Imperial College Healthcare **NHS**
NHS Trust

JOB DESCRIPTION

TITLE OF POST: **Departmental Quality & Governance Manager**
SALARY BAND: **8a**
LOCATION: **All Sites including Chelsea and Westminster Hospital**
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: **Operational Manager**
PROFESSIONALLY
ACCOUNTABLE TO: **Directorate Quality Governance Manager and Lead Clinician**
HOURS PER WEEK: **37.5**
The job holder will be required to work out of hours including unsocial and contractual overtime (specific rota details are held locally within departments).

AIM OF THE ROLE:
To be an efficient and flexible member of the Haematology and Blood Transfusion laboratory team providing a quality service to Imperial College Healthcare NHS Trust.
- To be a key member of the Pathology Management Team.
- To undertake/ ensure that the department team undertake / 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 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 are 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 retain their Clinical Pathology Accreditation (CPA) status and obtain/maintain accreditation to ISO15189:2012.

4. 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.

5. 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.

6. 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.

7. Manage the individual Laboratory Quality Leads.

8. Ensure in collaboration with the Clinical Lead and Operational Manager, the efficient and effective delivery of services for the achievement of quality and evidence based patient care.

9. 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.

10. Ensure the implementation of Trust, Directorate 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.

11. Ensure compliance with requirements of external Quality Assurance schemes and that all internal Quality Assurance is monitored to meet the requirements of ISO15189:2012.

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 Imperial 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, Operational Manager, Pathology Consultants, Site Managers and Quality Leads to 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.

1.7. Present information and participate in meetings, including Directorate & Department Management Team and Clinical Audit Committee.

1.8. 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), 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 quarterly risk assessments across all laboratories in conjunction with Site Managers and senior clinical staff, maintaining and updating the Directorate 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.

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

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

1.13. Communicate any issues that may affect the delivery of the service to the Operational 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 Operational Manager.

2.2. 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. Follow up on external assessments (e.g. CPA, UKAS, MHRA, NCEPOD) and verify the completion of corrective actions as required by the assessors report.

4. <u>Responsibility – Policy and Service</u>

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. Conduct 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 Operational Manager and resolve any deficiencies to meet the objectives of Department, Pathology and the Trust.

4.5. Ensure the Laboratory Quality Leads provide appropriate support to the Site Managers.

4.6. Investigate and respond to complaints and incidents in conjunction with the Operational 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 Operational Manager.

4.8. Manage clinical audit and 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 tends, preparing recommendations and reports escalating any issues of concern within Division.

4.11. Contribute to the Department annual report including development plans against key targets in the business plan throughout the year.

5. <u>Responsibility – Financial and physical</u>

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 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 vertical, horizontal and examination audits.

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 Department quality management IT system.

8.4. Ensure all departmental documentation is recorded and maintained on suitable computerised document control software system.

8.5. Provide training and develop processes for use of pathology software management system 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 Operational Manager and Clinical Lead.

8.7. With Operational 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: **Department Quality & Governance Manager**

DEPARTMENT: **All sites including Chelsea and Westminster hospital**

LINE MANAGER: **Operational 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.	- Laboratory Medicine Quality Management Qualification - Project management experience or qualification.
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 the NSF's and NHS performance targets and standards. - Experience of accreditation procedures and standards (e.g. CPA, UKAS, ISO, FDA, GLP) - 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 systems	Up to date knowledge of NHS issues.
Skills & Abilities	Numerate	Experience of

	• 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.	managing a Document Control IT 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	