the **YDI Consent Policy**).

7.2. Please describe how you audit the quality of reporting as part of the patient pathway:

We actively seek patient feedback after every scan with a patient satisfaction questionnaire. This document is designed to probe the effectiveness of all aspects of the patient journey from the accessibility of the services they required, through the interaction with the team before and during the procedure to their overall experience of the service. They are encouraged to feed back any positive or negative experiences. The high return rate of feedback questionnaires (70% of patients return one) reflects an effective system for tracking patient satisfaction on site.

7.3. How are you assured that staff are competent – and continue to be so – to carry out their duties effectively?

We have a robust employment system that gauges appropriately the levels of competence of potential employees. We also use University of York probation policies to ensure that goals are set and meet the requirements of the service. We also have an established Annual Performance Review process for established staff members (those who have met the criteria of probation) that ensures continued professional development and the necessary professional compliance to work within the service we provide.

**Caring**

YDI’s objective is to provide a caring service. Our policies and procedures and training allows us to meet this objective. In particular, the **YDI Patient Care Policy** outlines our approach to patient care. All staff are trained such they have read and adhere to this and other related policies and procedures to ensure patient care.

**Respect, Dignity, Privacy and Decision making**

Our code of conduct (**YDI Code of Conduct**) requires that all staff treat others with respect, including those using the service, whether referrers or patients, irrespective of their age, disability, sex, gender identity, race, religion or belief, sexual orientation, maternity status or pregancy. However, because we are not an emergency provider of MRI scanning, we do not provide our service to pregnant individuals. The YDI Code of Conduct also outlines staff requirements to listen to patients, referrers and colleagues and respect their views, respect patients’ privacy and dignity at all times and respect patients’ rights and decisions. The **YDI Patient Participant Care Policy** also outlines the approach to Respect, Dignity and Privacy of patients and standards of care (see section 5 of **YDI Patient Participant Care Policy**) with particular reference different faiths, cultures, generations and genders.

We also involve patients, and when appropriate their accompanying person, in decisions that may offer individuals better care. For example we have well defined approaches to Chaperoning allowing for high standards of care addressing individual needs to be part of our service.

**Interactions**

Our staff take time to interact with patients and their accompanying persons, as individuals, to ensure they are comfortable, their views respected (as described above) and their need met. Training in customer service was undertaken by the team in 2017 to help reinforce and improve customer interaction. Our staff are trained to explain carefully what the procedures are so that patients are fully informed before they consent to the MRI scan that their referrer has requested. We also provide written material in advance of the patient visit. Our staff are trained to listen to patients and offer them the chance to ask questions.

Staff are also trained to adhere to the **YDI Incident and Complaints Policy**, which outlines the procedures that allow them to report on disrespectful, discriminatory or abusive behaviour or attitudes.

**Communication and support**

The **YDI Code of Conduct** requires that we communicate with openness, trust and good communication with our patients and referrers. We also offer support to patients with particular needs as specified in the **YDI Patient Care Policy**. In general, we are supportive to all patients and accompanying persons that visit our centre. We also liaise with individuals based on their needs following their scan so, when necessary or at the patient’s request, we put the clinical professionals involved in the patient’s care in contact to ensure the best individualised care is delivered.

**Responsive**

Our general approach is to be responsive to people to make our service focussed on the individual and their needs, while also being responsive to other stakeholders in our service allowing the quality of service to be maintained and improved.

**Policies and Procedures**

In general our policies are ones that routinely include mechanisms that recommend and expect our staff to feedback on their experiences within in the service to improve it. We have an open and honest approach to being responsive to patients and discuss at meetings how our service can be improved on the basis of individual needs.

**Personalised care that is responsive to needs**

We are responsive to individual patient’s needs. We are able to offer appointments in a timely way, accounting for the time of day the patient would prefer and can offer appointments into the early evening for those unable to leave work. Our routine appointments are offered on one day of the week, but if there is a need for a patient to be scanned on a different day because of urgent clinical need or because our clinic day is not possible for them to attend, we can make all efforts to arrange appointments on other days. As a team our weekly meetings also review issues arising from appointment needs not being met. Our reception staff rarely receive an indication that appointment options are unsatisfactory, but when they are we make efforts to adjust our service to suit the patient.

As a research centre we scan many volunteers with sensory loss – those with low vision and blindness and those with deafness - and those team members involved in the delivery of our research activity also attend our staff meetings and share approaches to scanning to such individuals to cater to their needs. We therefore manage activity in our centre in a coherent way that allows sharing of experience to meet personalized care objectives. We also will offer Braille information should the need arise. To date, our clinical service has not had the need to do so. The need of alternative communication will be identified by the referrer, which in turn will allow our team to respond appropriately.

**Account for Particular needs and choices**

On attending an appointment an individual’s needs may vary and in practice we have a number of things that we can do to ensure that those needs and other choices can be met. We have a clear approach to chaperoning that allows individuals with needs to be accompanied into the scanner room **(see YDI Patient Care Policy)**. We also discuss on working practices for chaperoning so expectations of staff and patients are met. Our discussions were informed by staff identifying a need for greater clarity in communication between the team about chaperoning, when a patient requests it at the time of their appointment, and we are in the process of preparing a written document on best practice.

We are also able to offer individuals to listen to music or watch a video during their scan. This can put people at ease when they are undergoing an experience, which will be new to them and may worry them.

We take care to identify individuals who may be anxious about the procedure at a level that would cause them discomfort or make the information from the scan of a quality that could make it of less value to the patient and their referrer. In such circumstances, we ask the patient to confirm that they are happy to proceed or whether they would prefer to seek advice from their referrer or other clinical professions on how best to prepare for an MRI scan. If the patient is not happy to proceed, or indeed refuses to consent for whatever reason, we do not raise a charge and offer to rebook an appointment as appropriate.

Young children have needs that can differ from adults and for young children we share material that is accessible to them and describes and MRI scan from the perspective of a child (Jack’s MRI scan as found in **YDI Information for Young (<10yrs) Children**).

Our premises are suitable for purpose with no stairs or curbs from the parking area facilitating access. However, it does not have full accessible features, like electronically operated doors. The main reason for this is that such doors interfere with equipment used in the centre (although not that used for our service). We have therefore installed a bell at the entrance to our premises that allows those with accessibility issues to alert us for help. Our services are delivered irrespective of characteristics as described in our policies (**YDI Clinical Governance Framework, YDI Code of Conduct, YDI Patient Care Policy**) and we make all reasonable adjustments to respond to the needs of such individuals.

We support people during the process of our service. Patients are first contacted by us on the telephone, once we have received a valid referral. We screen the patients for safety and arrange an appointment for them. It is explained that the information in the scan is sent away for reporting by a Radiologist and therefore the results of the scan are not available on site at the time of their appointment. We inform patients that their report and scan information will be sent to their referrer, when we receive them and that if they choose to they too can receive that information. This gives patients the opportunity to the involved in our process and have access to information in a timely way. We are responsive to patient enquiries in the period between the scan appointment and the receipt of the scan information and report. Patients are sometimes anxious to receive the information and we actively engage with them, their referrer and our reporting Radiologist to ensure we meet the patient’s needs.

From time to time a patient may request copies of scan information and report a considerable time after the scan was performed. Our IT infrastructure allows us to recover that information quickly so we can respond to such requests effectively and efficiently.

**Timeliness**

We offer a timely service. Routinely we contact patients about arranging an appointment on the day we receive their valid referral. Under normal circumstances we can accommodate patient appointments in the upcoming clinic, which currently occur on Mondays. This means that the vast majority (>80%) of patients receive an appointment within five working days of receipt of a valid referral. The remaining 20% usually have a preference for an appointment further into the future to fit in with their work or travel commitments. The scan report is routinely returned to us within the service level agreement period of 48 hours. This in turn allows us to pass on the report and scan information to patients and referrers swiftly. We record our performance and review it quarterly.

We run our clinic effectively, such that we routinely deliver our service so that patients appointment times are met. Indeed, we factor in two breaks in our clinic so that any unforeseen delays will not affect the timing of subsequent appointments. We find this is an effective way of one unpredicted delay early in our clinic affecting all service users on the day of the clinic. If there are delays, we are on hand to give immediate feedback to patients about the delay and reasons for it. In practice, many of our patients arrive early for their appointment and we can frequently be flexible and scan them early to allow them to get on with their day. If cancellations occur, we are swift to inform our patients and rebook their appointments. In the last twelve months we had not needed to cancel any patient appointments. Some appointments have been rearranged however on the basis of patient requirements.

**Concerns and complaints**

We are proactive in dealing with concerns of patients and have well-established complaints policies (**YDI Incident and Complaint Management Policy**). If a response to a complaint does not meet the needs of the complainant, the University Registrar and Secretary, who manages complaints to the University, can be contacted to take the issue further.

We listen to the concerns of patients before, during or after they attend their appointment. Our aim is to ensure they are treated with respect, confidentially and with dignity whatever their concern and our policies outline this approach (policy).

Our complaints procedure (detailed in **YDI Incident and Complaints Policy**) is available on our website allowing patients and referrers to access the appropriate information governing complaints. People can raise concerns or complain in free text areas of our **Patient Satisfaction Questionnaire**, which is given to all patients. We encourage patients to use a ‘post box’ at our reception area to return their feedback anonymously allowing a frank disclosure of their views on our service.

Our policies at local and University level also outline how procedures maintain confidentiality and protect people who make complaints. The University whistle blower policy can also apply if staff feel unable to raise issues with members of staff within the immediate team providing the service.

Complaints can drive improvement and we have a proactive attitude to engagement with complaints or the raising of concerns.

**Excel Questions:**

**Please describe how services are tailored towards the different patient groups that make use of your service**

The vast majority of patients are adults and those over 16. Approximately 20% are over the age of 65. We scan very few individuals (<2%) under the age of 16. Some of our patients have mobility issues, most frequently as result of the symptoms our service is used to evaluate. While we have policies in place to respond to those with mental health and sensory issues, those without the capacity to consent, the users of our service have not, over the last year, fallen into those categories. The tailoring of our service is to meet the different needs of the elderly, children and those with mobility issues. To that end, our service has a confortable waiting area that can accommodate patients and their accompanying persons. It has a television that can be particularly useful when children are in the waiting area. We assist and help individuals with mobility issues to and from their transport and within the premises. Adopting the clinic model, allows our staffing to meet these needs. Elderly patients can need additional time to move through the site and may need longer to give their informed consent - we are responsive to those needs and have the caring staff on hand to help.

**Please describe how you manage a new enquiry or referral for admission to the service, including when you have no capacity:**

We have not encountered the situation when there is no capacity. Every new enquiry is, in the first instance, managed by our reception staff. If the enquiry is made by a member of the public seeking our service, the way in which they can access the service is explained to them. The essential step for a patient is to seek the care of a relevant health care professional, who can refer them to our service if appropriate.

**Please describe how you prioritise referrals for procedures/examinations to the service when you have a waiting list:**

We do not have a waiting list and nor have we ever had a waiting list.

**9.5 What processes and information are in place for patients and relatives to raise concerns or make formal complaints?**

**Please describe what methods are in place to resolve complaints before they become formal?**

As the YDI Complaints Policy outlines, if a complaint is made verbally to a member of staff, every effort will be made to resolve the issue to the complainant’s at the time the complaint is made. This can involve seeking advice from other members of the team delivering the service. If there is a failure to satisfy the complainant, the complaint will be escalated through formal channels in writing.

**Well led**

**Leadership capacity and capability to deliver high-quality sustainable care**

The leadership of the service is headed by the Director, currently also the Registered Manager, and is supported by the Manager of Imaging Services, who provides the day-to-day oversight of the service. The scanning lead is an HCPC registered radiographer. All those holding the roles are experienced and skilled individuals. The Director is appointed by the Head of Department of Psychology, initially on a three-year contract, and must be a senior academic at the University of York. The contract can be extended. The Director reports to a Management Board (three times per year) that has representation from senior management within in the University of York, for example, the Dean of Science. This ensures that the knowledge, skills and integrity of the Director are evaluated on an ongoing basis. The Management Board also plans and implements measures for continuity of leadership at Directorial level. The Director appoints the Manager of Imaging Services and Radiographer through the standard recruitment processes of the University of York. These processes ensure the appropriate experience, skills and integrity are held by those appointed and through probation and performance review processes of the University of York these are evaluated on an ongoing basis. The leaders also understand how to deliver a high-quality service as evidenced policies and working practices they have developed and adopted to ensure the safe, effective, caring and responsive service.

The leaders are all routinely present at weekly meetings with the staff involved in the service. The team is small and therefore these meetings offer a highly visible and approachable access to managers allowing for open and frank discussion of the service and how it’s quality can be maintained and improved. As mentioned elsewhere in over the last year, we have also convened meeting among those involved in the service to review our policy documentation, which strengthens our team ethic along with establishing a good, shared understanding of the governance of our high-quality service.

**Vision and strategy for quality and sustainability**

Customer service training in 2017 identified that our objective was to **‘deliver the best in diagnostic imaging’**. All staff understand that this is the core value of our service and share in the ambition to meet it. To deliver on the objective requires strategic implementation and management, but crucially engagement from all involved in the service. This is met by have regular meetings of a small team that is support of its members. We have very short lines of communication therefore and can adopt effective and responsive measures to improve the service that team members have input to. Our strategic thinking is best evidenced by our adoption of a clinic model that has brought together our team in a happier more constructive way to offer a more resilient, better staffed service meeting high standards to our customers.

**Culture of quality and sustainability**

As a result of a clear objective, leadership strategy and regular, supportive meetings, the team shares an ethic and culture to strive for an excellent service. The small, regular meetings make staff feel listened to and supported. The YDI Code of Conduct also outlines how staff need to respect each other. Our staff are all very much focussed on the needs and experience of the patients and their accompanying persons and have time in their work to deliver on this.

Performance and behaviour which is inconsistent with our objectives and values is managed through the University of York procedures that govern conduct and capability, which can ultimately result in disciplinary action.

Policies of the University of York on whistle blowing and complaints procedures local and at institutional level encourage an openness in reporting incidents. Our regular small team meetings also encourage openness and sharing.

Our staff development needs are met through Annual Performance Review.

**Responsibility, accountability to support good governance and management**

The governance of the service falls under a hierarchical structure. At the top of the structure is a Management Board that meets three times a year and is chaired by the Head of Department of Psychology and has a broad membership reflecting senior management of the university and research, teaching faculty members, finance, business and human resources staff. It has oversight of all the activity at the site including the diagnostic imaging service. At the meeting a report by the Director will appraise the Management Board of how the facility is performing and what issues and challenges it faces. Open discussion with a solution and sustainability focus is a feature of the meeting. Next in the structure, and specific to the diagnostic service, is a quarterly review meeting that the Director and Manager of Imaging Services hold and if the Radiographer is available they attend too. The meeting is an information gathering process and has a set agenda that fits with a need to discuss our service performance. The meeting is scheduled to be shortly before our quarterly engagement with the CQC, usually by telephone. The outcomes of the meeting are shared with all staff at the weekly staff meetings that are at the bottom of the hierarchy. Given our current levels of performance sharing our quarterly evaluations is a very positive experience and an opportunity to congratulate staff on their contribution to our service.

Our service also requires the engagement with a third party reporting service. We have a good relationship with the service, which provides us with quarterly reports on their service to us. We have an open positive interaction, which focuses on solving infrequent issues concerning delays in reporting or issues in uploading data. There can also be infrequent typographical errors in reports that requires liaison with Radiologists. Our team work with our third party provider to ensure the patient’s needs are met.

**Effective processes managing risks, issues and performance**

The University of York has a risk assessment policy and maintains a risk register, which is updated quarterly. Each department, including the Department of Psychology, which has oversight of the imaging service also maintains a risk register. Locally, we manage risk through our policies and training individuals to adhere to them (e.g. **YDI Local Rules for MRI Operators**, **YDI Clinical Governance Policy, YDI Patient Care Policy, YDI Patient Identification Policy, YDI Safeguarding Policy, YDI Infection Control: Policy and Procedure, YDI Equipment Maintenance Policy**).

Issues that arise in the service are responded to with an open and positive outlook. We meet twice weekly to review our clinical service and what we can learn from it. In such meetings the issue of chaperoning has been discussed extensively. Our collective concern was that patients could ask for a chaperone at any time and could ask any member of staff, so meeting service user and staff expectations was seen as something to solve together. We intend to develop best practice document to improve our service.

Performance management is robust and adheres to the University of York policies.

**Information processed, challenged and acted on**

We take quantitative measures of our performance with our IT systems. This information is reviewed against our established performance history particularly in the context of changes to our service and service changes that can occur as a result of vacation or unpredicted disruptions. On the whole our service is robust to change and if there are impacts to our service we uniformly inform our referrers and patients. Over the last year, we have been able to provide a continuous service with the exception of holiday periods – Christmas and Easter. The facility usually has a maintenance closure for two weeks in the Summer too, but this does not always mean the clinical service is unavailable.

We formally monitor and act on our measures at Quarterly review meetings.

**Are people engaged and involved to support high-quality sustainable services?**

We use feedback from service users and those involved in providing the service (our staff, referrers and the third party reporting service). Feedback from patients is reviewed on an ongoing basis at weekly meetings and acted on if needed. Formal collation of the feedback occurs at quarterly meetings.

**Learning continuous improvement**

Through our training processes we encourage a culture of improvement and innovation. This allows individuals to contribute new skills and experience to our service. For example our group Customer Service training resulted in changes to our service – we now offer to walk our service users to their car with umbrellas, when it is raining, for example – because of a positive group discussion.

We also have an excellent relationship with the manufacturer of the MRI scanner, Siemens, covered by a research agreement and having a part-time member of Siemens staff on site. We are therefore in the position to learn more about the capability of the scanner and receive training on it, if that results in a positive change to our service.

Finally, we value the input from the CQC. The Relationship Owner who liaises with us has been very helpful during the informal visit made here and in the follow-up report. This was very useful and provided an important input to changes to the way we provide our service. For example, we have revised our emergency response approach and necessary training in the light of no longer providing any medicines or contrast media to patients.

10.3. Please describe examples of how services have been changed and improved as a direct result of the views and experiences of people using the service:

We have received overwhelmingly positive feedback about the service at the premises. However, there have been a very small number of comments about the ease with which patients can find the premises. With that in mind we reviewed carefully the documentation we send patients to allow them to get to the premises by private and public transport. We will monitor feedback to determine whether this change has been effective.

10.4 Please describe any other forms of improvement, innovation or sustainability issues within this service:

The trial and then adoption of the clinic model has proved a success. It has not delayed the service provided to patients, while at the same time we believe it has allowed us to provide an even more effective, caring and responsive service, because we can allocate more staff to the clinic. In this form the service is also more sustainable.