WHY Fronts

(Asking the question WHY to promote quality service provision)

Quality Improvement

I HAVE PREVIOUSLY TALKED ABOUT QUALITY ASSURANCE AND QUALITY MANAGEMENT so what is Quality Improvement about, isn't it just the same? To be honest sometimes I have trouble spotting the difference and it is my job! As far as I can tell it is about improving performance, and analysing that performance so you can improve it. Not much of a difference then?

When you qualified as a radiographer/ assistant practitioner did you look at more experienced colleagues and wonder how they did it all without freaking out? Worry that you were not good enough despite three years of training? Or wonder if someone would spot you felt you had no idea of what you were doing?

Do you feel like that now? Probably not now you have some experience under your belt. Although I think everyone 'freaks' out a little when they are faced with something they haven't done for a long time or have never done.

What made the difference to the way you feel now as to that first day in the department? I would hazard a guess that your confidence has improved through the mistakes you have made and the triumphs you have earned; in other words you have been through a quality improvement process. Sounds simple doesn't it.

How do you continue your own quality improvement, are there any easy guidelines? Have a look at these and see if they may help you.

Is your practice:

Safe - Avoiding harm to patients from care that is intended to help them, e.g. using the ALARA principle, ensuring the request is for an examination that will answer the question asked, checking LMP where relevant, ensuring contrast is prescribed correctly.

Timely - Reducing waits and sometimes harmful delays e.g. when verifying requests has the timeline requested been checked (cancer waits, recalls), have you spotted in-built delays to the processes you are asked to use that may cause a delay, when you are asking for something to be booked have you ensured everyone understands the urgency of the request.

Effective - Providing services based on evidence and which produce a clear benefit, e.g. are you keeping up to date with CPD so you have a good evidence base? If you think there is a better way, have you audited to provide evidence? Have you thought about a research project which could change the way the service operates or the profession could benefit from?

Person-centred - Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences e.g. do you lead by example when dealing with patients/relatives or other users in taking into account how they are perceiving what you are doing, building good relationships within your service so that team working is supported, building relationships with professionals outside the service so when you question decisions they respect your opinion.

Equitable - Providing care that does not vary in quality because of a person's characteristics, I hope I don't need to explain this one. But personally do you ensure every patient, carer, junior doctor, consultant or any other colleague are treated with the same respect as you would wish your own relatives or yourself to be treated? Do all your colleagues, or do you, need to 'step up' and say something to stop inequality or bullying?

Quality Improvement isn't just about a boring process it is about you; how you face your working life with either a commitment to lifelong learning and personal development being a 'guiding light' or just following where others lead not questioning the decisions that are made.

Next time you have an appraisal how about thinking over some of the points and ask for your personal development plan (PDP) to reflect your own quality improvement programme. When you are looking at your CPD folder use some of your reflections to demonstrate your quality improvement, you may be surprised at how far you have come.

I used this document you may find it helpful too: Quality improvement made simple, Health Foundation, 90 Long Acre, London WC2E 9RA ISBN 978-1-906461-47-8 © 2013. The Health Foundation.

http://www.sor.org/imagine-services-accreditation-scheme

Therapeutic radiographer takes over @NHS twitter account

TERESA HOWE, an advanced practice therapeutic radiographer from University Hospitals Bristol NHS Foundation Trust, this month took control of the @NHS twitter handle for a week.

Teresa helped boost the profile of the profession by interacting with members of the public and other health professionals to spread the word of the vital work of therapeutic radiographers.

"I got involved after I saw a retweet from the @NHS account on my own feed and started following," said Teresa.

"Then I was at a study day about MR linac and other technologies where we were discussing how exciting things are in radiotherapy right now, but no one knows what we do!"

Teresa was inspired to apply to take over the account, and after submitting a short description of what therapeutic radographers do, was chosen.

Now Teresa is throwing down the gauntlet for diagnostic radiographers to get take up the chance to curate the account for a week.

If you're a diagnostic radiographer and want to get involved, visit https://www.england.nhs.uk/atnhs/ for more information.

WHY Fronts

(Asking the question WHY to promote quality service provision)

The Quality Challenge

OVER THE PAST COUPLE of months I have looked at some of the aspects of quality – assurance, management and improvement. What then is the "Quality Challenge?"

I think it is easier to say than to describe, I could ask you what you understand by quality, or what your boss thinks of quality, or your organisation. Would they all give the same answer? Would those answers really mean anything to you? For me, I would say it is the day to day struggle to meet any quality agenda, making a difference to your patients and your colleagues.

To meet the challenge how about thinking of it like this:

Candour – be candid with yourself; without really acknowledging that improvement is needed, and then caring enough to find the facts and share them, quality cannot change.

Comparison – which athlete ever broke a performance record without knowing what the record was? Comparison is information turning into action before our eyes. Do you know how the quality of performance, of care in your service measures up against the professional standard; can you use that to make a difference?

Consequences – patients and service users deserve to have the best care. When the service we provide falls short of the best, can you find the energy and the know-how to change that which needs changing e.g. when a patient complains do you act on the findings and follow the action plan? The most important consequences will be the positive ones – the changes you make when you know what is possible.

Courage – as the quality agenda moves forward it represents a culture change and a personal challenge to every one of us. Courage is perhaps what is most needed to make the change possible.

Co-operation – You can never do this alone you need your colleagues to work with you and you need to work with them.

Using the five C's above to meet the quality challenge will help you make a difference. As part of this you might also want to consider:

- How you will maintain your focus – there are no easy answers to this when you are really busy with the day to day.
- Use your IT skills to demonstrate your point, metrics go a long way in convincing others.
- Find out who is leading the quality challenge in your organisation, region, and network, join them or at least get their information.
- Be aware of different quality agendas within your organisation, how can you use what others are already doing e.g. 7 day working, new clinical pathways.
- Keep up to date with your professional evidence base, why not get involved with research?
- Is your patient at the centre of all you do, is there a way to listen to what your patients are saying about your service?
- Your organisation is well aware that quality is the shortest road to cost effectiveness, sell your ideas on that basis.

One of the most important factors, if not the most important, is professional pride. Everyone in our healthcare system goes to his or her work to help, to make a difference for the better, ensuing our patients get the right examination, at the right time, with right modality. In the end, your personal vision, your professionalism, and your courage is how quality improvement will happen.

In the UK we don't just "have the best healthcare in the world" we want to ensure our patients receive the best quality health care, consistently.

A quote I love is from the film Galaxy Quest, Captain Jason Nesmith says repeatedly "never give up, never surrender" (if you're a geek like me it is well worth a watch). Sometimes in the quality challenge it is easier not to bother, it is too hard and you are too busy. But I would encourage you to "never give up, never surrender".

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Places available on free radiotherapy errors workshop

PUBLIC HEALTH ENGLAND and the Patient Safety in Radiotherapy Steering Group are hosting a workshop on the application of new and amended taxonomies published in the "Development of learning from radiotherapy errors" in December 2016 and the national analysis of radiotherapy errors.

PHE is offering the opportunity for departments to nominate a representative with an active interest in RTEs to attend the workshop.

Registration is free, but spaces are limited and will be on a first come, first served basis.

If more than one member from your department would like to attend, please send an email to events@phe.gov.uk.

You must complete your booking by Friday 15 September 2017.

Registration and coffee will be from 09:00 to 09:25 and the will run from 09:30 to 16:30.

The workshop will take place at Novotel Birmingham Centre, 70 Broad St, Birmingham B1 2HT.

To see full details about the programme and to book your place, please visit the workshop website.

www.phe-events.org.uk/DOLFR17

WHY Fronts

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Audit: Making a difference

IT WAS AROUND THIS TIME LAST YEAR I started writing this small blog on the quality agenda for our profession and how accreditation against the Imaging Standards can help.

I started with WHY and I thought I might have another look to see where my rambling thought process could take us.

Personally I think there are three types of WHY (if you have more I would love to hear them),

- The hair washing variety; where you sit with your head in your hands fingers in your hair (get it?) bemoaning the fact why me or why now, or why do we have to do this again.
- The petulant teenager/three year old; why do I have to, it's not fair, I don't want to, why not them?
- The 'geek'; why do you do it that way, is it better, why do you do that when others do this, why has no one told me this before, it is great, why would I do that when it is not safe?

I recognise myself in all of those examples and I have been guilty of all of those comments at work.

It was by recognising I/you have the potential to make a difference that started me on the path of using my WHY for the benefit of patients and our profession (I sound like some caped crusader, but I certainly am not, the uniform wouldn't fit!).

How then did I start? Well, baby steps are the way to go and I started by doing some small audits on practice, eg how much time was spent in theatre and how it impacted staffing, trying to demonstrate more support was needed. When I was a reporting radiographer, audit was key in demonstrating my ongoing competence and ability to produce timely, accurate reports which answered the question asked.

Do you have areas that you think could be improved or where you need the support of additional staffing or a roster change? Do you think you could do an audit? Easier said than done when often the word audit causes your brain to freeze and you don't know where to begin.

How about audit made easy? I typed that into Google and the results … well I wasn't impressed, but I have tried to distil some of the information in the hope that it will help.

Why Audit? – The purpose of an audit is to provide a 'true and fair' view of the standard of compliance being audited, helping to drive continual improvement, and most of all, a great way of sharing best practice and learning.

Good Audit – gives you an understanding of the area you are assessing, as to whether it is safe, current (against peer reviewed evidence) and enables you to see potential risks and improvements.

Audit Tool – should be simple to use, able to capture all of the relevant information, have an 'audit trail' to show who did what and when, be able to encompass all disciplines/modalities and have a timeline that easy to see and follow.

Audit benefits – a good audit will show you where you are now, how you comply with your organisation's/professions standards or the law, and show a path towards addressing any shortfalls you may have. You should be able to recognise when your service is performing well or giving warning signals that there may be potential problems ahead. It will allow you and your colleagues to get that well deserved 'pat on the back', giving you recognition for all your hard work. Or it could enable you to alert others to potential problems or issues that need to be addressed; your manager may well be very grateful for evidence to put into a business case.

Remember, keep it simple, an audit doesn't need to be *War & Peace*; just like an old fashioned English essay, tell them what you are going to tell them, tell them and then tell them what you told them, or in other words introduction, body of report, conclusion.

Why not try typing 'audit made easy' into a search engine and see what you come up with (it can't be any worse than my poor effort) and then give it a go, you may be surprised at the results.

http://www.sor.org/imagine-services-accreditation-scheme

Radiographer suspended for further 12 months

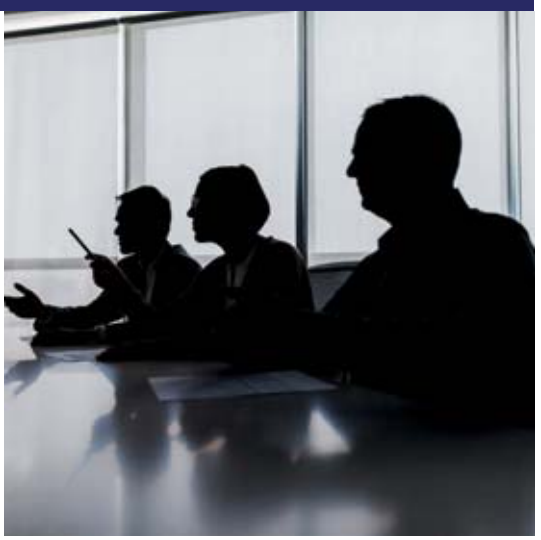
RADIOGRAPHER Christy A Henderson has been suspended from the Health and Care Professions Register for a further 12 months following a review of a suspension order originally imposed in March 2015.

A panel heard that Mrs Henderson was originally suspended for misconduct whilst employed with University Hospital of North Staffordshire NHS Trust.

Mrs Henderson's original failings included knowingly deleting 30 mammographic images she took, and not making accurate records of the dosage/exposure received by the patients.

Panel chair Carolyn Tetlow commented: "There is no evidence that Mrs Henderson has effectively explored return to practise courses or alternative means of retraining. It is quite clear that without effective re-training, she will not be able to resume work as a radiographer."

Mrs Henderson was present but not represented at the hearing.



WHY Fronts

(Asking the question WHY to promote quality service provision)

Follow Through

I AM AWARE that there is an 'urban' definition but for the sake of good taste I will not mention that one, look it up for yourselves!

I have pontificated at length on the merits of quality, how it makes a difference to your patient's experience and care, your working lives, your professionalism and your profession. I have even been so bold as to give examples as to how you might achieve this through audit, change management, leading from where you are rather than from the 'top'. I could start to become very boring on the subject; but let's not go there, I have the attention span considerably less than a goldfish so if I get bored I start to concentrate on 'sparkly things'. I am reminded of the glam crab in the Disney movie Moana - "You wish you were nice and...Shiny!"

Why then is it important to 'follow through', well it is not just to be 'shiny' on the outside but to have depth of 'shiny'. When the CQC or any other regulatory body come calling and they dig deep into your service provision wouldn't it be great if they find a whole heap of buried treasures just waiting to dazzle them?

Using the Imaging Standard as a base, you and your fellow team members can produce evidence to anyone who regulates or questions the service you provide. Going back to the Francis Report 2013 and the comment, 'there needs to be a relentless focus on the patient's interests and the obligation to keep patients safe and protected from substandard care.' I would like to ask are you 'relentless' in ensuring you and others give their best, often in difficult circumstances? Are you 'relentless' in trying to change the circumstances which prevent the best care you can give? This is 'follow through'.

Gwen Moran in her article in Fast Company Feb 2014 cites five steps to follow through, perhaps these will help you?

1. Be honest about what you want – understanding what your goal is will help you plan and develop a means to achieve; e.g. optimal diagnostic quality images (CL2 in the standard) does your service have systems in place to assure diagnostic image quality, is it analysed and fed back to you and have you seen the evidence that practice is amended or changed?
2. Understand the sacrifice – the old adage that anything worth doing is worth doing well; don't set yourself up for failure, it takes time and effort to follow through to the conclusion. Make sure your competing demands are prioritised to enable you to complete.
3. Prepare for success – 'just do it' may sound good but as with all good sound bites it is easier said than done. You may have the will and determination but will that work with just you on the task? Why not enlist the tools and people you'll need to help you get it done.
4. Give yourself deadlines - baby steps, deadline each one and celebrate the victory of each small step accomplished. When you look back you will see how far you have come and how close you are to the conclusion.
5. Incentivise yourself – the example given in the article made me shudder, I will let you decide if it works. A man wanted to go to the gym more often, so he left his one stick of deodorant there. If he didn't get up and go exercise in the morning, he was going to forego deodorant all day. Yuck is what I say, although it may explain some of my people/patient interactions. Going back to the goal you have set, does that still give you the incentive to carry on?

The crab Tamatoa used to be 'a drab little crab' but now he celebrates being 'shiny … strutting his stuff' he followed through and added to his collection, what about you can you follow through adding to the quality of your service?

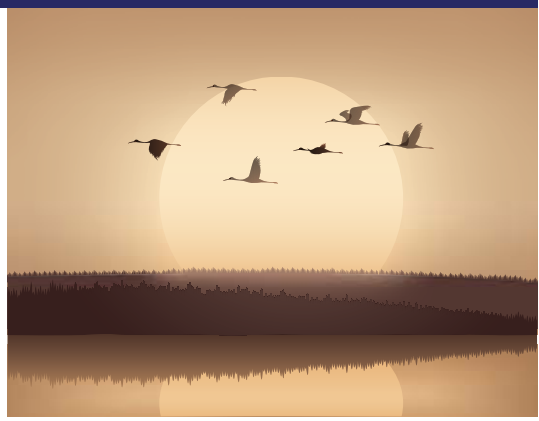
http://www.sor.org/imagine-services-accreditation-scheme

New study to explore impact of migration on radiology

SEB TURNER, an MSc student at Birkbeck University is conducting a study exploring the impact of migration on the NHS and specifically radiology.

His project aims to investigate the perceived geo-political element of migration and the impact it has on workforce planning in radiology.

If you are a London-based radiographer and would like to participate in the research, please contact Seb at Sebastian.Turner@hcahealthcare.co.uk



WHY Fronts

(Asking the question WHY to promote quality service provision)

'Quality' Christmas

WHAT MAKES A QUALITY CHRISTMAS for you and why? Is it the family, the presents, the over-indulgence or the parties? How do you measure a 'good time', how does your quality Christmas measure up to the other Christmases around? Difficult isn't it. We have no empirical measures on a 'standard' for a quality Christmas, so how on earth are you supposed to know if you have one or not?

For me, I have one measure which I know will contribute to the quality Christmas I am aiming for; it is a tin (often plastic tub) of a certain well known 'quality' chocolate (other tins of chocolate are available). In a recent Christmas audit I have become aware that the portion size has slightly decreased in proportion to the price, is it therefore still giving me value for money? To answer this question I need to be able to put a measure on the value of the chocolate to me.

This is slightly more problematic as the chocolate in question is not just about the taste (although very important) but it is also the memories of good times in the past and the laughs and fights we have had as a family over the 'favourites'. It has been known for certain parties to quietly remove said favourites before others can get their hands on them; ridiculous I know but hunt the chocolate can be a lot of fun.

It is the small acts of familiarity – tradition – that help make a quality Christmas. However, what went down well with a 6 year old does not often work well with a 16 year old and I have found that traditions develop, change and adapt to the new dynamics in the family to ensure our quality Christmas. The tin of sweets is still there under the tree but some years it has not featured as prominently as others and the favourites have changed as newer more sophisticated chocolates have appeared on the market.

So is my tin of quality chocolate still value for money despite its diminishing content and rising price? For me yes, as there is more to that tin than chocolate, just ask the cakes who use the tin during the year!

Like every parable there is a lesson in quality to be learned, do you use standards, measure quality, ensure change is dealt with in a way that engages others?

My best wishes for a 'quality' Christmas whether you are working or at home with your own traditions and 'quality' measures.

http://www.sor.org/imagine-services-accreditation-scheme

Musgrove Park cancer centre get creative with radiotherapy masks

THIS MONTH STUDENTS AT MUSGROVE PARK Hospital's cancer centre got their creative juices flowing by turning radiotherapy masks into works of art.

The hospital teamed up with cancer support group, The Swallows, to run a mask art competition at Musgrove's Beacon Centre on Friday 3 November.

The winning mask is set to feature at a national head and neck cancer conference in Blackpool.

It's all part of a campaign to raise awareness of head and neck cancer. The campaign also aims to bring family members closer together to talk about cancer and their experiences of radiotherapy treatment.

Media make-up students from University Centre Somerset, which is part of Bridgwater and Taunton College, decorated and sculpted masks that patients wore during radiotherapy in the theme that patients have chosen.

Simon Goldsworthy, a principal clinical researcher at Musgrove Park Hospital's radiotherapy department, said: "We are very pleased to run this very unique competition at Musgrove and I hope it will go some way to raising awareness of the effect of head and neck cancer treatment.

"It's really important to get families talking about their experiences of cancer treatment and I hope that by decorating the masks together, it can help those who have gone through radiotherapy to open up more and talk about their treatment.

"We want to thank the very talented students at University Centre Somerset for taking time to get involved in this competition."

Lydia Stainer, a student at the college who was involved in designing the masks, said: "My mum has recently had radiotherapy treatment so it was really special for me to be able to support this great exhibition."

WHY Fronts

Asking the question WHY to promote quality service provision

It's all shades of grey!

NOPE I AM NOT TALKING ABOUT A CERTAIN BOOK SERIES; I hope you didn't get your hopes up for something interesting this month!

What I would like to talk about is quality of image. Yes, I know we have colour doppler, MRI & CT but generally in an imaging service we look at images in 'shades of grey'. How then do you assure yourself and others that the images of grey are the best that can be produced?

I am now having to scrape the barrel of knowledge from my student days for some of the theory behind that 'perfect image' and believe me it is now a long way to the bottom of that barrel.

As I recall a quality image consists of the right amount of contrast, blur, noise, artefacts, and distortion; sounds like some weird recipe without the benefit of what amounts are required.

I think you need the 'right amount' of contrast, sharpness rather than blur, reduced noise, as little artefact as possible and the smallest distortion possible; hopefully you agree. So – easy then? Maybe easier said than done.

The modality used makes a difference as to the sensitivity of our shades of grey e.g. CT is generally of a higher sensitivity than conventional radiography, it has more shades of grey so soft tissues can be more easily demonstrated. I could expand further but then I would be really boring, hopefully you get my drift.

One aspect around image quality that isn't mentioned so far is the anatomical positioning of the region being imaged. Basically if you image the wrong 'bit' or image the 'bit' the wrong way the resultant images may not be diagnostic and we enter into the murky realms of IR(ME)R and woe betide a radiation incident. Nobody wants to go there!

How about the fact that the 'bit' is attached to a whole which may not want to assist your sharpness quotient by wriggling about, or that the 'bit' is surrounded by lots of adipose tissue or metal work which messes up the contrast and the artefact portion of the recipe?

It is all starting to add up to a bit of a nightmare now; did somebody mention the words 'button pusher' (don't get me started)?

I haven't talked about how you view an image, the amount of ambient light can affect how images on a monitor appear, the quality of the monitor makes a difference, the distance from the monitor and lastly if you have left your reading glasses at home then image blur may be an issue. I could go on, but then it would turn into a 'proper paper' rather than a blog and you don't have time to read that!

How can you assure others you do know and understand about image quality? In the Imaging Standard there is a whole section dedicated to this in the Clinical Domain with the statement; 'The service implements and monitors systems to ensure the acquisition of optimal diagnostic quality images.'

Do you know what your service does to ensure optimal diagnostic quality, do you ever contribute to ensuring that the latest evidence is applied to how you obtain quality images, do you talk to colleagues and students about your image quality e.g. do your reporting radiographers feedback about technical issues?

Why not audit your practice, that way your CPD can be updated as you reflect on the findings and make changes or develop practice within your service. Audit isn't hard, if you look back through your copies of Synergy I have talked about this previously, why not give it a try?

You may not have guessed but I am passionate about our profession, I believe no one can do it better than us; it is up to us to provide the evidence to demonstrate that we are highly trained professionals who make a difference every day.

Audit can provide you with that evidence and you never know maybe you will be the one who writes a paper. Perhaps that can be your New Year's resolution – to look at image quality and make a difference to your patients, service and profession?

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Why did you decide to specialise in breast imaging?

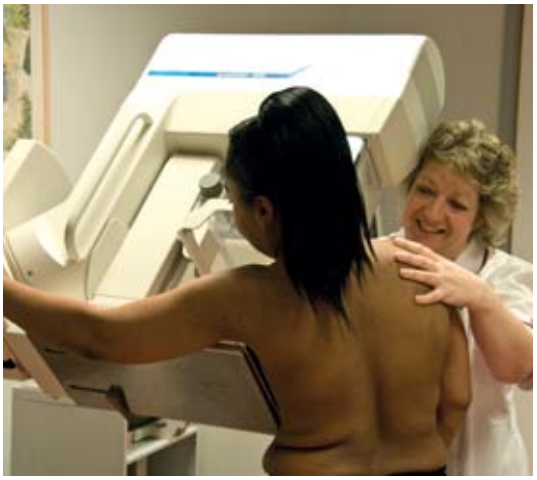
MAMMOGRAPHERS who have been qualified as a radiographer for ten years or less are being asked to help with a study investigating career choices.

Cambridge Breast Unit and the University of Suffolk, with funding from Symposium Mammographicum, want to find out why practitioners choose to specialise in breast imaging. The survey is part of a larger project involving student radiographers and their views on mammography as a future career option, including allowing male radiographers to carry out screening.

It is hoped evidence from the study could inform recommendations to address current workforce shortages.

The questionnaire is open until 20 December and takes no longer than 15 minutes to complete. It is anonymous unless participants choose to leave contact details for follow-up questions .

For more information, or questions, contact Kathryn Taylor: kathryn.taylor@addenbrookes.nhs.uk or Ruth Strudwick: r.strudwick@uos.ac.uk



WHY Fronts

Asking the question WHY to promote quality service provision

Chris Woodgate, ISAS Officer

Thinking hats

Alas I am sad to say this is nothing to do with the Cat in the Hat, although some of his quotes may fit with what we see in some of our healthcare organisations:

"And this mess is so deep and so tall,
We can not pick it up.
There is no way at all!"

Ever felt like that? I can understand why if you have.

This is all about Edward de Bono's six thinking hats, which if used in the right way may help the 'Cat in the Hat' clean up some of the mess. De Bono's hats are designed to help you in a decision making process, whether it be how you choose to organise your CPD, think about the next steps in your career or how to improve an aspect of the service you offer to patients. They can be used individually or within a group; if you are looking at changes within your service then suggesting this method may help you and the team.

The process allows you to move outside your normal thinking style and look at an issue or problem from a number of different perspectives; which gives a well-rounded view of the situation you, your team, or your service may be in.

Each hat allows a different way of thinking, therefore it allows all the team to express an opinion without feeling they are marginalised or difficult, or it can help an individual see from a perspective they are not used to.

1. White Hat – allows you to focus on the information/data that you have and what can be learnt from it.
2. Red Hat – 'wearing' this hat helps you look at the problem/ issue using your intuition, gut reaction and emotion. Using this to think how others could react emotionally, especially if they haven't understood or are not fully aware of your reasons behind a decision, e.g. patient's reactions to appointment changes or prep.
3. Black Hat - looks at the potentially negative outcomes. It is not often we allow negative thinking but it does have its uses; it can be used to highlight weak points in a plan. It lets you see what might not work. Once potential weaknesses have been identified you can eliminate them, alter a plan or prepare contingency plans to counter any potential problems.
4. Yellow Hat – this is the optimistic hat that helps you and/or others see the benefits of the decision and the value of it. It is the hat that keeps you going when everything looks gloomy and difficult.
5. Green Hat - represents creativity; where creative solutions to problems/issues are sourced. When this hat is being worn there should be very little criticism of ideas. Ideally, at this point there should be no 'bad' ideas, just ideas.
6. Blue Hat – this is the hat worn by those who chair a meeting, so if you are using the hat as an individual you get to wear this when you pull all the information and ideas together. Blue Hats often ask other Hats to 'come into play' e.g. asking for Green Hats when ideas run dry or Black Hats when contingency planning is needed.

Hopefully you can see that hat wearing can be very useful and not just for decoration!

De Bono's six thinking hats allow you to be sceptical and creative in what is often a purely rational process. Decisions made using this technique can be sounder and more resilient and help you avoid possible pitfalls before a final decision is made.

Why not use this in your practice, especially if your service is going through changes or thinking about Imaging Standards; you never know what the impact may be.

The SCoR and the RCR are running a series of online webinars for managers and radiographers interested in gaining accreditation. SCoR members can get free access to this webinar series. To register email emma_duffy@rcr.ac.uk

More details can be found on the ISAS web page below.

http://bit.ly/2GbOufm