

Quality Improvement Scheme



Quality Standard for Imaging: Quality Improvement Scheme

It's an exciting time for QSI. When we - the College of Radiographers (CoR) and the Royal College of Radiologists (RCR) - announced our plans for an in-house programme of assessment against the Quality Standards for Imaging we were committed to refining our plans with the input of our engaged and committed stakeholder communities. We know that colleagues who are delivering and developing services up and down the country are working tirelessly under challenging conditions to deliver the best service they can for patients – and we want to ensure that our new scheme harnesses innovative practice and supports colleagues in making connections and learning from each other as they continue their commitment to quality improvement. Over the summer we engaged with almost 200 of you, and your suggestions and challenges have helped to shape our plans into a scheme that we are excited to develop into 2024. We are committed to ensuring that the scheme we run is accessible, supportive, and affordable.

This document sets out:

1. The background to our decision to launch an alternative scheme;
2. An overview of our scheme and how much it will cost;
3. An outline of the key feedback we received and the actions we have taken as a result; and
4. The next steps we will be taking, and how services can join us.

We're looking forward to working with you and thank you for helping us refine our proposals.

1. Background and context

- 1.1 In July 2023 the Royal College of Radiologists and the College of Radiographers announced their plans to enhance the support they provide to services implementing the Quality Standards for Imaging (QSI) through a QSI Quality Improvement Network and an in-house assessment scheme. The QSI standards are, and will continue to be, owned and developed jointly by the Colleges.
- 1.2 At this time the Colleges agreed they wanted to develop their own scheme. The primary reason for the change to the extant arrangements was to enable the Colleges to benefit from having a strong presence on the ground, and to use that presence to encourage and support services' quality improvement journeys - both to improve the patient experience and for the benefit of members and Fellows..
- 1.3 In September 2023 the Colleges initiated a period of stakeholder engagement to gain insight into imaging services' relationship and engagement with QSI, explore areas for improvement and understand what services would most value from the new scheme. Over the course of the stakeholder engagement period, we engaged with almost 200 individuals in person, online, in groups and in individual meetings.

2. The scheme

- 2.1 The Colleges' scheme will offer a new model of engagement for services, delivered through a **QSI Quality Improvement Network**, and an assessment of achievement of the standards set out in the QSI, resulting in the award of the **QSI Quality Mark**.
- 2.2 The scheme is designed to engage imaging services in a cycle of continuous quality improvement for the benefit of their patients and staff. It will provide a robust, objective, and independent evaluation of a service's performance against the QSI and provide a focused report and action plan outlining the review teams findings.
- 2.3 Details of the scheme have been summarised below.

QSI Quality Improvement Network

- 2.4 The QSI Quality Improvement Network aims to support services and their QSI leads at all stages of the QSI journey through more tailored project management support and the sharing of good practice. It is open to any service that is actively working towards meeting the QSI. Benefits of membership of the network include:
 - Regular meetings with, and support from, a QSI Quality Improvement Partner;
 - Regular opportunities to come together as a network to discuss specific aspects of the standard and different ways to achieve it (including examples of best practice), building the knowledge, skills and confidence of services to enable them to implement QSI;
 - Help with project managing the QSI journey, identifying barriers to progress and support in identifying ways to approach them.
 - Support for evidence that needs to be submitted and guidance on the documents required for the QSI Quality Mark, including access to a dedicated secure online space so that you can build your evidence base over time.
 - An assessment of the service's readiness to apply for the QSI Quality Mark.

QSI Quality Mark

- 2.5 The Colleges will award the QSI Quality Mark as the outcome of a successful assessment undertaken by a team of experienced, trained specialist reviewers who will apply flexibility and share their expertise, tailored as appropriate to the nature, scope and complexity of the service they are reviewing.
- 2.6 The assessment will be a peer-led process with members of the review team reflecting the service they are reviewing.
- 2.7 Assessments will be undertaken on a three-year cycle:
 - In year one, a full assessment of the standard will be conducted, including consideration of the evidence that services have in place to demonstrate their achievement of the standard, and an onsite evaluation of how the standard is achieved in practice (e.g. observation of practices and behaviours, understanding the patient journey, and meeting key staff to understand how quality is embedded and organisational learning is facilitated). Visits will include the opportunity to seek advice from our expert team regarding specific areas in which the service may be keen to progress, enabling you to benefit from our team's experience and decide how best to move forward. Whilst we won't tell you what you need to do to meet the standard, we will help you explore potential options so that you can consider them in more detail at your own pace.

- Years two and three will consist of a more targeted virtual evaluation of defined elements of the standard. This may include areas of the QSI that we know that all services struggle with and which we consider to be higher risk, as well as areas that have been highlighted in previous reviews for the specific service in question.

Financial model

- 2.8** Participating services will pay a single annual subscription for the level of membership that applies to them. Services that attain the QSI Quality Mark will remain members of the Quality Improvement Network but will only pay the relevant QSI Quality Mark subscription.
- 2.9** The Quality Mark subscription fee will be tailored to individual services taking into consideration a variety of factors. The principles underpinning our pricing are set out in Appendix A, along with some indicative costings.

Imaging networks

- 2.10** The Quality Standards for Imaging Networks (QSIN), along with the QSI, provide a framework for optimising use of resources through standardising protocols and governance arrangements. Through regular, ongoing engagement with imaging networks, the Colleges will provide a conduit to understand and resolve service-specific challenges through sharing of good practice and intelligence at a network level.
- 2.11** The Colleges are developing a forum for QSI network leads. The first meeting will be held in December 2023 and will provide an opportunity for network QSI leads to discuss common issues and what resources we can provide to support them.

3. Summary of key stakeholder feedback

This section summarises the key themes that arose through our stakeholder engagement activities, and the action the Colleges have taken in response to services' valuable feedback.

Terminology

- 3.1** The terminology for the new scheme was carefully considered by the Colleges prior to the announcement to ensure it accurately represented both the ethos behind the scheme, and the Colleges' role. It was initially proposed as an 'endorsement scheme', but stakeholders challenged this terminology throughout the consultation period noting that it did not provide enough clarity on the scheme's nature or purpose.
- 3.2** Having considered stakeholder feedback, we are now using the term 'QSI Quality Mark'. Stakeholders told us that this is a more relatable term that is easy for staff, patients, and management to understand.

How will the Colleges' scheme compare to others?

- 3.3** The Colleges have experience and expertise in running assessment processes and have utilised this to design the scheme and guide its implementation, along with learning from other organisations running similar schemes in the UK and internationally, both within healthcare and other industries. The final model reflects a holistic approach to objectively and rigorously evaluating the achievement of standards, and to facilitating continuous quality improvement through sharing expertise and good practice.

- 3.4** As with other schemes of this nature, our scheme will analyse the way in which a service demonstrates that it meets the standards through written evidence and an onsite visit undertaken by a review team that consists of competent professionals reflective of the imaging service they review. A quality assurance process will be in place to ensure that the QSI Quality Mark is awarded appropriately to services that meet the standard. Services will need to provide evidence that they have responded appropriately to any areas where the review team identifies a need for improvement, whether as a requirement for the QSI Quality Mark to be awarded (where standards are not met), or to enhance the robustness or sustainability of the ways in which particular elements of the standard are achieved. Any service concerns identified by the review team will be raised at the time of the visit in order the service can consider any immediate actions which is required.
- 3.5** The Colleges' scheme will celebrate services' successes and highlight areas of good practice to the wider QSI community, through showcasing case studies and linking QSI leads up to colleagues who we know have found solutions to many of the same problems that are inherent in delivering a high quality imaging service.
- 3.6** By developing this scheme, the Colleges will be able to have a greater understanding of the issues faced on the ground by our members and Fellows in seeking to deliver high quality care to their patients. We will be able to feed this back to improve the QSI standards to ensure they continue to reflect current challenges services face and use it to inform the further guidance and practical support that we as Colleges can continue to offer.

Ongoing access to support and resources

- 3.7** Membership of the QSI Quality Improvement Network will be available to all services, including those that do not wish to pursue the QSI Quality Mark, or who wish to engage with an alternative review scheme. Please note, however, the network's focus will be on the QSI Quality Mark rather than any alternative scheme. Support and resources currently available on the Colleges' websites will remain freely available in the public domain.
- 3.8** The Future NHS platform will remain open to those already registered until July 2025.
- 3.9** Those services that are currently UKAS-accredited expressed specific concern about no longer being able to use the QSI logo. They noted that it is a recognisable brand and will have an impact on the public recognition of their QSI accreditation. We reflected on this point and have agreed that accredited services may to continue to use the current QSI logo until July 2025.
- 3.10** A new logo will be available to services participating in the new scheme.

Additional support for QSI leads

- 3.11** One of the key priorities of this new scheme is to provide services and their QSI leads with more support throughout their QSI journey. Many of those who participated in our stakeholder engagement work told us that many who take on the role of QSI lead do not necessarily have the required knowledge or experience in the administrative and project management processes required to implement QSI when they first take on the role, and that the often challenging and political nature of the role can come as a surprise.
- 3.12** A mentor or buddy system for QSI leads was suggested as a useful resource for both new and existing QSI leads, and we will develop this further. We will also explore the development of further training and resources to support QSI leads in their roles.

The standard

- 3.13** The Colleges reassured stakeholders that the QSI standards themselves are jointly owned by the Colleges and will continue to be in the future. The Colleges will continue to support the development of the standard, with substantive reviews continuing to be undertaken on a four-yearly cycle, along with annual reviews to ensure that the standards reflect relevant, recently published, evidence-based guidance.
- 3.14** The QSI 2021 standards were designed to emphasise outcome measures (what quality looks like in practice) rather than the inputs required to meet the quality statements in a particular way. This ensures that QSI remains applicable to a range of services and service delivery contexts, and allows for a more flexible and individualised approach to implementing QSI whilst ensuring consistency of standards. The Colleges scheme will reflect this ethos in the way the standards are assessed.
- 3.15** The QI Partners will continue to provide an integral role for services to understand how best to demonstrate they meet each of the standards. They will discuss with services which indicative inputs are most appropriate to their context to enable resources to be directed most efficiently.
- 3.16** A streamlined evidence submission process allowing for flexibility of approach is a guiding principle for the new scheme. The process will ensure there is no duplication of upload requirements with the ability to follow you through from the network to Quality Mark. Alongside the evidence submission services will be given the option to provide a brief explanatory narrative as to why they have selected the evidence they are submitting, and how they believe it demonstrates their achievement of the standard.

Review process

- 3.17** The proposed three-year cycle was discussed in detail with stakeholders with opinions largely in favour of the proposed model, though some specific reservations were expressed. One reservation centred around the benefits of a well-managed onsite visit to motivate staff and provide an opportunity to demonstrate areas of excellence, though the extra burden that preparing for a visit can add to services already under pressure was also acknowledged.
- 3.18** The majority view among stakeholders was that a three-year period provided a good balance between the two. The interim targeted reviews were also seen to be a good opportunity for services to focus their resources on the areas that most need it.
- 3.19** Visits will be arranged well in advance, with a flexible approach to timetabling to accommodate visits to community sites, involvement of the right range of staff, and a blend of in person and remote review activity.

Engagement with training programmes

- 3.20** Both QSI leads and service managers encouraged a greater focus on embedding QSI in education and training programmes for both radiographers and radiologists, noting that the Colleges are in an excellent position to be able to facilitate this. This will help to raise the profile of QSI but also engage trainees in quality improvement from an early stage for the benefit of radiology services. The Colleges will work with heads of education and training to identify opportunities to take this forward.

Imaging Networks

- 3.21** Imaging networks are at varying stages of development and will include services at different stages of their QSI journey. Network leads would value having a better oversight of how the services in their remit are progressing to be able to better facilitate shared learning. The Colleges will act as a conduit to bring individual services and networks together in this regard.
- 3.22** It was noted that networks are not unique to England and the QSI scheme will be inclusive of all networks. A definition of an imaging network will be included in the scheme handbook to address this, focusing on how services work together in defined groupings to optimise the use of imaging resources, expertise and best practice for patient benefit.
- 3.23** Networks welcomed the potential to synchronise their services' review cycles enabling them to support each other throughout the process. The Colleges will work with networks individually to establish how this will work in practice.

Regulator support

- 3.24** A common theme throughout the consultations was how the new scheme will be recognised by regulators and the NHS. The Colleges assured stakeholders that, building on existing strong relationships with the Care Quality Commission (CQC) and NHS England, we have shared our plans for the new scheme. We will continue to have open discussions with them throughout the establishment of the new scheme.
- 3.25** We are also in conversation with counterparts in Northern Ireland, Wales and Scotland and will continue to engage with them to ensure we understand and accommodate the nuances of imaging service delivery in the devolved nations.

4. Next Steps

- 4.1** The Colleges have adjusted the proposed scheme on the basis of stakeholder feedback. We will shortly publish a QSI handbook providing more practical detail on how the new scheme will run.
- 4.2** Services that would like to join the new Quality Improvement Network can register their interest in joining at QSI@rcr.ac.uk. We will launch the network in April 2024, but you can register with us at any point.
- 4.3** Services seeking the award of the QSI Quality Mark can request a quote from the team by completing the form on the RCR website.
- 4.4** Services that have achieved UKAS accreditation against the QSI will be automatically eligible for the award of the QSI Quality Mark. We will honour this fast-track entry arrangement until 30 June 2028.
- Those who are due for reassessment by UKAS during 2024 who wish to join the Colleges' scheme should contact us as soon as possible so that we can confirm the award of the Quality Mark and discuss your preferred assessment schedule.
 - We would welcome an individual conversation with those who are in the earlier stages of their UKAS assessment schedule but who may be considering taking up membership of the Colleges' scheme at a later date. This will enable us to agree a schedule with you well in advance.
- 4.5** Services that do not have UKAS accreditation but who wish to join the scheme should complete the quote request, and we will schedule a call with you to discuss timeframes.

- 4.6** Stakeholders are welcome to provide further feedback on the details of the scheme by contacting the QSI team at QSI@rcr.ac.uk.

Recruitment

- 4.7** The Colleges will advertise roles in the wider QSI team in early 2024 to be in post ready for launch in July 2024. Keep an eye out for details, and get in touch with us if you would welcome an informal conversation.
- 4.8** Recruitment for specialist review team members, as well as lay reviewers, will also commence in early 2024. If you would be interested in joining us, please contact the team. You do not need to be in a currently accredited service to apply. We also welcome current UKAS assessors to contact us for a conversation. We will be providing training in our approach to ensure all reviewers have the confidence to undertake a review on our behalf.
- 4.9** We will also be establishing a governance group to oversee the rigour of our scheme and the quality of our decision-making, and will advertise vacancies in early 2024. The group will be chaired by a service representative to underline our commitment to ensuring that the Colleges' scheme meets services' needs and continues to support their efforts to embed a culture of quality improvement. We would strongly encourage you to consider this opportunity to be involved at what is a really exciting time.

Appendix A: Financial model

Pricing for the QSI Quality Improvement Scheme reflects the effort required to evaluate the totality of an organisation's compliance with the Quality Standard for Imaging.

Two measures are used to determine the work required:

- The number of imaging modalities delivered at each site, as defined within the QSI (General, CT, MR, NM, US, IR); and
- The number of sites across which imaging services are delivered.

Pricing for three elements of the scheme is set out below:

1. membership of the QSI Quality Improvement Network;
2. achievement of the QSI Quality Mark; and
3. Extension of scope for the QSI Quality Mark.

Items 1) and 2) are annual subscriptions, and item 3) reflects one-off charges at the point of assessment that may impact on subsequent annual subscriptions charged.

Annual subscriptions are chargeable on **1 April** each year, and if taken up part-way through the year will be pro-rated accordingly for the remainder of the subscription year. One-off charges will be invoiced at the point of commissioning the relevant service.

Organisations may access a range of discounts on our standard pricing, which are also detailed below in section 4. Indicative costings are provided in section 5.

1. Membership of the QSI Quality Improvement Network

Membership of the QSI Quality Improvement Network is available for a standard annual subscription of **£3,420 + VAT**. The full range of discounts available, as listed below, will apply to this subscription: for NHS organisations, therefore, the fee will be **£2,736 + VAT**.

2. QSI Quality Mark

Annual subscription fees are calculated based on an assessment of the work involved ahead of a review, during a review, and after a review. Different principles and assumptions apply to full reviews (year 1 of the cycle) and targeted reviews (years 2 and 3 of the cycle) and we set these out in the table below. We will calculate the cost of undertaking all three years of the cycle and assign a flat-rate annual subscription that reflects the average cost for one year.

	Year 1 (full review)	Years 2 and 3 (targeted review)
Before the review	Preparation time for a review is calculated on a scale based on the number of sites for which the Quality Mark is sought. This is designed to take account of potential variations across sites and the associated volume of evidence that may be submitted.	
During the review	QSI Quality Mark full reviews will normally incorporate visits to all sites where more than two imaging modalities are offered. Visits will typically take place in a hybrid format over two days for most services. The duration of the visit will depend on the number and geographical distribution of sites.	Targeted reviews apply to all sites where imaging services are delivered, but are conducted fully remotely.
	We will visit a sample of all additional sites where only one or two modalities are offered. Typically, one of every four such additional sites will be visited, unless there are greater than 24 additional sites within the scope of the organisation seeking the Quality Mark in which case a sample of one in six sites will be visited. The number of sites visited will be rounded up to the next whole number, and a different sample of additional sites will be visited during subsequent full reviews.	
	Where organisations deliver imaging services across more than one site, the visit timetable will include time for virtual meetings as needed to involve representatives from all additional sites, focusing on governance and ways of working (e.g. how the service ensures that QSI requirements are met across all sites, whether and how sites learn from each other, how reporting works within and across all sites).	
	For providers of teleradiology services in the UK, our visit will be conducted at a single main location, with no additional site visits required.	
	When provision is spread across multiple geographical areas (e.g. UK-wide, rather than simply across a single large geography), we will group sites regionally, and calculate a price per regional grouping. Imaging network coverage will be used as a measure of region in the first instance as the basis for a conversation with the organisation concerned, who will have the opportunity to propose a mutually acceptable and practicable alternative. Regions may be combined where it is feasible and desirable to do so.	
	Fees include all costs related to travel between sites.	

After the review	Post-review office work focuses on organisation and conduct of the virtual post-review evaluation meeting, production of the post-review report and action plan, and consideration of any responses to conditions or findings following a review. No additional fees will be charged for post-review close-off. A report, including findings, will be received within 10 working days.	
Team size	The minimum number of specialist reviewers on any full review visit is three, and the maximum seven, depending on the number of modalities to be considered. Specialist reviewers will be experienced clinical imaging staff appropriate to the review including radiographers and radiologists. All teams will also include a lay reviewer and a staff review manager.	The minimum number of specialist reviewers on any targeted review is two, and the maximum three. Specialist reviewers will be experienced clinical imaging staff appropriate to the review including radiographers and radiologists. All targeted reviews will be supported by a staff review manager, and a lay reviewer will join the team if the particular matters to be considered are of specific relevance to the quality of the patient experience.
Other considerations	<p>There will be no additional transitional charge when we update our standards in the future. Services will be reviewed against the standards that are current at the point in time at which their review takes place, and arrangements for any transition period will be communicated well in advance.</p> <p>Services that seek assessment under the QSI Quality Mark will pay the relevant subscription for this component of the QSI Quality Improvement Scheme; any previously charged subscription to the Quality Improvement Network will cease to apply. The pro-rated balance of the year's QI Network subscription will be credited against the pro-rated Quality Mark subscription, and the full Quality Mark subscription will apply from the following financial year.</p> <p>Confirmation of a quote for the provision of services to an organisation is contingent upon a) provision of accurate information regarding the locations at which imaging services are provided, and the modalities offered at each site; and b) confirmation by the Colleges that the geography covered by the service in question, and the sites selected to receive a visit, can be accommodated within the resources the Colleges would expect to allocate under the principles set out here.</p> <p>Organisations that apply for the Quality Mark but are not successful in demonstrating their compliance with the standard will have the option to retain their membership of the Quality Improvement Network. However, they will remain liable for one year's Quality Mark subscription to cover the cost of undertaking the review visit.</p> <p>These principles only apply to the assessment of fees associated with the award of the QSI Quality Mark to organisations located within the United Kingdom (England, Northern Ireland, Scotland, Wales), the Channel Islands, and the Isle of Man. Enquiries from organisations for imaging services provided outside of the UK will be considered on application.</p>	

3. Extensions of scope

Organisations seeking to extend the scope of their QSI Quality Mark award to cover a new site that has not previously been included will be required to pay a one-off evaluation fee of **£750 + VAT**. The annual subscription for the following year will be recalculated to incorporate the additional site at the appropriate level (i.e. depending on the range of modalities offered at the site).

Organisations seeking to extend the scope of their QSI Quality Mark to involve an additional modality at an existing site will be required to pay a one-off evaluation fee of **£562.50 + VAT**. The annual subscription for the following year will be recalculated to incorporate the additional modality.

4. Discounts

The following discounts are available:

Discount	Value	Applied to	
NHS organisations	20%	Basic annual subscription, as above	
Micro-organisations	20%	Basic annual subscription, as above, where the lead practitioner is an RCR Fellow, or a SoR member and the imaging volume for the previous reporting year is below 1000	
Imaging Networks	5%	Basic annual subscription (minus NHS discount)*	
All subscriber organisations	£1,000	Per reviewer**, per full review undertaken	up to a maximum of 50% of the overall subscription charged; issued as a credit note against future invoices.
	£600	Per reviewer, per targeted review undertaken	

* Discount applied where an Imaging Network is able to secure sign up of all Trusts within their network to either the QSI Quality Mark scheme, or the QSI Quality Improvement Network.

** All travel expenses will be arranged and covered by the Colleges

Services may also opt to be invoiced for the full three years of their cycle in advance to guard against inflationary increases. The Colleges reserve the right to increase prices on an annual basis in line with inflation, and will give a minimum of six months' notice of any revised fees.

5. Indicative costings

Using the costing model based on size and modalities as specified on page 8 of this report as an example indicative costs for services once they have achieved the QSI Quality mark would be as follows;

A single site, single modality provider can expect to pay £9,900 + VAT before any discounts are applied. A multi-site NHS provider covering all six QSI modalities with five sites meeting the criteria to be visited can expect to pay £12,620 + VAT once the NHS discount has been applied. If that service is part of an imaging network that signs up all of its constituent services to the Colleges' scheme, that fee will reduce to £11,989 + VAT.

If the same service fields three representatives to work with us as specialist reviewers, undertaking one full review each per year, the service will receive a credit of £3,000 against their following year's

subscription. The service could potentially accrue a maximum of £5,995 in credit, though the exact amount would depend on the number of reviewers the service has capacity to release, and the types of review they undertake.

Note: we anticipate that for most NHS services, the annual subscription will fall between £11-13k + VAT after the NHS discount has been applied.