

Hosted by Imperial College Healthcare NHS Trust

JOB DESCRIPTION

TITLE OF POST:	Clinical Biochemistry Quality & Governance Manager
SALARY BAND:	8a
LOCATION:	Imperial College Healthcare NHS Trust Sites and Chelsea & Westminster Hospital North West London Pathology is a multi-site facility and staff may be required to work at a site other than their main base location
RESPONSIBLE TO:	Pathology Quality & Governance manager
PROFESSIONALLY ACCOUNTABLE TO:	Divisional Manager for Blood Sciences and Clinical Biochemistry Lead Clinician
HOURS PER WEEK:	37.5

Imperial College Healthcare NHS Trust Values

We are absolutely committed to ensuring that our patients have the best possible experience within our hospitals. We are looking for people who are committed to delivering excellent patient care, whatever their role, and who take pride in what they do. We place a high value on treating all patients, customers and colleagues with respect and dignity, and seek people who strive for excellence and innovation in all that they do.

We value all of our staff and aim to provide rewarding careers and benefits, fulfilling work environments and exciting opportunities.

- Kind** - We are considerate and thoughtful, so you feel respected and included.
- Collaborative** - We actively seek others' views and ideas, so we achieve more together.
- Expert** - We draw on our diverse skills, knowledge and experience, so we provide the best possible care.
- Aspirational** - We are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

AIM OF THE ROLE:

To be an efficient and flexible member of the Clinical Biochemistry laboratory management team providing a quality service to North West London Pathology Service users.

- To be a key member of the Pathology Management Team.
- To maintain and develop the department Quality management system
- To facilitate the department team to perform / document audits against defined National quality performance measures;
- To develop and manage quality improvement action plans. To coordinate responses to incidents and complaints

KEY WORKING RELATIONSHIPS:

Good communication skills are essential, as the post holder is required to communicate effectively with Biomedical Scientists, Clinical Scientists, Clinicians and other healthcare providers and managers in and out of the Imperial college Healthcare NHS Trust; other Trust Directorates including Estates, IT, Human Resource, Payroll, Occupational Health; Clinical Directors, Chief of Service and Corporate representatives. Active participation in local, Departmental, Division and Trust meetings/committee is expected.

Additional relationships appropriate to the role may be required.

KEY RESULT AREAS:

1. A key member of the Pathology and Department Management Team, Chair of the Department Quality group.
2. A member of Pathology Quality Team
3. To ensure all Laboratories across the Department maintain accreditation to ISO15189:2012.
4. Ensure the department operates under a single quality management system across all sites.
5. Develop and implement strategies for Department in line with the Trusts Clinical Governance programme and Clinical Risk Management System ensuring a consistent, Trust wide approach that will ensure the continual improvement of the quality of patient care and the patient experience.
6. Develop and manage an effective Quality Management and Clinical Governance system for Department in accordance with Trust policies and accreditation standards to ensure continuing accreditation and participation in appropriate external reviews.
7. Monitor the functioning and effectiveness of the Quality Management system, make recommendations for improvement and work with Senior Managers to develop and implement action plans.
8. Provide leadership for Laboratory Quality Leads.
9. Ensure in collaboration with the Clinical Lead and Divisional Manager, the efficient and effective delivery of services for the achievement of quality and evidence based patient care.

10. Ensure the promotion of users' needs and requirements throughout the department.
11. Monitor and co-ordinate the implementation of Trust Risk Management and Quality Assurance policies and systems ensuring a consistent and proactive approach to reduction of clinical risk, to promote clinical effectiveness and a safe and healthy environment in line with the Quality strategy.
12. Ensure the implementation of Trust, Pathology and Departmental policies, procedures and standards as agreed by the Trust Board, Pathology Operations Team and Departmental Management Team, monitoring and following up on any issues of non compliance.
13. Ensure compliance with requirements of external Quality Assurance schemes and that all internal Quality Assurance is monitored to meet the requirements of ISO15189:2012.
14. Deputise for the Pathology Quality & Governance manager when required.

MAIN TASKS AND RESPONSIBILITIES:

1. Communication and Relationship Skills

- 1.1. To demonstrate politeness, courtesy and sensitivity in dealing with patients/clients, visitors/relatives and colleagues, maintaining good customer relations.
- 1.2. Participate in organisational development plans to transform the Trust to meet the needs of future.
- 1.3. Promote the corporate image of ICHNT to all individuals, groups and organisations both within the Trust and to the community at large.
- 1.4. Communicate highly complex, sensitive information about the Department to all staff and managers.
- 1.5. Work with Clinical Lead, Divisional Manager, Pathology Consultants, Site Managers and Quality Leads to embed a culture of quality and ensure that all elements of the quality policy and quality manual are implemented within each laboratory.
- 1.6. Work with the Pathology Quality & Governance Manager and Local Clinical Governance Leads to develop and implement initiatives to resolve Clinical Governance issues within Pathology and the Trust.
- 1.7. Present information and participate in relevant meetings, including Directorate & Department Management and Quality & Safety meetings.
- 1.8. Interpretation of various Trust, Government, Royal Colleges and other Professional Organisation's Policies, and all other Pathology regulatory bodies including UK accreditation service (UKAS), Medicines and Healthcare products Regulatory Agency (MHRA), Human Tissue Authority (HTA) , Human Fertilisation and Embryology Authority (HFEA), European Federation of Immunogenetics (EFI) ensuring information is disseminated appropriately via relevant meetings.

- 1.9. Participate in local management meetings, decision making and policy development taking the lead on any matters relating to Clinical Governance and Quality Management and their implementation.
- 1.10. Facilitate risk assessments across all laboratories in conjunction with Site Managers and senior clinical staff, maintaining and updating the Department Risk Register appropriately, ensuring the appropriate follow up and action plans are in place and report progress/developments in management action for presentation to the Departmental Management. Escalation of relevant Risk Assessments to the Pathology Risk register.
- 1.11. Develop and maintain effective communication systems at all levels within the Department.
- 1.12. To work closely with the Divisional Manager, Site Managers and Quality Leads to develop regular reports of the maintenance of UKAS accreditation.
- 1.13. Communicate any issues that may affect the delivery of the service to the Divisional Manager.

2. Responsibility – Patient/Client Care

- 2.1. Undertake the critical analysis of clinical incidents, identify trends and prepare reports with recommendations to be considered by the Department in conjunction with Divisional Manager.
- 2.2. Ensure incidents are reported externally where required.
- 2.3. Ensure confidentiality of patient information and compliance with the Data Protection Act 1984.

3. Responsibility Scientific and Technical

- 3.1. Identify and respond to the recommendations from national bodies including: Care Quality Commission, National Confidential Enquiries, National Service Frameworks, UK National External Quality Assessment Service, National Patient Safety Agency the Royal Colleges, National Institute for Clinical Excellence, Health Protection Agency and National Health service Executive.
- 3.2. Ensure compliance with ISO15189: 2012 and Trust standards, devising appropriate corrective action plans.
- 3.3. Ensure compliance with other Pathology regulatory bodies relevant to the department including but not limited to Medicines and Healthcare products Regulatory Agency (MHRA), Human Tissue Authority (HTA) , Human Fertilisation and Embryology Authority (HFEA), European Federation of Immunogenetics (EFI)
- 3.4. Follow up on external assessments and verify the completion and effectiveness of corrective actions as required by the assessors report.

4. Responsibility – Policy and Service

- 4.1. Ensure there are robust systems and processes to continually improve the quality of the service provided across Department.

- 4.2. Implement the Quality Management System by developing an awareness of its importance within Department and ensure there is a standard approach to Quality Management issues.
- 4.3. Produce quality plans and objectives to ensure examples of best practice are identified and implemented in all appropriate areas of Department. Organise, collate reports and Conduct Department Management Review Meetings, providing executive summaries of reviews to outside bodies.
- 4.4. Provide quality performance indicator information for the Pathology and Department scorecard, monitoring, reviewing and reporting on variances in performance. Implement strategies in conjunction with the Divisional Manager and resolve any deficiencies to meet the objectives of Department, Pathology and the Trust.
- 4.5. Provide education and guidance to enable the Laboratory Quality Leads to give appropriate support to the Site/Laboratory Managers.
- 4.6. Investigate and respond to complaints and incidents in conjunction with the Divisional Manager and in line with Trust policy developing and following up on action plans where required.
- 4.7. Be responsible for managing projects and implementing developments at the discretion of the Clinical Lead, Divisional Manager and Pathology Quality & Governance manager.
- 4.8. Manage quality improvement projects including the preparation of comprehensive project plans and ensuring these actioned.
- 4.9. Plan, conduct and supervise a programme of internal audits against defined quality performance measures and standards ensuring that effective immediate and follow up actions are completed.
- 4.10. Analyse pathology clinical incidents and complaints; identifying any trends, preparing recommendations and reports escalating any issues of concern within Pathology.
- 4.11. Contribute to the Department annual report including development plans against key targets in the business plan throughout the year.

5. Responsibility – Financial and physical

- 5.1. May identify the cost implications of service improvement and quality initiatives as required.
- 5.2. May prepare business cases for service improvement and quality initiatives as required.
- 5.3. Manage funding identified to support accreditation, regulatory and quality initiatives.
- 5.4. Adhere to the Trust's Standard Financial Instructions
- 5.5. To analyse reports of Incidents and audits and identify required changes to practice and the financial implications of change.

6. Responsibility Staff/HR/Leadership, training

- 6.1. Develop and motivate Quality Leads through effective personal leadership, ensuring that views and decisions are communicated up and down the management structure.
- 6.2. Contribute to the improvement of briefing and consultative communication systems to ensure supported involvement of all staff.
- 6.3. Take responsibility for own personal development.
- 6.4. Facilitate and promote the exchange of ideas, good practice and innovation to achieve better quality and value for money services across the Trust.
- 6.5. Maintain, update and develop personal and professional knowledge and skills by participating in the Trust's 1:1 process and PDP development.

7. Education

- 7.1. Assist in setting own personal targets and objectives as part of the Trust's performance review system.
- 7.2. To develop and improve own highly specialist scientific expertise which may be via CPD within an appraisal programme. Maintain a portfolio of relevant developments achieved.
- 7.3. Educate and train the Laboratory staff in quality principles and practice, promoting the principles and practice of Quality Management and Clinical Governance. Developing staff skills, competence and the various techniques by means of both formal and informal presentations. Provide practical experience in 'safe' environments, including preparing and conducting mock audits and incident investigations.

8. Responsibility – Information resources

- 8.1. To have an active email account.
- 8.2. Support the effective use of Information Technology in Department.
- 8.3. To develop, maintain and manage the use of Pathology quality management system software.
- 8.4. Ensure all departmental documentation is recorded and maintained on the Pathology Quality management system software.
- 8.5. Provide training and develop processes for use of pathology quality management system software across all areas of Pathology. Monitoring progress and completion of all non conformance issues within agreed timescales.
- 8.6. Ensure and advise on the effective use of management information within Department as a basis for problem solving and decision making in cooperation with the Divisional Manager and Clinical Lead.
- 8.7. With Divisional Manager, interrogate complaints, incident and risk management information and compile reports from DATIX risk management software.

8.8. Take the lead on the identification development and introduction of robust systems to ensure Departmental Clinical Governance quality and performance indicators are reported in an accurate and timely manner.

8.9. Ensure compliance with ISO15189:2012 and Trust data quality standards advising on appropriate corrective action.

8.10. Provide reports to departmental teams for using qualitative and quantitative data.

9. Responsibility – Research and development

9.1. Plan lead and delegate local audit as required, ensure findings are disseminated appropriately and recommendations implemented.

10. Freedom to act

10.1. Freedom to act independently within appropriate clinical/professional guidelines, seeking guidance as necessary.

11. Other Duties

11.1. To undertake any other duties commensurate with the grade as requested.

Scope and Purpose of Job Description

A job description does not constitute a 'term and condition of employment'. It is provided only as a guide to assist the employee in the performance of their job. The Trust is a fast moving organisation and therefore changes in employees' duties may be necessary from time to time. The job description is not intended to be an inflexible or finite list of tasks and may be varied from time to time after consultation/discussion with the postholder.

ADDITIONAL INFORMATION

Medical Examinations

All appointments are conditional upon prior health clearance. Failure to provide continuing satisfactory evidence if required, e.g. of immunization, will be regarded as a breach of contract

Equal Opportunities

The Trust aims to promote equal opportunities. A copy of our Equality Opportunities Policy is available from the Human Resources department. Members of staff must ensure that they treat other members of staff, patients and visitors with dignity and respect at all times and report any breaches of this to the appropriate manager.

Safeguarding children and vulnerable adults

Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of specific duties relating to their role.

Disclosure & Barring Service/Safeguarding Children & Vulnerable Adults

Applicants for many posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. Applicants who are offered employment for such posts will be subject to a criminal record check from the Disclosure & Barring Service before appointment is confirmed. This includes details of cautions, reprimands and final warnings, as well as convictions. Further information can be found via: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>. Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of specific duties relating to their role. Staff are obliged to disclose to the Trust during employment any pending criminal convictions, including cautions, and any other information relevant to the safeguarding of children or vulnerable adults.

Professional Registration

Staff undertaking work which requires professional registration are responsible for ensuring that they are so registered and that they comply with any Codes of Conduct applicable to that profession. Proof of registration must be produced on appointment and at any time subsequently on request.

Work Visa/ Permits/Leave To Remain

If you are a non-resident of the UK or EEA you are required to have a valid work visa and leave to remain in the UK, which is renewed as required. The Trust is unable to employ or continue to employ you if you require but do not have a valid work visa and/or leave to remain in the UK.

NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. You should aim to maintain the highest standards of care and service, treat every individual with compassion and respect, take responsibility for the care you provide and your wider contribution, take up training and development opportunities provided, raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, involve patients, their families and carers fully in decisions, be open if anything goes wrong and contribute to a climate where the reporting of, and learning from, errors is encouraged. You should view the services you provide from a patient's standpoint and contribute to providing fair and equitable services for all. The above is a brief summary; you are encouraged to access the full document at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Dignity & Respect

The Trust requires that you treat others with dignity and respect and that you do not harass or otherwise discriminate against any other member of staff, patient or visitor to the Trust or

employees of any associated employers or contractors of the Trust on the grounds of race, colour, sex, age, disabilities, religious beliefs or sexual orientation.

Confidentiality/Information Quality Assurance/Freedom of Information

The post-holder must maintain confidentiality of information about staff, patients and health service business and be aware of the Data Protection Act (1984) and Access to Health Records Act (1990). As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions. Nonetheless the post-holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity.

Risk Management

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

Health, Safety and Security

The post holder must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974, take reasonable care of themselves and others, and ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors. The Trust has adopted a Security Policy in order to help protect patients, visitors and staff and to safeguard their property; all employees have a responsibility to ensure that those persons using the Trust and its services are as secure as possible. The Trust operates a strict Non-Smoking Policy.

Conflict of Interests

You may not without the consent of the Trust engage in any outside employment and in particular you are disqualified from an appointment as a chair or Non-Executive Director of another NHS Trust whilst you are employed by this Trust. In accordance with the Trust's Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust. The NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently.

Infection control

It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policy in relation to the prevention of the spread of infection and the wearing of uniforms.

Clinical staff – on entering and leaving clinical areas, and between contacts with patients, staff should ensure that they apply alcohol gel to their hands and wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staffs are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust's Incident Reporting Policy.

Non clinical staff and sub-contracted staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure they apply alcohol gel to their hands and be guided by clinical staff as to further preventative measures required. It is also essential for staff to wash their hands frequently with soap and water.

Staffs have a responsibility to encourage adherence with policy amongst colleagues, visitors and patients and should challenge those who do not comply. You are also required to keep up to date with the latest infection control guidance via the documents library section on the intranet.

Clinical Governance and Risk management

The Trust believes everyone has a role to play in improving and contributing to the quality of care provided to our patients. As an employee of the Trust you are expected to take a proactive role in supporting the Trust's clinical governance agenda by:

- Taking part in activities for improving quality such as clinical audit
- Identifying and managing risks through incident and near miss reporting and undertaking risk assessments
- Following Trust policies, guidelines and procedures
- Maintaining your continue professional development

All Clinical staff making entries into patient health records are required to follow the Trust standards of record keeping

No Smoking

The Trust operates a smoke free policy.

Professional Association/Trade Union Membership

The Trust is committed to working in partnership with Trades Unions and actively encourages staff to join any Trade Union of their choice, subject to any rules for membership that the Trade Union may apply.

IMPERIAL COLLEGE HEALTHCARE NHS TRUST

PERSON SPECIFICATION

POST: Department Quality & Governance Manager

DEPARTMENT: Clinical Biochemistry

LINE MANAGER: Pathology Quality & Governance manager

ATTRIBUTE/SKILLS	ESSENTIAL	DESIRABLE
Education & Qualifications	<ul style="list-style-type: none">• Relevant first degree or equivalent qualification.• Post graduate qualification (MSc, MBA or FIBMS) with a quality, pathology or management element.• Proven experience of management within a health care environment or a similar complex organisation.• A quality management or clinical governance qualification.• Experience of pathology service provision.	<ul style="list-style-type: none">• Laboratory Medicine Quality Management Qualification• Project management experience or qualification.• Current registration with The Health and Care Professions Council (HCPC)
Knowledge & Experience	<ul style="list-style-type: none">• Ability to make decisions on behalf of department involving complex issues.• Evidence of innovative problem solving.• Demonstrate an understanding of topical NHS issues and standards.• Evidence of ongoing personal professional development.• Experience of report writing and production of business cases• Demonstrable and relevant track record in staff leadership.• Knowledge of organisational and clinical audit.• Ability to multi-task constantly and prioritise workload.• Knowledge of NHS performance targets and standards.• Experience of accreditation procedures and standards (e.g. UKAS, EFI, FDA, GLP)• Knowledge of accreditation standards and regulations relevant to the department.• Demonstrable record of staff management and deployment, ideally involving project work.• Managing staff including objective setting and performance management.• Proven knowledge of Q-Pulse Quality	<ul style="list-style-type: none">• Up to date knowledge of NHS issues.

	Management software	
Skills & Abilities	<ul style="list-style-type: none"> • Numerate • Excellent written & oral communication skills • Analytical • Negotiation skills • Organised with the ability to prioritise • PC literate with experience of spreadsheets and data manipulation • Ability to work with a range of multi-disciplinary groups • Experience of conflict resolution. • Presentation skills • Ability to identify and implement solutions to complex problems. 	<ul style="list-style-type: none"> • Experience of managing a Quality management software system • Experience working with database information.
Physical Qualities	Such as to meet the requirements of the role with any reasonable adjustments	
Personal Qualities	<ul style="list-style-type: none"> • Highly motivated and enthusiastic • Diplomatic • Reliable • Ability to work on own initiative and independently • Commitment • Credible with the ability to inspire confidence • Commitment to equal opportunities • Reliable work record • Flexible approach to working hours • Good health record 	
Values	Demonstrable ability to meet Trust values	