

# Improving Patients' Lives



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# Welcome

## A message from our CEO Richard Jones

I am delighted to introduce our 2015 Viapath Quality Account. It is designed to provide evidence and assurance that the services we deliver for patients are safe, effective and compliant with the high standard of care expected of Viapath as the leading provider of pathology to the NHS.

This Quality Account is a reaffirmation of our commitment to quality. It sets out the progress we have made against our objectives during 2015 and provides evidence of our performance.

2015 saw Viapath strengthen our quality platform, building on the progress reported in last year's Quality Account. It is increasingly important that as the severe financial pressure on the NHS accelerates the pace of service transformation, we continue to focus on Quality improvement.

Patients, and those commissioning services on their behalf, rightly expect us to have robust mechanisms in place to ensure that we provide all necessary results of investigations in a timely and accurate manner, to



Our Chief Executive Officer Richard Jones

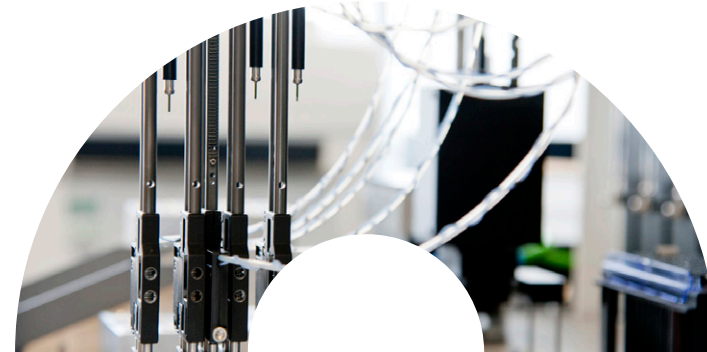
enable them to receive the most appropriate care and treatment pathway from the NHS.

Furthermore, they expect us to be accountable and transparent in circumstances where errors, or near misses, occur, so that we learn from these and foster a culture of openness and continual improvement.

I am therefore pleased to place this report into the public domain and hope those who read it find it useful and informative.



**Richard Jones**  
Chief Executive Officer



## Introduction to the Quality Account

Our core values at Viapath are centred around Patients and delivering the highest possible quality service to all our Customers.

The Quality Account is split into different sections where we describe our progress and achievements, so the reader can choose areas of interest easily. We describe our progress under the headings of Safety, Effectiveness and Positive Patient & Customer Experience.

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>.



## Our Priorities & Progress over 2015

Professor Jonathan Edgeworth our  
Medical Director

A quality service that continuously improves is dependent on many components including a healthy organisational culture, the training and professionalism of staff, the governance structures we use to identify issues and implement change, and the resources we have available to do the job.

In this third Quality Account we have sought to describe many day-to-day events that together will give our employees, customers and patients an insight into how we support and link these components together.

As far as we are aware it is the only UK pathology Quality Account, and this year will be available on NHS Choices website. It includes an informative update on Information Governance, Health & Safety improvements and a spotlight on quality assurance in our blood transfusion laboratory that ensures safe rapid delivery of blood products to clinical teams on all our hospital sites, 24/7.

This is complemented by a touching story of one young patient, Daniel, who knows the blood transfusion



Our Medical Director Professor Jonathan Edgeworth

service well and spent a day in the laboratory finding out about what it's like to be a scientist. We have also presented things that have gone wrong including adverse incidents and complaints, and what we have done to prevent recurrence. Finally, with an eye on the future, our Scientific Directors describe activities of the Viapath Innovation Academy, now in its third year and receiving increasing national recognition for research and staff training and career development.

Actually all our eyes are now on the future. We currently deliver pathology services from about 60 laboratories across 3 major hospital sites in London, and the reality is this laboratory 'spaghetti-map' is often the underlying cause of risks and adverse incidents as you will see in the Account, and needs modernising. We must also invest in new molecular and genetic technologies that promise to transform diagnostics. Our scientists need to work closer together to implement this future, and our NHS customers have asked us to provide more for less given the unprecedented financial squeeze they all face.

These needs have prompted a fundamental rethink about our laboratory network in London and a proposal to bring many of our London laboratories together into a single integrated network. This has the potential to meet all these needs. Our approach to Quality across the whole sample

pathway from the moment it is taken to the actioned-result would underpin the planning and implementation to ensure we deliver the anticipated step change in service capability for patients, everyday and for the future.

We welcome any comments and suggestions about the Quality Account and our approach to planning for a brighter future.



**Professor Jonathan Edgeworth**  
Medical Director



## Dougie Dryburgh our Chief Operating Officer

I am pleased to report that 2015 was a very strong year for Operations. Highlights include:

- 25.2 million units of operational activity performed by Viapath Analytics in 2015. An increase of 3.6 % compared with 2014.
- Key Performance Indicators performed positively.
- Productivity of 19.5 tests per employee hour worked, meeting the target for 2015.
- A&E Key Performance Indicators performed very positively.
- Sickness absence was below the business agreed target of 3.5 % across all sites.
- There was a 26 % reduction in H&S incidents, 115 from 155, in 2015 following companywide communication of learning from root cause analysis.
- Excellent progress with the work towards ISO15189 accreditation.

- We continued to invest in Learning and Development and Innovation Academy projects for employees across the organisation.

The Operational teams are accountable for the safe management and efficiency of all our laboratories and services. The teams are led by our site General Managers, who are also our Care Quality Commission (CQC) Registrant Managers. 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>.

During the year, all of our sites made significant progress to ensure that we were as efficient as possible, without impacting on the Quality of our services. Viapath demonstrated its commitment to Quality and partnership working, by achieving its Operational and Quality objectives in 2015.

However, we also recognised by undertaking shared learning with the Managers, Quality team and clinical/scientific leads, that things did not always go according to plan. This could result in a complaint or incident. Our work demonstrated that Operations were sometimes part



of the cause of, but also provided the solution to our most complex problems. We wanted to build on these important working relationships and therefore, in conjunction with our Medical Director and Head of Quality in September 2015, we moved the monthly Viapath Governance, Risk and Quality meeting, to become an integral part of my monthly Operational Performance Review Meeting.

We have used this joint approach to get to the bottom of what are the root causes of complex problems. Together, we agree and monitor the necessary actions to resolve the



Chief Operating Officer Dougie Dryburgh with the Pathology General Managers (from left to right): Chris Gunn, Dougie Dryburgh, Guy Humphrey, David Wells, Phil Brown.

issues. An example is when we sometimes have logistical problems transporting samples between our sites.

We undertook over 25 million units of operational activity in 2015, and as a patient your sample may undergo several tests not all in the same laboratory. We want to ensure that your sample does not get lost and delayed, which would mean that your doctor or nurse might have to wait to make a diagnosis or to review your treatment.

By gathering everyone involved together to find the solutions, we have been able to reduce the number of times things have gone wrong with the sample journey. You can see how in 'The sample journey from patient to result' section.

Finally, 2016 sees Operations playing a leading role in determining what our future services will look like. We are building on our strong foundations to ensure that the quality of the future model sits at the core, with our patients firmly at the centre of everything that we do.

**Dougie Dryburgh**  
Chief Operating Officer

## Our Innovation & Scientific Progress

Professor Roy Sherwood & Dr. Dominic Harrington our Scientific Directors

The Innovation Academy continued to promote innovation, quality and the professional development of our scientific employees throughout 2015.

The theme of our fifth annual symposium held in December 'It's Diagnosis, Not Diagnostics' served to emphasise the importance of the patient in all that we developed during the preceding 12 months. For the first time a patient advocate opened the symposium, and we dedicated the morning session to Continuous Quality Improvement in Healthcare. All available delegate places for the symposium were quickly filled. You can listen to interviews with some of our speakers at: [www.viapath.co.uk/innovation-academy](http://www.viapath.co.uk/innovation-academy).

We now look forward to our sixth symposium which will be held on 2 December 2016. If you would like to attend please do contact us on: [InnovationAcademy@viapath.co.uk](mailto:InnovationAcademy@viapath.co.uk). For those unable to attend we will again be hosting a 'Summer Series' of webinars featuring leaders in Healthcare Science. These will be advertised in the coming months.

It was a good year for our developing scientists and for our young leaders. Our 'Future Leaders in Innovation' initiative

was expanded during 2015. We now have membership from Bedford Hospital, Francis House, Guy's and St. Thomas' and King's College Hospitals.

Members of the Future Leaders in Innovation Group are ambitious and forward thinking individuals who are driven



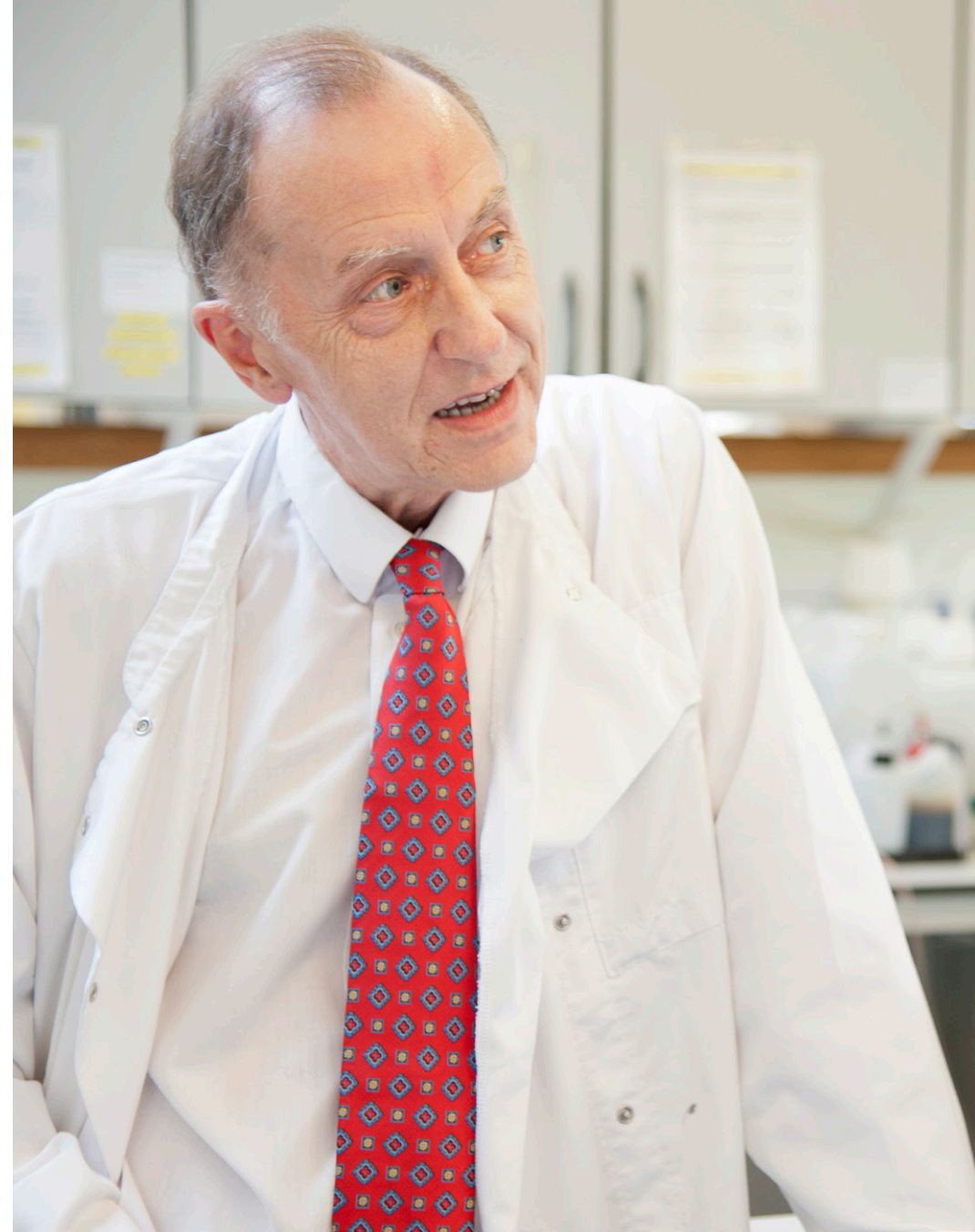
Guy's & St. Thomas' Hospital Scientific Director Dominic Harrington with the three finalists of the 2015 Innovation Fund (from left to right): Aled Jones, Kazia Mayger, David Card, Dominic Harrington.

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 reach their potential, develop new skills and build their network across Viapath. The Personnel Today Awards encompasses Innovation Academy, Future Leaders in Innovation, Innovation Fund and Scientific Learning and Development Fund. We were particularly pleased that this group was shortlisted for the Personnel Today awards. We were commended for our novel approach to combining innovation with learning.

We were also delighted to see two members of the Future Leaders in Innovation group invited to join the CSO (Chief Scientific Officer) Quality Champions – a group initiated by NHS England to provide scientific advice and expertise from across the healthcare science system in support of new care models nationally.

Our Innovation Fund made further awards during 2015 of up to £10,000 each. The fund was designed to facilitate translational research with the hope this would lead to the introduction of new tests.



King's College Hospital Scientific Director Professor Roy Sherwood

## Successfully completed Innovation Fund projects during 2015 included:

- The use of next generation sequencing as first line screening for the diagnosis of inherited metabolic diseases.
- HLA (Human Leukocyte Antigen) typing by next generation sequencing.
- The study of cytokines in haematological syndromes.
- Identification and diagnosis of epidermolysis bullosa simplex skin disease with exophilin-5 defects using immuno-histochemistry and modern electron microscopic methods.
- The development of a TMS (Tandem Mass Spectrometry) method for the measurement of homogentisic acid in patients with Alkaptonuria.



If you would like further information on the above projects please contact us at: [InnovationAcademy@viapath.co.uk](mailto:InnovationAcademy@viapath.co.uk).

The Viapath Innovation programme has recently been short-listed for the 2016 Advancing Healthcare Science Innovation award.

**Dr. Dominic Harrington**  
Guy's & St. Thomas' Hospital  
Scientific Director

**Professor Roy Sherwood**  
King's College Hospital  
Scientific Director

## Focus on – EvE one of our 2015 Innovation Fund winning projects

Trainee Clinical Bioinformatician, Aled Jones, from our Genetics laboratory at Guy's & St. Thomas' Hospital, explains how the Innovation Fund has supported the development of his project EvE (Embryo vs Embryo).

The nucleus of each cell in the body contains genes, the blueprint to make each human being, in the form of DNA. Within each cell DNA is packaged up into 23 pairs of chromosomes.

When cells divide the chromosomes are copied. During this process chromosome rearrangements can occur, exchanging genetic material between chromosomes. Individuals can have a rearrangement and be perfectly healthy if the rearrangement is balanced, with no loss or gain in genetic material.

However, an individual with a balanced rearrangement may have trouble having children. This is because each parent has a pair of chromosomes and passes one from each pair to the child. If the rearrangement is passed on in an unbalanced form, the child would have extra or missing genetic material which can cause miscarriage or the child to have physical or development issues.

Couples who are known to carry a chromosome rearrangement can undergo Pre-implantation Genetic Diagnosis (PGD), an extension of In Vitro Fertilisation (IVF) where an egg is fertilised in the laboratory. Each fertilised embryo can be tested to determine if it is balanced or unbalanced to identify embryos suitable to be implanted into the mother.



Embryo Biopsy

Reference: <http://fertility-concepts.nycivf.org/tag/embryo-biopsy>

PGD testing is performed using comparative genomic hybridisation (CGH). This technique directly compares two samples to identify if there is any gain or loss in material. Prior to this project each embryo was compared with a normal sample, called reference sample. However, because the sample from the embryo is so small and is different to the reference sample the analysis is very difficult.

The project team aimed to develop a new method to enable us to directly compare one embryo against another embryo, rather than against a reference sample, and were lucky enough to be successful in our application to the Viapath Innovation Fund. We used this money to develop the EvE algorithm (Embryo vs Embryo) and then implement it into clinical practice. EvE has improved the quality of analysis and reduces the chance of the PGD test failing.

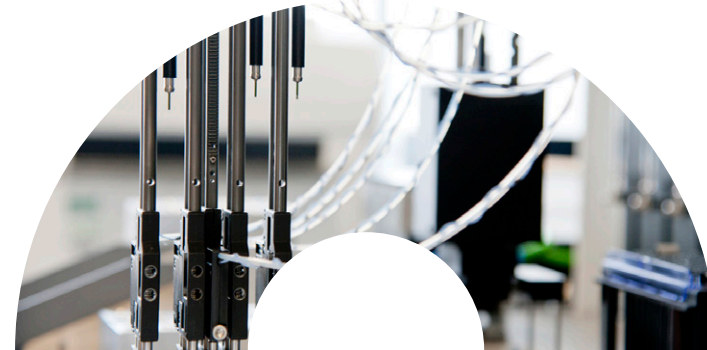
This results in more embryos that are available for prospective parents to be implanted and hopefully nine months later - healthy babies! It also has the advantage of reducing the cost of the test. EvE was presented to the rest of Viapath at the Innovation Academy at the end of 2015 and was judged to be the best presentation.

You can find out more about genetic conditions from the National Genetic Alliance UK website:

<http://www.geneticalliance.org.uk/>.

### **Acknowledgments:**

Co-author Adele Corrigan - Pre-Registration Clinical Scientist at Viapath Genetics Laboratories and colleagues at the Assisted Conception Unit (ACU) at Guy's & St. Thomas' Hospital NHS Foundation Trust



# Our Progress with Quality Assurance & Accreditation

Liz Adair our Head of Quality

2015 was an extremely busy year, which saw a number of our Quality initiatives becoming embedded across the Company. Quality covers all aspects of our work and we use our definition of Quality every day, which is:

**“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 service experience for patients and customers alike.”**

The processes and procedures we follow to ensure that our services are of the highest quality are highly complex. This means that it is important that we measure and audit everything that we do, and take action quickly when we spot a potential or actual problem. We have made important progress in how we tackle complex problems through supporting our Quality and Operational teams helping them to work together across the organisation, and make sustainable changes.

I have spent time on all our sites, with our employees,

clinicians and patients to understand what the key quality challenges were, and how we could resolve them together. I saw some excellent areas of practice, which has also been reflected in our progress with our key external accreditors. We have worked in partnership with our Partner NHS



Our Head of Quality Liz Adair with Quality Manager Jeremy Skinner

hospitals to help prepare for Care Quality Commission (CQC) inspections across their sites, and you can read more about this in the 'Lets Talk Quality - Our Phlebotomy Services' section.

I heard vivid accounts from some of our patients who told me that they trusted our laboratories to give accurate results. Some were on blood thinning tablets, and have a treatment record commonly known as the Yellow Book, which they carry with them. After their blood is taken, the Yellow Book is given to the laboratory for new blood results



Professor Beverley Hunt in her Haemophilia and Thrombosis outpatient clinic

to be added. The patients described how important it was to them that we look after their Yellow Book safely.

Our Customer Service team have also been working closely with GP's and our customers. Our Bedford service has established strong links with a number of practices, with good evidence of joint problem solving and rapid resolution. You can see what our patients and customers thought of our services in the 'How did we do? - Complaints and Compliments' section.

In 2015 we have demonstrated that our employees are spotting and reporting incidents early. This is based on the encouraging increase in Green Incidents, which are considered to have a minor impact on patients, but taken together provide important information about our overall service quality. We act quickly to address underlying issues to prevent them reoccurring or escalating into more serious problems. You can read more about this in the 'Safety - How did we do? - Adverse Incidents' section.

Our corporate functions in Viapath Services such as Procurement; and Viapath Group such as Finance, Business Development and Human Resources, play an important role in ensuring that we deliver all aspects of our Quality standards across the whole Company, not just in the laboratories. Therefore when we are inspected or assessed



by external accreditation bodies such as the United Kingdom Accreditation Service (UKAS), they also check that our corporate services are supporting the laboratories' work. We have progressed our electronic Quality Management System (QMS) for our corporate teams and you can read about our progress in the 'Effectiveness - how did we do? - Our Electronic Management System' section.

Viapath offers the only nationally recognised and accredited Phlebotomy training programme which includes guaranteed clinical practice in a hospital setting. We have phlebotomy students from all over the UK and beyond. The training programme is accredited by the Open College Network (OCN) and gives a real insight into how our laboratories work with the phlebotomy teams to ensure that we offer safe care.

I was fortunate enough to join the training in November 2015 where I met a wide range of enthusiastic students and saw how the Phlebotomy trainers ensure that our exacting standards are carried out every day.

Finally, I am delighted to welcome Carolina Salgado to the Quality team as the Quality Hub Coordinator. Carolina joined us in June and has led some important

Quality initiatives across Viapath. These include the roll out of our electronic Quality Management System, and the development and launch of our employee bi-monthly Quality Matters newsletter, which highlights our quality initiatives and progress, with the patient firmly at the centre.



**Liz Adair**  
Head of Quality



## Dr. Robert Hangartner our Caldicott Guardian: What is Information Governance?

The way that information is kept secure and overseen, is known as Information Governance. Information Governance 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 employees undertake the national training and testing in the same way as NHS employees. 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 were revised in 2013 and recognise the importance of sharing data between healthcare professionals and healthcare organisations in a way which helps enable patient care. You can find out more here: <http://systems.hscic.gov.uk/infogov>.

## The Seven Caldicott Principles



These Principles have been incorporated into guidance issued by the Health and Social Care Information Centre (HSCIC). The HSCIC guidance sets out five rules:

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

**Rule 2:** Members of the care team should share confidential information when it is needed for the safe and effective care of an individual.

**Rule 3:** Information for the benefit of the community should be anonymised.

**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.

Our Chief Information Officer (CIO) Richard Rolt, is a member of the Viapath Executive team, and 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 risk information

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 Group's Board. These arrangements ensure that information governance matters can be considered at the highest levels within our organisation.



**Dr Robert Hangartner**  
Caldicott Guardian

# Our Quality Objectives



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

# Our Progress with our Quality Objectives

## Our Quality Objectives

We use 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**, to define our Quality Objectives and standards for 2015.

We developed them under these three headings and they are described, together with our progress in the following sections.



Viapath Quality Pledge

# Safety

## What were our Safety Objectives in 2015?

### Safety

- We will ensure that our **Governance Risk and Quality (GRQ) Framework** is in place and embedded across the Company.
- We will **increase accountability and visibility** by embedding the Viapath Governance, Risk and Quality Framework **across all our laboratories**. Our Quality Managers will have easily recognisable laboratory coats and Quality Assurance visits will commence.
- We will continue to **listen to and act on clinical customer complex problems**, working in partnership to resolve them. This will include raising awareness of potential issues and incidents promptly.
- **To implement H&S Key Performance Indicators** by defining and measuring progress towards our strategic and organisation goals to highlight areas where Viapath performs well and identify improvement themes.
- **To deliver clearer reporting of H&S Incidents** by implementing a structured system for data collection to enable detailed analysis of accident trends and focus strategy and resource on critical areas.

### Health & Safety (H&S)

- **To develop active H&S monitoring** by strengthening our inspection activity to proactively monitor compliance with Viapath's Safety Management System and Statutory Obligations.

## How did we do?

All our sites have well established monthly site Governance, Risk and Quality meetings.

In September 2015, we moved our Viapath GRQ monthly meeting to be an integral part of the Operations Performance Review Meeting (PRM), recognising that complex problems require close working with Operations and Quality. This forum has senior managers and Executive members present, including our Medical Director who chairs the Viapath GRQ section of the PRM.

As a result we have made demonstrable progress in resolving a number of inter-site issues. For example our couriers now scan GP bar coded samples so that we know real-time if there is a delay.

2015 has seen a raised focus on visibility and several senior managers and Executive team members have spent a day in the laboratories to see how they deliver their services and to listen.

In December 2015 the Quality Team launched the first edition of Quality Matters. This is distributed to all our employees and pathology clinical leads and highlights key quality initiatives, information and provides an opportunity to share best practice and learning from when things don't go according to plan.



Quality Matters editions one, two and three

## Never Events

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

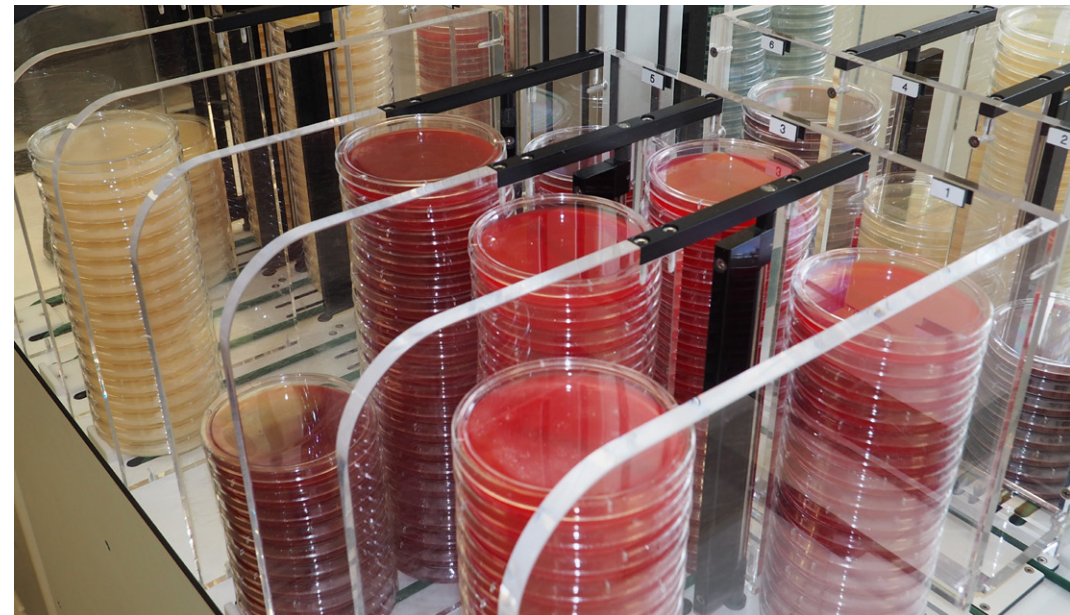
Unfortunately, we had two Never Events at the beginning of the year in our mortuary service at King’s College Hospital. On the first occasion there was an inappropriate patient disclosure. This very regrettable situation was recognised and rectified extremely quickly, and we have been working hard to prevent any future re-occurrence.

On the second occasion there was an incorrect patient transfer which was very quickly recognised and the situation was rectified with no adverse consequences for the patient or their relatives.

On both occasions our team worked very closely with the families and clinicians involved. We undertook our Duty of Candour to ensure that the families were informed about what happened and what we did to prevent such a recurrence.

In both instances there were compliance issues with our standards and procedures. This was fully investigated and appropriate actions taken to prevent recurrence. A contributory factor to the problem was the need for improvements to the mortuary environment.

In July 2015 we undertook a joint project with King’s College Hospital investing over three hundred thousand pounds. We are very proud of our improved mortuary department. We have used these incidents to review the whole mortuary service standards and processes, and have had no recurrence since.



Agar plates in our Microbiology Laboratory at Bedford Hospital



## Adverse Incidents

During 2015 we reported 720 Adverse Incidents which fall under the following categories: red, amber and green. This was an increase of 45 from 2014. To put this another way in 2015, out of one hundred thousand units of activity, we had three incidents. The incident ratios per site are contained in the table below.

**Table One – Incident ratio per site in 2015**

Incident ratio	BDF*	GSTT*	KCH*	Total average
Total Average Ratio of incidents per 100,000 units of activity	3	2	4	3

\*BDF - Bedford Hospital NHS Trust

\*GSTT - Guy's & St. Thomas' NHS Foundation Trust

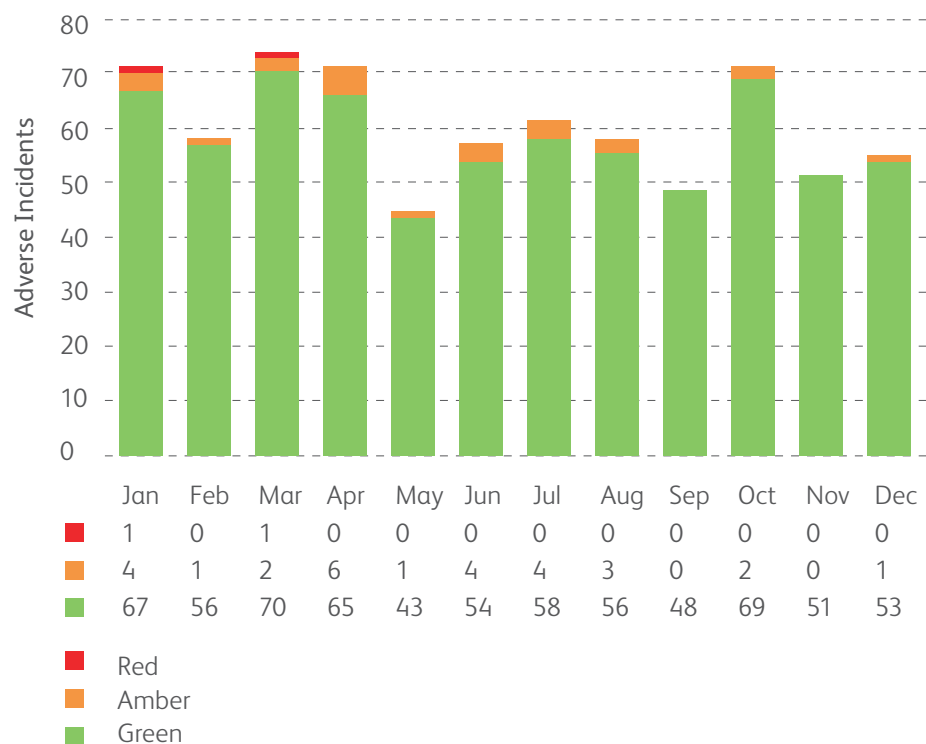
\*KCH - King's College Hospital NHS Foundation Trust

We review incidents with our NHS Trust Governance Teams and agree the actions required together. The most serious incidents are categorised as red and in 2015 we reported two, compared with three in 2014. These two red incidents occurred at the mortuary services as described above in the 'Never Events' section.

The amber incidents, although less serious than red incidents, can potentially be harmful. Over 2015 we reported 28 amber incidents compared with 31 in 2014. In 2015 the number of green incidents reported was 690, an increase from 641 reported during 2014. Green incidents are judged not to have caused significant harm although they can compromise service quality, and inconvenience patients. We want to prevent green incidents escalating to a more serious problem and therefore we encourage all our employees to respond rapidly.

We take all incidents seriously and continually encourage our employees to report and respond to these quickly. This is to help us identify recurrent themes and trends that are used to develop action plans to improve the overall service quality. The following graph shows the distribution of incidents across the year.

**Graph One – Incident ratio per site in 2015**



All incidents are overseen by the Quality team. We consider the large relative number of greens compared with amber/red incidents as indicating our employees are vigilant in detecting and reporting incidents.

We would be concerned if the number of amber and red incidents increased year on year; however, we view increases in the number of greens as representing a healthy reporting culture that enables us to continuously improve our services.

We categorise incidents in the following analytical stages:

- 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)

**Table Two – Total number of incidents reported per analytical stage per site in 2015**

Analytical Stage	Total per site			Totals
	BDF*	GSTT*	KCH*	
Pre-analytical	76	114	191	53%
Analytical	13	42	57	16%
Post-analytical	16	77	96	26%
Other	38			5%
<b>Totals</b>	<b>720</b>			<b>100%</b>

\*BDF - Bedford Hospital NHS Trust

\*GSTT - Guy's & St. Thomas' NHS Foundation Trust

\*KCH - King's College Hospital NHS Foundation Trust



Nicola Wain Biomedical Scientist working in our Microbiology Laboratory at Bedford Hospital

Table two demonstrates that we have most problems occurring in the Pre-Analytical stage. We have therefore developed a programme of work to tackle inter-site problems and undertaken a number of projects to implement shared learning.

A project was undertaken in partnership with our Courier, who collect and deliver samples to and from all of our sites. It was apparent that not all samples reached us safely or they were delayed and it was difficult for us to find out why. Now our Courier Partner scans all our samples when they are collected and again when they reach our Specimen Reception. Now we know exactly where specimens are in real-time, and can tackle the cause of any delays.

Due to the success of the inter-site pilot we have now expanded the service to other customers. We have also reviewed and changed the transport bags which the specimens are contained in, to ensure that the samples arrive safely.

Early indications are that the number of complaints and issues raised regarding sample transportation has reduced.

## Risk Register

### Viapath has two key issues on its Risk Register regarding Quality:

- Poor physical infrastructure affecting some laboratories on our London sites
- A complex set of legacy IT systems in our laboratories which are in the process of being modernised

We have started work with our NHS Partners to develop a long term solution regarding infrastructure and it is a major driver in developing our new Service Model. We are well into phase one of a major programme of work to introduce a Laboratory Information Management System (LIMS) on our Guys' and St. Thomas' sites, and an overarching 'Enterprise' system that will link all our sites.

## Health and Safety

**To maintain the focus on improving our Health and Safety (H&S) performance, we have continued to develop and deliver our strategy.**

During 2015 we enhanced several key elements of our H&S Management System whilst sustaining the good safety practice already embedded across the business. As a result, our Management of Risk has been developed to include:

- A monthly set of key performance indicators implemented to measure H&S performance.
- A more robust H&S inspection programme. All departments are inspected monthly and non-conformances are formally monitored.
- An incident database enabling interpretation of statistical incident data and direct cause factors in a systematic way to better understand where and how risks arise.



Our Head of Health & Safety Emer Nestor

Viapath views its support for local H&S officers as a key element in ensuring our H&S Management Systems are successful. During 2015, site H&S meetings were re-structured to be held monthly rather than quarterly. This has given H&S officers more opportunity to meet and discuss common issues, share ideas and review incidents.

June 2015 saw Viapath’s 3rd Annual H&S Forum event which was very successful. It is an important date in Viapath’s annual calendar and enables H&S officers across the business to meet with colleagues from other sites and look back over the H&S highlights and issues over the year.

Also, as in previous years, H&S Officers received Institute of Occupational Safety and Health (IOSH) and risk based training delivered through the British Safety Council.

## Accidents and Incidents

### Health and Safety Executive (HSE) Inspection

On 23 March 2015 the HSE conducted an investigation after a microbiology sample was handled at the wrong biological containment level, because there was insufficient clinical information on the specimen request form.

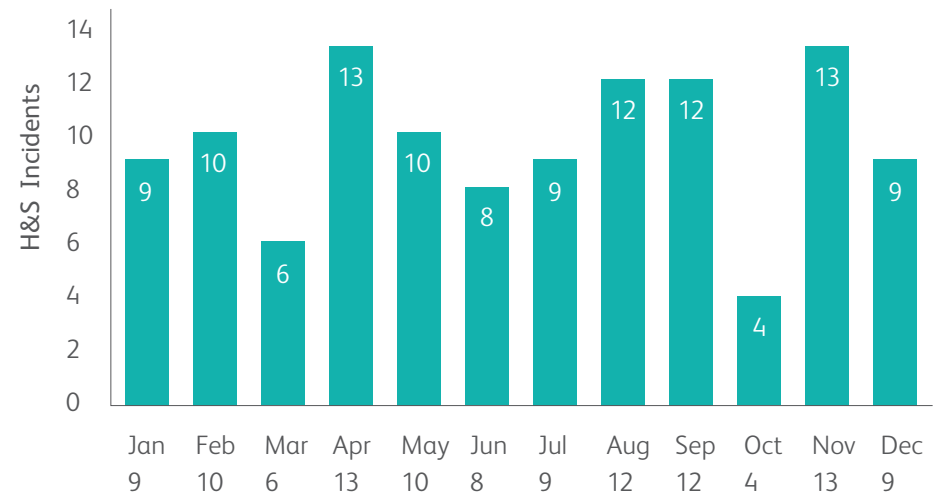
After the investigation the HSE Inspector was content with the proactive approach taken and action plan in place and no formal notice was issued.

The lessons learnt from this incident were disseminated throughout the organisation. Communicating HSE recommendations provided an opportunity for pre-emptive action where required.

### Analysis of Accident Trends

In 2015 there was a comprehensive review of H&S Practices in Phlebotomy. This was to identify the possible organisational and human factor elements of historical

**Graph Two – H&S incidents reported in 2015 across all sites (Total 115)**





Scott Woodland Specimen Reception Assistant working in our Central Specimen Reception at St. Thomas' Hospital

accidents so that processes, procedures, and training of Phlebotomists could be further improved.

The review highlighted several key areas for development including H&S Induction, competency assessment, monitoring and training on our electronic reporting system. There was a concerted effort by the Phlebotomy H&S Lead and Management Team to act on review findings, make significant improvements and implement a robust H&S programme within the Department.

For example, needle stick injuries must be reported in a timely manner with a standardised process of review followed by retraining and support for the injured employee. As a result we have seen a substantial drop in needle stick/sharps injuries during the reporting period January – December 2015, 32 compared with 45 during the same period in 2014.

# Lets Talk Quality

## Blood Transfusion Laboratory Services

Viapath Analytics provides blood bank services for patients on all our NHS hospital sites. This involves carrying out complex tests to ensure that the blood products we provide are safe and compatible with the patient's own blood.

In some cases we refer some of the tests to the National Blood Transfusion Service (NHSBT) for further testing. We adhere to the Blood Safety and Quality Regulations (Statutory Instrument 2005 No. 50) which are regulated by the Medicines and Healthcare products Regulatory Agency (MHRA). You can read more about the MHRA in our 2014 Quality Account:

<http://www.viapath.co.uk/annual-quality-report-and-account> .

Adherence to these stringent regulations helps to ensure an effective quality management system that ultimately results in our patients receiving the correct blood products safely every time.



UNDER THE MICROSCOPE

### Did you know?

That a blood sample goes through six checks throughout the sample journey to ensure the patients' details are correct.

## What is blood, what are the different types and what is it used for?

**Blood** is a living tissue composed of blood cells suspended in plasma.

The volume percentage of cells in whole blood is about 45%. It is composed of red blood cells (erythrocytes) white blood cells (leukocytes) and platelets (thrombocytes). The remaining 55% consists of liquid plasma which is 92% water.

**A blood group** is determined by antigens and antibodies in the blood. Antigens are found on the surface of the red blood cells, while antibodies are found in the plasma and are a part of our body's natural defence against bacteria and viruses, which are called pathogens.

There are four main blood groups within the ABO system: A, B, AB and O. Each group can either be RhD positive or RhD negative referring to the presence or absence of the D antigen.

Receiving blood from the wrong ABO group can be life threatening and potentially cause death. O negative blood is the universal donor blood. The three blood functions are:

- **Transportation** of oxygen from the lungs to vital organs using veins, arteries and capillaries. Blood is also

responsible for removing carbon dioxide and metabolic waste for disposal.

- **Regulation** of the acid-alkali balance (pH) and ensuring the body temperature is regulated at about 37.4°C.
- **Protection**, white blood cells and antibodies attack anything which is seen as foreign, for example bacteria.





## How do we ensure quality of service in Blood Transfusion?

Here are some examples of measures taken to ensure the quality of the service.

**Blood cold chain** which is a system that ensures all blood/ blood products are stored and transported at the correct temperature and condition from the point of collection from the donor to the point of transfusion to the patient. Deviations from the blood cold chain affect the viability of the blood and blood components, reducing the clinical benefits. Also, it may cause life threatening transfusion reactions as well as causing the proliferation of bacteria during the storage process.

**Traceability** is another quality system where all blood donations can be traced from the donor to the final fate of the blood or blood component. A donor can become unwell shortly after donation, for example with fever and chills that might indicate they had a bacterial infection while giving blood, so it is important to locate all their donated blood for testing and to prevent it from being given to patients.

If it has not already been used, the blood donation can be quarantined but if it has, the recipient will be contacted for further investigations.

Other quality measures include competency assessment for all employees, adherence to strict quality assurance procedures, investigations and reporting of any blood transfusion incidences in order to prevent reoccurrences, and regular audits of our quality management systems.



# What are our Safety Objectives for 2016?

## Safety

- 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 culture**.

We will work closely with nurses and doctors to achieve this objective and we will continue to learn from issues and complaints.

## Health & Safety

- **Develop an In-House Fire Risk Management System** to ensure we manage fire risks as robustly as possible.

We will begin to broaden our pool of fire risk assessors to ensure we have employees who are not only trained but who have the necessary experience and competence to carry out fire risk assessments across the business. This will reduce our reliance on third parties to carry out this work and mean that we have more control of the process.

- **Implementation of Chemical Management System** as a business we handle many hazardous chemicals.

We need to ensure the safety of our employees and others when using, transporting and disposing chemicals. Our objective for 2016 is to further develop our current systems and implement changes to improve, for example, how we keep inventories, the quality of our chemical assessments and our emergency spillage procedures.

# Effectiveness

## What were our Effectiveness Objectives in 2015?

### Effectiveness

- All our laboratories undergoing inspection are expected to **continue** their **accreditation and regulator status**. Those which are undertaking accreditation will be working to have ISO15189 granted as part of their four year inspection cycle.
- We will complete the **roll out** for all the laboratories and corporate services to use an **electronic Quality Management System** for managing all aspects of Quality including how we manage our core documents and policies.

## How did we do?

### Inspection and Accreditation

In 2015, many of our medical laboratories underwent inspections or accreditation visits. You can read about some of the inspectors and regulators, who ensure that Viapath delivers high quality and safe Pathology services, in our 2014 Quality Account: <http://www.viapath.co.uk/annual-quality-report-and-account>.

We are making good progress with our transition from the Clinical Pathology Accreditation (CPA) process, to ISO15189 by the United Kingdom Accreditation Service (UKAS). Seven of our laboratories underwent the UKAS transition assessment in 2015.

We are delighted that in July our Immunodermatology and Dermatopathology laboratories which provide specialist dermatology services and based on our St. Thomas' site, were the first in Viapath to be granted accreditation to ISO15189.

Once laboratories have been accredited, UKAS return every year with technical experts to assess the laboratory, and make sure that we are maintaining the required standards. Our Nutristasis laboratory has been assessed by UKAS as

an external accreditation body under ISO 17043. This means that the laboratory undertakes external accreditation for other laboratories to check that they have reached the required standards and Quality assurance.



Our St. John's Dermatopathology & Immunodermatology Laboratory Team at St. Thomas' Hospital

You can view the status for all of our laboratories on the UKAS website: <https://www.ukas.com/search-accredited-organisations/>.

Also in 2015, both of our Partner NHS Acute hospitals and principle NHS hospital customer received planned inspections by the Care Quality Commission (CQC). Although Viapath was not inspected by the CQC in 2015, we are important partners for such an inspection, because the CQC are interested in the care given to patients and carers, and how well employees are managed.

On our London sites based at Guy’s & St. Thomas’ Hospital NHS Foundation Trust and King’s College Hospital NHS Foundation Trust, our phlebotomy teams work both in the hospitals and in local GP practices. In response to preparing for the CQC inspections, our Quality team led a project to ‘shine a spotlight’ on our phlebotomy services.

We were able to celebrate their progress and support them to make changes to further improve the care they deliver. Please see the ‘Effectiveness - How did we do? - Inspection & Accreditation’ section to see how we got on.

We also developed and rolled out across the Company, a ‘How To Guide’, primarily aimed for our hospital-based junior medical and nursing staff who take blood regularly

on the wards for our Blood and Infection Sciences services. It is important that samples are labelled and tests are ordered correctly, because if there are mistakes, then it can delay the results for the patient.

We had a very successful Quality inspection by NHS England National Screening Programme in June 2015 to our New Born Screening laboratory and the team were invited to share several aspects of their service best practice nationally.



Our New Born Screening Laboratory Team at St. Thomas’ Hospital

## Our Progress on implementing an electronic Quality Management System (QMS)

Having a robust QMS allows us to effectively manage our Quality, Risk and Safety management systems. Our Quality Managers are responsible for ensuring the QMS is maintained and managed effectively and providing assurance to our external regulators that Viapath is committed to a high quality service.

Our QMS demonstrates how we are continuously evolving and improving our processes and procedures. This powerful tool enables an action and workflow mechanism for effective management of our quality standards. To ensure our laboratories are compliant with our assessment entities we utilise our QMS to define our organisational structure, responsibilities, policies, procedures, processes, standards and resources required to achieve those.

This is particularly important as our laboratories shift from CPA to ISO15189 inspections.

We began a long-term project plan to roll out our electronic QMS from 2015. We undertook an initial analysis of the needs of the organisation as a whole in order to identify the areas that required most support.



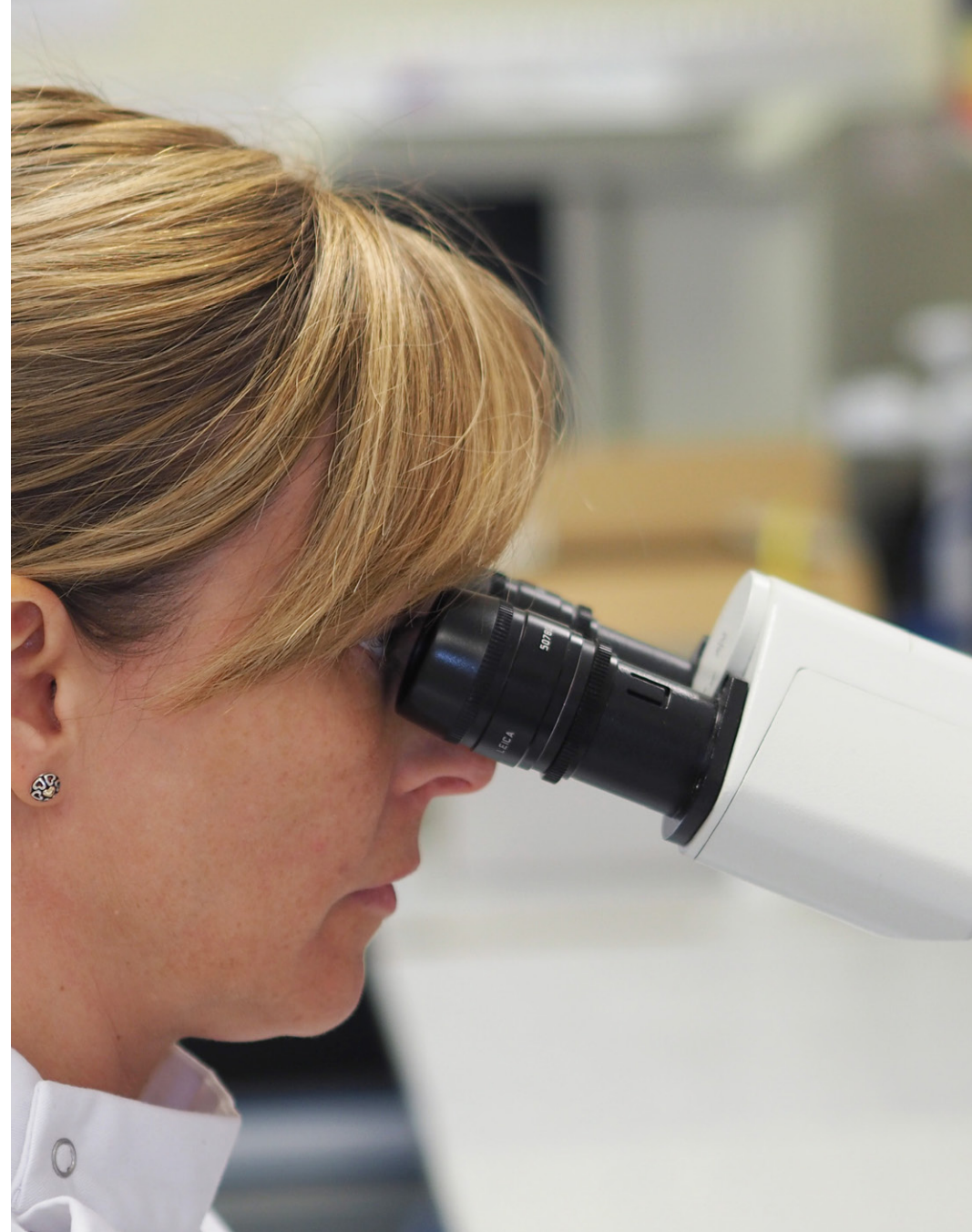
### Full intergration of all QMS functionalities allows

- Quality Management
- Operational Efficiency
- Problem Anticipation
- Compliance
- Safety & Risk Management
- Action Management
- Workload Management
- Performance Monitoring

The corporate functions of Viapath as well as some laboratories were identified as the areas that required urgent support. A work programme was developed according to the specific needs of each department and training was delivered. Some of the things we did were:

- Identified levels of training required for each employee (basic or advanced);
- Advance/Basic training sessions delivered;
- 1-2-1 training sessions with key super users;
- Regular quality meetings in place to monitor successful implementation across the different teams.

In 2016 we will continue to provide training and support to our employees to ensure they are fully confident in using our electronic QMS as part of everyday business as usual. As Viapath continues to expand we will ensure that all new customers also use our electronic QMS.



Lorraine Gillard Biomedical Scientist working in our Cellular Pathology Laboratory at Bedford Hospital

## Lets Talk Quality

### Our Quality Champions

“On our Bedford site, the laboratories have well established and effective systems of clinical governance and risk management. However, the teams recognised that all employees play an important role in making simple, straightforward changes or solving problems as a team, which can really make a difference to the quality of our services.

So the idea of creating Quality Champions at Bedford was born and in 2014 the idea started to come together, with enthusiasts from all areas of the service starting to meet regularly together.

I am very proud to be supporting the Quality Champions who play such an important direct role, enabling everyone in the laboratory to have the opportunity to participate and to contribute directly to improving the quality of service provision (and potentially make their working lives easier). Hence, the Quality Champions Group was established.”

**Dr Fraser Mutch - Our Bedford Hospital Clinical Director**

Members can be anyone with a keen interest in Quality who meet monthly to raise issues impacting on the quality of service provision and to develop/implement possible solutions to those issues quickly. These examples highlight the work of the group.



Our Bedford Hospital Clinical Director Dr Fraser Mutch with the Quality Champions (from left to right): Dr Fraser Mutch, Gina Rowan, Tafadzwa Moyo, Jocelyn Lewis, Ahmed Wali, Laumalai Dias De Barros.



Firstly, there were problems with storage of microbiology samples received ‘out-of-hours’ as the fridge in Central Specimen Reception (CSR) was too small, due to space constraints. One member of the group suggested using large clear tubs when the fridge in CSR becomes too full. Items are placed in the tubs and decanted to the cold room in biochemistry overnight. An annoying problem that had gone unaddressed for a long time was solved with less than two minutes discussion by a very simple solution.

Secondly, a comparatively new MLA (Medical Laboratory Assistant), who had previously worked for a pipette company, noted that her department’s methods for using and storing pipettes were sub-optimal. A quick audit demonstrated that this was a building-wide issue. The MLA was tasked as a Quality Champion to find the solution. She arranged for a pipette company to provide update training for users and, furthermore, negotiated this training to be free of charge.

Without the Quality Champions Group, these issues would probably have continued to go either unresolved or entirely unrecognised. The group works collaboratively as a team, to solve ‘under the radar problems’, by using their knowledge and expertise to improve the service and reinforcing the Quality Pledge values.



# What are our Effectiveness Objectives for 2016?

1. To demonstrate assurance that all laboratories are working to and achieving, the UKAS CPA/ISO15189 transition requirements, for laboratory accreditation.
2. 90% or more of all audit non-conformities to be cleared within 12 weeks of opening date.



# Positive Patient & Customer Experience

What were our Positive Patient & Customer Experience Objectives in 2015?

## Positive Patient & Customer Experience

- Our Patient and Customer services will be reviewed and a strategy developed, in order to enhance our responsiveness and learning from issues and complaints.
- We will ensure that Quality sits at the centre of business development and how we ‘on-board’ new customers to the ‘Viapath Way’ of achieving the highest quality services and care.

## How did we do?

### **Our Operating Board approved the Viapath Quality and Customer Service Strategy in June 2015.**

The Quality & Customer Service Strategy is a long term plan with the same importance as other critical business functions. It requires commitment and employee enthusiasm over a long period (3 - 5 years) in order to develop a culture, which truly places the patient and customer at the centre of all we do.

Quality is a key component of the way in which we develop new business and integrate new customers into how we work. It carries equal importance together with financial, operational and legal aspects of the Company business.

As we develop new ways of working and plan for the future, Viapath has ensured that Quality sits both within and across all the work-streams who have been tasked with creating and delivering the change. So, for example, where we are planning to change our Service Model there is a quality manager who is a member of each work stream.



UNDER THE MICROSCOPE

### **Did you know?**

That in 2015 we bled 508,277 patients across our phlebotomy services and that we received seven formal complaints about our phlebotomy services.



Abul Ali Specimen Reception Assistant working in our Central Specimen Reception at St. Thomas' Hospital

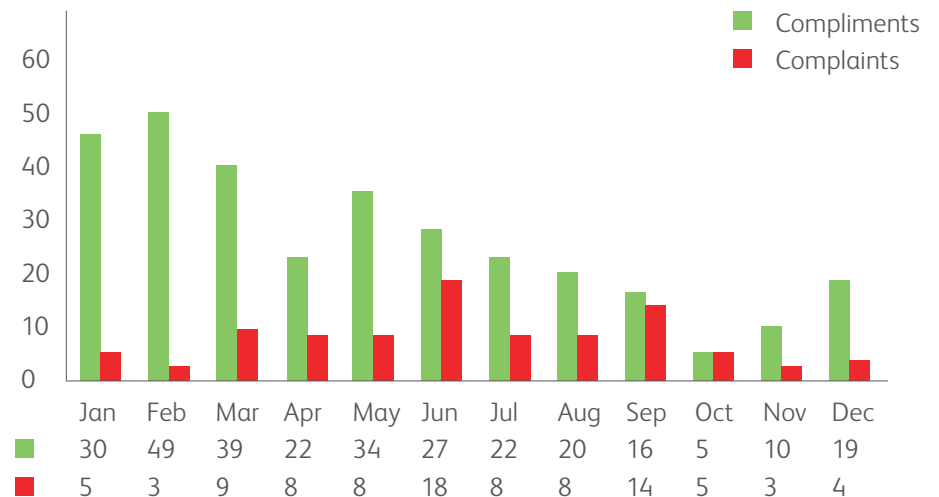
## Complaints and Compliments

**During 2015 we had 105 complaints and 281 compliments**

In 2014 we introduced and built up our central customer service team that have enabled us to respond to all our customers better. In addition we undertake regular patient feedback sessions and the laboratory teams seek and act upon clinical feedback as part of our accreditation requirements. The majority of our complaints are handled by our Customer Service team.

On the next page is an example of a formal complaint received about our phlebotomy service and our response; and a compliment.

**Graph Three – Compliments & Complaints in 2015**



## Complaints

### Complaint from a Phlebotomy Patient:

“The appointment was very quick and not entirely gentle, and at the end of the appointment the phlebotomist pressed down very firmly with cotton wool on the needle in my arm before she began to withdraw it, which has resulted in the extensive bruising that a week later my arm is still very tender – particularly around the needle site (the bruising is uncomfortable too, but not so debilitating).”

### What we did about it

The phlebotomy team manager immediately contacted the patient to apologise, and instigated a full investigation. The Manager met with the phlebotomist for a formal meeting to discuss. The phlebotomist sincerely apologised and received further support and training. This issue has not reoccurred and the patient reported that they were very pleased with the communication and actions taken.

## Compliments

“I cannot overstate how reassuring it is to know I can keep the patients moving, knowing that (as long as I can get the correct specimens to the lab) there is a department/ departments of real quality behind me and most importantly ensuring the patients get the right treatment quickly and safely.”

**Acute Trust Consultant**

## Customer Service Team

Customer service plays an important part within Viapath as it is fully committed to continuously drive quality standards in everything it does through our vision which is:

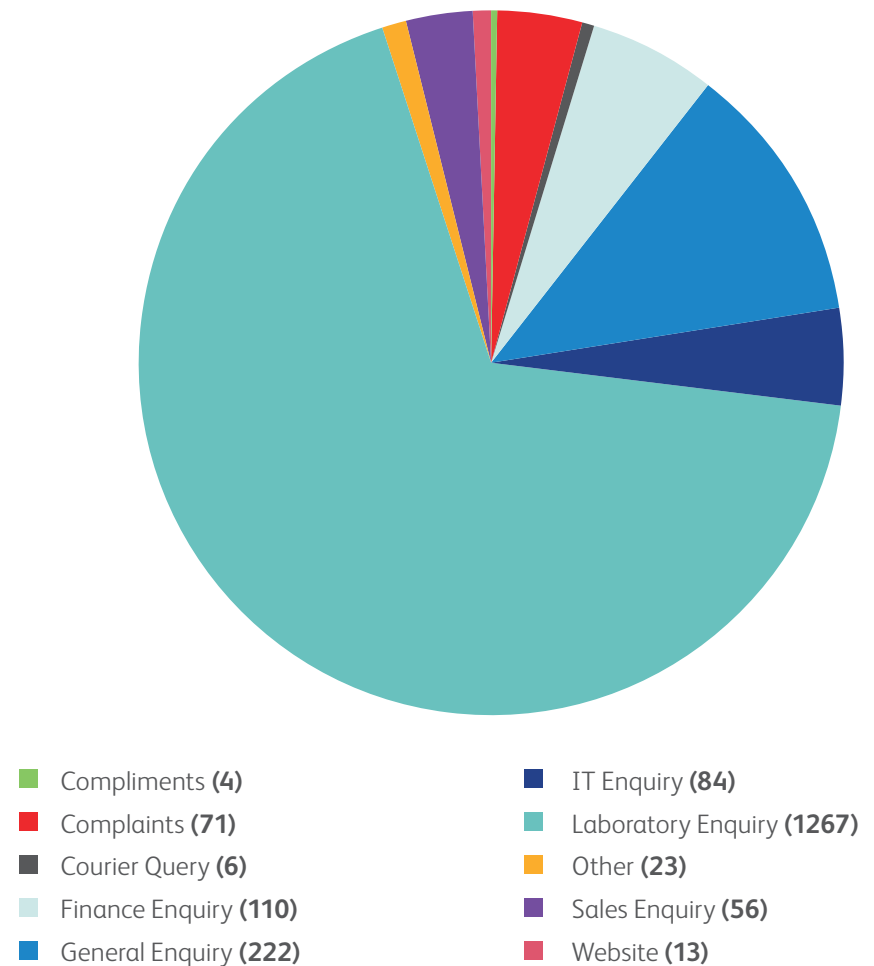
**Viapath will be the market leader in pathology services, recognised by our customers for consistently delivering service excellence. This will be achieved through our commitment to quality and our proactive approach to finding solutions for customers.**

This vision is shared through our new starter’s induction which includes a customer service awareness workshop. This workshop provides an opportunity for employees new to Viapath to understand the importance of having effective interactions with our customers in all situations.

All queries are received via our dedicated customer service team located at our central offices and at each of our sites, via our Viapath website, email or phone. In 2015 the total number of queries recorded was 1865. The pie chart below shows the different types of queries received. The majority of queries are acknowledged within 24 hours from receipt (excluding weekends).

Specifically where results are chased by customers these are provided on the same day and a review is conducted to determine why they have not been received and ensure

Graph Four – Total number of queries received in 2015



we avoid recurrence. There were a total of 71 complaints received in 2015. We had several complaints around data entry errors in particular at our King's College Hospital site where this was raised with the service delivery manager. A reflective learning method was put into place so lessons could be learned and improvements made.

This issue was also raised to the Service Improvement Team for investigation which concluded with a reorganisation of our central specimen reception service, with a new CSR area and supporting processes.



Members of the Evelina London Children's Hospital Viapath Phlebotomy Team (from left to right): Indira Jackson Davis, Mastafa Monoar, Ade Alliu, Lesley Davis.





## Viapath Analytics Key Performance Indicators

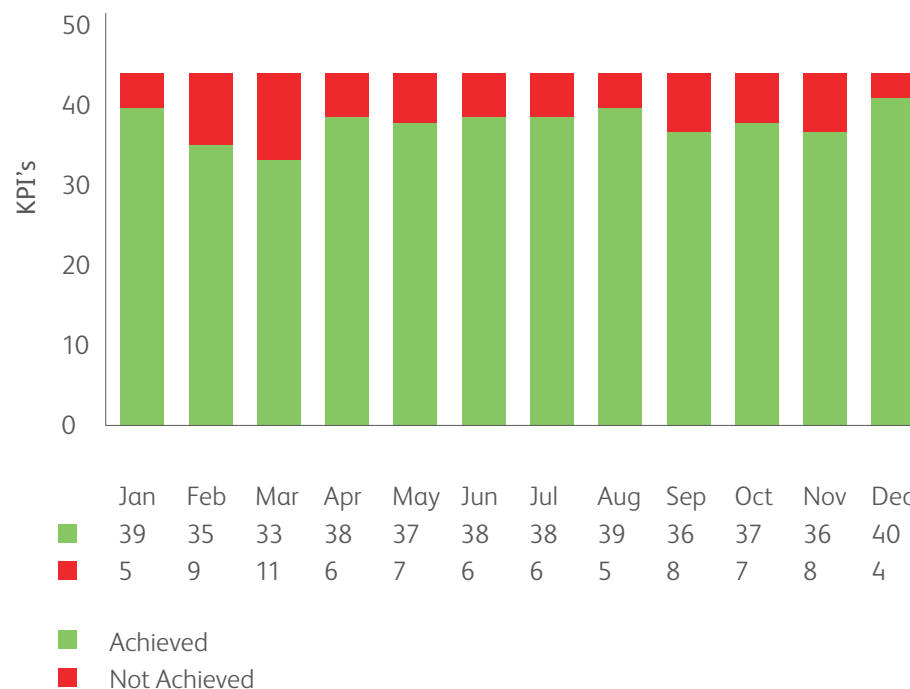
Viapath Analytics monitor and manage performance at all levels from the bench to the board. This is done using a bespoke operations performance management system incorporating short interval control, horizon scanning and the balanced scorecard approach to performance review. At every level, agreed targets and triggers are monitored and reviewed for adverse variance, trends and areas for improvement. In combination, these activities form the basis of Viapath’s performance management system; a continuous process of planning, challenge, measurement and review that supports an efficient performance culture.

A cross-sectional multi-discipline view of operational performance exists in the form of the Viapath Key Performance Indicators which cover every service provided by Viapath Analytics including Accident & Emergency, cancer pathways, new born screening and patient satisfaction. We make these KPIs challenging, aligned with patient need and in principle achievable.

Not all our KPIs are met each month; indeed if they were we would need to set more demanding ones so there is always an ‘improvement stretch’ for the organisation. When KPIs are consistently not met

there is an investigation by operational teams and the Chief Operating Officer to determine the root cause, circumstances, mitigation, resolutions and future state. The thinking and action following analysis of KPIs helps build a clear picture of performance and provide assurance that potential issues are being addressed at the earliest possible opportunity.

**Graph Five – Key Performance Indicators (KPIs) achieved in 2015**



## Lets Talk Quality

### Our Phlebotomy Services

Our phlebotomy teams play an important role in delivering patient care, across outpatient and inpatient services and GP practices.

However, when things don't go according to plan, a complaint is received or an incident occurs, the phlebotomy team are extremely responsive and make rapid changes to ensure that all possible steps are taken to prevent a recurrence. Examples include:

- We updated the phlebotomy chairs in our department at King's College Hospital.
- Reviewing the layout from a child's privacy and dignity perspective at the Evelina Children's Hospital at Guy's and St. Thomas' Hospital.
- Reviewing the phlebotomy trolleys and processes used on the wards at Guy's and St. Thomas'. Some samples had rolled to the back of the drawer, resulting in delays getting them to the laboratory.

At King's, our phlebotomy team have been experiencing some challenges with the Trust IT infrastructure, whereby the ticketing system experiences regular failures that is

affecting patient waiting times. Additionally, with the increasing number of patients attending the hospital phlebotomy service, space has become an issue. Viapath is working with King's College Hospital and has secured additional space in order for us to improve our phlebotomy patient access.



Head of Quality Liz Adair with our Phlebotomy Manager and Training Lead Seymour Vas during a phlebotomy training demonstration.

Despite these challenges the team maintains a very positive attitude and continues to prioritise quality of care making every effort to minimise disruption to our patients. This is achieved due to excellent team work. Our patients have expressed their satisfaction about the positive attitude of our people and the care they have received.

### Daniel's Story

Our King's colleagues at the blood transfusion laboratory have introduced their first member Daniel to Harvey's Gang on the 17 November 2015.

Harvey's Gang is an initiative which was set up by the Chief Biomedical Scientist at the Worthing Hospital in memory of Harvey Baldwin, a seven-year old boy who suffered from Leukemia. Daniel has received nearly fifty blood transfusions since 2012 because he is a sickle cell patient under the care of King's College Hospital. Daniel and his mother visited the blood transfusion laboratory at King's and found the tour really fascinating. They gained an appreciation of the work scientists do to prepare Daniel's blood, as they did not realise the effort required to prepare blood for a transfusion.

Young Daniel was a trainee scientist for a day and was presented with his very own lab coat, a badge and a 'goodie bag'. He got to watch a blood sample being

processed, and followed every stage including looking at the various machines and equipment used. Daniel thoroughly enjoyed his experience and has written a thank you note to the team (see below).

**“I am writing in my honorary junior scientist diary. I've always wanted to be a scientist it's my dream and it came true for the first time ever in the world I'm so feeling amazing.”**



Daniel and his mother in the middle with our King's College Hospital Blood Transfusion Laboratory team (from left to right): Aisha Ali, Liz Bergh, Ken Amenyah, Nancy Whitehead and Asma Shah.

# What are our Positive Patient & Customer Experience Objectives for 2016?

## Positive Patient & Customer Experience

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



## Our People Progress

Mary Fitzgerald our Human Resources Director

Viapath's highly skilled workforce is positively encouraged to provide feedback on what it is like to work at Viapath and how we can continue to improve. One of the many ways we do this is through our annual employee survey.

For the first time, 2015 saw every one of our service lines across Viapath get involved in local and site based employee survey action planning and were then tasked with the delivery of the local actions they want which will make Viapath a better place to work.

Further work on our Employee Proposition has continued and during 2015 we introduced a Viapath Incentive Plan, performance related pay and an employee benefits portal.

Mary Fitzgerald

**Mary Fitzgerald**  
Human Resources Director



Our Human Resources Director Mary Fitzgerald



Tafadzwa Moyo Medical Laboratory Assistant working in our Cellular Pathology Laboratory at Bedford Hospital

## What our employees told us and what we did

Organisationally Viapath has concentrated on three key employee feedback themes – **Communication, Leadership & Teamwork** and **Learning & Development**.

### Communication

- Launched our Consultation and Communication forum with Trade Union and Employee representatives
- Updated and re-launched our e-newsletter Our News, which is read by over 34 % of our people every week, 20% above average for this type of communication
- Introduced new communication channels including: IT Breakfast Club supported by a targeted monthly IT newsletter and the bi-monthly Quality Matters newsletter

### Leadership & Teamwork

- Conducted a Leadership ‘Talent review’ to identify and address gaps in skills/knowledge
- Extended our Future Leaders in Innovation programme to give more people an opportunity to take part
- Held more team@viapath charitable activities to help

break down silos and promote teamwork

- Introduced a Manager Core Skills programme

### **Learning & Development (L&D)**

- Our L&D efforts were shortlisted for the 2015 Personnel Today Award
- More than 15% of our employees have now benefited through our Scientific Learning & Development Fund
- Committed to appraisal training for appraisers and for appraisees
- Provided Customer Service facilitation training to ensure our commitment to customer service is embedded throughout the organisation

We also continued to address more general themes:

### **More Equipment and Resources**

- £7million invested into our laboratories
- Viapath's Innovation Fund supported a number of scientific projects with 'seed funding'
- A new Stock control system was rolled out and embedded

### **Improve our Estates, Processes and IT**

- Refurbished Central Specimen Reception and Mortuary at King's
- Improved storage facilities at both King's and St. Thomas' hospitals
- Delivered the Viapath Integration Engine Reward, Recognition and Celebration

### **Reward, Recognition and Celebration**

- Launched an Employee Benefits portal
- Performance Related Pay was rolled out across Viapath
- Our excellent Employee Survey participation (76%) resulted in a £1,670 donation to International Medical Corps, a charity tackling Ebola in Sierra Leone
- Held an all employee 'thank you' event
- More people than ever were recognised in our Customer Service Awards
- Supported Red Nose Day, Wig Wednesday, Jeans for Genes and Macmillan coffee mornings

World Quality Day 2015  
Viapath Challenge





# The Viapath World Quality Day Challenge

The Quality team got involved with Viapath's World Quality Day Challenge event on the 6 November 2015, by undertaking the Quality Assurance (QA) element of the challenges.

In 2014 the Viapath Quality Pledge was launched, so this year we used the World Quality Day Challenge to highlight the key elements - the five pledge words. Five teams had to transport chocolate trophies inscribed with one of the Pledge words, from the Aquatics centre at the Olympic Village to the finish at the Thomas Guy Club. Each piece was subject to a series of four Quality Assurance checks throughout the day undertaken by the Quality team.

The overall winners of the Chocolate Quality Challenge were our St. Thomas' team who received maximum bonus points which were added to their Challenge Day total. Francis House were the overall winners of the World Quality Day Challenge and received the challenge Day Trophy.

The overriding legacy of the day was the spirit in which all of the teams engaged and worked together on a complex task. It involved inter-site transportation, problem-

solving and a reliance on others to ensure that the chocolate pledge arrived safely.

Well done to all the teams!



## THE SAMPLE JOURNEY

Quality at Viapath is 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 service experience for patients and customers alike.



Patient has their blood taken



Blood tube is labelled with patient details



Sample is sent via porter or courier



Our Specimen Reception receives sample



Sample is processed



Sample is analysed



Our Pathologist reviews the results



Clinician discusses results and care with patient

# Joint Statement from the Medical Directors of our NHS Partner Trusts

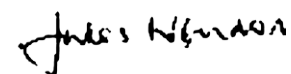
This Quality Account provides evidence of continued improvement in delivery and modernisation of Pathology services to our Trusts and other customers. We are pleased to see the presentation has been prepared with patients and non-pathologists in mind, so it tells a compelling story in plain English with minimal technical terminology. There is a transparency about discussing and learning from incident, risks and complaints as well as presenting the positives in service improvement projects, compliments, and where Quality Objectives are being met.

We particularly note the increasing joint working that is taking place between our organisations at all levels, and the investment in the Innovation Academy and staff learning and development. These developments will ensure Viapath can play an important role in translating molecular, genetic and technological advances into clinical practice for the benefit of patients, as part of our Academic Health Science Centre mission. We also note that Viapath is planning a major modernisation program for its laboratories that holds promise of providing funding to support improvements in service Quality and innovation, and we look forward to working with them on this project over the next year.



**Dr Ian Abbs**  
Medical Director  
Guy's & St. Thomas' NHS Foundation Trust

Guy's and St Thomas'   
NHS Foundation Trust



**Professor Julia Wendon**  
Executive Medical Director  
King's College Hospital NHS Foundation Trust

King's College Hospital   
NHS Foundation Trust

## Statement from Serco

Serco is pleased to have the opportunity to comment on the Viapath 2015 Quality Account and welcomes the approach Viapath has shown in developing and setting out its plans for quality improvement.

The report presents a fair reflection of progress in 2014/15 and we can confirm that the information presented in the Quality Account provides a balanced account, which is accurately interpreted, from all the data available.

It is encouraging to see Viapath's patient centred approach along with its open and honest reporting with regard to incidents with evidence of joint problem solving and rapid resolutions.

We look forward to working with Viapath during 2016.



**Ian Crichton**  
Managing Director



## 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 2015 Quality Account.



**Kieran Voong**  
Biomedical Scientist at our  
Nutristasis Laboratory/  
Photographer

Kieran is one of our talented employees who has taken most of the photographs for the Quality Account.

## Contact

Do you have questions or comments about our Quality Account?

Please contact our Quality team:  
[qualitymatters@viapath.co.uk](mailto:qualitymatters@viapath.co.uk)

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# Our Quality Objectives



**‘Care will be of a high standard if it is: safe, effective and with a positive patient experience.’ – Lord Darzi**

## **SAFETY**

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 culture.

### **Health & safety objectives:**

- Develop an In-House Fire Risk Management System
- Implementation of Chemical Management System

## **EFFECTIVENESS**

To demonstrate 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.

## **POSITIVE PATIENT & CUSTOMER EXPERIENCE**

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

Find out more

See our Quality Account online at NHS Choices: [www.nhs.uk](http://www.nhs.uk)



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