

# Quality Policy

Document Reference: POL/COMM/20



Royal United Hospitals Bath  
NHS Foundation Trust

**COPY: 2**

EDITION NUMBER:	4
ACTIVE DATE:	18/07/2024
SUMMARY OF SIGNIFICANT CHANGES IN THIS REVISION:	Change ISO 15189:2012 to ISO 15189:2022
LOCATION OF COPIES:	1. Electronically through QPulse
AUTHOR: POSITION: DATE:	Wayne Vietri Pathology Quality Manager 19/07/2024
APPROVED BY: POSITION: DATE:	Moya O'Doherty Director of Pathology 19/07/2024

## Contents

1.0 Purpose and Scope .....	2
2.0 References and Definitions .....	2
2.1 References.....	2
2.2 Definitions .....	2
3.0 Policy.....	2
3.1 Intention .....	2
3.2 Scope.....	2
3.3 Quality Management System.....	3
3.4 Commitment.....	3

## **1.0 Purpose and Scope**

Outlines the intention and commitment of the Pathology department and defines the role of the Quality Management System (QMS).

## **2.0 References and Definitions**

### **2.1 References**

ISO 15189:2022 – Medical laboratories – Requirements for quality and competence

### **2.2 Definitions**

QMS = Quality Management System

## **3.0 Policy**

### **3.1 Intention**

Our intention is to provide a high quality service that takes into careful account the needs and requirements of our patients and service users.

### **3.2 Scope**

The scope of our service is Haematology (including, Molecular Haematology, Blood Transfusion and Immunology); Cellular Pathology (including Cytology, Andrology, Histopathology, Post Mortem / Mortuary services); on-site RUH Microbiology testing; and Biochemistry. An accredited Antenatal and Newborn Screening (ANNB) programme for Sickle cell and Thalassemia's (SCT) is also part of our laboratory scope, which extends to the screening coordinators within the maternity department of RUH Bath. Pathology offers a non-accredited Point-of-

Care Testing service, e.g. for blood gases, glucose, haemoglobin and pregnancy testing. Despite not being accredited best practice guidelines and ISO 15189 standards are followed where possible.

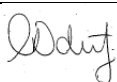
### 3.3 Quality Management System

Our QMS has been established to define and document the way that the work of the Directorate is carried out, including the organisation structure, responsibilities, policies, procedures, processes and resources used to provide the service. Examination procedures are used that are fit for their intended use. Quality objectives are set and reviewed based on a commitment to provide the right result, at the right time, to the right person. We are also committed to monitoring and continually improving the quality of the service through user surveys, corrective action and preventive action as well as improvement activities. All staff are required to be familiar with the Quality Manual and relevant procedures.

### 3.4 Commitment

Our commitment is for each discipline to maintain good professional practice in its work; to protect the health, safety and welfare of all staff and visitors to the laboratory; and to comply with all relevant legislation and relevant laboratory accreditation standards, including ISO15189:2022. We are also committed to providing effective staff recruitment and retention, as well as effective training and development to staff of all levels to support the provision of an effective service to our patients and service users.

Signed:



Dr Moya O'Doherty, Director of Pathology