JOB DESCRIPTION

TITLE OF POST:	**HH Blood sciences Quality & Governance Lead and HFEA Person Responsible for Andrology**
SALARY BAND:	**8a**
LOCATION:	**HH Blood Sciences** Imperial College Healthcare NHS Trust is a multi site facility and staff may be required to work at a site other than their main base location
RESPONSIBLE TO:	Site Lead for Blood Sciences at Hammersmith and Quality manager for Pathology at NWLP.
PROFESSIONALLY ACCOUNTABLE TO:	Quality Manager for Haematology and Quality Manager for Chemistry.
HOURS PER WEEK:	**37.5**

AIM OF THE ROLE:
To be an efficient and key member of the HH Blood Science laboratory teams providing a quality service to Imperial College Healthcare NHS Trust.

- 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
- To be accountable for the provision a diagnostic Andrology service for Imperial College Healthcare Trust hospitals, other Trusts in the region and General Practitioners defined by partnership and service level agreements.
- To be accountable for the provision of semen cryopreservation service for the protection of patients at risk of fertility loss as referred by medical practitioners.
- To support the provision of Trust fertility services.

KEY WORKING RELATIONSHIPS:

Good communication skills are essential, as the post holder is required to communicate effectively with Biomedical Scientists, Clinical Scientists, Clinicians, the Human Fertilisation Embryology Authority and other healthcare providers and managers in and out of the Trust; other Trust Directorates including Estates, IT, Human Resource, Payroll, Occupational Health; Clinical Programme 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 are embedded in the doc. below


Additional Duties for Quality Lead.docx

The link below also highlights the key responsibilities and qualifications for the Person Responsible role.

https://www.hfea.gov.uk/code-of-practice/

KEY RESULT AREAS:

1. The post holder will take on the relevant statutory responsibilities required for the maintenance and development of the andrology service including the relevant patient records and IT requirements under the confidentiality requirements of the HFE act 1990.
2. To assist the Quality Managers to implement and manage the departmental Quality Management System and maintain UKAS accreditation under ISO15189:2012 and MHRA compliance

3. Contributes to providing a professional clinical laboratory service, working effectively as a team member as part of the overall department.

4. To possess the skills required to provide the necessary training and supervision of staff within the section.

5. To provide and co-ordinate specialist clinical technical and scientific services to patients that may include research and audit.

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. The person responsible should have enough understanding of the scientific, medical, legal, social, ethical and other aspects of the centre's work to be able to supervise its activities properly. It is also important that the person responsible possesses integrity, and managerial authority and capability.

1.3. Participate in Imperial organisational development plans to transform the Trust to meet the needs of future.

1.4. Promote the corporate image of ICHNT to all individuals, groups and organisations both within the Trust and to the community at large.

1.5. Communicate highly complex, sensitive information about the Department to all staff and managers.

1.6. Work with Clinical Lead, Operations 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.

1.7. 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.

1.8. Present information and participate in relevant meetings, including Directorate & Department Management and Quality & Safety meetings.

1.9. Interpretation of various Trust, Government, Royal Colleges and other Professional Organisation's Policies, and all other Pathology regulatory bodies including Clinical Pathology Accreditation (CPA), 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.

1.10. 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.

1.11. 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.

1.12. Develop and maintain effective communication systems at all levels within the Department.

1.13. To work closely with the Operations Manager, Site Managers and Quality Leads to develop regular reports of the progress towards UKAS accreditation.

1.14. Communicate any issues that may affect the delivery of the service to the Operations 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 Operations Manager.

2.2. Ensure incidents are reported to 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 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 Operations 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 Operations 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 and Operations 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.

4.12. The post holder will assume the role of person responsible under the Human Fertilisation and Embryology act (1990)

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 Operations Manager and Clinical Lead.

8.7. With Operations 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

Confidentiality

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).

Health and safety

The post holder must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of themselves and others and to ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

Risk Management

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

Conflict of Interests

You may not without the consent of the Trust engage in any outside employment and 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. In addition 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 (such as a private company, public organisation, other NHS or voluntary organisation) 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, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position, which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.

Code of Conduct

All staff is required to work in accordance with the code of conduct for their professional group (e.g. Nursing and Midwifery Council, Health Professions Council, General Medical Council, NHS Code of Conduct for Senior Managers).

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 all staff should ensure that they apply alcohol gel to their hands and also 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 is 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:

-Talking 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 polices, guidelines and procedures

-Maintaining your continue professional development

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

Information Quality Assurance

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.

Freedom of Information

The postholder 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.

Management of a Violent Crime

The Trust has adopted a security policy in order

- to help protect patients, visitors and staff
- 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.

Equal Opportunities

The Trust aims to promote equal opportunities. A copy of our Equality Scheme 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.

No Smoking

The Trust operates a non-smoking policy.

Medical Examinations

All appointments within the National Health Service are subject to pre-employment health screening.

Professional Association/Trade Union Membership

It is the policy of the Trust to support the system of collective bargaining and as an employee in the Health Service; you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.

PERSON SPECIFICATION

POST: **HH Site Blood Science Quality & Governance Lead & PR for Andrology**

DEPARTMENT: **Hammersmith Hospital**

LINE MANAGER: **Departmental Quality & Governance Manager**

REQUIREMENTS	ESSENTIAL	DESIRABLE
Education & Qualifications	• 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. • The person responsible should have enough understanding of the scientific, medical, legal, social, ethical and other aspects of the centre's work to be able to supervise its activities properly. It is also important that the person responsible possesses integrity, and managerial authority and capability.	• Laboratory Medicine Quality Management Qualification • Project management experience or qualification. • Current registration with The Health and Care Professions Council (HCPC)
Knowledge & Experience	• 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. CPA, UKAS, EFI, FDA, GLP,HFEA, MHRA) • Knowledge of accreditation standards and regulations relevant to the department.	• Up to date knowledge of NHS issues.

	• 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 Management software	
Skills & Abilities	• 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.	• Experience of managing a Quality management software system • Experience working with database information.
Personal Qualities	• 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	