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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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CAJE REFERENCE **HD2015/0096**

DATE APPROVED **28/09/2015**

JOB DESCRIPTION

JOB DETAILS

Job Title: Healthcare Scientist Advanced Practitioner:
Quality Assurance

Pay Band: Band 7

Directorate: Unscheduled Care

Department: Pathology

ORGANISATIONAL ARRANGEMENTS

Accountable to: Blood Sciences Laboratory Manager

JOB SUMMARY / PURPOSE

An Advanced Practitioner providing a highly specialised service in the field of Quality Assurance

A postholder with sufficient specialist knowledge and experience to participate in the Out of Hours rota providing 24/7 services.

KEY RESPONSIBILITIES:

BLOOD SCIENCES QUALITY ASSURANCE OFFICER

Quality Assurance

To download EQA results, evaluate and provide comments on scheme performances

To identify, analyse and discuss complex EQA issues with Clinical Scientist, Medical and site senior staff and implement corrective action

To plan and ensure a calendar of QA meetings is maintained, minutes taken and actions recorded

To maintain the agreed Internal Quality Control processes for all sites and ensure that the correct IQC is in use to agreed protocols. To alert and appraise Clinical staff to the appropriateness of IQC for all laboratory assays

To plan and undertake comparability studies of non common methods

To support ISO standards:

- Monitor standards of performance and quality improvements of the medical laboratory service
- Monitor the quality and accreditation status of the service provided by external referral laboratories
- Identification and control of non-conformities including root cause analysis and appropriate corrective and preventative action
- Maintenance Quality Control records
- Interlaboratory and intralaboratory comparisons of examination results
- Periodic review of requests, and suitability of procedures and sample requirements
- Select, verify and validate examination procedures
- Ensure that all required measurements of uncertainty are current and appropriate for all areas
- Review Quality Control data at regular intervals to detect trends in examination performance that may indicate problems in the examination system; and implementation of appropriate corrective and preventative action
- Perform comparability studies of examination results (comparison of procedures, equipment and methods used) and establish the comparability of results for patient samples through clinically appropriate intervals
- Monitor cross site Standard Operating Procedure interactions for processes

Personal and People Development

To maintain an up to date knowledge base in relation to External Quality Assessment schemes, UKAS and ISO standards

To provide a continuing education program and training of all staff in QA processes to directed levels

To participate in the HDUHB PDR / appraisal scheme

To be aware of the HB Personnel Policies and Procedures and implement as appropriate

Service Improvement

To develop, implement and maintain working policies and practices for the section

To assist in the development and provision of new working practices in consultation with departmental managers across Pathology as required

To instigate the introduction of ISO 15189 interlaboratory comparisons

To implement agreed protocols for EQA corrections

Communications

To liaise with the Pathology Quality Manager (for audits) and Section Managers to ensure that staff are available to undertake the required Quality Assurance tasks

To provide specialist knowledge, guidance and advice to ensure that the services provided to patients and service users, are compliant with necessary legislation and accreditation standards.

To ensure communication channels are used appropriately and effectively to facilitate the flow of information in relation to the quality management agenda.

To maintain good working relationships with all members of staff to promote effective team working practices

Finance and Resources

In accordance with ISO standards, to monitor and audit laboratory suppliers

To administer External Quality Assurance (EQA) Schemes

- Registration with schemes
- Invoicing
- Receipt of results

Information Processing

To collate statistical data for audit purposes

To maintain the integrity and accuracy of laboratory quality databases

Research and Development

In accordance with ISO standards to undertake method and laboratory instrumentation evaluation / correlation studies as required

Provide processes for acceptance testing of equipment, reagents and consumables

OUT OF HOURS DUTIES

Scientific, Technical and Diagnostic

To perform specialist clinical technical investigations using manual / semi-automated / automated laboratory methodologies in accordance with Standard Operating Procedures (SOPs), UKAS, Health & Care Professions Council (HCPC), Institute of Biomedical Sciences (IBMS) and other regulatory body / authority standards.

To measure, monitor and record the accuracy and precision using Quality Control (QC) procedures and perform corrective action when the QC procedure indicates a loss of performance.

To evaluate the clinical details / sample stability of investigative requests and prioritise work accordingly

To technically validate complex results from laboratory investigations.

To determine the pathological / clinical significance of diagnostic results and using analytical and interpretive skills, assess the validity of laboratory results for authorization (and further action as required).

Health, Safety and Security

To undertake and record section incident / near miss investigations and take appropriate action.

Equality and Diversity

To actively promote equality of opportunity and diversity in own area of responsibility and practice in accordance with HPC Standards of Proficiency & Standards of Conduct, Performance and Ethics.

Effort and Environmental

Dealing with frequent interruptions during Out of Hours working – answering bleep / telephone, retrieving urgent samples from Pathology Reception area

General lack of laboratory and bench space resulting in cramped conditions – most VDUs have failed their risk assessments as a result

Lift heavy boxes of reagents, chemicals, consumables and waste

VDU work

Use of fine tools, pipettes, manual bench methods

Analysis of trends / bias for QC monitoring etc, correlation studies

Compile reports for fault logs, incident forms etc.

Check docs for reagent / QC / cal Lots, QC values etc.

Prolonged mental effort required in the analysis of audit data & statistics, calibration data, dilution factors

Troubleshooting and remedial action for faulty analysers / equipment

Laboratory analysers emit large amounts of heat – air con insufficient to stabilize room temp

Processing and investigation of infectious material

Exposure to chemical reagents, acids, alkalis, organic solvents etc.

Processing and investigation of body fluids

Most areas are contaminated between cleaning cycles

Abusive telephone conversations, exacerbated when postholder is lone worker out of hours

PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications and Knowledge	HCPC Registration FIBMS / MSc. or equivalent Participation in CPD In-depth knowledge of complex instrumentation / laboratory techniques and QA/QC procedures	Management / supervisory qualification CPD Diploma	Application form
Experience	Post registration clinical and technical experience at Specialist Biomedical Scientist level		Application form and interview.
Aptitude and Abilities	Excellent interpersonal and communication skills in both written and verbal formats Manual dexterity and good hand / eye coordination In depth understanding and working knowledge of Pathology Ability to work as an individual and team player Technical ability to troubleshoot / repair laboratory equipment IT skills including word processing, use of databases etc. Highly motivated & enthusiastic	Welsh Speaker	Interview
Other	Ability to travel between sites in a timely manner Flexible approach to the needs of the service		

GENERIC STATEMENTS

NHS CODE OF CONDUCT FOR MANAGERS

** For Managers only:

The post holder will be expected to adhere to the standards laid down in the NHS Code of Conduct for Managers and at all times act in a manner that reflects and promotes the values of the HB.

The post holder must ensure all activity and service objectives are effectively met in compliance with HBs standing orders and SFIs, scheme of delegated authority and employment legislation.

REGISTERED HEALTH PROFESSIONAL

** For Registered Health Professionals only:

All staff who are members of a regulatory body must comply with standards of professional practice/conduct. It is the postholders responsibility to ensure they are both familiar with and adhere to these requirements.

HEALTHCARE SUPPORT WORKERS

** For Healthcare Support Workers only:

All healthcare support workers should be familiar with and must comply with the Code of Conduct for Healthcare Support Workers in Wales.

COMPETENCE

The post holder is required to participate in the Hywel Dda PDR process and work towards meeting identified development needs.

The postholder is required to demonstrate on-going continuous professional development.

At no time should the postholder work outside their defined level of competence. If the postholder has concerns regarding this they should immediately discuss this with their Manager/Supervisor/Consultant. The postholder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

TEAM BRIEF

The post holder is required to actively participate in Hywel Dda Team Briefing in order to aid communication within the Health Board.

Managers and supervisors will regularly deliver the Team Brief verbally to their own staff teams by means of a Core Brief and additional departmental information.

RISK MANAGEMENT/HEALTH & SAFETY

The postholder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda. All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

The postholder has the responsibility for monitoring the progress on action plans in relation to risk, health and safety.

The postholder has the responsibility for the development of risk profiles and a risk register within their area of responsibility.

The postholder has the responsibility for developing systems to monitor performance against agreed performance indicators.

HARRASSMENT & BULLYING

The HB condemns all forms of harassment and bullying and is actively seeking to promote a workplace where employees are treated with dignity, respect and without bias. All staff is requested to report any form of harassment and bullying to their line manager or to any Director of the HB.

RECORDS MANAGEMENT

The postholder has the responsibility for timely and accurate record keeping and where appropriate in accordance with professional guidelines.

The postholder has the responsibility for the creation and maintenance of records in accordance with Hywel Dda policy and the data protection act.

FLEXIBILITY STATEMENT

The developing and rapidly changing nature of the organisation will require considerable flexibility from the post holder. This job description indicates the main functions and responsibilities for the post and is not intended to be a fully inclusive list and the duties and responsibilities specified in this job description are subject to change as the needs of the HB evolve. On agreement with the post holder, this job description will be amended, as necessary, in the event of future organisational and professional changes and/or personal development.

CONFIDENTIALITY

All staff may have access to confidential information about patients, staff or health service business. On no account must such information be divulged to anyone who is not authorised to receive it. Confidentiality of information must be preserved at all times whether at or away from work. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and /or prosecution under current statutory legislation (Data Protection Act) and the HB Disciplinary Policy.

EQUAL OPPORTUNITIES

It is the aim of the Hywel Dda HB to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, the HB has an Equal Opportunities Policy and it is for each employee to contribute to its success.

OUTSIDE EMPLOYMENT/OUTSIDE INTERESTS

Any other work or outside interests must not conflict with the duties and responsibilities of your attendance for work as an employee of the HB.

ENVIRONMENTAL

The Hywel Dda Health Board is committed to its environmental responsibilities. The Board recognizes that its activities, including energy consumption, waste generation, transportation

emissions, water use and resource consumption, have a significant impact on the environment. As an integral part of its commitment to ensure high quality patient care, all staff have a responsibility to adhere to environmental policy and procedure at both an organisational level and within their own area of work to ensure legal compliance. Staff will do their utmost to minimize the environmental impacts of Health Board activities and services, and seek to continually improve operations to minimize their environmental effects. Staff should take note of relevant communications and attend mandatory training when required.

SMOKE FREE POLICY

All Health Board sites and premises and grounds are designated as smoke free areas. This policy applies to all staff, contractors/service providers, patients*, visitors and the public.

***Those patients staying in residential mental health units will be exempt under the Smoke-Free Premises (etc) Wales Regulations 2007.**

SAFEGUARDING ADULTS AND CHILDREN

Every employee of the Health Board, whatever their job, role, profession, status or place of work, paid or voluntary, has a responsibility for Safeguarding both adults and children. Staff must:

- Understand the nature of abuse and how children and adults might be at risk of harm and neglect.
- Understand their own safeguarding responsibilities and what actions they may need to take.
- Know where they can access local policies and procedures in relation to Safeguarding Children and Safeguarding Adults.
- Report allegations or suspicions of abuse to their line manager, including suspicions about a colleague or manager, irrespective of their status, profession or authority. This includes whistle-blowing
- Know how to make a Safeguarding referral to Social Services and/or the Police for both adults and children to report allegations or if they have concerns.
- Know what services, advice and support are available locally to vulnerable children and adults and how to access help needed.

INFECTION CONTROL

"The document Commitment to Purpose: Eliminating Preventable Healthcare Associated Infection: A Framework of actions for healthcare organisations in Wales stipulates that all staff must understand their responsibility and accountability for Infection Prevention & Control and the Health Board must be assured of this on an ongoing basis".

IP&C is the personal and individual responsibility of all Health Board staff. All staff have a responsibility to protect and safeguard patients, service users, visitors and employees against the risk of acquiring healthcare associated infections.

This responsibility includes being aware of the content of and consistently observing, Health Board Infection Prevention & Control Policies and procedures; and best practice guidance in order to maintain high standards of Infection Prevention & control.

GENERAL

The postholder needs to ensure they are familiar with their terms and conditions of service.