

## JOB DESCRIPTION AND PERSON SPECIFICATION

### JOB DETAILS

**JOB TITLE:** BWC Pathology Quality Manager

**BAND:** 8a

**LOCATION:** Pathology

**DEPARTMENT:** Pathology

**HOURS OF WORK:** Full time 37.5 hours per week

**ON CALL/OUT OF HOURS:** No

**ACCOUNTABLE TO:** Pathology Services Manager / Laboratory Director

**RESPONSIBLE TO:** Pathology Senior Management Team

**DIRECTORATE:** Medicine / Diagnostics and Therapies

We know that organisations which have strong values and behaviours do well and that employees are engaged, happy and motivated in their work. We've worked closely with staff to develop and embed our values and we will continue to ensure that they underpin the way we care for our patients and each other.

#### Our mission:

To provide outstanding care and treatment, to share and spread new knowledge and practice, and to always be at the forefront of what is possible.

#### Our vision:

To be a world-leading team providing world-leading care.

#### Our goal:

To be the best place to work and be cared for, where research and innovation thrive, creating a global impact.

#### Our values:

- Ambitious
- Brave
- Compassionate

## JOB PURPOSE

The Quality Manager is an integral part of the overall Pathology Laboratory management team. They are responsible for the implementation, development and co-ordination of the quality management system for all pathology disciplines on both the Birmingham Children's Hospital and Birmingham Women's Hospital sites.

## JOB INFORMATION

The Quality Manager will act as the designated Professional Manager for ISO accreditation purposes and will be the lead for the implementation of ISO standards. They will provide leadership, highly specialist advice, direction and training to all pathology staff on matters including accreditation, governance and quality assurance in pathology. The quality manager will act as the 'independent function' with responsibility for quality assurance within the blood transfusion pathway on BWH site as required by BSQR. This is an oversight role. The Quality Manager is not responsible for carrying out quality assurance activities within the laboratory. This function is delegated to the Transfusion Laboratory Manager.

In their role, they will be expected to act autonomously, developing quality policies in line with modern methods, quality management principles and an interpretation of national legislation, government requirements, accreditation standards and department requirements to meet the needs and requirements of service users.

Through the processes they control and develop, the Quality Manager will be expected to provide the reassurances required ensuring that clinical governance and risk management within Pathology is controlled and compliant.

A key requirement of the Quality Manager is to develop strong professional and close working relationships with a wide range of stakeholders. They will work closely with all pathology departments to help shape the face of quality throughout and ensure that quality improvements are delivered across the organisation.

## CORE KEY RESPONSIBILITIES

### Communication

- The Quality Manager will ensure that there are effective mechanisms in place for the dissemination and feedback of information and will promote quality within all areas of pathology between the laboratory and service users. The Quality Manager will support the process of user engagement and feedback.
- To provide complex and sensitive information and advice to local, regional and national level. This includes laboratory and manufacturer performance data. This data will at times be complicated and so require specific communication skills in order that the message can be understood, complied with and accepted.
- To contact and provide non-clinical information and advice to service users, sub-contractors, external service providers and collaborators *etc.*
- Establish and maintain good working relationships with all levels of staff key to the delivery of the effective quality management of services. This requires influencing skills to persuade staff who may be resistant to change.

- To represent the pathology department on matters relating to clinical governance and quality management at all levels with the Trust and external bodies.
- To take forward the quality and clinical governance agenda through one or more of the following:
  - One-to-one discussion, negotiation or persuasion at all levels.
  - Individual and/or group advice, instruction or training at all levels up to and including medical consultants and senior managers within the pathology department and across the Trust.
  - Presentation at a local, regional and national forum.
- To deal sensitively and sympathetically with service users, diagnostic manufacturers, sub-contractors and external service providers to resolve any complaints or issues.

### **Training, Education & Development**

- To maintain an up-to-date knowledge of quality schemes and standards and advise departmental managers of changes and implications for the service.
- To acquire and maintain sufficient knowledge in order to be able to complex troubleshoot the organisation's quality management software. To use this knowledge to ensure most efficient use of the system.
- To educate and train Pathology staff in quality principles and practice, with particular reference to validation / verification and Measurement of Uncertainty.
- Working with the Training Leads to develop a training programme to support the Quality Management System. This will include organising and presenting at training seminars, audit training & tutorials.
- With the support of the Training & Quality leads deliver and support staff training and development in matters related to quality assurance and clinical governance to scientific, technical, support and A&C staff.
- Through the Training leads ensure that staff training logbooks, personal portfolios and training, competency and professional development are audited and consequently are complete and up to date.
- To educate and train staff in quality principles and practice by:
  - Developing and contributing to basic training seminars
  - Participation in advanced training seminars.
- To develop and deliver Quality specific presentations to all staff in full laboratory meetings.

### **Physical Skills**

- The Quality Manager will have acquired general and specific developed laboratory physical skills through their previous laboratory practice that will be essential to this role. They will be expected to understand and where necessary assess laboratory requirements around for example:
  - accuracy of measurement within pathology departments.
  - the operation and maintenance of complex equipment.
  - hand to eye co-ordination required in areas such as tissue dissection and cell analysis.
- Due to the nature of the role they will be expected to have a high attention to detail and ensure that the work and subsequent reports they produce are highly accurate and contain the necessary detail to satisfy the necessary external inspections they will be supporting.

### **Responsibility for Patient Care**

- The Quality Manager role is fundamental in ensuring that the Pathology service has a robust quality assurance programme in place so as to safeguard patient safety at all times.
- To co-ordinate the handling of Pathology complaints ensuring requisite actions are taken in a timely and appropriate manner.

- To provide advice/support to laboratory managers in the handling of complaints.
- To ensure that result and service complaints and incidents are investigated and ensure that effective immediate and follow up actions are taken.
- To monitor the requirements of the service users and ensure that they are reflected within defined quality performance measures.

### **Policy Service Development**

- Working with the Pathology senior managers be responsible for the development and creation of quality policies across pathology in line with modern quality management principles and an interpretation of national legislation, government requirements, accreditation standards and department requirements to meet the needs and requirements of service users.
- To be conversant with, and ensure service adherence to, statutory regulations, professional standards and accreditation requirements.
- To be conversant with, and ensure service adherence to Trust clinical governance, risk management and quality audit policies and procedures of the Trust.
- To participate in local management meetings, decision making and policy implementation.
- To develop and maintain the service Quality Manuals.

### **Financial Responsibility**

- To ensure across pathology that there is a robust documented process in place to ensure any purchase of equipment or physical asset is managed such that there is evidence to support its selection, purchase and implementation including any required validation. To monitor this and report to the necessary meeting forums on its progress.
- To ensure all equipment across pathology is used appropriately and there is an appropriate maintenance contract in place to ensure it is safe and fit for purpose. This equipment in many areas is expensive and highly complex requiring specialist companies to maintain its integrity.

### **Human Resources**

- As Quality Manager, you will be responsible for the delivery of core quality training to all laboratory staff including medical and non-medical staff within pathology. Examples of this training include audit and interpretation of quality updates. This will be a regular fundamental responsibility and will require careful planning to ensure all staff are competent and up to date with new practices.
- Ensure that Trust personal development review system is in use and that all staff have personal development plans.
- Manage and Supervise the Pathology IT Manager, including work allocation and day to day management e.g. performance appraisals, attendance, conduct and leave coordination. Reports sickness and absence of team members to a senior member of staff in accordance with Trust and departmental policies.

### **Information Technology**

- To be overall responsible for the integrity, security and development and maintenance of the Pathology Quality Management IT system. Developing the use of this system as a tool for monitoring audits, equipment maintenance *etc.*
- The Quality Manager will have the skills and ability to manage the quality system with the objective of ensuring the continual improvement of service effectiveness and that the service meets regulatory and accreditation requirements.

- Management of Pathology Incident Reporting: Develop and co-ordinate a system of monthly data review looking at entry and closure of incidents, trends and externally reported pathology incidents.
- The Quality Manager will oversee the system that ensures the completion of corrective and preventative actions resulting from complaints, compliments incidents and audits.
- Co-ordination of service user information websites for Pathology.

### **Research & Development**

- To ensure any Research projects undertaken within the Laboratory environment are compliant with appropriate health & Safety procedures.
- To advise any Research and development projects on the compliance required to conform to an accredited laboratory. To audit and monitor these areas where necessary.
- To ensure there is a robust audit programme across pathology to ensure compliance with all standards associated with UKAS ISO 15189 accreditation. This will involve undertaking complex audits on a regular basis analysing the data to determine trends and practices that may require attention or refinement. The expectation that this will lead to improvements in service across pathology.
- To oversee the equipment testing across pathology to ensure that all validation has been undertaken appropriately and the evidence is gathered to satisfy the accreditation bodies.

### **Professional, Scientific & Clinical**

- The post holder will be required to maintain an up to date knowledge and state registration with the Health Care Professions Council as a qualified Biomedical Scientist.

### **Health & Safety**

- To be familiar with, comply with, and audit against national, Trust and Pathology Health & Safety policies, procedures, rules and regulations. For example, Trust Health & Safety policies, Control of Substances Hazardous to Health (COSHH), risk assessment and manual handling.
- To be competent in the safe handling of sharps and spillages of biohazard material.
- To contribute to the maintenance of a safe working environment for all members of staff and visitors.
- To exercise the care and attention required when working in a laboratory area.
- To report all adverse incidents and accidents using the Trust Incident reporting systems.
- To ensure Health and Safety audits are carried out across Pathology, monitoring action plans, and reporting to the relevant Governance meetings and Trust's Health and Safety Team.
- To provide expert Health and Safety advice, guidance and support at an operational level to Pathology departments and monitor compliance with the requirements of relevant Health and Safety related legislation, Trust policy and guidance specifically related to the management of Health and Safety.
- To oversee the investigation of Health and Safety accidents, incidents and workplace hazards and ensure appropriate prevention measures are in place.
- To ensure all Health and Safety concerns are escalated to the appropriate managers within Pathology and to the relevant Trust's Health and Safety Team.
- To provide support to Trust Health and Safety Committees and provide accurate, relevant and timely reporting.

### **Physical Effort**

- There is a frequent requirement to sit at a computer to write reports, analyse performance data etc. This is for significant periods of the day.
- To be involved in the load carrying associated with dealing with folders of information to and from places of work which will be on separate sites.

**Mental Effort**

- There is a frequent requirement (daily) to prolonged concentration (3-4 hours) *e.g.* writing reports for senior management, analysis of complex data, chairing meetings *etc.*
- To manage a workload that includes complex scientific & technical information whilst also managing competing demands and frequent interruptions. Responding to urgent situations, such as complaints or system failures, requires the post holder to change priorities at a moment's notice.

**Emotional Effort**

- To respond to rapidly changing quality and clinical governance issues and to be exposed occasionally to distressing or emotional circumstances (*e.g.* real time complaint handling, informing staff of poor performance).

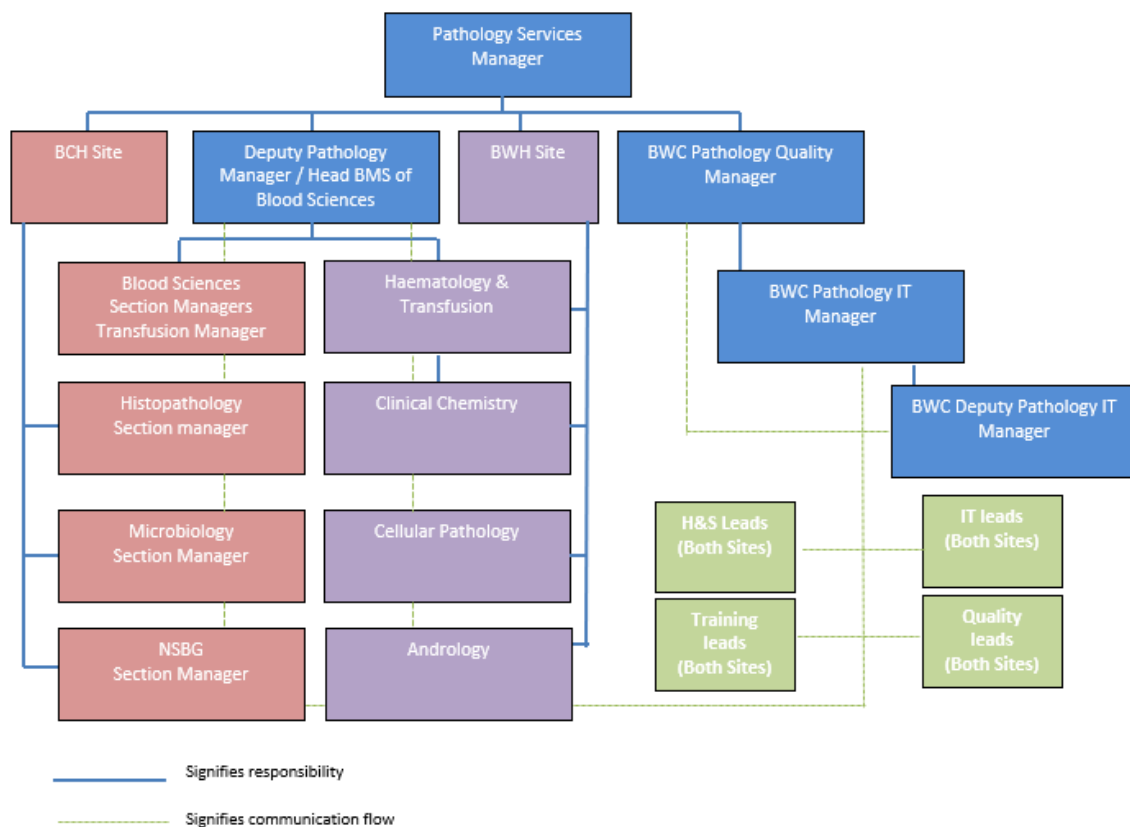
**Working Conditions**

- Occasional exposure to chemical, biological and physical hazards of a laboratory which handles and processes biological fluids. This includes exposure to unpleasant smells, noise and heat.
- To regularly travel between BCH and BWH pathology sites, at least 1-2 times per week.
- To travel to external sites to attend quality specific meetings, at least monthly.

**SPECIFIC KEY RESPONSIBILITIES**

- To provide clear and strong professional leadership on the co-ordination, implementation and delivery of the pathology quality agenda and Quality Management System.
- To lead management reviews of the Pathology service, with laboratory managers and quality leads to set quality objectives, and report to the appropriate Pathology and Clinical group Governance meetings.
- The Quality Manager will ensure that there are effective mechanisms in place for the dissemination and feedback of information and will promote quality within all areas of pathology between the laboratory and service users. The Quality Manager will support the process of user engagement and feedback.
- Through the collection and analysis of information identify areas and particular projects where there is the potential for improvement of quality or risk management to the benefit of the staff and patient experience.

## ORGANISATIONAL CHART



## COMMUNICATION AND WORKING RELATIONSHIPS

- Liaises with accrediting and regulatory agencies
- Liaises with appropriate administrative officials and providers of formal agreements when required
- Liaises with the wider healthcare community and the patient population served
- Communicates of the importance of meeting the needs and requirements of users
- Attendance at meetings to represent Pathology and quality management matters

## ANALYTICAL AND JUDGEMENT RESPONSIBILITIES

- Through the collection and analysis of information identify areas and particular projects where there is the potential for improvement of quality or risk management to the benefit of the staff and patient experience.
- The role will expect the post-holder to analyse highly complex information, data and presentations from all pathology areas which will require in-depth analysis and interpretation to provide the necessary evidence to support good quality practice which in turn will contribute to the delivery of a safe pathology service.
- Ensure that there are effective mechanisms for the dissemination and review of quality and governance information at departmental and directorate levels to enable strategic decision-making.
- To follow up on external inspections and verify the completion of corrective action as required by the reports of the inspectors.
- To assist in monitoring the requirements of the Directorate's users and ensure that they are reflected within defined quality performance measures.
- To be responsible for the monitoring and review of non-compliant pathology requests and feedback to users.
- Co-ordinate and manage departmental problem/event forms including:
  - Risk assessment of serious errors.
  - Use root cause analysis, as appropriate.
  - Ensuring the implementation of appropriate corrective actions.
  - Reporting appropriate problems to the Trust.
- Performing regular reviews of problems and specific reviews of problem areas to confirm that the trust is addressing trust wide Health & Safety issues and that at a local level the department Health and Safety leads implement appropriate procedures.
- To ensure risks are identified and managed in line with trust policy.
- To ensure that systems are in place to record preventive as well as corrective actions with regards to quality.
- To assist in the development and monitoring of quality objectives.
- To ensure that records are audited and maintained and managed within current national and local guidance.

## PLANNING AND ORGANISATIONAL SKILLS

- To participate in the Clinical Group and departmental Clinical Governance/Quality Meetings with the view to shaping quality strategy and ensuring quality policy implementation.
- To support and advise the Pathology Services Manager, Heads of Departments and the Lead Biomedical Scientists on all aspects of quality and risk management, setting standards and goals for quality improvement.



- To establish a Quality Policy and an Action Plan for the development of quality management and clinical governance across the whole of Pathology.
- Working with the Pathology Management team develop and maintain an overall quality management strategy for Pathology. This will necessitate the development of a broad range of complex activities and undertakings which will require ongoing review and planning in order that ongoing progress can be monitored in all departments and findings can be shared when necessary and required.
- To develop and maintain the Directorate's Quality Manual and other Pathology Policies. The post holder will establish that the Directorate has documented and implemented policies and procedures which meet the requirements of ISO 15189.
- Working with the service and quality leads monitor and where necessary develop pathology performance indicators, *e.g.* turnaround times, EQA and IQC measures, incident reports, complaints, user satisfaction *etc.*
- Working with the service and quality leads devise and supervise a program of internal audits against defined quality performance measures and ensure that effective immediate and follow up actions are taken. These audits can be complex in their nature and will cover the whole range of activities within the laboratory activities.
- To co-ordinate all audit activities in the laboratory including:
  - To supervise a programme of internal audits and data capture against defined quality performance measures; to present these audits and ensure that effective immediate and follow up actions are taken; to organise and/or undertake training of staff in the performance of internal audits.
  - Monitoring audit actions.
  - Encouraging staff participation and feedback.
  - Supervision of audits including selection of areas for audit and audit design.
  - Submissions to the Trust.
- To follow up on external inspections and verify the completion of corrective action as required by the reports of the assessors.
- To have an oversight of NEQAS and other external quality assurance schemes ensuring timely returns, review of results and any corrective actions; to provide a link back to NEQAS for advice and troubleshooting issues.
- Working with the Training leads help coordinate training objectives/projects for the directorate.
- Working with the Health & Safety leads help coordinate Health and Safety objectives for the directorate.
- To support managers and quality leads in the development and implementation of systems for the monitoring of progress against external inspection outcomes – notably progress against actions plans. Overseeing their management in order that they deliver in the timeline given.
- To ensure that the Trust risk register is continually updated and reviewed and that all risks have action plans in place and appropriate review dates.
- To ensure the appropriate systems are in place for the selection and monitoring of referral laboratories.
- By means of a range of methods, including questionnaires/surveys, instigation of focus groups and visiting healthcare facilities external to the Trust, ascertain the requirements of service users and ensure that they are reflected within defined quality performance measures.
- To collate and analyse data, prepare and present reports on quality to the relevant forum when required.

## TRUST LEADERSHIP AND MANAGEMENT RESPONSIBILITIES

- To provide clear and strong professional leadership on the co-ordination, implementation and delivery of the pathology quality agenda and Quality Management System.
- To lead an annual management review of the Pathology service, with laboratory managers to set quality objectives, and report to the appropriate Pathology and Clinical group Governance meetings.
- To undertake as necessary, projects devolved from the Pathology Services Manager and other tasks that arise from time to time relevant which help deliver the objectives of Pathology.
- To provide support to the Pathology Service Manager for Clinical Audit and monitor the progress of the audit programme.
- To attend both Regional and National Quality meetings and report and act upon information provided.
- To ensure communication channels are used appropriately and effectively to facilitate the flow of information to and from the Quality Team.
- To liaise with Trust Governance Teams and Health and Safety Departments as required
- To lead and coordinate LEAN Projects across the Pathology Service.
- To chair the appropriate Pathology Governance meetings and attend the Clinical Group Governance meetings and providing regular reports when required.
- To represent laboratory services by attending appropriate Trust led Governance and Health & Safety Committees.
- To ensure management quality review meetings are held regularly and to co-ordinate provision of information to those meetings.
- To lead and participate in visits of accreditation and inspection and prepare necessary documentation.

## PERSON SPECIFICATION

**JOB TITLE: BWC Pathology Quality Manager**

**BAND: 8a**

**LOCATION: Pathology at both Birmingham Women's and Children's Hospitals**

QUALIFICATIONS	ESSENTIAL OR DESIRABLE	METHOD OF ASSESSMENT (A/I/T)
Educated to Masters level or equivalent knowledge and competency. FIBMS or MSc in appropriate scientific degree	E	A/C
BSc (Hons) Biomedical Science or equivalent	E	A/C
Quality Management qualification (IBMS, CQI or equivalent) or evidence of specialist CPD in quality management and techniques	E	A/C
State registration as Biomedical Scientist with Health Care Professions Council (HCPC)	E	A/C/I/T
Evidence of personal development (e.g. PDP, CPD)	E	I
NEBOSH or IOSH Qualification	D	A/C

KNOWLEDGE & NATURE OF EXPERIENCE	ESSENTIAL OR DESIREABLE	METHOD OF ASSESSMENT (A/I/T)
Extensive knowledge of Quality Management Tools, Risk Management, Lean Techniques	E	A/I/T
Knowledge and practical experience of Health & Safety legislation and safe working practices	E	A/I/T
Knowledge of Q-Pulse or similar quality management software	E	A/I/T
Able to demonstrate extensive knowledge surrounding Root Cause Analysis	E	A/I/T
Knowledge of current professional and NHS issues	E	A/I/T
Experience of developing and maintaining effective Quality Management Systems	E	A/I/T
Experience of monitoring compliance with national risk management / quality standards	E	A/I/T
Experience of writing and implementing policies and procedures	E	A/I/T
Experience of working within clinical laboratories	E	A/I/T
Experience of coaching or facilitating the learning and development of others	D	A/I/T
Experience of service development and implementing change	D	A/I/T
Experience of project management	D	

ANALYTICAL AND JUDGMENT SKILLS	ESSENTIAL OR DESIRABLE	METHOD OF ASSESSMENT (A/I/T)
Well-developed report writing, analytical & presentation skills	E	A/I/T
Ability to solve issues by engaging the right people at the right time	E	I/T

PROFESSIONAL / MANAGERIAL / SPECIALIST KNOWLEDGE	ESSENTIAL OR DESIREABLE	METHOD OF ASSESSMENT (A/I/T)
Have excellent communication & interpersonal skills demonstrating the ability to work with staff at all levels both internal and external to the organisation	E	A/C/I/T
Ability to communicate scientific/technical information with all levels of the organisation	E	A/I/T
Negotiation, persuasion and problem-solving skills	E	A/I/T
The ability to relate effectively and communicate complex and sensitive information clearly	E	A/I/T
Able to demonstrate leadership and management skills	E	A/C/I/T
Ability to prioritise own work, liaising with other staff and teams and delivering to deadlines	E	A/I/T
Ability to lead meetings and facilitate discussions with teams across the health community	E	A/I/T
Able to take direction and work as part of a team	E	A/I/T
Flexibility and ability to respond quickly to changing priorities	E	A/I/T
Commitment to training and Continuing Professional Development	E	A/I/T
Advanced IT Skills; Familiar with Microsoft Office tools such as Word, Excel and PowerPoint	E	I/T
Familiar with Project management tools and processes	D	A/I/T

PERSONAL SKILLS / ABILITIES AND ATTRIBUTES	ESSENTIAL OR DESIRABLE	METHOD OF ASSESSMENT (A/I/T)
Demonstrate alignment with the values and beliefs of the Trust	E	I
Demonstrate an understanding of the practices of equality and inclusion in the delivery of this role	E	I
Team working	E	I
Punctual and flexible across hours of work when required	E	I

I understand and accept my accountabilities and responsibilities as outlined in this job description and person specification.

	Designation	Name	Signature
Post Holder			
Manager			

**Date of JD/Person Specification:**

**Date of Review:**

**Version: 3.0**