

## STANDARDS, COMPLIANCE & REGULATION STEERING GROUP SUMMARY TEMPLATE

<b>Subject Area</b>	Laboratory UKAS Accreditation ISO15189:2012 / 2022
<b>Date of Report</b>	18 <sup>th</sup> July 2025
<b>Purpose of Report</b>	Assurance

<b>Report Complied By</b>	G Kennedy
<b>Role</b>	Head of Service (Laboratory)

### Brief Summary update of Areas of Good Practice (bullet points)

- **All departments currently hold UKAS Accreditation ISO15189:2012**
- Cell Path, Biochemistry and Microbiology have certificates to the new **2022 standards**  
We await confirmation from UKAS in relation to Haematology / Blood Bank – we expect confirmation
- **Timely Care project** has led to significant staff engagement with >95% of urgent and urgent samples being turned around in under 90 minutes and 180 minutes respectively (Objective: Remove impediments to the efficient use of the laboratory and increase availability of earlier results)
- All departments are now using the **new regional laboratory system - WinPath**
- **Sample rejection rates** in Blood Sciences now down to around 1.5% on the new systems

### Challenging Issues of Concern (Including issues that are noted on Risk Registers)

Challenges	Mitigations taken (if any)	Assurances (if any)
Staffing in Labs generally continues to be challenging – with a significant number of posts historically filled at risk	Proposals being developed with planning and Finance to address these issues (challenging in this climate) flexibility of staff moving samples where necessary between sites Regional Lab Workforce being progress through Department Automatic TAXI runs on the hour	QC (Internal & External), accreditation, Performance Reports Quality management System – monitoring Turnaround Times are minimised by adherence to mitigation processes
Chemistry – conveying critical results especially out of hours can be challenging	Agreed processes in place / Proposals for improvement being progressed	Comprehensive Incident Monitoring – there have been no related DATIX incidents reported in the last twelve months
Haematology / Blood Bank / Medical cover	Two medical locums employed & additional medical support from NIBTS Reviewed Job Planning	QC (Internal & External), accreditation, Performance reports
Microbiology – technical requirements increasing – currently very manual processes	On Risk Register Seeking support for increased automation	QC (Internal & External), accreditation, Performance reports
Cellular Pathology / Mortuary – backfill for pathologists by	Engaging with HR to progress and regular monitoring.	Documentation reviewed with Heads of Service (HR – Employee

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Biomedical Scientists – process can be slow	Further engagement with Senior HR staff	Relations Task and Finish group and Labs)
Blood Sciences & Microbiology – issues with AfC Compliance (noted previously)	Planning and Finance involved in seeking to address Regional group set up to progress	Meeting being scheduled with finance and planning July/August to progress

**Areas of development and Improvement**

All areas of UKAS assessment are built on the basis of continual improvement – all timescales being met for the submission of compliance evidence.

New assurance framework reflects the numerous meetings, internal and external, that the laboratory engages in with escalation routes clarified.

Chemistry analysers in Daisy Hill stabilised after a period of significant issues

Timely Care Service Improvement leading to significant improvements (noted above)

**Any Other Items for noting (bullet points)**

**Include if applicable - Asset management/management of equipment (servicing and maintenance)**

- The regional Blueprint Plan for laboratory services is progressing. The plan is to have laboratories operate as a single Agency across Northern Ireland going forward (awaiting ministerial approval - stage 2 will consist of planning – operational by 2028 – now subject to an independent assessment of a benefits assurance process)
- Following DoH workforce review of Laboratory Services (Ten-year plan), recognising extreme pressures on laboratory services an implementation group has been set up.
- The laboratory checks HCPC registration on a regular basis – all Biomedical Scientists employed in the laboratory remain on the register.
- Compliance with the new standards, ISO15189:2022 met. These standards focus on Risk and Contingency, which will be very challenging – support from the Trust will be required to meet these new standards.
- Further integration of laboratory Quality Management System into Trust Governance structures being progressed.
- In 2024, Internal Audit made a number of recommendations for Laboratory Services, the majority of which were closed off in late 2024 or early 2025. Two recommendations related to IT systems and were addressed by Winpath and EPIC and were closed off this month (July 2025)