QUALITY ACCOUNT 2016

viapath

Pioneers in Pathology

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WELCOME

A message from Viapath's CEO Dougie Dryburgh

Welcome to Viapath's 2016 Quality Account. The 2016 theme was 'Improving Patients' Lives' and it served to demonstrate our transparent approach and commitment to delivering the highest possible quality pathology services for our patients, employees and customers.

We know that the safest care systems are devised from the perspective of the patient, following their journey through different health and social care settings, with seamless boundaries. The more we focus on the continuous improvement of our processes and systems, the better our services will become in terms of safety, efficiency and will ultimately deliver better patient outcomes.

The current economic backdrop for our service is unprecedented, with the NHS continuing its journey to become more efficient with rising demand and using finite resources to change how care is delivered with an integrated approach. We continue to work extremely closely with our NHS partners, building on our joint

expertise, to excel and innovate as the UK's largest provider of Pathology Services.

We have made significant progress this year and Viapath now has a unique offering to the patient and customer. Moreover, we are taking forward the design of our new Service Model and setting in place key strong foundations for the future. The development of our Service Model will enable us to realise our vision and provide state-of-the-art facilities.

I would like to thank all of our teams for tackling the many and varied challenges with continued professionalism, hard work and enthusiasm, and ensuring that we keep focused on delivering a great service for our patients - for whom we all ultimately serve.

Dougie Dryburgh
Chief Executive Officer

'We know that the safest care systems are devised from the perspective of the patient following their journey through different health and social care settings, with seamless boundaries.'

— Dougie Dryburgh, CEO Viapath

Introduction to the Quality Account

The core values at Viapath are centred around services to patients and delivering safe care to the highest possible standards for all our customers. Our Quality Account is split into different sections. We describe our progress and achievements in 2016 and set out our Quality objectives for 2017, which this year will focus on patient and employee safety.

In our Quality Account for 2014, we described what pathology services are, how we are inspected and assessed and what our Quality Managers do. If you would like further information, here is a link to our 2014 Quality Account: http://www.viapath.co.uk/annual-quality-report-and-account

We are very proud of innovation, research and expertise at Viapath and have showcased some of our work in a series of podcasts, where you can listen to our people describing their work or engaging in a debate.

Podcast 1
Dr David Bennett Chair of Viapath - Viapath's Pathology Services

PODCAST LIST

Podcast 1
Dr David Bennett Chair of Viapath - Viapath's Pathology Services

Podcast 2
Professor Roy Sherwood - Legacy, alcohol and dry January

Podcast 3
Dr Frances Smith - Future of Molecular Pathology

Podcast 4
Viapath's 6th Innovation Academy Symposium -Winners

Podcast 5
Professor Jonathan Edgeworth - Antimicrobial Resistance

Priorities & Progress over 2016

The confidence to step forward when seeing the opportunities to improve pathology services and, in doing so, become leaders and role models for others

PRIORITIES & PROGRESS OVER 2016

Viapath's Medical Director Professor Jonathan Edgeworth

In 2016 we continued to move forward embedding the Quality ethos into all our work and reading this Quality Account I hope readers can get a sense of what that means at Viapath. We encourage everyone working with or for Viapath to have the confidence to step forward when they see opportunities to improve pathology services and, in doing so, become leaders and role models for others.

There are examples of working hard in often challenging circumstances, to meet targets. These include short phlebotomy waiting times or key performance indicators for test result turnaround times in critical areas such as A&E. Examples of continuous quality improvement by learning from incidents and activities led by our Future Leaders in Innovation; and examples of how innovation and scientific advances are fundamentally changing the services we provide, with the impact of whole genome sequencing (the process of determining the whole genetic code in human or even pathogen samples) particularly coming to mind. These are just some of the activities from 2016

and for 2017 all help improve the service for patients.

There are also examples where things didn't go to plan. We set ourselves challenging Quality objectives one of which was to resolve 90% of audit non-conformities in the laboratory within 12 weeks. We didn't achieve that target but we realised that we weren't measuring the correct priorities required to support laboratory improvements and accreditation.

We learnt from this mistake and are now moving forward with a better understanding across services and between Quality Managers as you can read in the 'Internal audit non-conformities section'.

Looking ahead there are increasing financial challenges for NHS organisations, including our main customers, which affects pathology services such as Viapath. There is perhaps a temptation to look inwards and see improvements or innovation as a luxury for better times, but this is not the right response.

Consequently, for this year's Quality objectives, we have asked our teams to reach out and seek to improve the service across the patient pathway not just in the laboratory, because we know that is where so many of the incidents and issues arise.

This is highlighted by Clare and Alia's work, described in the 'Let's Talk Quality: Diagnostic Haemostasis Laboratory' section, who went to the wards to educate clinicians in filling blood tubes

‘We aim to show how we are meeting challenges and building confidence in the future for pathology services through a focus on patients, continuous quality improvement and innovation’

— Professor Jonathan Edgeworth, Medical Director

correctly to reduce the number of rejected haemostasis (blood) samples. We will also celebrate new initiatives where we see them, such as the renewed call to embed audit and quality as part of everyone's day job and not an addition to it, from our Bedford Hospital laboratory teams and, hearing about the enduring team spirit from all pathology staff at the Princess Royal University Hospital as they were welcomed into Viapath in June after a long journey linked with many organisations.

We will also continue to invest in innovation projects and the learning and development fund, and will continue to work on laboratory consolidation across our London Network. We will ask clinicians and scientists to find new ways of working and to support transformation that will unlock the potential to embrace the molecular and genomic era, provide more cost effective services for our customers and invest in our people and laboratories.

We are also going to appoint a Chief Scientific Officer to join the Executive Team to bring a greater scientific voice at the top table.

These are just some of the things we are doing in 2017 and they draw from a broad range of themes. We recognise on the front line this is sometimes not easy particularly with the financial challenges and often increasing workloads experienced across the NHS. Producing this Quality Account we aim to show how we are meeting those challenges and are building confidence in the future for pathology services through a focus on patients, continuous quality improvement and innovation. We will be glad to answer questions from all our readers about any aspect of our work.

Professor Jonathan Edgeworth
Medical Director

PRIORITIES & PROGRESS OVER 2016

Viapath's Interim Chief Operating Officer Jan Teahon

Over 2016, our operational teams have undergone a number of key changes to enable closer working between laboratories at different sites, in preparation for consolidation as part of our new Service Model. This whilst also continuing to provide high quality and safe services, managing increased demand more efficiently and focussing on continuous improvement.

In early summer, we restructured our senior operational management team, which saw the appointment of two Directors of Operations across our London sites, whose roles are aligned to laboratory specialism, as opposed to the laboratory location.

These posts mean that we have been able to move forward with our work to reduce duplication, aligning processes and people. Chris Gunn, Director of Operations for Core Services, manages all Blood Sciences, Infection Sciences and Tissue Sciences services. David Wells, Director of Operations for Reference Services, manages the more specialist laboratories including Genetics,

Immunology and Newborn Screening. In July we welcomed over 100 colleagues from the Princess Royal University Hospital (PRUH) laboratories into Viapath. Elizabeth Ford was appointed as General Manager and a Haematology Consultant based at the PRUH, Dr Mansour Ceesay, as Clinical Lead.

Elizabeth is the PRUH laboratories' Registrant Manager accountable to the Care Quality Commission (CQC), responsible for delivery of safe quality patient services. You can learn more about the CQC by following this link to our 2014 Quality Account: http://www.viapath.co.uk/annual-quality-report-and-account

The laboratories receive samples from multiple locations both in the UK and across the globe, and place a high priority on logistics and sample transport, to ensure that samples arrive in optimal condition for analysis.

To support this objective we appointed Michael Holder to a new position of Manager for Estates and Logistics in November 2016. Michael was promoted from his job in Central Specimen Reception at St Thomas' Hospital, where he had learnt a lot about customer requirements and the importance of ensuring every patient sample gets to its destination safely, on time and ready for analysis.

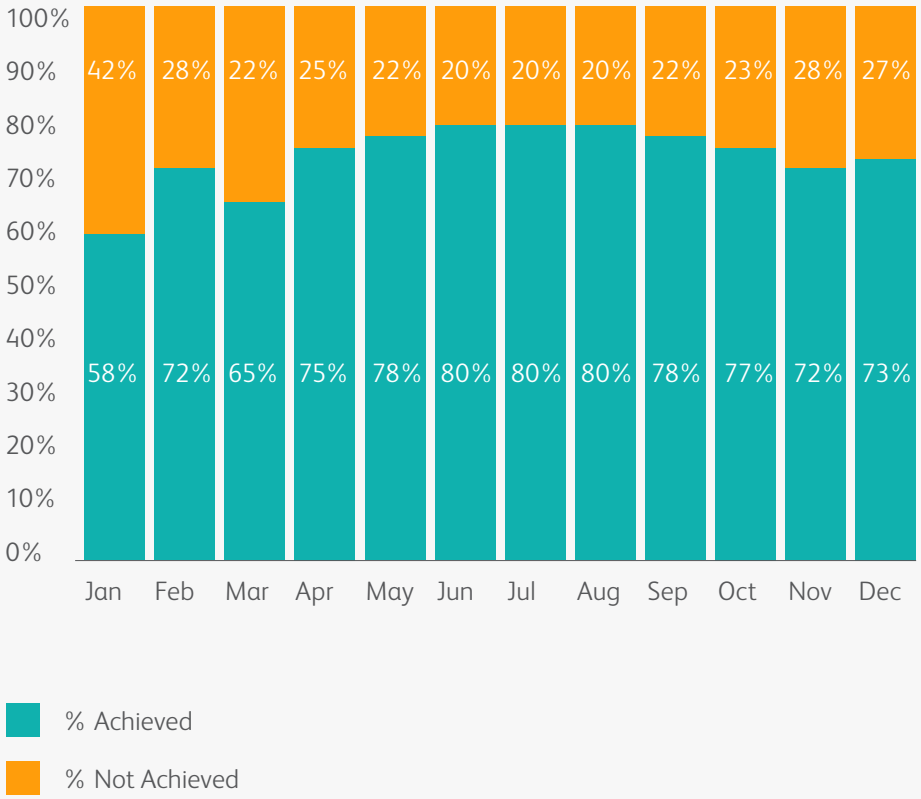
Finally, Joanne Jarrett was appointed as General Manger for Support Services across the London laboratories and covering all our patient and customer facing services, including Customer

'The laboratories receive samples from multiple locations both in the UK and across the globe, and place a high priority on logistics and sample transport, to ensure that samples arrive in optimal condition for analysis.'

— Jan Teahon, Chief Operating Officer

Graph 1 - Key Performance Indicators in 2016

2016 - Proportion of KPIs Achieved and Not Achieved



Services, Central Specimen Reception and Phlebotomy. Overall, 2016 was a very strong year for Operations. We performed 30.6 million 'tests' in 2016, which is an increase of 20% compared with 2015 and Phlebotomy saw an incredible 526,871 patients in 2016.

We had sixty Key Performance Indicators (KPIs) which have to be delivered each month. Our progress is contained in Graph 1 to the left, which demonstrates the proportion of the sixty KPIs achieved in 2016.

Some of the KPI's have presented a number of challenges that need to be overcome. For example, we have replaced some sample processors which were old, in order to achieve the sample TurnAround Times (TATs). These are KPI's to ensure we get sample results to the clinician quickly. We are committed to reaching a solution over 2017.

It is very important for clinicians who require patient results urgently, such as in A&E, that the laboratories respond quickly. We have had particular success in reducing the time taken for the urgent sample A&E process across all our hospital sites.

It is critical that we also measure demand, because this alerts us quickly so we can review what we do to accommodate the change. So for example, infection science laboratories have increased the number of samples for certain tests over the winter months, when patients are more likely to be sick

with an infectious illnesses, than in the summer. Because of these changes, the operations team need to adjust how the laboratory works.

In 2016, our productivity which is measured by the numbers of tests undertaken per hour per employee was 17.9 tests. Employee sickness absence was below the business agreed target of 2.8 % across all sites. You can read more about Viapath's employee priorities and achievements in the 'Training and Development highlights in 2016' section.

At the end of 2015, we agreed to combine operations and governance monthly reporting and performance, into an Executive meeting jointly chaired by the Chief Operating Officer and Medical Director.

This helps us better understand complex problems and take action. I am pleased to report that this approach and shared learning, is now fully embedded in the reporting structure and culture at Viapath.

Finally, Dougie Dryburgh Chief Operating Officer from June 2014 was appointed as Chief Executive Officer at the end of 2016, and I stepped into the Chief Operating Officer role in November, combining Service Modernisation with operations.

I look forward to continuing our commitment to scientific and clinical service excellence during 2017, with our patients at the heart of all we do.

Jan Teahon
Chief Operating Officer Interim from November 2016

QUALITY ACCOUNT 2016

Innovation & Scientific Progress

A heritage of innovation, focused on the future

INNOVATION & SCIENTIFIC PROGRESS

Dr Dominic Harrington Scientific Director

Throughout 2016 the Innovation Academy continued to promote innovation, quality and the professional development of our scientists. The sixth annual scientific symposium, which we hosted in December, provided an opportunity to share recent achievements and for us to explore the theme 'Acquire, Learn, Share, Repeat'.

Our theme was chosen to highlight incredible advances in technology and data science; and to acknowledge that we have more data about people, their habits and their health than we have ever had before. It is astonishing to think that 90% of all recorded human data has been captured in the last two years[1]. Successfully integrating and analysing this information to transform patient care is now one of our greatest challenges.

Our growing continual quality improvement (CQI) capability was a prominent feature of 2016. Staff volunteered to gain training in the use of a variety of CQI tools, and were supported to apply these to improve patient pathways. To celebrate this,

we instigated the 'Viapath Excellence in CQI Award', with staff invited to submit an abstract of up to 250 words to an expert panel of judges who assessed which project best showed a significant positive impact on patients. Abstracts from the six finalists can be viewed at: http://www.viapath.co.uk/sites/default/files/upload/InnovationAcademy/Viapath_Symposium_Programme_v9_0.pdf

Our 'Future Leaders in Innovation' initiative expanded further during 2016. We now have membership from Bedford Hospital, Francis House, Guy's and St Thomas' Hospital, King's College Hospital, and Princess Royal University Hospital. Members of the Future Leaders in Innovation Group are ambitious and forward thinking individuals who are driven to stimulate positive changes in healthcare.

We provide an environment where talent is nurtured, supported and ideas are brought to life: fundamentally a place where the 'make it happen' attitude thrives. The group provides a platform to encourage individuals to develop new skills and build their professional network across Viapath and beyond.

As such, when the Innovation Agency together with the Chief Scientific Officer's NHS England Quality Improvement Champions, combined forces to hold a two day Hackathon, in Liverpool in July 2016, members from the Future Leaders group were keen to get involved. The focus of the Hackathon was on 'Collaborate to Improve Care' and was based around problems associated with

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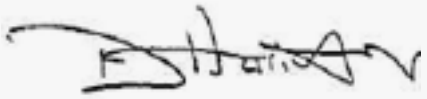
— Dr Dominic Harrington, Scientific Director

care homes. One of our Future Leaders, Dr Katharine Bates, was a member of the winning team ‘Sense and Sensibility’ which focussed on ways of improving communication and hearing for care home residents with hearing loss.

The Viapath ‘Innovation Fund’ and ‘Scientific Learning and Development Fund’ continued to make awards during 2016. These two funds have facilitated translational research and helped staff reach their full potential respectively. In recognition of the expertise of our scientists we were delighted to hold Viapath’s third annual ‘Excellence in Pathology’ award and congratulate our winners. You can read about and listen to our winners in the 'Innovation & Quality' section.

In April 2016 Viapath’s commitment to innovation was recognised when I accepted the Academy for Healthcare Science Award for Innovation, at the Advancing Healthcare Awards on behalf of the Innovation Academy. We look forward to building on this success, and to our seventh symposium on 8 December 2017. If you would like to attend, please do contact us: InnovationAcademy@viapath.co.uk.



Dr. Dominic Harrington
Scientific Director at Guy’s & St Thomas’ Hospital

Podcast 2
Professor Roy Sherwood -
Legacy, alcohol and dry January

[1]http://www.sciencemuseum.org.uk/about-us/press/april-2016/our-lives-in-data

QUALITY ACCOUNT 2016

Progress with Quality Assurance & Accreditation

Improving patients' lives with our relentless focus on quality and safety

PROGRESS WITH QUALITY ASSURANCE & ACCREDITATION

Viapath's Head of Quality Liz Adair

On June 24th 2016, we launched the Viapath 2015 Quality Account, which was published on our website and NHS Choices. All employees received a postcard which stated our 2016 Quality and Safety objectives, where to access our Quality Account and highlighted our focus of Improving Patients' Lives.

On the launch day, I went to a number of our sites, helping to give out the postcards. When planning the launch, we had no idea that the date would coincide with the announcement of the United Kingdom European Union membership referendum 2016. What had begun as an 'ordinary day' had suddenly become extraordinary. Lots of questions were being asked which none of us had the answer to! What will happen? How will it affect me and my family? What will the outcome be? It struck me that these are the very same questions which patients ask, when they are waiting for the results of their investigations. For many, feelings of uncertainty, sometimes fear, especially if waiting to hear if they have a serious illness, their cancer has spread or their child has a rare genetic disorder, are common. Ultimately they need

to trust that the clinician in charge of their care would receive and act on the correct results from the laboratory. Healthcare and the NHS in the UK are moving through unprecedented change and often uncharted waters. It is therefore paramount that Pathology Services stand firm in the face of uncertainty and continue to improve patients' lives, by ensuring that our relentless focus on quality and safety provide solid foundations for the new Service Model.

Pathology external regulatory bodies and inspectors are also changing. The United Kingdom Accreditation Service (UKAS) which accredit medical laboratories for ISO15189 aim to progress through their transition process from CPA to the ISO standard by mid 2018. Many of our laboratories have received their initial assessment for the standard, undergone the annual ISO15189 surveillance visits or applied for assessment. You can read more about their progress in the 'Effectiveness' section.

Often, we can become almost blind to day-to-day problems, particularly if they happened or there is little appetite to change. And yet, if the problem was solved, it would make everything slightly easier, reduce duplication of effort and ultimately be safer for our patients. There are encouraging signs that Viapath has made a step change over 2016 and that the standards required by all our regulators are becoming 'Business as Usual'. This is not easy, especially with increased demand and the complexity of the work we do, and I would like to thank all our employees and acknowledge their achievements. In the 'Let's Talk Quality:

'It is paramount that Pathology services stand firm in the face of uncertainty and continue to improve patients' lives, by ensuring that our relentless focus on quality and safety provide solid foundations for the new Service Model.'

— Liz Adair, Head of Quality

'A safer care system is conceived from the perspective of the patient, following their journey through different care settings irrespective of organisational boundaries. It is judged not by prevalence of adverse incidents, but by the ability to proactively identify potential harm and risk before they harm patients.'

— Donald M Berwick

Diagnostic Haemostasis Laboratory' section we highlight the project which Alia Malik, Medical Laboratory Assistant and Clare Dunsmore senior Biomedical Scientist, led. Alia noticed that her laboratory had to keep rejecting samples from a number of wards because the blood tubes had not been filled correctly.

Rather than try and resolve the problem within the laboratory or accept that it wouldn't change, Alia and Claire went out to the wards to see whether they could identify the cause and then work to resolve it together. You can read how they got on in the 'Let's Talk Quality: Nutristasis Laboratory' section.

Finally, with the national patient safety agenda gathering pace, the vision of the National Advisory Group on the Safety of Patients in England holds true for Viapath. Donald Berwick is the Group Chair and defines the vision:

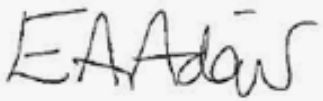
'A safer care system is conceived from the perspective of the patient, following their journey through different care settings irrespective of organisational boundaries. It is judged not by prevalence of adverse incidents, but by the ability to proactively identify potential harm and risk before they harm patients.' Donald M Berwick MD President Emeritus and Senior Fellow, Institute for Healthcare Improvement[2]

This is echoed by Dr Ian Barnes, Chair of the Pathology Quality Assurance Review (2014), who concluded that although there was much to praise, key elements of pathology systems were

outdated and laboratories had a tendency to be thinking inwardly and were not patient-centric.

Viapath is taking important steps to design the new Service Model around the patient. For example, the Service Improvement Team is facilitating a workshop to map cancer patient pathways with NHS clinicians and Viapath colleagues. This will help us understand what issues there are, so we can take action together and ensure the clinician caring for the patient, gets results on time in order to plan care.

In order to support our continuous improvement aspirations throughout 2017, we will focus on patient and employee safety, and work hard to resolve or address complex problems together with our NHS partners and customers. Our vision and ambition are reflected in our safety objectives for 2017. You can read about them in the Our Safety & Quality Objectives for 2017.



Liz Adair
Head of Quality

[2]Illingworth, J. Continuous improvement of patient safety: The case for change in the NHS. The Health Foundation. November 2015

PROGRESS WITH QUALITY ASSURANCE & ACCREDITATION

Viapath's Caldicott Guardian Dr Robert Hangartner

What is Information Governance?
The way that information is kept secure and oversen is known as Information Governance and is the term used to describe the principles, processes and responsibilities for managing and handling information. It sets out the requirements and standards that organisations need to achieve to ensure that information is handled legally, securely, efficiently and effectively.

Viapath follows the principles set out in the national guidance issued to healthcare organisations. Our Information Governance structure is similar to that of a number of major NHS customers with whom we work closely.

The way in which healthcare organisations handle, protect, store and use data is based on a set of seven principles which have been set out over a number of years - the Caldicott principles. These principles recognise the importance of sharing data between healthcare professionals and healthcare organisations in a way which helps enable patient care. In last year's report I

mentioned that these principles had been incorporated into 5 Rules. If you would like further information, here is a link to our 2015 Quality Account: http://www.viapath.co.uk/annual-quality-report-and-account

This year I want to show how these principles can be applied in practice to an increasingly important area of diagnostic testing and healthcare. Some forms of genetic tests (sequencing) generate a large amount of data that needs to be transformed into information that can be interpreted for clinical diagnosis.

It is not uncommon for blood and tissues to be sent away for testing and a result to be sent back. However, nowadays, it is often the data that has to be sent away, or so much data is generated that the only realistic way to store it and share it is through 'cloud computing'. In these circumstances Rules 1, 4 and 5 are particularly important and also some specific requirements of the Data Protection Act have to be considered.

Some of the points we considered were, how would we know and how could we check that data would be securely and accurately transmitted, stored, and only processed within the consent given by the individual data subject? Only after we were satisfied that we could answer these and other questions, that all rules would be adhered to and that we had carefully considered the guidance from the Information Commissioner's Office on cloud computing and data protection principles, did

Rule 1:
Confidential information about service users or patients should be treated confidentially and respectfully.

Rule 4:
An individual right to object to the sharing of confidential information should be respected.

Rule 5:
Organisations should put policies, procedures and systems in place to ensure the confidentiality rules are followed.

we go ahead. An example where scientists are using cloud computing and following the rules regarding Data Protection to undertake their work, is in the Genetics Laboratories. Listen to podcast 3 where Dr Smith talks about the work our Genetics Laboratories are undertaking in the diagnosis of red blood cell disorders.

Our Chief Information Officer (CIO) Richard Rolt, is responsible for ensuring that Viapath meets its information governance responsibilities in respect of the rules and legal requirements. This includes data protection legislation.

The CIO, as the senior information risk officer, is supported in that role by a committee of senior managers from across the organisation and a senior healthcare professional, the Caldicott Guardian.

As our Caldicott Guardian, I am a member of the Viapath Governance, Risk and Quality Assurance Committee which is a sub-committee of 'Viapath's Group Board'. These arrangements ensure that information governance matters can be considered at the highest levels within our organisation.

Dr Robert Hangartner
Caldicott Guardian

Podcast 3
Dr Frances Smith -
Future of Molecular Pathology

Innovation & Quality

The Viapath Quality Pledge was created and designed to ensure that quality is at the forefront of everything Viapath does.

Improving Patients' Lives

Viapath is a scientific organisation with a clinical purpose and our vision is: 'To lead pathology transformation through our network of experts, to achieve a better service for clinicians and better outcomes for patients 24/7' (Viapath 2014)

Viapath scientists and clinicians introduced over forty new tests in 2016 and presented their work at numerous scientific conferences. We recognise that it is not enough for Viapath just to focus on scientific innovation - we also need to deliver service innovation. For pathology, the value of scientific or service innovation should be measured in the context of the patient pathway.

During the month of November, Viapath hosted a number of annual events to highlight the importance of Quality in everything we do. Our busy calendar finished on 2nd December 2016, with Viapath's 6th Innovation Academy Symposium 'Acquire, Learn, Share, Repeat'.

Podcast 4
Viapath's 6th Innovation Academy Symposium - Winners

Erin Mozley, Senior Clinical Scientist, in Viapath's Biochemical Sciences Laboratory at St Thomas' Hospital, showcasing her improvement project at Viapath's 6th Innovation Academy Symposium

Focus on Viapath's 6th Innovation Academy Symposium Winners

It was a great opportunity to share learning across the organisation and to highlight some of the innovative and cutting edge work carried out by our scientists across all of Viapath's laboratories.

The Innovation Academy event also hosted the final stage of the Excellence in Pathology Award for 2016, with Dr David Taylor from the King's College Hospital Denmark Hill site, being the delegates' choice for the top £500 prize following his presentation entitled, 'Development of a 13 steroid serum panel based on liquid chromatography-tandem mass spectrometry: Use in detection of adrenocortical carcinoma.' Dr Taylor's work is used to help clinicians detect cancer in the adrenal glands. The adrenal glands are found above the kidneys, from where they produce a variety of hormones including adrenaline and the steroids aldosterone and cortisol. Each gland has an outer area called the cortex which produces steroid hormones and it is this area of the adrenal gland in which Dr. Taylor developed a series of tests to detect cancer.

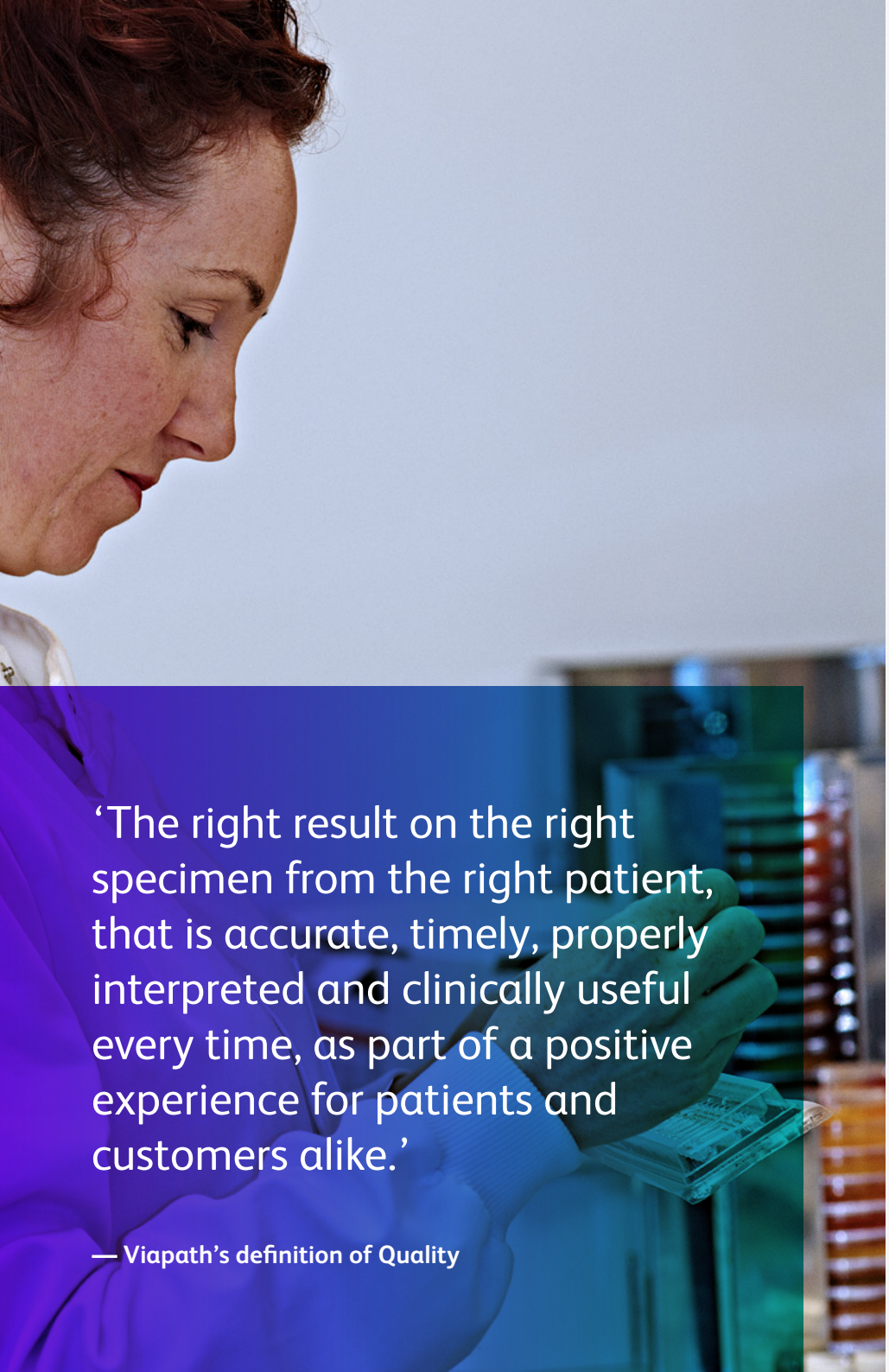
Another element of this symposium was to put the spotlight on the finalists of the Fabulous Change Day Challenge, showcasing a number of improvement projects. This year's

winner of the Chartered Quality Institute (CQI) Healthcare prize was Ian Hutton, who works in the Newborn Screening laboratory on the St Thomas' Hospital site. The Newborn Screening laboratory provides Cystic Fibrosis (CF) screening for babies across the South East Thames region. CF testing is a complex process which involves numerous steps performed by different members of staff. The review and authorisation of the results comprised of four steps. This process was established in 2007 and new technologies have since been introduced into the laboratory. Ian noted that the repeated tasks and unnecessary transcription increased the risk of errors that could lead to CF results being delayed.

Therefore Ian improved the process by removing two stages and utilising IT solutions. This means that all results can be reviewed in under an hour, and that results where CF is not suspected are issued before noon. This change has improved the turnaround time for CF testing in the Newborn Screening laboratory, reduced the risk of errors and released staff for other tasks.

All of these have helped to improve the availability of screening results for the parents of the baby. An additional bonus is that the changes made have improved staff morale and given them time to concentrate on other tasks within the laboratory. This innovative process review for CF will be applied to other tests in the Newborn Screening laboratory with the aim of delivering additional improvements to the service provided.

Ian Hutton, Clinical Scientist, in Viapath's Newborn Screening Laboratory at St Thomas' Hospital



‘The right result on the right specimen from the right patient, that is accurate, timely, properly interpreted and clinically useful every time, as part of a positive experience for patients and customers alike.’

— Viapath’s definition of Quality

Let’s Talk Quality: Future Leaders in Innovation - World Quality Day

World Quality Day (WQD) takes place every November and was introduced by the United Nations in 1990. The day was designed to increase worldwide awareness of the important contribution that quality makes towards a nation’s and organisation’s growth and prosperity. Its aim is for quality leaders within an organisation to spread the importance of quality to non-quality professionals. Quality is at the centre of all that we do at Viapath with our working definition being: 'The right result on the right specimen from the right patient, that is accurate, timely, properly interpreted and clinically useful every time, as part of a positive experience for patients and customers alike.'

Since 2014, Viapath has been organising team challenges across all its sites, based on a theme set out by the Chartered Quality Institute (CQI). In 2014 the Viapath Quality Pledge was created and designed to ensure that quality is at the forefront of everything Viapath does. The five key elements of the Viapath Quality Pledge are:

1. Action
2. Interaction
3. Improve
4. Listening
5. Patients

Viapath's Future Leaders in Innovation (FLiI) are a group of talented and skilled individuals who are being developed to become the scientific and business leaders of the future; they are fast becoming a powerful force for positive change and innovation at Viapath. Each year, FLiI 2016 organise a challenge event in which all Viapath employees can participate. In previous years the tasks had revolved around sporting challenges including swimming, cycling and running. This year saw our teams use logic, intellect and problem solving skills in a series of challenges which included an escape room, a scavenger hunt around London and a pool tournament. We incorporated a surprise quality challenge element giving teams an opportunity to earn extra points. Below you can seesome of the pictures from all of our six teams who represented our sites.

The day was a huge success, enjoyed by all and supported by the amazing donations from individuals, across all Viapath's sites, and through cake sales to raise over £2000 for Cancer Research UK. You can access Viapath's page on the Just Giving website here to read the full story and see more of our photos from the events: https://www.justgiving.com/fundraising/Viapath-Group-Services-and-Analytics-LLP

You can read more about our commitment to quality on our Viapath website here: http://www.viapath.co.uk/quality and view all the pictures from the day on our Facebook page at: https://www.facebook.com/Viapath/

'We pledge to continually improve our services by listening to our patients, customers and colleagues and taking positive action as the result of each interaction.'

— Viapath's Quality pledge


viapath
Kings
viapath
LISTENING
viapath
ATIENTS
ACTION
viapath
IMPROVE
viapath
INTERACTION

Under the microscope

'Antimicrobial resistance - what can we learn from control of the MRSA epidemic'

Our Medical Director, Professor Jonathan Edgeworth, who has been with Viapath since its inception, presented at the Innovation Academy for the first time. Jonathan spoke about the important work, conducted in the Viapath's Infection Sciences Laboratory at St Thomas' Hospital that, has greatly impacted the lives of patients with healthcare associated infections. You can listen to this talk on MRSA (Methicillin-Resistant Staphylococcus Aureus) on the podcast below.

Abstract

MRSA is a bacterium resistant to a number of widely used antibiotics. MRSA was the scourge of hospitals in the 1990s with the UK having the highest rates in Europe. From 2001 hospital

Podcast 5
Professor Jonathan Edgeworth - Antimicrobial Resistance

MRSA rates were published for all to see, with Guy's, St Thomas' and King's College Hospitals having some of the highest rates in the country. In 2004 the Government set an ambitious target to reduce rates by 50% prompting a national infection control campaign with publication of The Health Act, hospital inspections, national guidance, strengthened Board accountability, education and training in basic infection control (hand hygiene, barrier nursing and isolation), and targeted measures particularly universal screening and decolonisation. To the surprise of many, the target was achieved and exceeded, with rates now down by about 90%. MRSA, for many, is now a distant memory.

The laboratory played a significant role in the control of this epidemic supporting the universal screening programme. In the early years MRSA culture took 3-5 days, improving to 24-48 hour with the introduction of chromogenic agar, same day with laboratory-based PCR (Polymerase Chain Reaction - a laboratory technique to move segments of DNA) and even one or two hours with ward-based MRSA testing.

Finally, the arrival of whole pathogen genome sequencing has the potential to identify emergence of new strains, confirm outbreaks and link isolates to potentially identify exactly where someone's MRSA came from.

Professor Jonathan Edgeworth, Medical Director, presenting at Viapath's 2016 Innovation Academy Symposium

Progress with the Quality Objectives over 2016

1. Safety
2. Effectiveness
3. Positive Patient & Customer Experience

PROGRESS WITH THE QUALITY OBJECTIVES OVER 2016

Quality Objectives

In 2016 we continued to develop our Quality objectives based on Lord Darzi's definition of high quality care which states that 'Care' will be of a high standard if it is: Safe, Effective and with a Positive Patient & Customer Experience.

In 2017, these principles will be further developed on 'Safety' and how we can best deliver Safety to our Patients and Employees.

Viapath's Quality Pledge

QUALITY OBJECTIVES 2016

Safety

Viapath is committed to making the workplace safe for all employees and that includes providing instructions, procedures, training and supervision to encourage people to work safely and responsibly

Incidents

What is an adverse incident?

Viapath uses the NHS definition of an **adverse incident** which is: 'An unintended event or circumstance which adversely affects patients, visitors, employees, or has the potential to do so.'

We work closely with our NHS Partner Trusts' Governance Teams where we review incidents and agree the actions required together. Adverse incidents are all assessed and graded under one of the following categories: red, amber and green.

How do we categorise adverse incidents?

Red Incidents
Red incidents are the most serious because they have the potential to cause moderate to serious patient harm and/or cause a major disruption to our services. They require immediate action.

Amber Incidents
Amber incidents, although less serious than red incidents, can potentially be harmful. They require swift action in order to prevent the issue becoming more serious.

Green Incidents
Green incidents are the least serious, although they can compromise service quality and inconvenience patients.

The aim is to prevent green incidents escalating into a more serious problem and therefore we encourage all our employees to raise issues when they see them and respond rapidly. Green incidents are key early detection indicators in order to prevent a more serious problem occurring.

Incident reporting is important because it indicates where something has potentially gone wrong and impacted on the quality of the services. It helps us identify recurrent themes and trends that are used to develop action plans to improve the overall service.

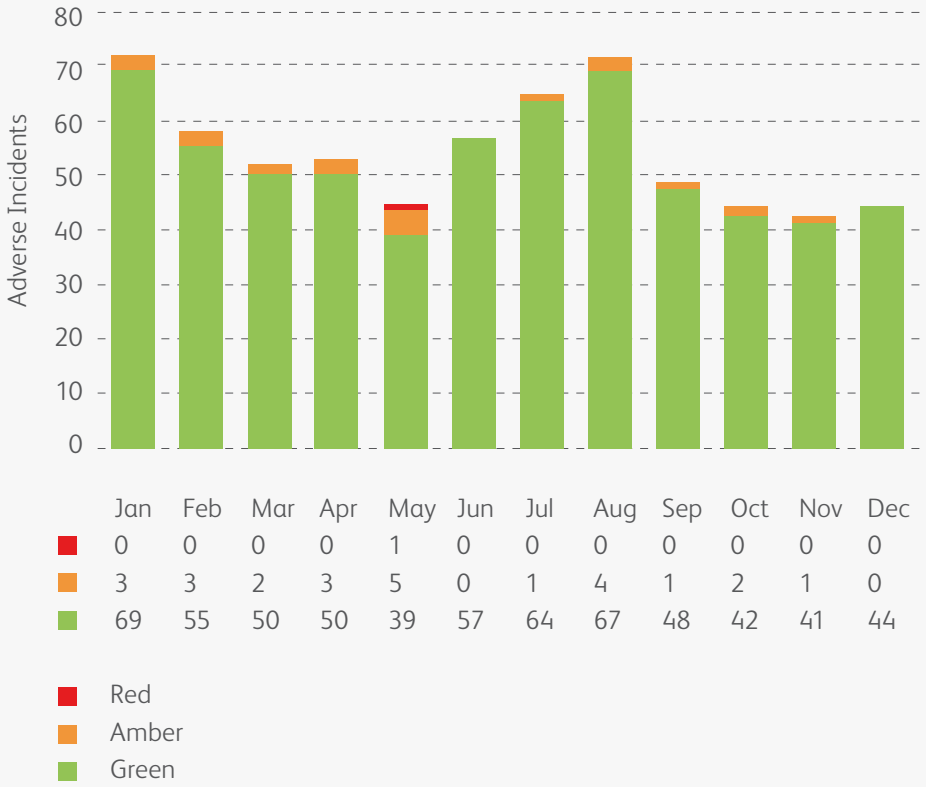
How did we do in 2016?

The following graph shows the breakdown of all our incidents in 2016 according to the grading. We reported a total of 652 incidents. One red incident compared with three in 2015. 25 amber incidents compared with 28 in 2015. Green incidents 626 which is a decrease from the 690 reported during 2015.

Red Incident

The incident occurred in Viapath's Blood Transfusion Laboratory at St Thomas' Hospital in May 2016, where the incorrect blood product was issued by the laboratory and given to a patient. The incident was fully investigated and the patient came to no harm, but as a precaution, they will be reviewed regularly by the clinical team. However, the investigation also identified a significant risk with the Laboratory Information System not having a warning

Graph 2 - Adverse incidents in 2016



flag when issuing particular blood products. Consequently, the risk was categorised as Red and placed on the Viapath Risk Register. The incident was reviewed by the Board and actions implemented in 2017 to rectify the issue and prevent this happening again.

What was Viapath's Safety Objective in 2016?

To reduce by 10% the number of pre-analytical incidents, which in 2015 was 53% of all incidents reported, and to continue to nurture a proactive reporting structure.

How we categorise laboratory incidents:
When pathology incidents are identified we categorise them based on where they occur, to help in the patient sample pathway:

– Pre-analytical (before the sample reaches the laboratory)
– Analytical (in the laboratory whilst the sample is being analysed)
– Post-analytical (after the sample has been analysed and during the process of looking at and reporting the results)
– Other (incidents which occur outside of the laboratory, for example a water leak in a corridor)

How did we do?

The number of adverse incidents we have are a tiny percentage of our overall tests – we undertook 30.6 million tests in 2016,

Scott Woodland, Specimen Reception Assistant, working in Viapath's Central Specimen Reception at St Thomas' Hospital

Table 1 - Incidents reported per 100,000 tests performed per site in 2015 and in 2016

	BHT*1	GSTT*2	KCH*3	Total
2015	2.3	3.1	2.7	2.8
2016	1.8	1.8	2.6	2.1
% change	-22%	-42%	-4%	-25%

*1 Bedford Hospital NHS Trust
*2 Guy's & St Thomas' NHS Foundation Trust
*3 King's College Hospital NHS Foundation Trust

which was 20% more than in 2015. Therefore, the way we monitor our progress is by monitoring the trends and numbers of incidents. Because we had a very small number of incidents in 2016 we therefore review our progress by considering how many incidents we had per 100,000 tests.

Table 1 demonstrates that, although we were considerably busier over 2016, we saw the ratio of incidents occurring reduce. When we looked closely to see how we had achieved this reduction, we saw that the place where most of the reduction occurred was at Viapath's Central Specimen Reception areas, specifically at King's College Hospital Denmark Hill and at Bedford Hospital.

The teams underwent a significant programme of work to review and change their processes, and at King's College Hospital Denmark Hill it also involved building work to ensure that the work environment reflected the process changes required. Although this does not fully explain the improvement, the teams believe that the increased focus on workflow (or the way samples are delivered, registered and processed) has been a key factor.

Never events

Viapath uses the NHS definition of a **Never Event** which is:

'A Never Event is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.'

In pathology, an example would be if the steps for checking blood products had not been taken and the patient received a blood group which was incompatible with their own blood type, which can cause death. In 2016 Viapath reported zero Never Events a change from 2015 when we reported two.

Risk Register

Viapath uses a formal process to identify, assess, understand and take actions to either prevent risks reoccurring or put in place actions which reduce the risk if it cannot be prevented.

The Risk Register documents these risks and the actions to manage them. Risks are graded according to the severity of the risk and the most serious risks are graded as Red. Viapath has two key sets of red risks on its Risk Register that affect our services:

– Buildings that require repairs that affect some laboratories on our London sites

– A number of old computer systems in some of our laboratories which are in the process of being modernised

'A Never Event is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.'

— NHS definition of a Never Event

Lets talk Quality: Diagnostic Haemostasis Laboratory

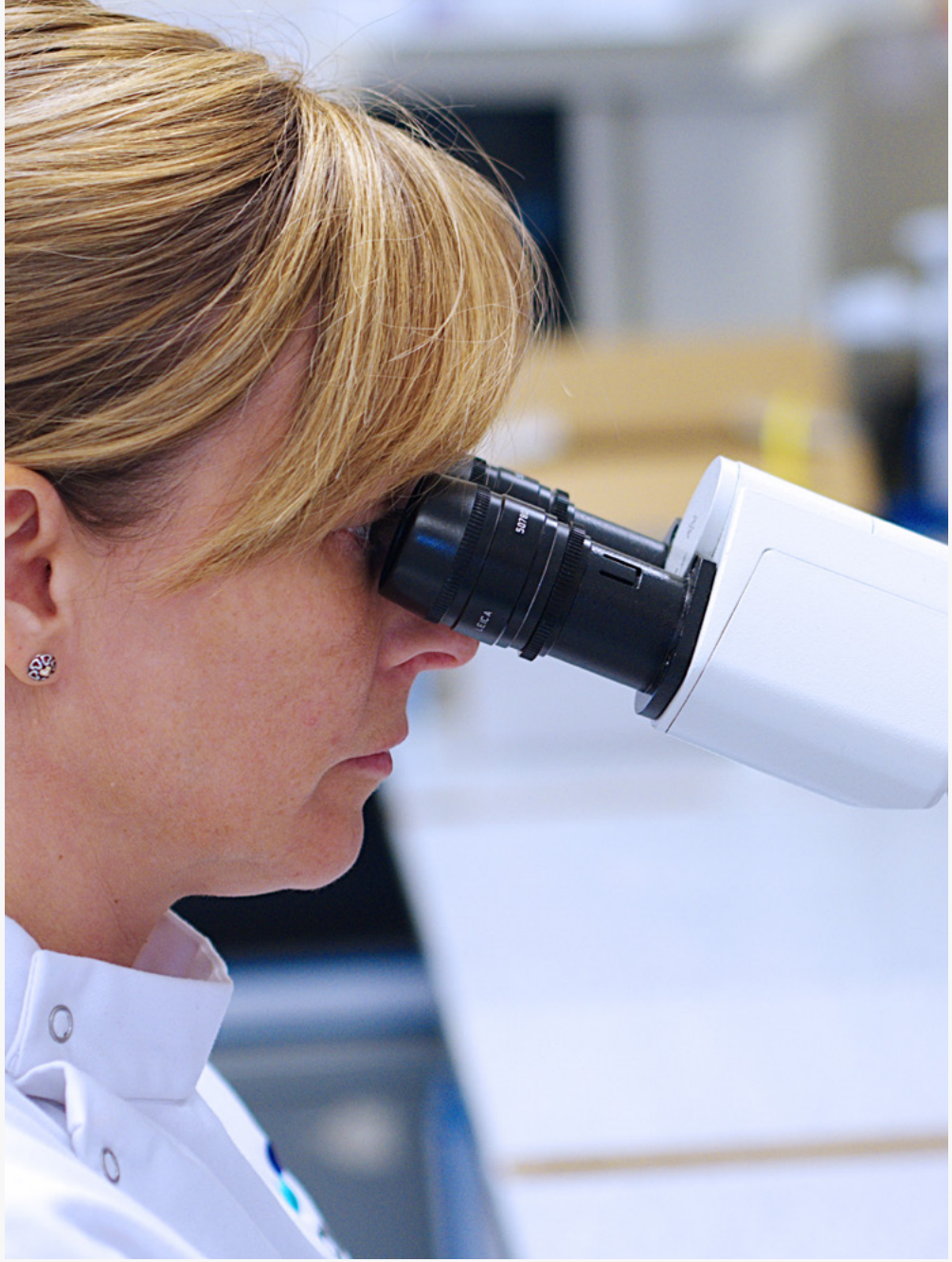
As part of our 2016 quality objective to reduce the number of pre-analytical incidents (those occurring before the sample arrives in the laboratory), we focused on reducing the number of samples that cannot be processed when they arrive in the laboratory. One example was a project led by Senior Biomedical Scientist Clare Dunsmore and Medical Laboratory Assistant Alia Malik, in Viapath's Diagnostic Haemostasis Laboratory at St Thomas' Hospital.

The project focused on reducing sample rejection rates due to their being insufficient blood in the coagulation (haemostasis) tubes that are used to diagnose bleeding and clotting disorders.

What is Haemostasis?

Haemostasis is the right balance between bleeding and a clot forming in blood vessels. If this balance changes it can lead to the formation of a blood clot which can be potentially life threatening.

Genetic and environmental factors can disrupt this balance leading to the formation of blood clots in veins, arteries and heart chambers. This is particularly concerning because blood clots obstruct blood flow which can cause a number of potentially fatal disorders. The laboratory performs coagulation screening on:



Lorraine Gillard, Biomedical Scientist, working in Viapath's Cellular Pathology Laboratory at Bedford Hospital

– Patients about to undergo surgery
– Patients on the critical care wards who need to be very carefully monitored
– Patients receiving anticoagulant therapy
– To aid in the diagnosis of bleeding disorders
– To aid in the diagnosis of disorders that could lead to blood clot formation (i.e. Deep Vein Thrombosis)

Why do we reject samples?

Every laboratory has to adhere to a set of requirements for sample acceptability to ensure an accurate and clinically correct result. For example, the patient's specimen label and request have to match. When a sample does not comply with the acceptability requirements, the laboratory is unable to process the sample and it is therefore rejected and disposed of safely.

It is important that coagulation blood tubes contain the correct amount of blood – otherwise they will give an incorrect result. This is because the laboratory processor calculations are very precise, based on the amount of fluid in the tube.

In 2015, on average 549 samples per month had to be rejected by the haemostasis laboratory, predominantly due to sample under-filling and over-filling. Inaccurate tube filling for coagulation samples is an example of a pre-analytical incident

How did we reduce sample rejection?

The aim was to reduce the number of samples rejected and thereby reduce the need to re-bleed patients and potentially delay their treatment. The team began by educating staff including the use of an informative poster. However, this proved ineffective, so the team approached the Head Nurses of the wards and held a series of educational talks.

This initiative was well received by clinical colleagues and in 2016 the number of rejected samples decreased to an average of 444 samples per month. This meant 1,261 fewer samples were rejected in 2016 and, therefore, a substantial number of patients did not have to have a repeat test. However, the reasons for the remaining rejected samples continue to be due largely to sample over and under-filling from other wards and departments. Other less common reasons include inadequate labelling and samples where blood has clotted.

Clare and Alia remained motivated throughout the project as they focused not only on the long-term improvement of their laboratory but, more importantly, patient care. In fact they are continuing this project and aim to reduce further the percentage of samples rejected. I hope you agree this was a great example of what was done to reduce incidents, by reaching out to our front line clinical staff assisting them to help us provide a better and safer service!

Alia Malik, Medical Laboratory Assistant, and Clare Dunsmore, Biomedical Scientist, in Viapath's Diagnostic Haemostasis Laboratory at St Thomas' Hospital

Under the Microscope: Central Specimen Reception

Viapath has Central Specimen Receptions (CSRs) in all the hospital sites. These CSRs receive and process hundreds of thousands of patient samples each month.

The departments run a 24/7 service and serve as a delivery and collection point for specimens. The CSR teams ensure samples delivered to CSR are booked into the computer system and then delivered to the specialist laboratory for testing in order for each sample to be processed as quickly as possible.

In January 2016 Viapath launched its renovated CSR at King's College Hospital. The aim was to:

– Consolidate the other small specimen reception areas in the specialist laboratories into one main CSR

– Create more laboratory space

– Provide a better working

During the project, the existing CSR work was moved into a small cramped temporary area, but the team still managed to provide a quality service to patients through effective team working.

The CSR modernisation project was an important investment, making the department more effective in processing all samples as quickly as possible. During 2016, we saw the benefits of the improved CSR and employees have indicated that with the improvements, the workflow is much smoother, thus reducing the possibility of making mistakes.

Health and safety

What were Viapath's Health & Safety Objectives in 2016?

– Develop an In-House Fire Risk Management System to manage fire risks better, by broadening our pool of trained fire risk assessors with the experience and competence to carry out assessments across the business. The aim was to reduce our reliance on external companies carrying out this work, and to have more control of the process.

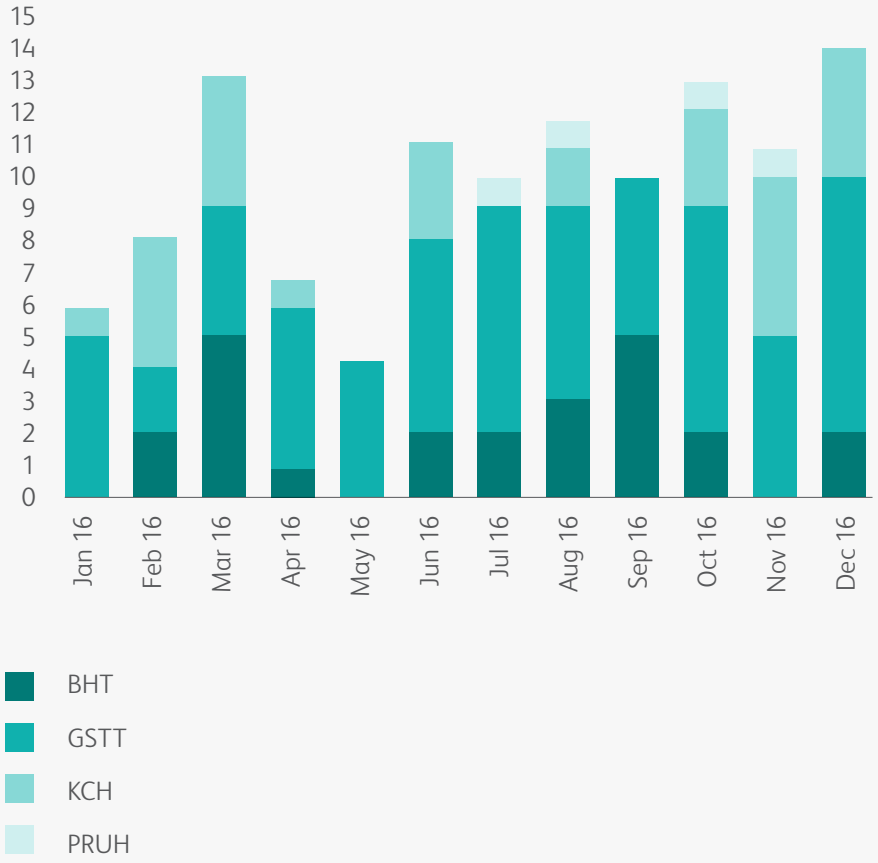
– Implement a Chemical Management System to ensure employee safety when using, transporting and disposing chemicals. The aim was to improve existing systems by implementing changes, for example, how we keep inventories, the quality of our chemical assessments and our emergency spillage procedures.

How did we do?

We have continued to keep our focus on Health & Safety (H&S) throughout 2016. Our strategy on fire management has been very successful. Viapath has delivered a Fire Risk Assessment (FRA) programme which ensures all services have an up to date assessment and action plan which supports fire safety. A number of key individuals from across the organisation are now trained to sustain future annual FRA programmes.

Focus throughout 2016 has also been on chemical management.

Graph 3 - Health & Safety incidents in 2016



Good progress has been made around various aspects of chemical management, including inventory, COSHH (Control of Substances Hazardous to Health) assessment, chemical storage and disposal of waste. Chemical management is a large and complex area of our business and the focus on this will continue into 2017.

Our commitment to training and supporting our H&S teams has been supported in 2016 by delivering a variety of training courses including one on COSHH assessment. During this year, we also welcomed the H&S Officers from the PRUH who successfully completed the IOSH (Institute of Occupational Safety and Health) Managing Safely Certificate.

June 2016 saw Viapath's 4th Annual H&S Forum. It was the largest forum to date and an informative day for all who attended. As always H&S incidents and events from the previous year were reviewed. H&S Officers engaged in some lively workshop debates with managers where H&S objectives and strategy were discussed.

Accident and Incidents

120 H&S incidents were reported during 2016, compared with 115 incidents in 2015. The slight increase in number may be due to the addition of the PRUH site in our calculations. Similar to previous years, the most frequently reported incidents were sharps and needle stick injuries (33

incidents) followed by exposure to hazardous substances (22 incidents).

Analysis of Accident Trends

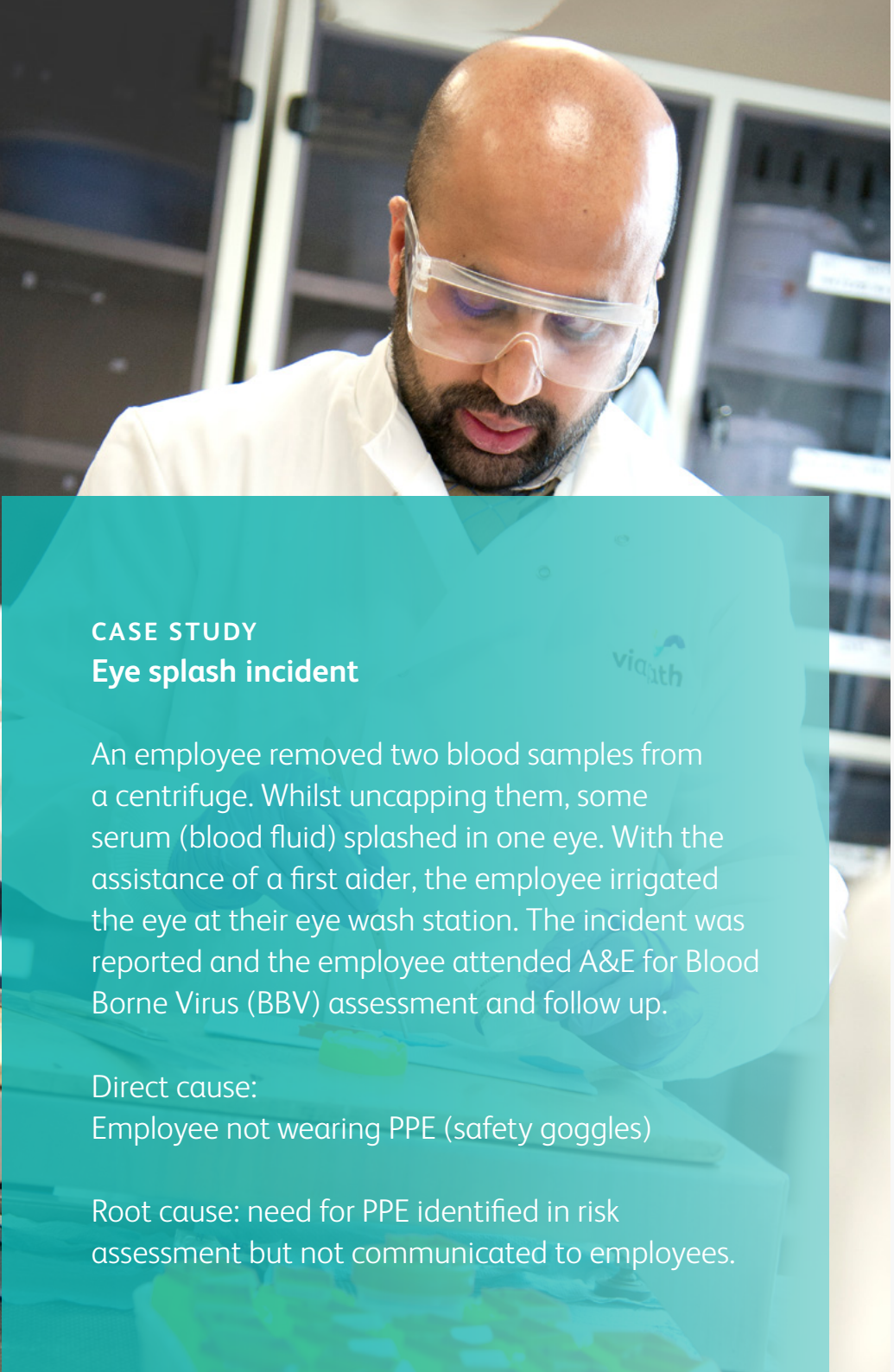
This year's incident analysis revealed a growing trend in incidents where the direct cause was a non-compliance with the use of Personal Protective Equipment (PPE). PPE refers to protective equipment such as goggles, clothing and equipment designed to protect employees from injury or infection. A PPE campaign was launched in September 2016 to raise awareness of the issue. This included managers briefing sheets, a lesson learned, review and action plan, discussion at Staff Engagement Groups, H&S Committees and other forums.

It is acknowledged that many of these incidents were avoidable and therefore reduction of such incidents will become the focus of H&S objectives for staff and management throughout 2017.

What are our H&S Objectives for 2017?

– To develop our Chemical Management Systems - we handle many hazardous chemicals on a daily basis. We have various systems in place for managing the storage, use and disposal of these chemicals. During 2017 we aim to issue further guidance and policy for managers to improve their existing systems. Specifically, guidance on dealing with chemical

An example of a scientist using PPE in the laboratory



CASE STUDY

Eye splash incident

An employee removed two blood samples from a centrifuge. Whilst uncapping them, some serum (blood fluid) splashed in one eye. With the assistance of a first aider, the employee irrigated the eye at their eye wash station. The incident was reported and the employee attended A&E for Blood Borne Virus (BBV) assessment and follow up.

Direct cause:
Employee not wearing PPE (safety goggles)

Root cause: need for PPE identified in risk assessment but not communicated to employees.

spillage and guidance on how to ensure Work Exposure Limits (WELs) are not breached.

– To reduce avoidable H&S incidents - we want to ensure that we have a healthy reporting culture and are able to identify where and how incidents could have been avoided. To support this goal, individual staff will have a personal objective on reducing the occurrence of avoidable incidents and utilisation of H&S control measures, such as PPE where they must be used. Managers will also have an objective to ensure that a full root cause analysis is carried out on all avoidable incidents irrespective of the risk rating.

Let's Talk Health & Safety

Personal Protective Equipment (PPE)

Wearing and using PPE in the laboratory: PPE includes items such as gloves and goggles for eye protection and it helps protect staff from injury at work.

Why is PPE important?

Viapath is committed to making the workplace safe for all employees and that includes providing instructions, procedures, training and supervision to encourage people to work safely and responsibly. Even where controls and safe systems of work have been applied, some hazards might remain and PPE is needed to reduce the risk.

What do we do at Viapath?

Viapath provides PPE for employees where all other methods of removing the hazard are recognised to be less effective. The Health and Safety at Work Act requires our employees to follow instructions and use the equipment provided for their safety.

The wearing of PPE is mandatory for all processes that have been risk assessed as requiring PPE. Not following this guidance is unacceptable. In areas where the wearing of PPE has been monitored and enforced, we have seen a significant reduction in the numbers of such incidents.

Lessons Learnt:

– PPE, when adequate and worn correctly, can prevent many accidents such as splashes to the eyes or in the mouth from hazardous substances

– Do not allow exemptions from wearing PPE

Biomedical Scientist working in Viapath's Haematology Laboratory at St Thomas' Hospital

QUALITY OBJECTIVES 2016

Effectiveness

People using our services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety

What were Viapath's Effectiveness Objectives in 2016?

– To provide assurance that all laboratories are working to and achieving the UKAS CPA/ISO15189 transition requirements for laboratory accreditation.

– 90 % or more of all audit non-conformities to be cleared within 12 weeks of opening date.

How did we do?

Care Quality Commission

The Care Quality Commission (CQC) checks that people using our services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Below is a list of sites inspected by the CQC:
– Viapath's Laboratories at Bedford Hospital
– Viapath's Laboratories at Guy's Hospital
– Viapath's Laboratories at St Thomas' Hospital
– Viapath's Laboratories at King's College Hospital

The last visit to Viapath's laboratories was in 2013. We did not receive an inspection by the CQC to any of our laboratories during 2016.

Medicines and Healthcare products Regulatory Agency

The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK regulator of medicines and medical devices and ensures the safety of human blood components intended for transfusion. The MHRA inspect Blood Transfusion laboratories and establishments to ensure that they consistently work safely in line with the Blood Safety & Quality Regulations. This ensures that blood and its different components consistently meet the standards for safety, quality and effectiveness. You can read more about the MHRA and its work in our 2014 Quality Account at: http://www.viapath.co.uk/annual-quality-report-and-account

In August 2016, the MHRA undertook a scheduled inspection at King's College Hospital, Denmark Hill, which included Viapath's Blood Transfusion laboratory, as well as some of the Trust's related services. No critical or major findings were raised against the Viapath laboratories and inspectors were complimentary about our progress. Our other Blood Transfusion laboratories annually submit a Compliance Report to the MHRA and, based on these, all received satisfactory MHRA compliance notifications.

Inspection and Accreditation

During 2016 we continued to make good progress with our transition from Clinical Pathology Accreditation (CPA) to ISO15189 by the United Kingdom Accreditation Service (UKAS). ISO stands for International Organisation for Standardisation and the main key areas of the ISO15189 Standard are:

– Organisation and management responsibility
– Resource management
– Examination process
– Evaluation and continual improvement

As of 31st December 2016, six of our laboratories are accredited to the UKAS ISO15189 Standard and our Nutristasis Unit is accredited to UKAS ISO7043 for the Vitamin K External Quality Assurance Scheme (KEQAS). The process of accreditation begins with an initial assessment to the laboratories and, once the laboratory has been accredited, UKAS returns every year with technical experts to assess the laboratory and make sure the

Table 2 - Non-conformities reported by site in 2016

	Total non-conformities	Total percent non conformities closed within 12 weeks
Bedford Hospital Site	258	91%
Guy's & St Thomas' Hospital Site	486	65%
King's College Hospital Site	444	64%
Viapath Total	1188	70%

Table 3 - Non-conformities reported by severity

	Total non-conformities	Total percent non conformities closed within 12 weeks
Red	44	62%
Amber	259	84%
Green	885	67%

required standards are maintained. Many of our laboratories underwent initial assessment and surveillance visits in 2016, and have demonstrated good quality services with well embedded quality management systems.

Internal audit non-conformities

Every laboratory develops an annual internal audit schedule which is a robust systematic process for examining our internal quality systems. This is crucial in helping identify any internal non-conformities (or actions we needed to take) so that issues can be resolved and our processes improved. Therefore in 2016 we set ourselves the target to resolve 90% or more of all internal audit non-conformities within twelve weeks of the opening date.

All non-conformities are managed through our electronic quality management system and full investigations are carried out, which include: root cause analysis, an action plan, communication and approval that all actions are completed. This process is also called Corrective and Preventative Action (CAPA).

In previous years, we had monitored the number of open and closed non-conformities resulting from audits. This was repeated monthly on our Operations Management System (OPMS). However, in 2016 the trend of how many were open and closed, remained static and we therefore undertook a detailed analysis to understand why. We established that it was more important to monitor the number of non-conformities which had past

the audit closure date and this information was held on our electronic Quality Management System (QMS).

We also noted a correlation between those laboratories where non-conformities were overdue and other service challenges, for example a rise in test demand, high employee turnover and involvement in major projects or inspections.

Non-conformities are graded by level of severity as red, amber or green. Red non-conformities are critical for service performance; however resolution often requires most time due to their complexity. Immediately a red non-conformity is identified, the laboratory team will take urgent preventative action. The team ensures there is very close monitoring whilst the detailed complex work is undertaken to investigate and resolve. However, if the red non-conformity is unable to be resolved within a clinically appropriate time-scale, it will then be escalated, risk assessed and then placed on the risk register.

The amber non-conformities, although less serious, still have the potential to compromise service performance. The teams can work more quickly to resolve these issues because the required actions are usually within the laboratory's control.

The green non-conformities are unlikely to impact on a department's performance and are deemed not serious. The number raised is higher than that of amber and red non-conformities. However, they require resource to resolve because, although not as serious and complex, a full investigation is still essential to enable our laboratory teams to implement corrective actions and lessons learnt.

Rahman Athif, Medical Laboratory Assistant, working in Viapath's Haemostasis Laboratory at St Thomas' Hospital

Lessons learnt

It has been a challenging objective and it was not fully met. However a lot of important lessons were learnt which we will implement in 2017.

We started 2016, by using the total number of open and closed (completed) non-conformities, to measure improvement. However, with monthly monitoring, the trend did not change. Therefore, we undertook a very close look into what the non-conformities were and the causes for delay in completing them. We discovered that the main problem was the time required to undertake the actions to close them, and the number of closed non-conformities was not changing because it was taking too long to close them.

So, in order to make improvements, we needed to be able to see when and in which laboratories there may be a problem. The managers could then adjust the ways of working to ensure that they were acted upon promptly.

We have asked the Performance Team to help change our monthly performance measurements and ensure that we measure the time from the date when the non-conformity was opened, the date it should have been closed and the actual date when it was closed or if it remained open. From early 2017 this will be in place. We have incorporated it into the Viapath Balanced Scorecard for 2017, which will enable our senior managers to review it quickly

and to take remedial action, where necessary. We have also learnt that we need to carefully select the methodology and metrics we use for important improvement projects such as this.

Let's Talk Quality: Nutristasis Laboratory

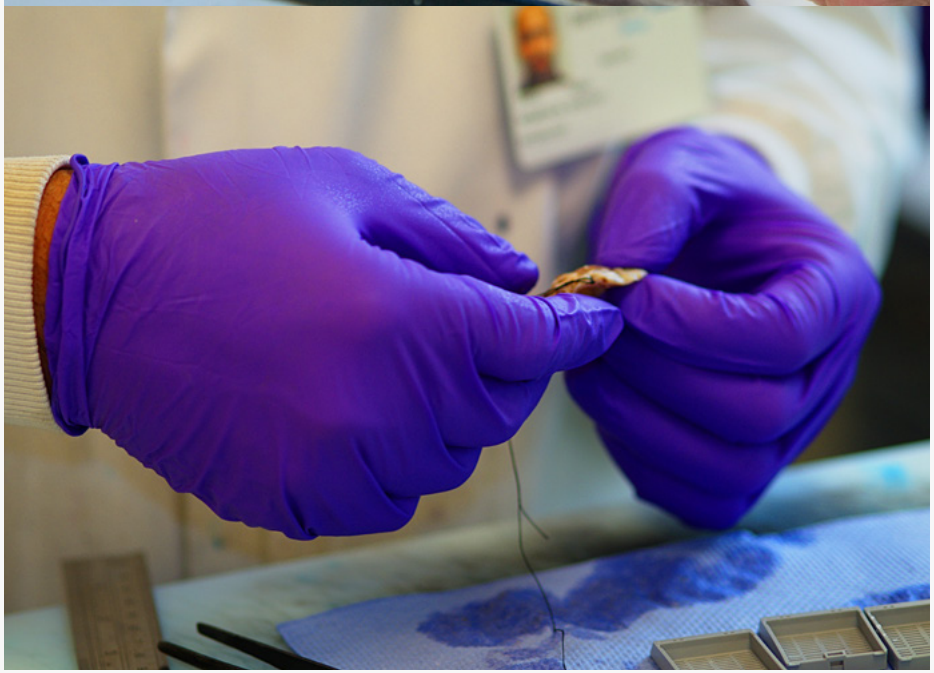
Vitamin K is a fat soluble vitamin required for the function of various proteins, some of which are important in maintenance of coagulation (process of blood changing to a solid or semi-solid state), bone integrity (bone strength) and healthy vasculature (blood vessels supplying organs). Measurement of vitamin K can be useful in a range of clinical scenarios. Low concentrations can indicate insufficiency or deficiency in people with malnutrition or malabsorption e.g. biliary disease, pancreatic disease, cystic fibrosis.

In scientific research, the measurement of vitamin K can be used to help understand how it functions, how the body metabolises or breaks it up and the optimal intake required for health throughout life. This is a good example of how laboratory team research, can help clinicians make an accurate medical diagnosis.

Vitamin K External Quality Assurance Scheme (KEQAS) is an international External Quality Assurance (EQA) scheme that monitors and reports on the accuracy of vitamin K measurements in human serum (a clear protein-rich liquid, which separates out when blood clots and proteins which help blood clot have been removed).EQA participation is an essential for any laboratory using medical methods for clinical diagnosis, because it demonstrates that results are comparable to those from other laboratories and can highlight any differences in how the test results are obtained.

The Vitamin K External Quality Assurance Scheme is accredited under ISO17043:2010 by the United Kingdom Accreditation Service (UKAS).

Part of Viapath's Histology Laboratory Team at Bedford Hospital



Top image: Cutting section of tissue embedded in paraffin block for staining
Bottom image: Skin excision being examined

Under the Microscope: Tissues Sciences Laboratories

Neil Cully, Service Delivery Manager at Viapath's Tissue Sciences Laboratory in Bedford Hospital, describes the work which occurs in all our tissue sciences laboratories. Tissue Sciences incorporates histology (the study of tissues) and cytology (the study of cells). Histology process specimens such as biopsies, removed lumps, pieces of tissue, parts of organs and whole organs removed during surgery (or autopsy).

Cytology is typically used to examine fluids or cells that have collected in the body as a result of an illness, e.g. pleural fluid drained from the chest. The laboratory also receives specimens from the NHS England cervical screening programme.

Both histology and cytology use a range of scientific procedures to identify if a disease is present in the specimen, what disease it is and the course of action required. This can involve the diagnosis of cancer or other serious illnesses, but can also confirm that there is no serious problem and that no further treatment is required. If cancer is found, investigations can be undertaken to identify what type of cancer it is, how advanced the disease is, how aggressive the cancer is and what the best forms of treatment are likely to be.

Our administrative employees play a vital role to ensure that samples are correctly registered and that reports containing the results are sent promptly to the requesting clinician. Dalian

Beaver, Viapath's Histology Operations Manager at King's College Hospital, explains what happens once tissue has arrived in the laboratory.

For the core histopathology laboratory, Biomedical Scientists (BMSs) embed tissue in paraffin blocks and then cut the tissue into very thin slices (0.002-0.003mm) using a microtome. This is a tool used to cut extremely thin slices of tissue known as sections. We then put these sections into jars of chemical solutions that stain different parts of the cell in different colours that can be seen under the microscope e.g. the nucleus (central part of a cell which contains genetic material) becomes blue and the cytoplasm (all the material contained in the cell which is not in the nucleus) red. Staining techniques can also reveal abnormalities in the cells and tissues such as cancer cells (that will have an abnormal shaped nucleus), organisms such as bacteria, viruses, fungi and parasites, or pigments and minerals in the tissues that indicate a metabolic abnormality.

Viapath's Dermatopathology Laboratory also provides Mohs surgery which is a surgical technique developed by Dr Mohs and used to help treat various skin cancers (particularly on the head and neck). It involves repetitive shaving of the tissue around the tumour site, with the Biomedical Scientists sitting alongside the doctor doing real time histological analysis of the shaved tissue, to inform the dermatologist when the whole tumour has been removed and when slicing can stop. The edges of the cancer tumour are often referred to as margins and the Mohs technique allows our scientists to perform rapid microscopic analysis of a specimen, using a variety of tissue cutting and mounting methods. The BMS has to be competent, experienced and very nimble. It requires a high level of concentration and a good working relationship with the doctor. We sometimes forget that our scientists don't always work in the laboratory, but take the laboratory to the clinic to work alongside the medical staff. It is a very rewarding part of a scientist's job.

Part of Viapath's Tissue Sciences Laboratory Team at King's College Hospital

QUALITY OBJECTIVES 2016

Positive Patient & Customer experience

Viapath's focus on innovation and service improvement helps clinicians provide better care for their patients

What was Viapath's Positive Patient & Customer Experience Objective in 2016?

– To respond quickly if a patient or customer has a problem or complaint, and act on learning to stop any preventable harm or delays.

How did we do?

Support Services

In July 2016, Phlebotomy, Central Specimen Reception, Customer Services and Facilities & Logistics were brought together to form the Support Services Division led by Joanne Jarrett. This has enabled Viapath to better co-ordinate all the activities that take place outside of the laboratories, but are required for a quality pathology service and often identified as causing problems for patients, customers and employees.

Facilities & Logistics

The Viapath Facilities & Logistics Manager manages sample transport across the organisation. This is important because we want to ensure that all samples reach laboratories safely and quickly, so that we can examine them and give the results to the requesting clinician.

Therefore, a number of activities will be undertaken over 2017,

to review existing specimen transportation processes and systems and make changes so that they become more efficient. A programme of work based on the findings will help drive the changes required. The aim is to make the process as proactive, effective and efficient as possible and of benefit to Viapath and its customers.

Complaints and Compliments

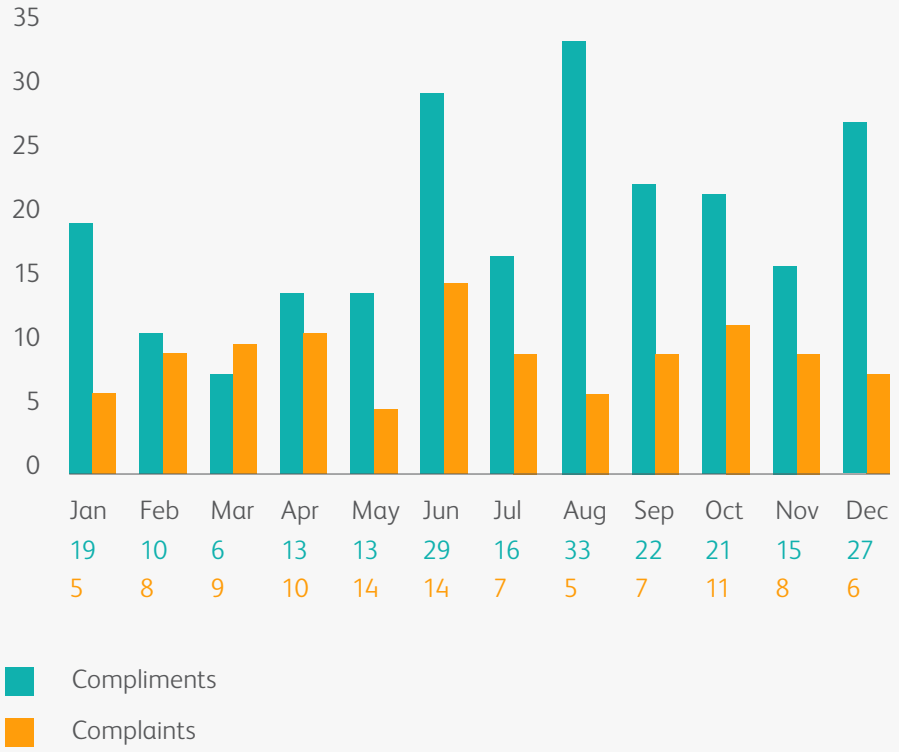
How we deal with complaints

At Viapath there is a centralised customer services department as well as dedicated teams of customer services assistants based at our local hospital sites to ensure a faster response to local queries. Based at Viapath's Central Specimen Reception at St Thomas' Hospital we have a team of four customer services assistants.

When the team receives a complaint, the customer will be contacted before gathering all of the facts so that an investigation can be initiated. If the complaint is due to sample transportation, they contact the courier company and investigate what has happened.

Once the root cause is identified, the team inform the complainant about how the problem has been resolved or the outcome of the investigation. All issues are placed onto the local log for Incidents, Complaints, Compliments and

Graph 4 - Total number of complaints and compliments in 2016



Errors, which is then fed back to the appropriate Team Manager who monitors the log closely. Meetings take place to discuss and develop ways to improve services. Recurring issues are raised with the CSR Quality Lead and Operations Manager, who review them to ensure corrective and preventive action is implemented.

GP Issues and Complaints

Central Specimen Receptions receive a high number of samples from local GPs; therefore it is important to us to make sure we create links with GP Practice Managers so we can provide support quickly when required.

In 2016 the majority of complaints received by CSR at St Thomas' Hospital were from GPs and mostly due to courier issues e.g. delayed or missed collections and vehicle breakdowns. One surgery in particular raised concerns with samples not being collected. This caused a delay in sample processing and reporting. Sometimes the sample was rejected as it had not reached the laboratory within the required time for processing, making it unsuitable for testing.

We therefore decided to review the GP courier schedule and implemented a more effective rota for sample collection and delivery. This new process significantly reduced the number of complaints received from GPs and the original complainants reported back with no issues. As a result of these changes, the

intial complaint turned into the following compliment from a GP Practice Manager:

'Thank you to Customer Support and CSR for the consolidated approach for sample collection and pick-up times.'

The administration team in CSR not only deals with complaints but also deals with around 180 telephone and face-to-face enquiries per day which may involve providing results or adding tests to the original request. The administration team manages to maintain the service with an impressive twenty second average answer delay per call which is recorded daily on our Operations Management System. Here is an example of a compliment they have received from a GP Surgery 'Ladies on queue call were lovely and helpful'.

EXAMPLES OF COMPLIMENTS

Central Specimen Reception at King's College Hospital

'I wanted to make a compliment about the CSR supervisor at Kings, who was very efficient and patient with a complex situation, and took the time and ownership to solve the issues and worked with me in a very pleasant and helpful manner to ensure that a precious sample was correctly forwarded to a reference genetics laboratory…it truly was a very helpful and supportive approach and manner that I…was pleased to be on the receiving end of!'

Pathology Services Manager
South London and Maudsley NHS Foundation Trust

Laboratory at Guy's Hospital

'I just wanted to feedback on the excellent service I received from the laboratory Manager at Guy's and St Thomas' Hospital. As part of a medico-legal case, I needed to organise genetic blood tests urgently. The manager co-ordinated the whole process, from arranging for my client to have the blood taken by a specialist nurse, and then arranging for the sample to be couriered through the hospital and he then expedited the results. I have to say I did phone another leading children's hospital and they were not nearly as helpful and didn't seem to understand what we were looking for. I would really recommend the lab if anyone needed anything similar.'

Customer

Microbiology Reception at Princess Royal University Hospital

A patient who dropped off a semen specimen at Microbiology reception sent an e-mail to the Chief Executive Officer, to congratulate a member of the microbiology staff on their warm, sincere and seemingly effortless manner in putting the patient at ease. The patient said the employee was a credit to the service especially at times when others are quick to fault.

Patient

Customer Services at Bedford Hospital

'You already know how pleased I am that people like you two exist to inject kindness and empathy into the bureaucratic monolith our health service has become. I am especially grateful for the time devoted yesterday and for completely understanding how I feel and sharing my passion that the Path lab works properly for all patients.'

Patient

Princess Royal University Hospital

Patient contacted the laboratory to complain that their sample had not been accepted during the previous week as it was inadequately labelled.

Investigation

The sample had been inadequately labelled and subsequently discarded, which meant labelling could not be re-checked. The tests requested required prompt delivery to the laboratory. This meant that retrieval of the specimen was not possible as sample validity was already compromised.

Outcome

The patient was contacted the following day to be informed about the findings from the investigation. The patient had already contacted the GP for repeat forms, which caused further confusion as the GP had tried electronic requesting thus generating three different forms and labels for the same patient. The best way forward was discussed and agreed with the patient who delivered the repeat sample the following week directly to the Quality Manager. The sample was promptly processed and the patient was satisfied with the issue management.

King's College Hospital

A GP Practice Manager emailed the laboratory querying two sets of blood results which, although were from the same date and patient, the reading of the bloods was different.

Investigation

The results for both samples were examined and indicated that the blood was taken from two different patients. However, the requester attached the same form to both samples incorrectly.

As the samples are only kept in the laboratory for four days it was not possible to re-check the labelling on the samples. The Quality manager checked with phlebotomy who confirmed the patient in question had not been bled by them indicating the patient was bled at the GP surgery. A copy of the request form was generated and given unfortunately to another patient, which is why the form and the blood results did not match.

Outcome

The GP Practice Manager was informed and the patient was asked to repeat the sample. Although no harm was caused, it inconvenienced the patient and delayed the results.

Let's Talk Quality: Customer Services

Liz Adair (Head of Quality) had a quick-fire interview with Anne Strong, Customer Services Manager, at Bedford Hospital. Anne explained how she ensures customers' and patients' issues are addressed quickly and that they are satisfied with our service. Anne won the Viapath 2015 Customer Service Manager Award.

What does being a Customer Services Manager involve? The main focus of the role is to develop and maintain long-term relationships with customers. The term customer includes Clinical Commissioning Groups (Commissioners purchase NHS healthcare on behalf of patients), General Practitioners and NHS Trust clinicians and employees.

What does a typical day look like? In short, varied and satisfying! It would likely include problem solving for customers on the telephone, email or in person, GP liaison visits, meeting with Practice Managers, internal Governance, Risk and Quality (GRQ) meetings and Contract Review meetings. I also work closely with Bedford Hospital's Pathology Clinical Director, Dr Fraser Mutch, assisting him with clinical customer issues.

What do you like best about your current role? The liaison aspect of the role and the satisfaction I get from solving customers' pathology issues. It's also highly motivating for me to know that GPs know me and trust that Viapath will get it right or react quickly if they have any issues.

'The key quality message for me is really simple: You can't separate quality from your role, whatever it is you do, just remember that at the end of everything we touch is a patient.'

— Anne Strong, Customer Services Manager

Anne Strong, Customer Services Manager, at Bedford Hospital

What improvement are you most proud of introducing for Bedford's customers? The 'How to' guide – initially introduced to assist junior doctors – focuses on ensuring blood samples are in the right bottles and correctly labelled. It also gives information about all our pathology departments including blood transfusion, procedures for 'Add Ons', what to do/not to do and technique advice. Over time we've adapted the guide and it is now used at the induction of all hospital staff.

How do you ensure we continuously improve? Largely through a forum called PLUG (Pathology Laboratory User Group). The group has clinical representatives from Bedford Hospital and GPs. We discuss issues and ideas for improvement with them and I help take the ideas forward. Some current examples include looking at increasing courier pickups - particularly attractive for GPs who are further away from the laboratory site – the impact of 7 day working and the possibilities of extending some of our Saturday services.

What is your key quality message? For me it's really simple. You can't separate quality from your role, whatever it is you do, just remember that at the end of everything we touch is a patient.'

Under the Microscope: Customer Newsletter

This year Viapath introduced a Customer Newsletter. The aim of this was to keep our readers informed about Viapath's focus on innovation and how developing the service provided helps clinicians create better outcomes for their patients. Viapath prides itself on finding new and better ways of managing the logistics of large numbers of tests as well as providing specialist reference testing. The articles in the newsletter try to cover these areas as well as topics demonstrating how Viapath is responding to customers' needs.

The newsletter articles focus on the exciting research work carried out and how this is used to improve Viapath's pathology services. The newsletter also provides information about some of the events Viapath organises.

Past editions can be found on our website at:
www.viapath.co.uk/newsletters

Sherif Folorunso and Gary McKeaveney, Biomedical Scientists, working in the Microbiology Laboratory at Bedford Hospital

QUALITY OBJECTIVES 2016

Safety & Quality Objectives for 2017

The purpose is to focus on patient safety by improving processes and working with our NHS partners to prevent and reduce harm

What is the Purpose of our Safety & Quality Objectives?

The purpose is to focus on patient safety by improving processes and working with our NHS partners to prevent and reduce harm.

Why are we taking this approach?

Patient safety is a top priority across the NHS in 2017 and we will continue to work together with a combined focus on learning from incidents and sharing good practice widely.

How will we do this?

Viapath already has in place ways of sharing learning in our governance structure. In healthcare, clinical governance is the process by which the NHS or other healthcare providers, such as Viapath, hold its employees to account for continuously improving the quality of patient care. You can read more about the Viapath Governance Framework in the Viapath 2014 Quality Account here; http://www.viapath.co.uk/annual-quality-report-and-account.

Preventing harm to patients is a priority and a key component of improving patient safety and the overall quality of our services. However, there is no single definition of the term 'preventing harm' and so Viapath uses the most common definition as identified by Nabhan et al.

'Preventable harm is the presence of an identifiable, modifiable cause of harm.'

— Nabhan M, Elraiyah T, Brown DR, et al. What is preventable harm in healthcare? A systemic review of definitions BMC Health Services Research. 2012;12:1

Our NHS partners tell us there are two key things which we can help them with, which would increase patient safety and reduce/prevent harm.

What our NHS partners tell us would help

– Ensuring that the requesting clinician is informed quickly about urgent results or those which require rapid clinical review*.

– Ensuring that lost samples or samples we are unable to process ('rejected samples') become an exceptional event, with a continuous focus on prevention and continuous improvement.

*The referring clinician is responsible for reviewing and acting on the results of the investigation they have requested.

How will we do this?

Our 2017 safety objectives will focus on the following two themes, including the programme of work involved for these complex problems. It is really important that when a clinician has requested urgent tests that they receive the results as soon as they are available in order to treat the patient.

Patient Safety Objective 1

To ensure that laboratory 'urgent reporting' occurs within a clinically appropriate timeframe to the requester.

The reason that most samples are rejected is because they have been mislabelled, the request is incomplete or the blood tube has not been filled correctly. The reason samples get lost or are delayed is because of the complex logistics required to get samples to the lab.

Patient Safety Objective 2

To ensure that lost samples or samples Viapath is unable to process ('rejected' samples) becomes an exceptional event.

What is the Patient Safety Objectives Plan?

	Task	Action	Lead	Due date	Objective
1	**Review Laboratory Processes - urgent reporting & customer requesting**	Review and agree urgent reporting process with NHS Partners	Viapath Laboratory Directors	August 2017	1 & 2
2	**NHS Partner Engagement**	Working Group set up with Viapath and NHS Partners to ensure joint focus	Clinical Directors & Viapath Head of Quality	31st March 2018	1 & 2
3	**Viapath rejected sample data & reporting OPMS**	Reporting process reviewed and agreed across Viapath	Viapath Performance Manager with Operations	31st July 2017	1 & 2
4	**Sample logistics**	Programme of work commencing with a review to improve efficiency of sample transport and logistics	Viapath Facilities & Logistics Manager	31st March 2018	2
5	**Service Model process design patient sample journey**	Programme of work commencing with sample process mapping To ensure service model design captures best practice	Viapath Head of Pathology Modernisation & Performance	31st Dec 2017	1 & 2

The Plan will be monitored quarterly in the joint Viapath Performance Reporting and Governance, Risk & Quality meeting by the Chief Operating Officer and Medical Director.

QUALITY ACCOUNT 2016

Our People Progress

To lead pathology transformation through our network of experts, to achieve a better service for clinicians and better outcomes for patients

OUR PEOPLE PROGRESS

Viapath's Human Resources Director Mary Fitzgerald

Throughout 2016, Viapath has risen to the challenge of significant change and also delivered a number of complex projects and programmes, all of which have impacted 'Our People'.

I have led, with my team, a number of key initiatives across Viapath. These included the procurement of an employee database and a decision to bring our payroll in-house giving us improved record-keeping and workforce metrics, as well as greater control of our payroll processes and costs; a new recruitment process designed to increase speed of recruitment and reduce our vacancy factor; the implementation of a business partnering function aligned to the new operational leadership structure, which came into effect in the Summer, and the streamlining of the HR advisory service.

We also increased our Staff Bank, a pool of temporary staff available to provide cover for planned and unplanned shortfalls in staff, to significantly reduce the use of expensive locum staff.

The Staff Bank also provides the added benefit of increasing our candidate pool with applicants who are already screened and experienced in our laboratories to fill permanent vacancies in our teams.

In July, we successfully transferred and welcomed more than 100 pathology staff into Viapath from the Princess Royal University Hospital NHS Trust pathology department, which was previously run by King's College Hospital NHS Foundation Trust. This means that Viapath now delivers pathology services across all the King's College Hospital sites.

We are justifiably proud of our scientists, with some of our experts presenting their research all over the globe. Learning and personal development are key tenets of our employee proposition and our Learning and Development team led a series of initiatives with Viapath delivering an unprecedented amount of training over 2016.

Viapath's core values are Innovation, Collaboration and Expertise and they sit at the centre of everything we do each day. These values are paramount in driving forward our patient safety focus and improving patients' lives, which in turn helps deliver our purpose.

Our employees are encouraged to demonstrate these values as they go about their vital work and receive public recognition when they model excellence in these areas. We are taking the

'We are justifiably proud of our scientists, with some of our experts presenting their research all over the globe. Learning and personal development are key tenets of our employee proposition'

— Mary Fitzgerald, Human Resources Director

importance of our core values further over 2017 and raising the bar on our expectations of how our employees go about their work – the 'how' as well as the 'what' people do, will be an important element of employee appraisal and performance review.

All of this focus on 'Our People' is part of a clear strategy and endeavour to make Viapath a place where people can do great work for the benefit of patients.

Mary Fitzgerald
Human Resources Director

Training and Development highlights in 2016

Scientific Learning & Development Fund

45 Applied
9 Approved 2016
25 Approved 2017

£300k

27 Managers orientated

18 Core Skills Modules Delivered

95

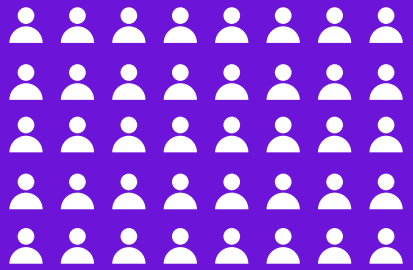
Internal training events

21 Work experience students

9 Project management courses

300+

Delegates for Corporate/ PRUH Induction



External:
LDET
DM
C&SL
LEAN
Bitesize

34 PPR

Thirty four PPR Training Sessions and Seventeen Customer Service training sessions

FLiI

6 HSSTs
14 STPs
9 applications for 2017

IBMS
30 Registration Portfolios
25 Specialist Portfolios

Acronyms: **FLiI** - Future Leaders in Innovation • **LDET** - Leading and Developing Effective Teams • **DME** - Developing Management Effectiveness • **C&SL** - Clinical and Scientific Leadership • **LEAN** - LEAN 6-Sigma • **HSST** - Higher Specialist and Scientific Training • **STP** - Scientific Training Programme • **IBMS** - Institute of Biomedical Sciences

Core values

WHO WE ARE

A scientific organisation with a clinical purpose

OUR VISION

'To lead pathology transformation through our network of experts, to achieve a better service for clinicians, and better outcomes for patients 24/7'

OUR VALUES

Innovation: Investing in diagnostic development, and new ways to transform our services through a dynamic and forward looking culture. Finding new innovative ways of working, relative to the role the individual is in.

Collaboration: Working in partnership to improve outcomes for patients. Team working, both directly within team and also cross functionally.

Expertise: World leading experience of scientists, clinicians and business leaders. Furthering knowledge through training. Technical capability to carry out role. Sharing expertise.

OUR SERVICE PHILOSOPHY

High quality service
The highest standards of scientific, clinical and operational delivery

Added value
Clinical interpretation integral to the service, rooted in the patient pathway

Efficiency
Getting it right first time; a well managed process of delivery

How we welcomed our Princess Royal University Hospital colleagues to Viapath

Viapath started communicating with the pathology team at the PRUH, about 18 months prior to the transfer day (1st July 2016). We held meetings with staff to answer their questions about Viapath, published special newsletters and ensured that senior Viapath staff were present on site, particularly in the six months leading up to the transfer.

We were keen to ensure the transfer went smoothly, so we:

– Invited PRUH managers to Viapath events prior to joining e.g. Senior Leadership Team meetings.

– Hosted manager orientation sessions, for them to meet key people at Viapath and knew more about how we work and what to expect.

– On transfer day we held a welcome event where members of the Executive Team met every employee and gave out welcome packs. The pack included an introductory letter signed by the CEO, a key information sheet plus a copy of our 2015 Quality Account and information about our Innovation and Scientific Learning and Development Funds.

– We also conducted a survey of PRUH staff to give their views on the transfer. This was repeated in January 2017 to help understand how the transfer and welcome had gone.

– During the first few weeks, every employee attended a half-day induction session followed, three months later, by half-day Customer Awareness training.

– The Viapath Quality team hosted a Quality Awareness day with Quality Managers from all Viapath sites, which including laboratory walkthroughs and a networking lunch.

– PRUH employees were encouraged to immediately get involved with a range of activities at Viapath such as our Acclaim Award recognition scheme and our November World Quality Day event. This proved very successful as with Team PRUH winning the Quality Pledge challenge element.

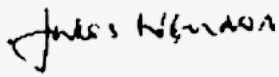
Joint Statement from the Chief Medical Officer and Executive Medical Director of our NHS Partner Trusts

This Viapath Quality Account has developed further and now provides more detail about what Quality means for Viapath employees, doing many different jobs across all their hospital sites. We need reliable, safe, quality pathology services for so much of our work and rely on Viapath to provide that, whether helping us make rapid decisions in A&E, intensive care and on the wards or diagnoses with long-term impact such as genetic diseases or cancer. Beyond the operational delivery targets that we set for Viapath, this requires close partnership working supported by shared values and behaviours. Publication of a Quality Account is an important part of demonstrating that shared commitment to delivering high quality services putting patients at the centre of all they do.

We recognise that this journey has challenges and things don't always go right. It is therefore important that Viapath has an open, transparent culture willing to shine a light on such areas and learn when things go wrong. We can see examples of that in this Quality Account as a true reflection of how they work on a day-to-day basis and are satisfied that approach is embedded in the organisation. We look forward to continuing this shared journey with Viapath in 2017 as both customers and partners.

Dr Ian Abbs
Chief Medical Officer

Guy's and St Thomas' NHS Foundation Trust



Professor Julia Wendon
Executive Medical Director

King's College Hospital NHS Foundation Trust

ACKNOWLEDGEMENTS

We wish to thank all Viapath employees and colleagues for their participation and involvement in our Quality Account.

Carolina Salgado
Viapath Quality Hub Coordinator

Carolina coordinated the compilation of the Viapath 2016 Quality Account.

Kieran Voong
Biomedical Scientist at our Nutristasis Laboratory/Photographer

Kieran has recorded and edited our Podcasts.

CONTACT

Do you have questions or comments about our Quality Account?

Please contact our Quality team:
qualitymatters@viapath.co.uk

Do you want further information about Viapath or our services?

Corporate Office:
Francis House
9 King's Head Yard
London
SE1 1NA

Reception:
020 7188 2500

Email:
communications@viapath.co.uk