ASHFORD
&
ST PETER'S NHS
TRUST

# Pathology Quality News

Date September 2008

## CPA SURVEILLANCE VISIT FEEDBACK

**USEFUL WEBSITE**

As the subject of business continuity (contingency planning to you and me) becomes ever more important BSI have launched a website to focus on business continuity management.

www.talkingbusinesscontinuity.com

Also one worth a visit

www.themindgym.com

Clinical Pathology Accreditation undertook a surveillance visit to Pathology over 4 days in July and August .

- Our regional assessor, Rachel Boyer-Blanchard visited each department for one day
- *30th July Biochemistry*
- *31st July Microbiology*
- *6th August Haematology/BT*
- *7th August Cellular Pathology*

The assessor looked at the Quality Management System and non –compliances identified on the main visit in 2006.

The assessor looked for evidence that we are implementing the new standards version 2.00 which came into effect on 1st April 2008.

### The assessor made the following comments about Pathology

# There is a very open and honest culture in Pathology
# There is good morale in Pathology
# There is an impressive Quality Management System in place
# There is impressive training documentation in place
# There is good EQA follow up and review
# Meeting minutes are well documented

# Recommendations made by the CPA Assessor

**Recommendations are the equivalent of Non Critical Non Compliances and observations. They will NOT change the accreditation status of a lab.**

**There were 18 recommendations made across the whole of Pathology.**

**The average number is usually 15 – 20 per discipline.**

**These included the following:**

- **Although we have Service Level Agreements in place we do not have a written policy on what should be included in the SLA.**
- **We have defined our quality indicators but not how we are going to measure/ monitor them.**
- **We have a very comprehensive contingency plan in place but it does not detail how to stop a process and recall results.**
- **Not all forms and templates are in the document control system due to the limitations of the Labpassport system.**
- **Not all audits seen were closed in the timescale specified.**
- **The training programme did not include the QMS.**
- **We had failed to appraise all staff over the last 12 months.**
- **Not all departments had documented competency systems in place.**
- **The process for continual quality improvement does not yet make reference to remedial action and their isn't evidence of root cause analysis for non conformities that includes a record of the results**

*PATHOLOGY STAFF HAVE RECEIVED CONGRATULATIONS ON THIS EXELLENT PERORMANCE FROM OUR SERVICE USERS AND SENIOR TRUST MANAGEMENT.*
*ANDREW LAURIE & STEVE SHIEL HAVE SAID*

*"WELL DONE AND THANK YOU TO ALL STAFF FOR YOUR EFFORT AND COMMITMENT TO OUR SERVICES"*