

Job Description

1. JOB DETAILS

Job title: Quality Manager, Pathology

Accountable to:

Managerially Deputy Pathology Manager

Professionally Pathology Service Manager

Location: Pathology, Cumberland Infirmary, Carlisle.

2. JOB SUMMARY

Lead strategic planning for, and implementation, maintenance, management and development of the laboratory quality management system across North Cumbria. Monitor compliance of the pathology service with all regulatory, licensing and accrediting bodies, and promptly resolve deficiencies, supported by appropriate escalation procedures.

All staff are expected to work to the Trust Values:



Kindness – Kindness and compassion cost nothing, yet accomplish a great deal.



Respect - We are respectful to everyone and are open, honest and fair – respect behaviours.



Ambition – We set goals to achieve the best for our patients, teams, organisations and our partners.



Collaboration – We are stronger and better working together with and for our patients.

3. ROLE OF DEPARTMENT

The pathology department is based across two hospital sites – the Cumberland Infirmary Carlisle, and the West Cumberland Hospital, Whitehaven, and perform over three million tests per annum. The service provides results and clinical advice to acute and community clinicians.

4. ORGANISATIONAL CHART

Pathology Service Manager

Quality Manager

Administrative Support

5. KEY WORKING RELATIONSHIPS

Pathology management team.
Pathology clinicians
Clinical director.
Other operational managers and pathology staff.
IM&T.
Finance.
Procurement.
Trust managers.
Patients, carers and public.
Mitie
GP practices.
Professional bodies and associations.
Suppliers / commercial representatives.
Other NHS Trusts and organisations.

6. DUTIES AND RESPONSIBILITIES OF THE POST

Management

- Lead strategic planning for, and implementation, maintenance, management and development of the laboratory quality management system across North Cumbria, ensuring broad understanding of laboratory practices, investigations and test protocols across the whole of the pathology service.
- Comply with infection prevention and control procedures at all times.
- Monitor compliance of the pathology service with all regulatory, licensing and accrediting bodies, and promptly resolve deficiencies, supported by appropriate escalation procedures. Ensure compliance with the cycle for UKAS accreditation.
- Plan and organise complex activities across pathology, adjusting plans as required to meet the needs of the service and Trust. Resolve conflicting organisational, service and scientific priorities as required.
- Analyse and resolve specialist technical, scientific and managerial problems across pathology, as delegated.
- Achieve agreement and cooperation in highly complex scientific and operational issues within the department, Trust and externally.
- Offer professional advice to service users in the Trust and in the local health community

- Lead system redesign and explain change empathetically and sensitively. Influence a multidisciplinary team of highly specialist biomedical scientists, clinical scientists, consultant medical staff and support staff in delivery of the service.
- Lead and manage staff within the quality management teams, acting as the laboratory's quality manager for external visits by regulatory, licensing and accreditation bodies.
- Ensure appropriate staff structures, policies, practices and competences are in place, implementing these to achieve high levels of performance in relation to quality management across the pathology service.
- Develop, write and implement the laboratory quality manual and ensure staff compliance. Ensure the manual complies with UKAS, HTA and MHRA standards.
- Manage and submit the pathology annual management review required by UKAS.
- Coordinate annual reregistration requirements with regulatory, licensing and accreditation bodies, including annual audit submissions where appropriate e.g. HTA.
- Manage the pathology-wide document control system, ensuring compliance with the requirements of regulatory, licensing and accreditation bodies and with corporate policy as applicable.
- Follow up on external inspections and verify the completion of corrective action as required by the inspectors' reports.
- Manage the annual audit calendar within each department / discipline, ensuring corrective and preventative actions are recorded, followed up in a timely manner, and signed off at the appropriate level.
- Manage the investigation, reporting and monitoring of incidents occurring in, or relating to the work of the laboratory. Perform root cause analysis of incidents and system failures, ensuring all corrective and preventative actions are followed up in a timely manner, and signed off at the appropriate level.
- Manage the pathology risk register, ensuring risks are followed up and actions undertaken in a timely manner.
- Ensure appropriate escalation of all risks and outstanding corrective and preventative actions that are not manageable within this remit.
- Coordinate the investigation of complaints in accordance with the standard complaints policy and procedure, in conjunction with service and operational managers.
- Promote the provision of a 'customer centred' approach in the provision of laboratory services. Liaise with service users through forums and surveys to establish views and opinions that will help to improve service standards.
- Provide monthly performance reports to the pathology service board.
- Act as management lead for the pathology quality and governance committee, providing information and data to ensure timely and informed decisions can be made.
- Performance manage staff through Trust policies and procedures, including appraisal and development, ensuring a cost effective and high quality service is provided at all times.

- Embed a service improvement focus into everyday practice. Promote a culture of continual improvement, actively seeking out best practice and new ways of working to help meet the needs of service users and achieve corporate objectives.
- Proactively support the implementation of service improvement and change projects as delegated by the pathology management team.
- Promote and implement key HR initiatives, targets, policies and procedures.
- Deliver effective communication within the scope of responsibility, encompassing staff at all levels, promoting a common vision and shared values within the pathology disciplines, and across pathology as a whole.
- Work in collaboration with other pathology staff to develop and integrate the pathology service.
- Ensure the Trust's financial instructions are understood and discharged competently and that probity is maintained at all times.

Administration

- Maintain relevant records, ensuring accurate data input into all computerised systems.
- Monitor the use and security of the electronic quality management system, ensuring staff complete all functions efficiently and effectively to support the requirement of regulatory, licensing and accreditation bodies.
- Monitor the review of training competences across the pathology service, promptly reporting deficiencies to operational or service managers as appropriate.
- Maintain an archive of all controlled documents in accordance with the regulatory, licensing and accreditation bodies, and in compliance with corporate policy and national legislation and guidance.
- Ensure the laboratory handbook is kept up to date and meets the needs of service users, in conjunction with regulatory, licensing and accreditation bodies.
- Collect, interpret and present quality management data and statistics for use in monitoring the quality management system.
- Participate in relevant meetings and committees as required by the Trust and pathology management to ensure laboratory quality management functions effectively and in accordance with corporate governance arrangements.

Education

- Educate and train the laboratory staff in quality principles and practice.
- Ensure that laboratory and support personnel are adequately trained to understand and use the quality management system as relevant to their roles, and that training and competences are suitably documented and reviewed.
- Ensure robust systems are in place to develop staff, to ensure they can carry out their work safely and efficiently, working to the high standards demanded of the service, and providing evidence of competence assessment.
- Help to embed a culture of continual learning into the department for staff at all levels.

- Undertake continuing professional development, including mandatory and statutory updating, maintaining a portfolio.
- Comply with responsibility to safeguard children and vulnerable adults, ensuring attendance at appropriate training.
- Coordinate technical audits to support departmental / discipline quality teams as appropriate to service needs and in accordance with regulatory, licensing and accreditation bodies.
- Ensure that practice is informed by research, effectiveness and quality.
- Participate in research, audit and surveys as required.

7. WORK SETTING AND REVIEW

Work independently, interpreting legislation and national policy, to targets as set by the pathology manager, who will review performance and undertake appraisal.

8. INDIVIDUAL RESPONSIBILITIES

The post holder is expected to

- adhere to Trust policies and procedures and relevant legislation including the requirements of the any professional bodies
- attend mandatory training as identified by the Trust
- adhere to Trust infection prevention policies, procedures, audits in line with the Health Act 2006, to actively reduce Health Care Associated Infections

9. CONFIDENTIALITY

The post holder must maintain the confidentiality of information about patients' staff and Trust business in accordance with the General Data Protection Regulations (GDPR), Data Protection Act 2018 and Caldicott principles.

10. HEALTH AND SAFETY

Employees must be aware of the responsibilities placed upon them under the Health & Safety at work Act (1974), to ensure that the agreed safety procedures are carried out to maintain a safe environment for employees and visitors.

11. RISK MANAGEMENT

All staff have a responsibility to report all clinical and non-clinical accidents, incidents or near-misses promptly and when requested to co-operate with any investigations undertaken.

12. EQUALITY AND DIVERSITY

All employees of the Trust have responsibility to:

- Act in ways that support equality and value diversity.
- Treat everyone with whom they come into contact with dignity and respect.
- Act in ways that are in accordance with Trust's Single Equality Scheme, Equality and Diversity policy, and Dignity in the Workplace policy.

13. SAFEGUARDING

All employees have a duty for safeguarding and promoting the welfare of children and adults at risk. Staff must be familiar with the trusts Safeguarding Policy and the process for raising concerns about the welfare of anyone with whom they have contact. Staff must also ensure they receive the appropriate level of safeguarding children and adult training depending on their role in the Trust.

Staff are expected to access supervision and support from their line managers and/or the locality based safeguarding team when managing complex cases where applicable to their role.

14. INFORMATION GOVERNANCE

The post holder must keep up to date with the requirements of information governance; undertake mandatory training and follow Trust policies and procedures to ensure that trust information is dealt with legally, securely, efficiently and effectively.

It is important that the post holder processes personal identifiable information only in accordance with the Trust Data Protection Act notification to the Information Commissioner. The post holder must check with the Data Protection Officer before creating new systems to process person identifiable information to ensure that this is carried out within the scope of the Data Protection Act 2018 notification.

The post holder must manage the records they create or hold during the course of their employment with the Trust in an appropriate way, making the records available for sharing in a controlled manner subject to statutory requirements and agreed security and confidentiality policies, procedures and guidelines e.g. Data Protection Act 2018, Freedom of Information Act 2000, General Data Protection Regulations, Caldicott Guidelines NHS Confidentiality Code of Conduct 2003, and professional codes of conduct on confidentiality.

The post holder must maintain the confidentiality of information about service user staff and organisational business in accordance with the new Data Protection Act 2018 and Caldicott principles.

It is likely that the post holder will be in contact at some time with a form of information system, and therefore is responsible for implementing and maintaining data quality. The post holder, when making entries into records, must ensure that these are legible and attributable and that the record keeping is

contemporaneous. It is essential that information recorded within records either on paper, in an electronic format or both paper and electronic is accurate, complete and relevant.

15. GREEN STATEMENT

Across the North East and North Cumbria we are working together to deliver our ambition to be the greenest region in England by 2030. There is an expectation for all staff to support this by familiarising yourself with the Trust's sustainability initiatives such as waste and recycling, going paperless, videoconferencing, sustainable transport and others.

We encourage you to think about what you can do as an individual and within your team to contribute in to embedding carbon reduction into the everyday running of our organisation.

PERSON SPECIFICATION

POST TITLE: Quality Manager, Pathology

Factor	Essential	Desirable
Qualifications	Biomedical science degree or equivalent Further relevant development to postgraduate diploma or equivalent.	IBMS extended practice in quality management certificate or equivalent. Health and safety certificate or equivalent.
Experience	Substantial working to quality management standards within a UK clinical laboratory environment. Management and/or implementation of a quality management system. Monitoring compliance against standards. Supervision of staff and non-staff resources within an NHS environment. Administration of IT systems. Developing teams to achieve organisational goals. Use of word processing, use of databases, spreadsheets and presentation tools.	Working practice in pathology disciplines. Quality management software.
Knowledge	Continuing professional development with portfolio. Standards for regulatory, licensing and accreditation bodies of UK clinical laboratories e.g. MHRA, HTA and UKAS. Best practice in pathology laboratory QMS. Health and safety legislation. Governance and risk management. Training requirements in UK clinical laboratories. Microsoft Office. Equality legislation and best practice.	Equality impact assessment. Root cause analysis.
Skills and Aptitudes	Demonstrable leadership skills. Effective communication and interpersonal skills. Extensive IT skills. Ability to manage complex issues through a range of approaches.	Strong negotiating and influencing skills. Highly developed persuasive skills.

	Ability to manage sensitive situations. Able to make decisions on competing pressures to precise timescales. Analytical skills. Ability to resolve conflicting priorities.	
Personal Circumstances	Positive and optimistic.	
Other requirements	Flexible approach to work patterns. Able to travel between hospital sites and more widely, according to service needs.	Driving licence.

Experience can be considered as comparable to qualifications quoted but should be clearly detailed on the application in order to demonstrate equivalence.