



## Accidents will happen...

**I AM SURE WE HAVE ALL HEARD** the saying 'better to be safe than sorry'. Perhaps your mother or grandmother have said it. There are very few days that pass where I don't have my mother's sage safety advice ringing in my head: "Always wear clean underwear in case you get knocked over!"

So, WHY am I talking about this? I think these maternal figures are trying to teach us that to be prepared is a good thing whilst, I am convinced, making sure the offspring in question knows how to cross a road safely, or ensuring safety measures are in place in whatever endeavour they are being sent off on.

There is a parallel professionally that through our quality management systems we ensure as much as is reasonably possible that we operate safely and protect our patients and ourselves from harm. Yet, however hard we try, accidents will happen. By definition an accident is something that happens unexpectedly and unintentionally without apparent or deliberate cause. So it is very difficult to plan for. No one starts their day trying to bring harm to another.

The Bolam principle, in brief, says that as a rule, a health professional is not negligent (failure of care through act or omission) if they act in accordance with a practice accepted at

the time as proper by a responsible body of opinion. In other words, you listened to all the safety advice and looked both ways before you crossed the road.

WHY is this important? How do you prove that you took all reasonable measures to protect your patients/colleagues, that this was an accident that could not have been foreseen? Your quality management system comes into its own at this point, you should be able to show risk assessments, protocols/procedures and guidelines which demonstrated what you did was as safe as it could have possibly been, with informed consent from patients as necessary to outline any risks that are known. In other words, you made sure you had 'clean underwear' on.

Like underwear there is a time limit on its use! Therefore, can your quality management system show regular audit, updates and improvements? Like learning to cross the road safely, can you get into the habit of checking your policies, procedures and guidelines so that they can protect you and your patients?

Whatever route you take to assurance, whether it be ISAS or your own, it is always better to be safe than sorry.

[ISAS@sor.org](mailto:ISAS@sor.org)

## Survey: Understanding views on the CoR's Practitioner Accreditation Scheme

**YOUR HELP IS NEEDED** for research into investigating opinions about the College of Radiographers' (CoR) voluntary accreditation scheme. This project is part of the work of Linda Deane's MSc in Advanced Medical Imaging with the University of Salford.

The research aims to identify opinions surrounding the accreditation scheme from both accredited and non-accredited advanced and consultant practitioners within the field of mammography.

There has been a drive by the CoR to recruit radiographers to gain accreditation by promoting the value of accreditation and benefits, not only to its members but to employers and service users.

All accredited and non-accredited advanced and consultant practitioners working in the field of mammography/breast imaging are invited to take part. The survey takes approximately 15-20 minutes to complete and has received ethical committee approval from the University of Salford.

This survey will close on **24 February 2017**. To take part, visit:

[bit.ly/2h2IVoN](http://bit.ly/2h2IVoN)

If you have any queries, please contact either Linda Deane, advanced practitioner ([lindadeane@nhs.net](mailto:lindadeane@nhs.net)) or Dr Leslie Robinson, senior lecturer, programme leader – advanced medical imaging ([l.robison@salford.ac.uk](mailto:l.robison@salford.ac.uk) / 0161 295 2333).

## University of Leeds focuses on importance of research

**THE UNIVERSITY OF LEEDS** held its first successful Research Study Day recently. The event was held in partnership with the Leeds Teaching Hospitals NHS Trust and was hosted by Leeds Institute of Cardiovascular and Metabolic Medicine in the School of Medicine at the University of Leeds.

More than 80 delegates from across the Yorkshire and Humber region attended to learn about the importance of developing and promoting research within the profession.

A programme of talks was delivered by multidisciplinary speakers to inspire delegates, and promote research and its importance.

Topics included:

- The vision and expectations of radiographer research from the Society of Radiographers
- An overview as to why research is important for the NHS and for radiographer participation
- An outline how radiographers can contribute and be funded to perform research and to provide a vision of the future of radiographer research.

The day was designed to deliver an inclusive programme of study to encourage all delegates to consider how they could be involved and progress in research; through the sharing of personal stories by radiographers, from novice to professor, which was positively received by the delegates.

The key message from the study day was the importance of collaboration and mentoring to further develop research within the radiography profession.

For further information about future events, email Voyin Pantic: [V.Pantic@leeds.ac.uk](mailto:V.Pantic@leeds.ac.uk).





## WHY Fronts: PDSA

Chris Woodgate, ISAS Officer

**A NEW TECHNIQUE**, a dispensary for sick animals or an audit tool? No prizes for guessing which one I will choose.

Through the winter you may feel like a 'workhorse' who has been 'flogged almost to death', dealing with the influx of requests caused by winter pressures. Our profession does not have the luxury of sanctuary away from the crowd. We are an essential mainstay of the operational services within any healthcare organisation and so our services are never 'off duty'.

WHY am I bringing this up when you have better things to do and other battles to fight? Well...audit can help you. WHAT/HOW you cry or turn the page to something less boring. Audit will allow you to build an evidence base to prove you need something, or provide you evidence

that a new technique is better/safer for patients and/or more efficient, maybe like the following examples;

- More radiographers/radiologists
- Better equipment
- Improved skill mix
- Time for research and innovation.

P.D.S.A or Plan, Do, Study, Act is an audit tool (other audit tools are available) which will help you build a case of need, prove a theory and demonstrate a better way of working. How does it work? An easy guide can be found here <http://bit.ly/2jvUZ1s>, it is not rocket science (otherwise I couldn't use it). If you want to show your manager or trust board that you have something worth looking at, it is a relatively easy way to provide the evidence. Accreditation is built on continuous audit process, helping you refine

and build on the service you have, which allows accredited services to be transformational. Even if accreditation and ISAS may seem a distant goal for your service, it would be positive to start embedding the principles of regular audit and start to be transformational.

Why not give it a go? Rather than remain stuck under the pressures you have, prove there is a better way, a development need, a research project which will make a positive difference. Managers love people who come to them with solutions rather than problems, and even better if they have evidence to back it up; so WHY not, you may be surprised at what you can achieve. If you don't have the bright ideas, then who will? And if someone else does, will they know the service as well as you do?

Remember it is easier to do than it is to be done to! This is your service, your patients, your hard work and in the end your taxes that pay to keep services running; WHY not make your service the best it can be.

In other words fortuna audaces iuvat – fortune favours (aids) the bold; or as Darth Vader would say "the force is strong with this one", proving that the dark side can acknowledge a good idea when it sees one!

## London hospitals welcome German delegation for ultrasound tour

**LAST DECEMBER**, City, University of London and Barts Health NHS Trust hosted three visitors from Germany on an ultrasound fact-finding mission.

In Germany, ultrasound is practiced by physicians, so for Katrin Paetzold, nurse and ultrasound assistant, Dr Jens-Uwe Erk, chairman of the internal clinic at the Ev. Luth. Diakonissenkrankenhaus (hospital) in Dresden and course leader for the German Society of Ultrasound in Medicine (DEGUM) and Professor Julianne Eichorn, professor of nursing at Brandenburger Technische Universität, Cottbus-Senftenberg, it was an eye-opening visit.

The team came to visit the UK with the aim of investigating how an ultrasound programme is run here and how sonographers work within the health service.

On the first day, the delegation spent the morning in the ultrasound skills suite at City, University of London, where they discussed training with the Ultrasound Programme Director, Gill Harrison and Lecturer Annie Knowles.

Having tried out the MedaPhor simulator, they wanted to know more about how ultrasound practitioners managed lists in the NHS.

The following day involved a visit to the Royal London Hospital (RLH) in Whitechapel, where they met staff and students in a range of areas, including radiology, cardiology and vascular ultrasound departments, asking questions and sharing their own experiences from home.

The visitors also took in some of London's cultural delights, including a traditional Whitechapel curry. They even managed to experience a "traditional" Christmas jumper party with staff from the RLH.

The final day of the visit comprised a trip to see the sonographers in the ultrasound department at Whipps Cross hospital, with a particular focus on the role of advanced practice sonographers within the workplace.

The trio left with inspiration for their plans to develop sonographer training in what is a very different health care setting to that of the UK.



Katrin, Julianne, Annie and Jems drop in to visit Royal London Hospital.

# WHY Fronts: The times they are a-changin'

Chris Woodgate, ISAS Officer

**LIFE IS A PROCESS OF CHANGE** and if you read the lyrics/poetry written by Bob Dylan to the above, I think he outlines the challenges (in the issues he visualised) in an interesting and evocative way.

How we deal with challenges and change has also been expressed through an experiment with bees & flies – I know, who thinks of this stuff!

It is described in this article (<http://bit.ly/2mhEJBr>), and it really caught my attention.

In short, bees and flies are placed in a jar with a bright light shining through the base of the jar. The bees' knowledge of light (their intelligence/knowledge) is their undoing in this experiment as they persist in trying to get out through the solid glass bottom of the jar, whereas the flies, careless of logic and through trial and error find the opening to freedom. It is by pursuing every imaginable alternative that the flies escape while the bees perish because they believe the light is the only way out because, after all, generations of bees were successful following the light.

The hypothesis is that we are educated to think reproductively like the bees in the experiment. Whenever we are confronted

with a problem, we fixate on something in our past that has worked before and we apply it to the problem. If it does not work, we conclude it's not possible to solve. The flies resemble productive thinkers as they fly hither and thither exploring every possibility and, through trial and error, find the way to safety. The lesson to us is to always approach a problem on its own terms and to consider all alternatives including the least obvious ones, which often are solutions brought by those who are new/fresh to the issues i.e. the beginners'.

So what does change have to do with accreditation? One of the key aspects of accreditation is that it can be transformational; through regular audit process the need for change is often identified. Even the fact that accreditation causes you to look at how you do 'things' may shed a spotlight on areas of practice which you want to change.

Change management can be difficult as Bob Dylan so eloquently puts it; but there are models which are helpful and some of those can be found here: <http://bit.ly/2micKS4>

- Kurt Lewin: Unfreeze – Change – Refreeze model



- ADKAR® : Awareness, Desire, Knowledge, Ability, Reinforcement
- Kotter: 8 – Step model of Change
- Stephen Covey: 7 Habits Model
- Kubler-Ross: Stages of change

Times really are "a-changin'" we just need to look in the press, social media and our own services to see how the NHS is changing (or not) to meet the needs of the present.

Accreditation can help you 'find your way out of the jar' because where the external spotlight is shining on your service may not be where the change is needed, as the fly wisely puts it in the film 'A Bugs Life' – "Don't look at the light!"

Use all the tools you have to find the answer, don't be blinded by the problem and don't forget to ask those of your teams who are not steeped in past way of doing things. Ask yourself 'am I afraid to abandon an old belief system, learn a new skill, or tackle a new project?' Do you think when you're finished learning you are finished? Is it that only real limitations are those we place on ourselves by refusing to learn or to change? Only you can answer those questions.

## Imaging & Therapy Practice student competition 2017

**IN 2017, IMAGING & THERAPY PRACTICE** journal will again be running its annual student competition, publishing a special edition in October, dedicated exclusively to the winning students' work.

The response to the competition over the past few years has been so positive that it has now become a permanent fixture in the Imaging & Therapy Practice journal calendar.

Each HEI is invited to submit outstanding pieces of work produced by a pre-registration radiography student or group of students – an essay on a topic relevant to the profession, a case study, a critique of an aspect of practice, or another contribution entirely.

A panel of judges at the College of Radiographers will choose the five best from

those that have been submitted.

There will be a cash prize for each winning author and an all-expenses paid invitation to the 2018 student conference to receive an award.

A special prize, sponsored by interactive media specialist Axia, will again be awarded for the most outstanding CPD Now Planned Pathways section that is supplied with an article.

Each HEI may submit up to four articles – radiotherapy or diagnostic or a mix of both. The work can be overseen by the student's supervisor or an academic member of staff, and can be part of the student's coursework or something written especially for I&TP. The articles should not be co-authored with a tutor or member of staff, but purely the student's own work.

The final deadline date for submissions is 26 May 2017.

And remember, even if the students aren't placed in the top five, the chances are that their articles will still be published in subsequent issues of I&TP. In fact, the standard of the articles in 2016 was so high, that almost all submissions will be seen in regular editions of the journal in 2017.

If you need any further information or advice, or you would like to discuss anything before you submit, please do not hesitate to email the editor Mel Armstrong – [editorial@itpmagazine.co.uk](mailto:editorial@itpmagazine.co.uk) or 07494 975217.

There will be further news and updates about the competition over the coming months – so watch this space!

# WHY Fronts: Freedom to Breathe

**SOLZHENTSYN** wrote this poem as a result of the imprisonment within the Russian Gulag system and when asked why he thought the Gulag's came into existence he said, "We didn't love freedom enough".

As the pressure of increasing demands on imaging services becomes relentless and you feel that you 'don't have time to think never mind freedom to breath' how can you ensure you don't lose the person who is the patient at the centre of it all? Are you assured your patients are at the centre of all you do, is your quality of service to them safe, effective and efficient? Do you value the quality of your service enough?

The Health Care Professions Council (HCPC), Standards of Conduct, Performance and Ethics has 'promote and protect the interests of service users and carers' as number one on their list. The SCoR likewise put 'Relationships with Patients and Carers' at the top of their Code of Professional Conduct. If, as professionals, we are to meet this obligation (I would suggest) we need to make time to do so, that we give ourselves the 'freedom to breathe'. But how do you do that? How do you personally assure yourself that the service you, and others around you, give is that which your professional

and registrant body requires?

Well Martin Luther King said, "All labour that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence." That is quite a tall order 'painstaking excellence', but if Martin Luther King could 'have a dream' why not us?

So how do you as an assistant practitioner, radiographer, or team lead make that difference, when you don't make the final decisions and those that do seem a long way from where you are day after day?

Last month I looked at change and you and I may be willing to change, but, how do you convince others it is a good idea? Do you have to be the 'boss' to make sure change happens or is it possible that as an assistant practitioner, radiographer, team lead, you can influence changes that affect everyone? If you could, what would you want to change, what in your day to day work would you do to improve patient care and/or your colleagues working life to make that 'dream' a reality?

In change management there are lots of scholarly articles about how to, with whom, when to, with models that demonstrate how difficult it might be and how you know when you are succeeding. One thing that is recurrent



in most change models is the role of leadership and its importance in influencing change.

Robin S. Sharma states, 'leadership is not about a title or a designation. It's about impact, influence and inspiration. Impact involves getting results, influence is about spreading the passion you have for your work, and you have to inspire team-mates! If this is true then you can make a difference, you can promote the 'dream' where quality of service and care of the patient outweighs all other demands. You don't have to do this on your own; you can gather other likeminded members of your team to be examples of what it is you 'dream' of and gather more around you as your enthusiasm spreads. Have a look at the new ISAS standard, there is now a whole section on leadership and management, are there any ideas in there you can use? Remember if we don't 'love' quality of care for our patients then we may lose it. Have the 'freedom to breath' and make a difference. Today, can you be THAT person!

## Work the World winner announced

**JASON BROOK**, a diagnostic radiography student from Teesside University, is the winner of the 2016/17 SoR Work the World competition.

Jason will be jetting off to Peru later this year to experience how radiography is practised in the country. He will also be taking an intensive clinical Spanish course before starting the placement.

Sean Henderson-Kelly, the Society's Membership and Public Relations Manager, said: "The Society warmly congratulates Jason on his win. The standard of entries this year was exceptionally high and the judges' choice a difficult one, but Jason demonstrated warmth, commitment and humour in his application.

"It's particularly good to note that Jason will be doing the pre-placement intensive language

course that Work the World offers and we wish him every success in this venture."

Jason commented: "Sean came to our university to discuss the Society and I was instantly sold on the benefits of student membership.

"As soon as he mentioned Work the World I was determined to win. It has always been a dream of mine to visit South America, in particular Peru. I am very interested in Ancient civilisations and Machu Picchu is on my bucket list.

"The actual realisation that I won was something that took a while to come to terms with. I felt a huge rush of adrenaline that seemed to last for days until it all became a bit more real. I was overcome with a great sense of pride and achievement"

## Jeanette de Wolf (née Hoskins)

**IT IS WITH GREAT SADNESS** that we announce the passing of Jeanette de Wolf (née Hoskins) on 12th February 2017, suddenly, after a short illness.

She trained as a Therapeutic Radiographer at the Plymouth Radiotherapy Unit from 1973 to 1975 and joined the team at the Pembury Radiotherapy Unit in January 1976, transferring to Mid Kent Oncology Centre in 1993 and which subsequently became The Kent Oncology Centre.

She retired in March 2016 after a long and successful career.

She will be fondly remembered and missed by all.

# WHY Fronts: Inspiration

## (Asking the question WHY to promote quality service provision)

Chris Woodgate, ISAS Officer

### OVER THE PAST COUPLE OF MONTHS

I have outlined (very briefly) how and WHY you can make a difference to the Quality Management (QM) in your services. But what happens when you just don't know how or you don't have any idea what to do or where to start?

Jack London (writer/novelist) once said, "You can't wait for inspiration. You have to go after it with a club," he advised. "And if you don't get it you will nonetheless get something that looks remarkably like it."

In a very helpful article/blog; T Bram has outlined seven points to help us find that elusive starting point, idea, audit, change that is needed to improve how we work together for patients.

#### 1. Go out looking for inspiration:

Find out what other services are doing with their QM have they any helpful tips or hints. If you are working towards accreditation or thinking about it, WHY not have a chat with those that have already been through the process; they can be found on the SCoR ISAS webpage or the UKAS ISAS webpage.

#### 2. Look outside your area of expertise:

Can you get any help from colleagues in Pathology who have their own QM process or Breast Screening colleagues who have been involved with QM for a long time? Just because they don't 'do' what you 'do' doesn't

mean they can't spark some ideas in you by what they are involved in.

#### 3. Try another format:

Writing standard operating procedures, policies and protocols can eventually 'suck the life' out of you; been there on that one! So how about writing them your own way first to keep it 'alive' for you, once you have the ideas on paper it is easier to transfer it to your organisations way of presenting them.

#### 4. Get an outsider's take:

Be careful what you write; what makes sense to you may mean nothing to someone who doesn't understand your modality. One of the key things a UKAS assessor will look for is that your documents are unambiguous, if they were to follow them line by line would they get the end result you are expecting? WHY not ask a colleague from another modality/discipline to have a look and make sure they make sense. You may find their input really helpful.

#### 5. Look back at what has worked:

When you do your policy etc. review look out for ideas that come to mind or that have developed through the timeframe of that policy. It may be that only a small change is needed, if you had a dynamic change last time is it really needed again? When you review WHY not think about how you could use the inspiration

from last time on some of your other projects?

#### 6. Borrow an idea:

Document sharing, is it a bad thing? Are there colleagues in other Trusts who will be willing to share what they have written? If you work in a service where you think you have some good policies etc. would you be willing to share on the SCoR ISAS webpage; anonymised of course? If you are let me know and we can pull together a repository of useful information for others to use; please email ISAS@sor.org and I will develop this for our members.

#### 7. Brute force your way through:

Sometimes it isn't easy, sometimes you just have to grit your teeth sit down and put pen to paper or finger to keyboard. Sometimes it is just 'boring' but if you never have the lows how do you recognise the highs? If you are sat in the shadow of an audit that is to be completed or a policy deadline remember the "the shadow proves the sunshine" (Switchfoot Lyrics 2005); it will be worth it as you will have helped contribute to a safer, quality service for your patients.

As Jack London said if you don't get inspiration but you work at it "you will nonetheless get something that looks remarkably like it." WHY not think about it?

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

## Northern Ireland radiographers embrace #hellomynameis

### RADIOGRAPHERS FROM THE SOUTHERN TRUST

in Northern Ireland have embraced the successful #hellomynameis campaign, pioneered by the late Dr Kate Granger.

The team were encouraged by the trust's Security Manager, Paul Chapman, who had been working with the department to implement a trailblazing approach to lone

working, which they hope will be rolled out to other areas of the trust.

Helena Kinkaid, a radiographer in the team, commented: "Paul was really impressed with us as a professional body and recommended us to launch the #hellomynameis campaign within our trust. It's a great opportunity as it aligns with the SoR's support for this campaign."



Back row-Helena Kinkaid, Pauline Lavery, Ruth Watson, Joanne Wilson, Caitlin Murphy, Joanna Andrews, Catriona McGlone  
Front Row-Julie Hoey, Lena McShane, Audrey Mitchell, Amelia Timmis, Roselyn Derby, Paul Chapman

# WHY Fronts: Quality Assurance

(Asking the question WHY to promote quality service provision)

Chris Woodgate, ISAS Officer

## SOUNDS LIKE A REALLY BORING SUBJECT

especially if you have just spent 3 years achieving your degree, 1-2 years obtaining a qualification in advanced practice, worked your way through from assistant to accredited assistant practitioner or other clinical achievement which makes a difference to the care you give your patients.

But is Quality Assurance so different from all those other wonderful achievements? How do you know that the degree programme or course you attended was 'good enough'? How do you know that your new exciting area of practice remains up to date and evidence based?

How do you know that the new piece of equipment that has just been installed is fit for purpose and safe for you and patients to use? How do you find out if the new technique that has been developed is safe and effective? How can you be sure that the efficiencies that are made in your service by your managers is based on evidence and not just cost cutting?

Big questions – but important all the same; so where do you get the answers? The answers to all the above should be found in your quality assurance programme which is managed by a quality management system.

They are the basis on which the SCoR and the RCR built the Imaging Standards (these and other relevant information can be found at the web address at the bottom of the article). As professionals we should be looking

to meet the highest standards wherever possible, otherwise all your study, hard work and dedication could be undermined as we are often reminded by salutary 'tales' from the HCPC disciplinary committee.

So what is the difference between quality assurance and quality management:-

### 1. QUALITY ASSURANCE

You may have thought of this in terms of making sure a product, like a tin of beans, is made/manufactured safely, consistently, accurately and fit for purpose. How then do you transfer this to the clinical setting?

- a. Safe** – everything you do needs to be safe for the patient and the staff performing any task.,
- b. Consistent** – it should be the same for every patient – in the BBC 'fly on the wall' documentary over the winter period a senior nurse was quoted as saying "it doesn't matter if they come from Buck House or the park bench, they are all treated the same" is that true of everything you do?
- c. Accurate** – are you sure that you are doing the right test, with the right equipment, at the right time, for the right patient?
- d. Fit for purpose** – is everything you do evidence based, can you demonstrate that it is best practice, that it is efficient and effective, using the best 'tools' to obtain the required result.

### 2. QUALITY MANAGEMENT

'A management system providing the means of establishing policy and objectives and the means to achieve those objectives'. In other words a repository where all your evidence, audit, policy/protocol/procedures are kept to demonstrate that as a service you are quality assured.

I don't know about you, but that still sounds a bit boring to me! How then is it relevant, interesting, productive, or helpful?

To me if I came into work everyday and did the same job without question – that is boring. You and I did not train to be automatons but to be professionals who challenge, innovate, move our profession forward, combating resistance with evidence gained through research and audit of our practice and others.

I don't know about you but I am really proud to be a radiographer, I am proud of my profession and any opportunity I get I want to demonstrate that our profession is forward thinking and innovative.

So dust off that all important question WHY. Be assured that in all you do there is a standard with an evidence base to back you up and if the evidence base is missing or out of date then WHY don't you research, audit, publish and demonstrate that as professionals we are a force to be reckoned with?

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

## 'Outstanding reviewer' prize for breast imaging lecturer

**ANNE-MARIE CULPAN**, senior lecturer in breast imaging at the University of Leeds, has been recognised as an 'outstanding reviewer' for 2016 by the Canadian Journal of Medical Imaging and Radiation Sciences. The award is presented to peer reviewers who demonstrate

outstanding commitment and skill in upholding quality research standards. Unfortunately, Anne-Marie was not able to travel to Ottawa, Canada, to collect her prize, but instead was presented the award by Jean Wilson, professional lead for radiography at the university.



Jean Wilson, right, professional lead for radiography at the University of Leeds presenting Dr Anne-Marie Culpan, senior lecturer in breast imaging, with her award.

# WHY Fronts

## (Asking the question WHY to promote quality service provision)

### How do you create change when you're not in charge?

**WHO IS IN CHARGE?** Is it your line manager, their line manager, the Radiology Manager the Chief Executive, NHS England, the Department of Health or A. N. Other (e.g. evil Galactic Empire, yes I like Star Wars)?

Do you need to know who is in charge to create change that benefits your patients and service? Going back to the 'evil Empire' I would say, "The only thing necessary for the triumph of evil is for good men to do nothing" (Edmund Burke), so perhaps doing nothing and leaving it to others is not a good option? When you look around you on the first hour of your shift/working day do you see inequality, unsafe practice, waste, a better way to do something? If so can you be bothered to do something about it and do you need to know who to complain to get them to change it?

Change is, at its core, a people process. So how do you create change when you are not in charge. A few ideas are outlined below;

- Challenge the existing beliefs and assumptions you and others have. Why do you do something the way you do; is it 'custom and practice' or is it evidenced based. Is it comfortable or challenging? Questioning why something is done the way it is allows you an understanding of how you may be limiting your

possibilities without knowing it.

- How can you influence others; when you are working day to day your example of questioning process (in a positive way) and behaving in a dynamic way is the best influence ever, it will get you noticed!
- Do your homework/research; e.g. use the Imaging standard to measure your practice against, look for new techniques and challenges in professional journals. If you have the evidence it is easier to convince others that they should have a look at what you are suggesting.
- Try and find a sponsor; find a colleague who has a wider sphere of influence than you, who may have tried to do or succeeded in change in the past. Ask them why they think they did/didn't succeed. Ask them to check out your idea; they probably want to do that anyway before they stick their neck out for you. Ask someone you trust and respect and be prepared to share the 'glory'.
- Do you know who your audience is? If so make sure you articulate your ideas in way they will understand. After many years in the NHS I have learned that we speak 'radiographer', nurses speak in 'nurse', doctors speak in 'doctor' etc. You may need a translator to get

your ideas across disciplines, for example audit to one group of professionals may not have the same meaning to another group of professionals. If you want to get them on side what is the 'win' for them, what is the agenda they are working too that would fit with yours?

- Empathy and diplomacy may be needed; you don't want to leave a trail of broken dreams in your wake. Others may have tried and failed, others may have a different agenda and others may have a vested interest in the status quo. Sometimes it is good to listen to the history of a process before destroying it.

The challenge - working with your colleagues and others to find opportunities to create change in the areas that you can influence. Testing your beliefs and assumptions, work together to identify what is within your span of control and your sphere of influence and what isn't. Create little victories that can build upon each other over time, and don't be afraid of failure that just lets you know one way it won't work, keep trying till you find the way it will work.

The best motivator of all, have some fun doing it! Why not give it a go after all you could save us all from...

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

## New MRI e-Learning resources

**FOUR NEW MRI E-LEARNING** sessions have recently been published as part of the Image Interpretation programme:

- 23\_05 Magnetic Resonance Imaging: Elbow - Session 2 looks at common pathologies in the elbow which can be identified on MRI. <http://portal.e-lfh.org.uk/Component/Details/445182>
- 23\_06 Magnetic Resonance Imaging: Elbow - Session 3 is a self-evaluation session based on MRI of the elbow. <http://portal.e-lfh.org.uk/Component/Details/445186>
- 23\_07 - Image Interpretation - Magnetic Resonance Imaging: Wrist and Hand

- Session 1 addresses the normal anatomy of the wrist and hand on MRI. <http://portal.e-lfh.org.uk/Component/Details/456537>

- 25\_07 Magnetic Resonance Imaging: Lumbar Spine - Session 4 a self-assessment session MRI of the lumbar spine. <http://portal.e-lfh.org.uk/Component/Details/438488>

This brings the total number of MRI sessions to 30. The sessions include a range of images, interactive questions, and a chance for you to test your interpretation skills.

On completion of each course, a certificate linked to your KSF, CPD Now and (HCPC)

CPD may be downloaded.

A further five MRI sessions are in development for publication in 2017; two wrist and hand sessions and three foot and ankle.

With thanks to Alvin Karsandas, Consultant Radiologist, Newcastle upon Tyne Hospitals NHS Foundation Trust and Graeme Strong, MRI Clinical Lead and Unit Manager, University Hospital of North Tees.

For more information or to get involved in the programme please contact [dorothy.keane@e-lfh.org.uk](mailto:dorothy.keane@e-lfh.org.uk)

# 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 radiographers 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, ensuring 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”.

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

## 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](mailto: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](http://www.phe-events.org.uk/DOLFR17)

# WHY Fronts

(Asking the question WHY to promote quality service provision)

## 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](mailto: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."