Double celebration for radiology teams at Royal Cornwall Hospitals Trust

QSI accreditation and ‘Outstanding’ rating by the CQC

Clinical imaging teams at Royal Cornwall Hospitals NHS Trust (RCHT) are celebrating a successful QSI accreditation and a rating of ‘Outstanding’ from the Care Quality Commission, as a result of more than two years of hard work and commitment from its dedicated county-wide staff.

The Clinical Imaging Directorate at RCHT provides an imaging service across the county, to the population of circa 450,000 that nearly doubles in the summer months. Imaging services are managed and delivered from a central hub at Royal Cornwall Hospital in Truro, with satellite acute trust sites at West Cornwall Hospital in Penzance and St Michael’s Hospital in Hayle.

The directorate also supports eight community hospitals-based minor injury units, GP and outpatient services. RCHT offers a full range of imaging services including planar x-ray, CT, MRI, ultrasound, nuclear medicine, mammography, bone densitometry, fluoroscopy and interventional radiology (IR), including cardiology. The trust also delivers the breast screening programme for Cornwall and...
RCH and hosts the specialist commissioned PET-CT mobile service. Imaging services across the county are comprehensively supported by an in-house medical physics service.

Recognising that NHS trusts with QSI accreditation were viewed positively by the Care Quality Commission (CQC) during inspections and, along with Q-pulse capability and actions arising from a serious incident, the directorate started to work towards QSI accreditation in earnest. The work was based on a quality management system the clinical imaging teams had started a decade earlier, so there were robust systems and protocols in place.

“There is little doubt that the QSI preparations enabled us to deliver what was required to assure the CQC of the quality of our service,” said Emma Spouse, Imaging Lead.

The QSI project team was led by the clinical governance lead and the imaging quality lead with each of the five QSI domains being given a named lead; four were consultant radiologists and one was the imaging services manager. The quality lead radiographer was instrumental in running the accreditation project with Q-pulse and QSI administration being provided by B3 Business Support.

Each clinical modality is operationally led by a B7 radiographer team lead and a quality link exists in each modality, or at each imaging site, and provided invaluable support in identifying evidence, assurance documents and information to the central QSI project team.

“The most challenging aspects of driving the QSI accreditation project were releasing staff time and capacity to work on the application at a time when NHS resources and services are...
UKAS accreditation gives formal third-party recognition that an imaging services provider has demonstrated their organisational competence to deliver high quality imaging services.

Visit the QSI website to find out more, including information about organisations accredited so far, workshops to help services prepare for QSI accreditation, and becoming an QSI assessor.

so stretched. This was one of the reasons why we identified strong admin support early on in the process. Staff could identify the information or evidence, but did not always have time to collate it into a user-friendly format, or file it appropriately,” Emma said.

“We also learnt that there needed to be a systematic approach to uploading evidence and documents on to the QSI template and this was easier to achieve if access was restricted to a couple of super users.

“The positive aspects were the high level of consultant radiologist engagement with, and their enthusiastic commitment to, the project. The business admin role provided invaluable support to busy clinicians by sitting with them and going through each domain and line of enquiry. This significantly assisted in the identifying and refining of the evidence and assurance of compliance with each standard.”

The QSI application process also had the unanticipated impact of unifying services regardless of location, with radiographers and support staff working at community hospitals becoming involved and working across the collective imaging team.

“Going forwards, the challenge is to embed QSI assurance into everyone’s job, particularly the frontline radiographers, and to make sure that evidence is updated and relevant to services as they evolve over time,” Emma commented.

“We have also had a change of leadership roles and so there is a learning curve for staff new to the QSI process. However, this does mean that the depth of understanding of QSI is being spread widely across the service.”