



# **Integrated Laboratory Medicine Directorate:**

## **Survey of Service Provision Within Newcastle Upon Tyne Hospitals Trust**

### **2021 Report**

## Introduction

The Integrated Laboratory Medicine Directorate (comprised of Blood Sciences, Cellular Pathology, Cytology, Microbiology and Virology Services, the Mortuaries, Genetics, Laboratory Support Services and Business Unit) is dedicated to continual improvement. As part of this commitment, an annual survey has been produced and circulated amongst the Newcastle Upon Tyne Hospitals (NUTH) service users. The aim is to provide the opportunity for feedback and suggestions as well as investigate:

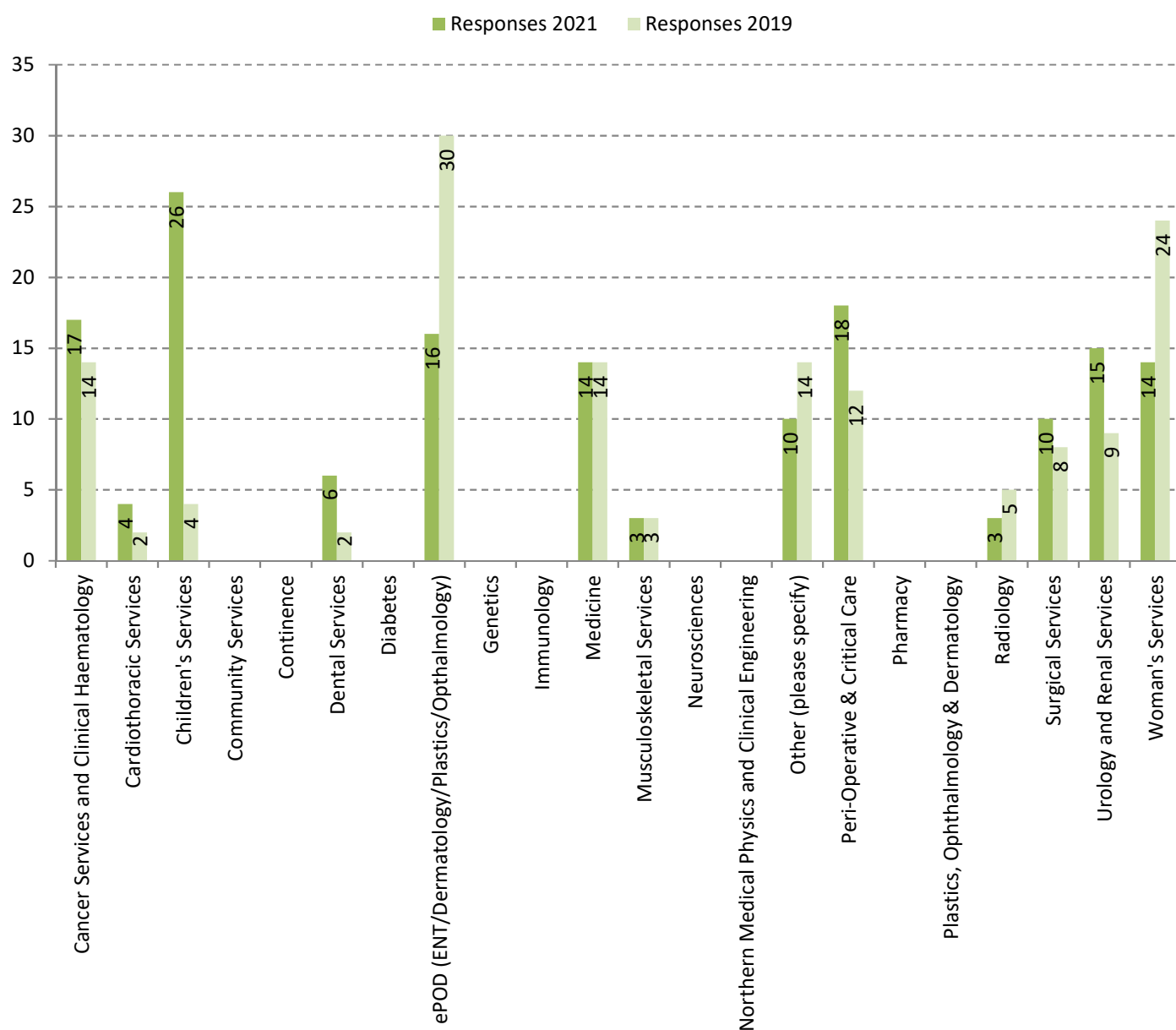
- Ease of access to advice and services.
- Responsiveness and usefulness of advice provided.
- Perception of ILMD staff and attitudes by other departments.
- Standard of quality of service provided.
- Applicability of services.
- Timeliness of services

The survey was circulated to all members of the trust with access to the NUTH Intranet and emailed to the heads of key departments (identified as frequent users of our service) for dissemination amongst their staff. **156** people responded to our request for feedback and this report details their responses to questions set for each department.

## Question 1

### *“Which Directorate do you currently work for?”*

This question asked the user to select the department they worked for at the time this questionnaire was open. There were **156** responses this year (2021), in comparison to 141 in 2019 and 190 in 2018.

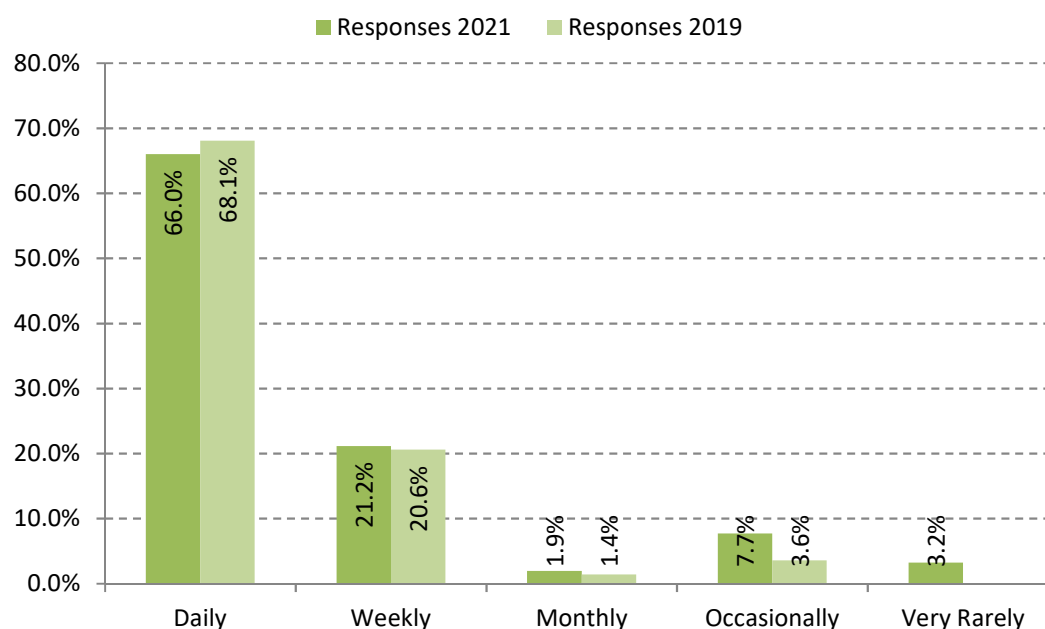


## Question 2

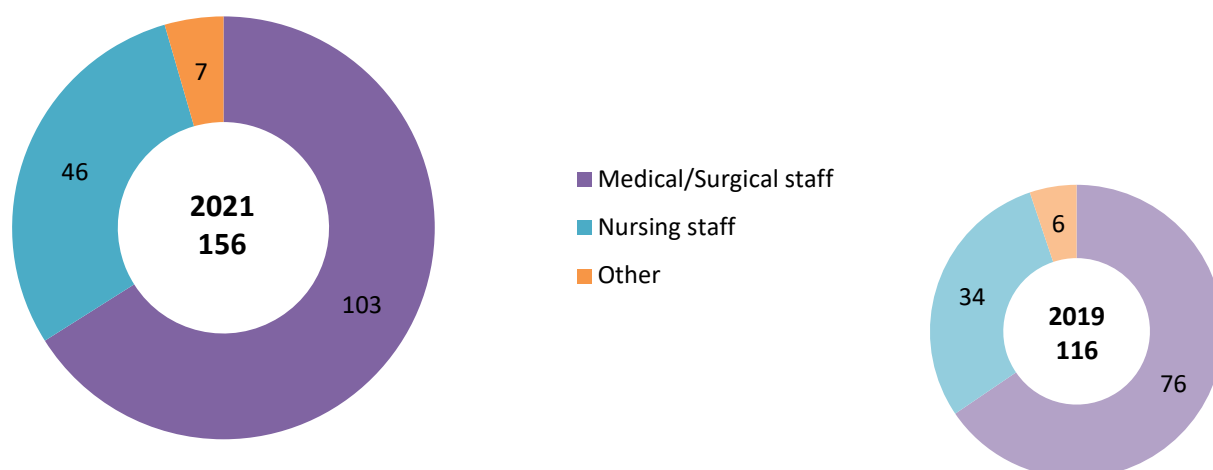
***“How often do you use Integrated Laboratory Medicine Directorate services and what is your job role?”***

This question asked the user to tell us how frequently they used our service into:

- Daily
- Weekly
- Monthly
- Occasionally
- Very Rarely



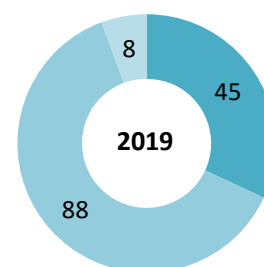
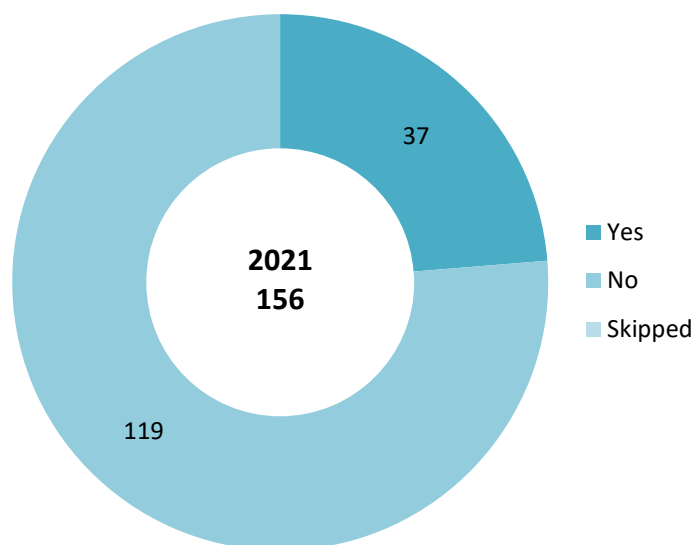
All 156 users surveyed provided details of their job role, the breakdown of which is as follows:



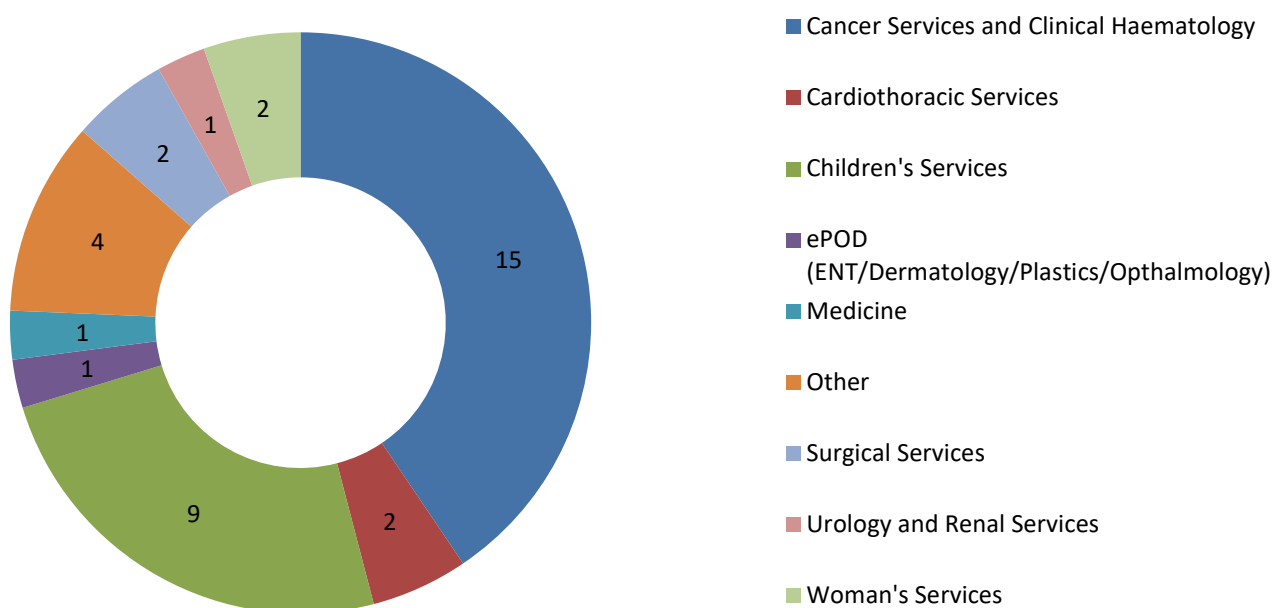
## Question 3

***“Do you use the Genetics Services such as Cytogenetics or Genetics?”***

This question was designed to assess how many of the **156** people who took the survey use the Genetics service.



**All** of the **37** people who said they used the Genetics service provided us with their department’s information and the distribution and percentage of participants who took the survey appeared as follows:



## Question 4

***“How would you rate the following aspects of the service provided by Newcastle Genetics Service?”***

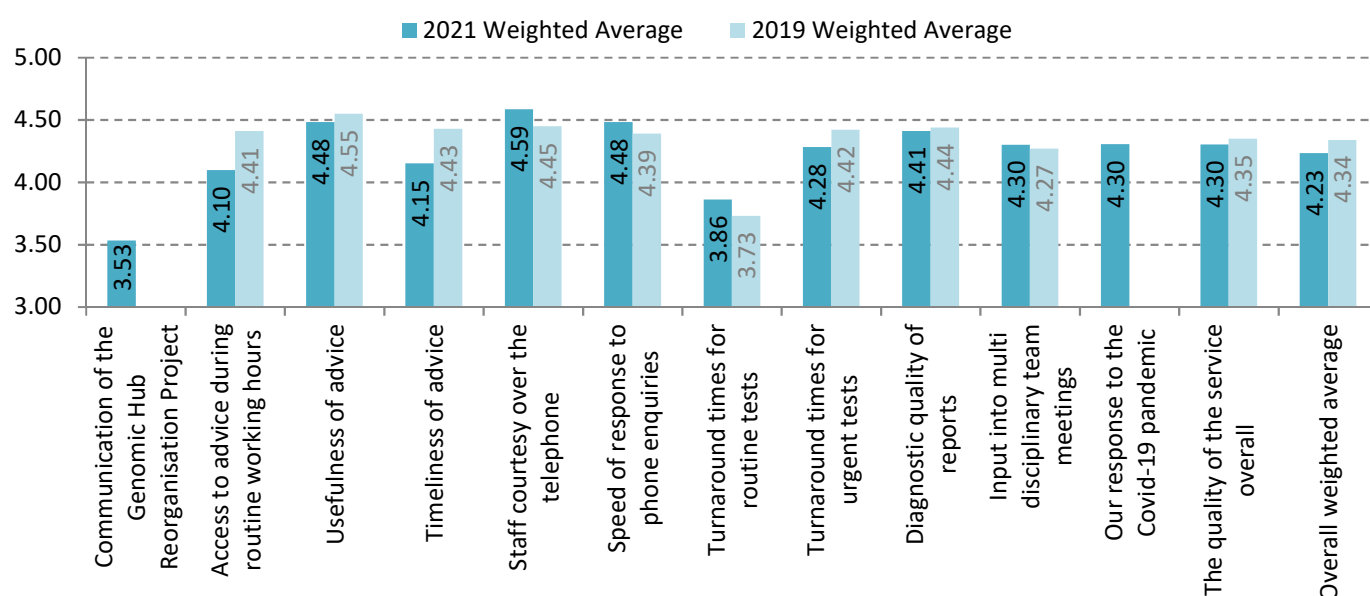
This question asked the user to rank 12 services provided by Genetics into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Communication of the Genomic Hub Reorganisation Project
- Access to advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- Turnaround times for routine tests
- Turnaround times for urgent tests
- Diagnostic quality of reports
- Input into multi-disciplinary team meetings
- Our response to the Covid-19 pandemic
- The quality of the service overall

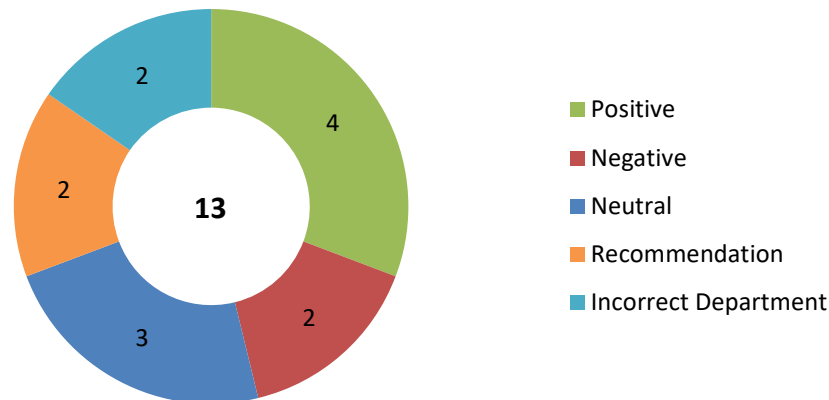
**37** staff said they used the Genetics service and completed this question.



## Question 4 - Comments:

13 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *The diagnostic support we receive from Northern Genetics is exceptional.*
- *Outstanding service in all aspects*
- *As a lung cancer practitioner, the service provided is vital - and excellent.*
- *We have stated routinely using the regional GLH in the thyroid cancer service. Overall this is working well with the support of pathology service. It would be good in future to get quicker results but overall the service is very good.*

### Neutral

- *My involvement with this service is not at the level where I can answer many of these questions.*
- *TAT of routine testing has been affected by the national reorganisation. Before then, it was excellent. We are in a transition period.*
- *Would like quicker report turnaround but understand difficulties*

### Negative

- *Very hard to access results - whether someone been tested. Results and requests are not automatically in e-records unlike histology results*

- *Rare diseases genetics in haematology sometimes a bit disorganised*

#### **Recommendation**

- *I know it's an ongoing project, but your requesting and results need to be integrated into e-record as per other lab services. I am worried important results aren't automatically integrated.*
- *One form for DNA/Cyto samples, all reports on e-record so other clinicians were not constantly emailing us to get results, Genomics England (not our own lab as this is out of their control) to simplify process of requesting WGS.*

#### **Incorrect Departments**

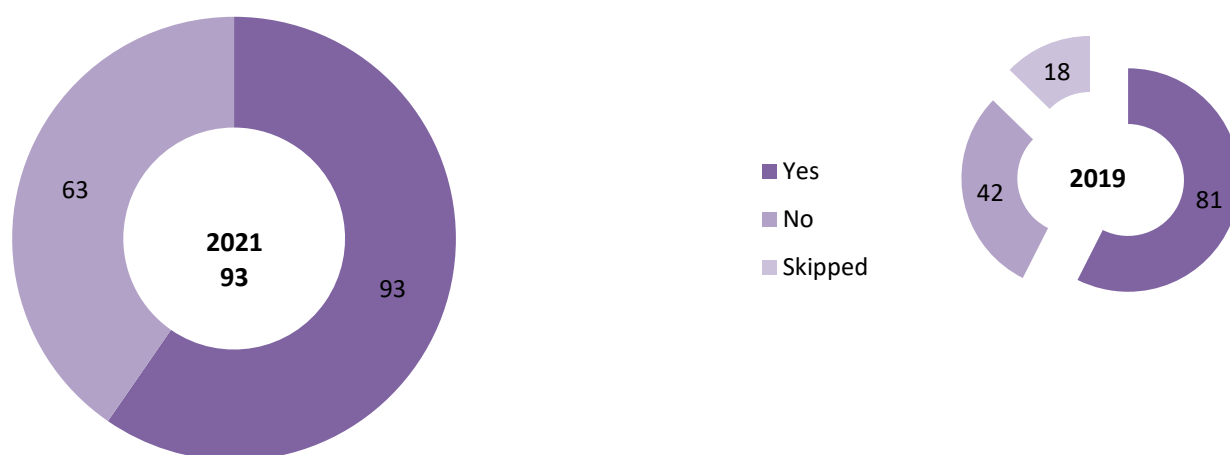
- *These comments will be moved to and included in the comments section of other departments under the relevant categories.*



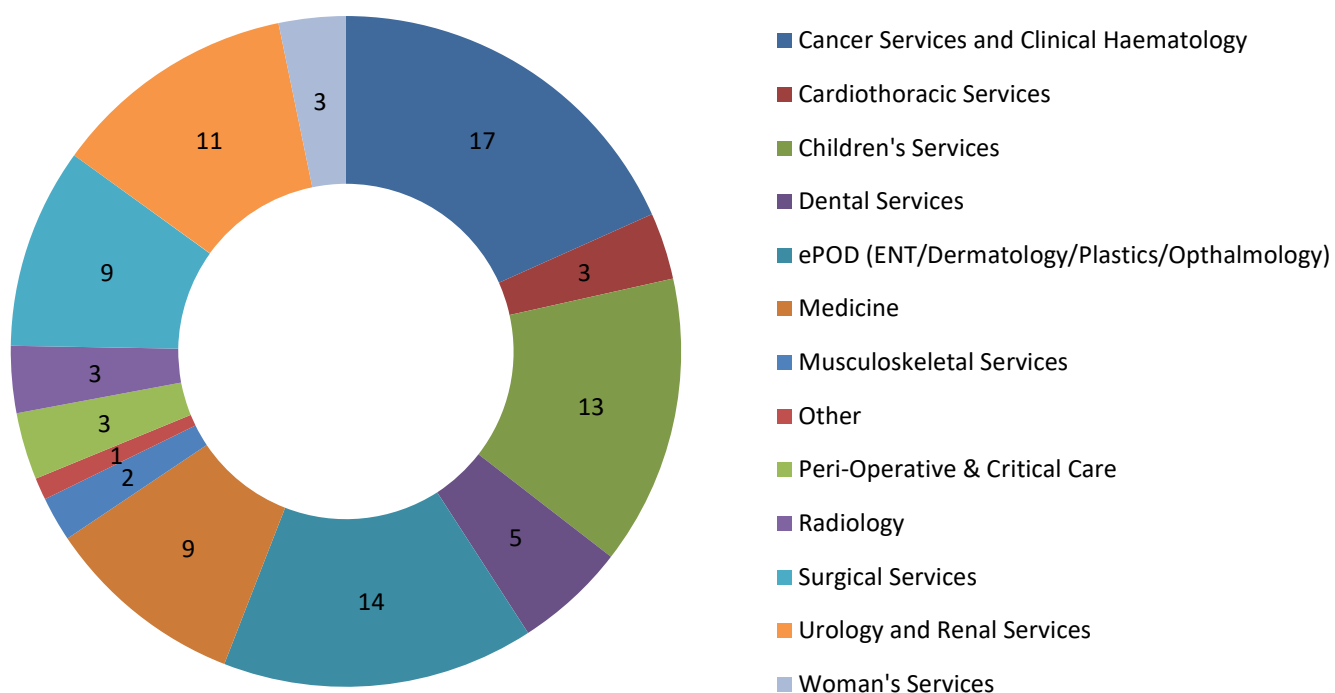
## Question 5

### *“Do you use the Cellular Pathology Services?”*

This question was designed to assess how many of the **156** people who took the survey use the Cellular Pathology service.



**All** of the **93** people who said they used the Histopathology service provided us with their department’s information and the percentages of participants from the department were as follows:



## Question 6

***“How would you rate the following aspects of the service provided by Histopathology?”***

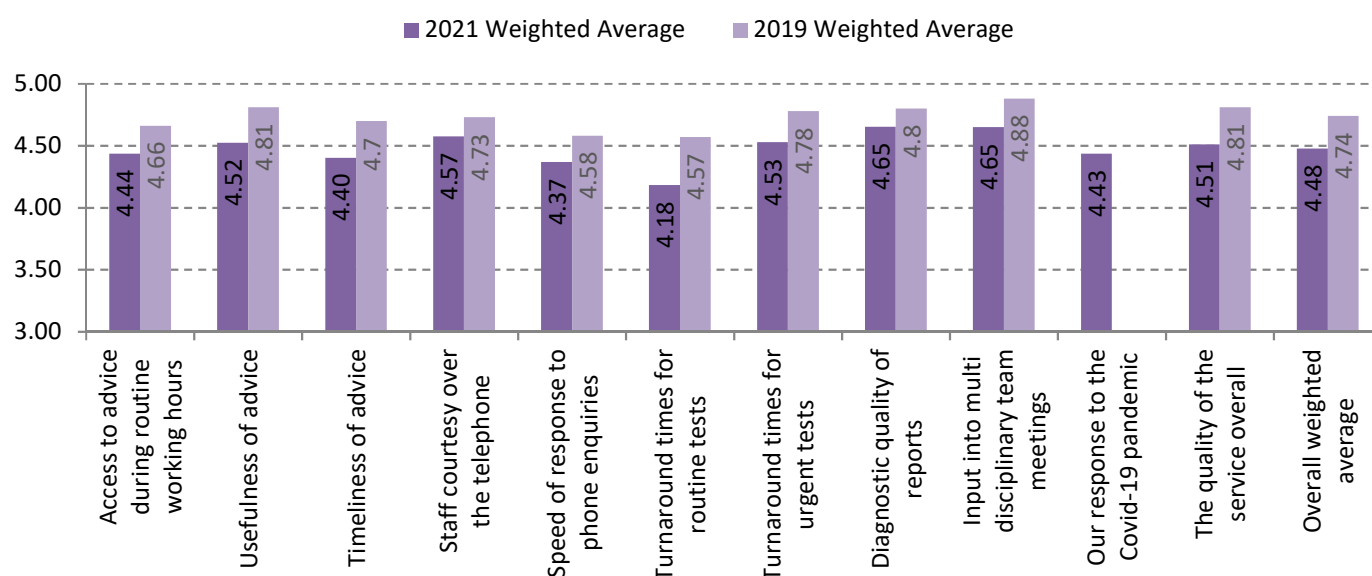
This question asked the user to rank 11 services provided by Histology into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Access to clinical advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- Turnaround times for routine tests
- Turnaround times for urgent tests
- Diagnostic quality of reports
- Input into multi-disciplinary team meetings
- Our response to the Covid-19 pandemic
- The quality of the service overall

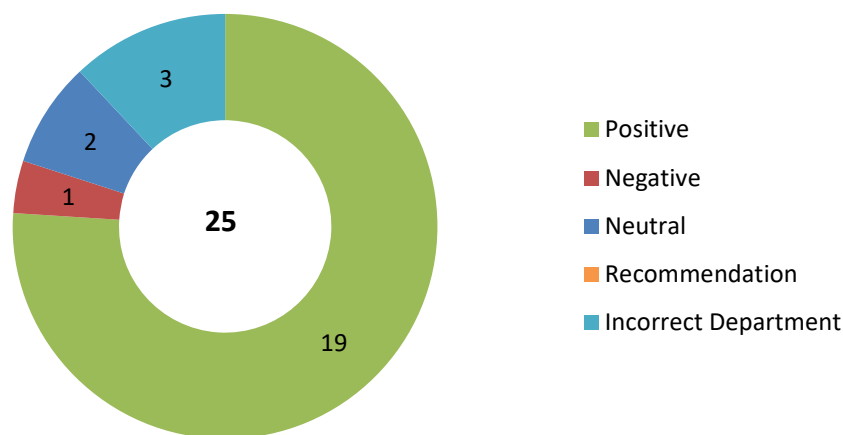
All **93** staff who said they used the Histology service completed this question.



## Question 6 – Comments:

23 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation
- Incorrect Department



### Positive

- *The gynae path team are working over and above to try and maintain a service despite increasing demands and staffing challenges. Turnaround time for diagnostic and resection specimens is longer than ideal but this it is clear that this is a reflection of the lack of resource. The service and input to the local abs regional MDTs is excellent with reporting and discussion of diagnostic challenge essential for our practice. Despite recent appointment, I suspect that we will require further expansion.*
- *Without the excellent pathology service our centre would collapse.*
- *Exemplary service from Dr Wood and the renal histopathology team!*
- *Phenomenal colleagues. Simply outstanding. Quick, efficient, engaged, helpful. Couldn't do without them.*
- *Fantastic communication and feedback, particularly from Sarah Johnson, to the head and neck team in Radiology.*
- *Fantastic service for our liver histology. Excellent clear reports and will always be ready to chat about difficult cases which can be very helpful.*

- *Mainly dealt with them through the Hepatology service. Clear communication, always polite, great turnaround times for biopsies, really excellent MDT working for looking after liver disease.*
- *We have an amazing specialist skin path team who provide an outstanding service.*
- *The quality of service we receive from colleagues in dermatopathology is superb. This department should be held up nationally as an example to others of how to do it right. I am extremely grateful to work with such excellent colleagues. Hard to think of improvements, electronic requesting might allow better communication between clinicians and pathologists.*
- *The head and neck and thyroid pathology/cytology service is excellent and one of the best I have worked with.*
- *The dermatopathology department are exceptional in every way and really improve the quality of the service we can offer in dermatology.*
- *Work with us to improve renal biopsy quality with samples being assessed in theatre is excellent. Speed and quality of renal biopsy reporting is superb, helpful and essential to our clinical service.*
- *A fantastic team to work with. Thank you all.*
- *Amazing service. We are very lucky to have such an excellent integrated service.*
- *Vital service well delivered.*
- *Team input to lung cancer MDTM is high quality thank you.*
- *Excellent service.*
- *Excellent service for Paeds Onc; often helped up with diagnosis within 24 hours of patient biopsy to allow start of treatment. Even had results over weekend.*
- *We are proud to have such highly skilled and dedicated dermatopathology service.*

#### **Neutral**

- *I couldn't comment much on genomics last as have less interaction and input.*
- *Turnaround of histology specimens can be slow but this is a reflection of an under resourced service and not of the excellent team.*

### **Negative**

- *More recently the quality of histopathology review in the paediatric oncology MDT has not been as good as it has historically been. There is variation between very (?over-) detailed description/discussion and very brief summarising.*

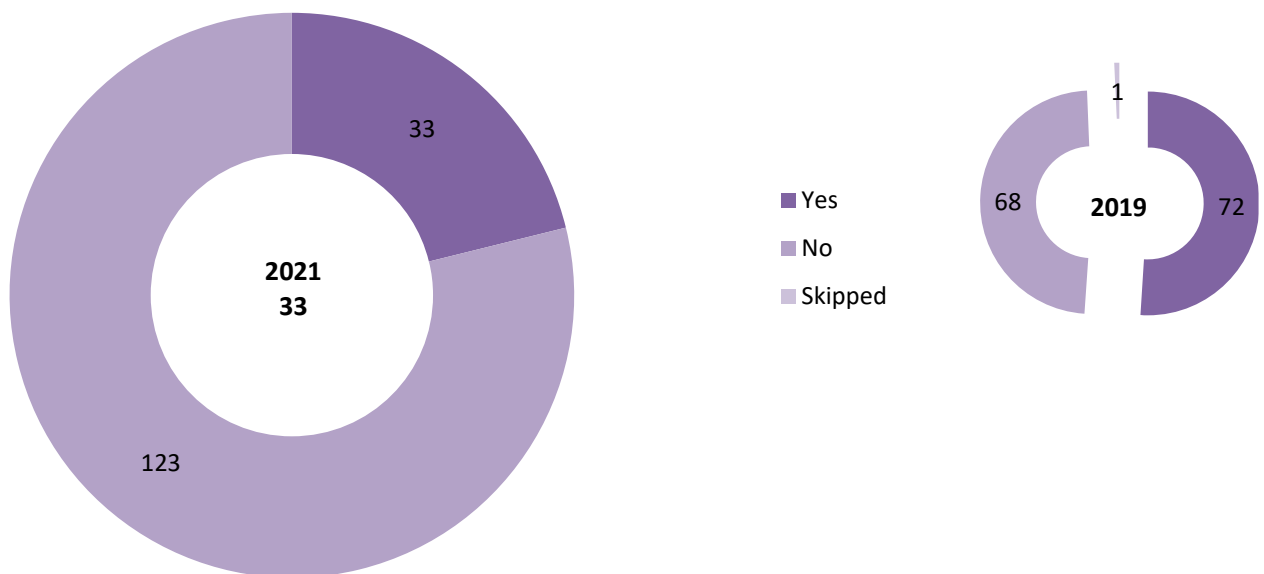
### **Incorrect Departments**

*These comments will be moved to and included in the comments section of other departments under the relevant categories.*

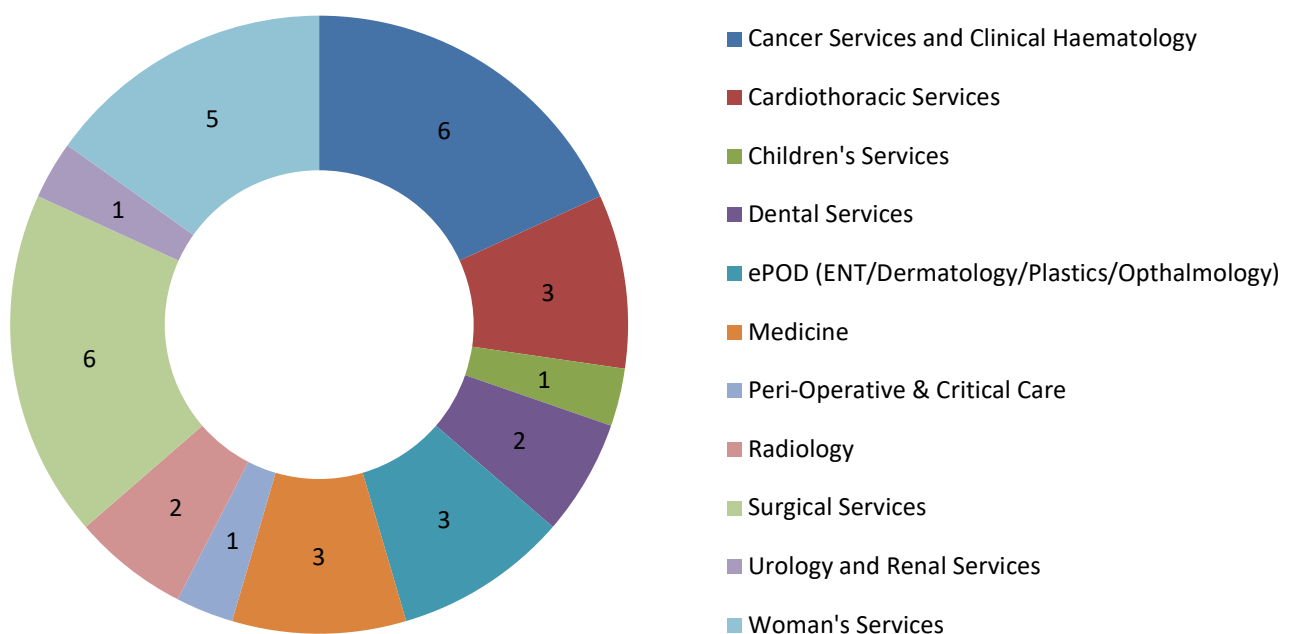
## Question 7

### *"Do you use the Cytology Services?"*

This question was designed to assess how many of the **156** people who took the survey use the Cytology service.



**All** of the **33** people who said they used the Cytology service provided us with their department's information and the percentages of participants from the department were as follows:



## Question 8

*“How would you rate the following aspects of the service provided by Cytology?”*

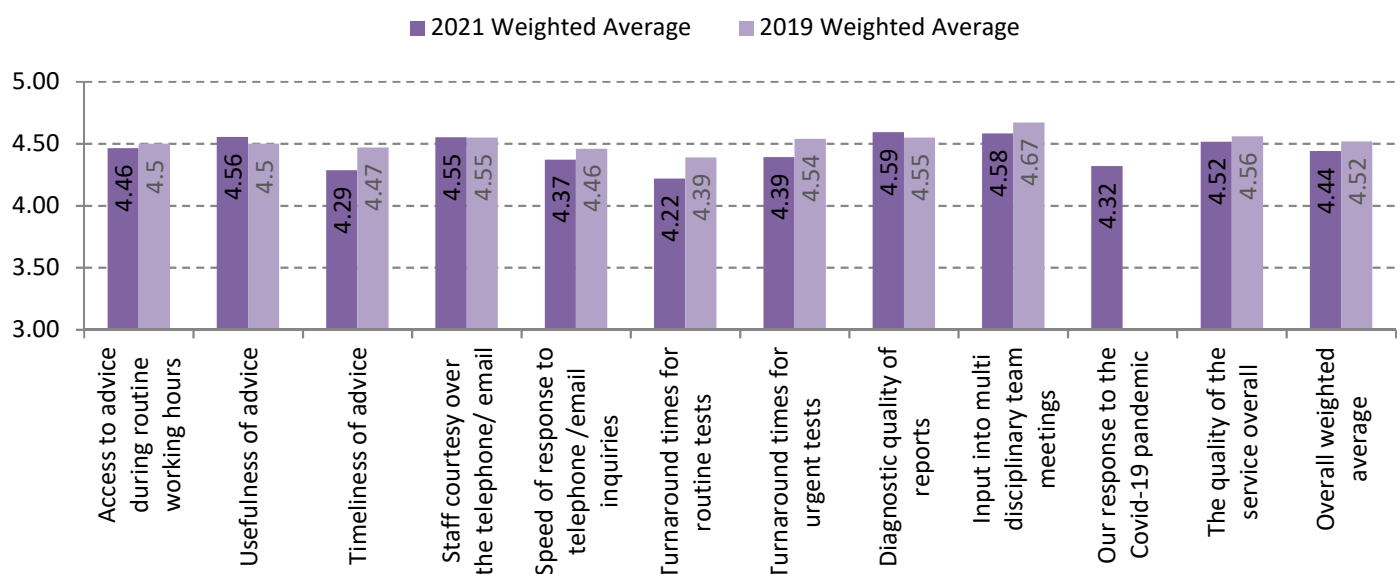
This question asked the user to rank 11 services provided by Cytology into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Access to clinical advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- Turnaround times for routine tests
- Turnaround times for urgent tests
- Diagnostic quality of reports
- Input into multi-disciplinary team meetings
- Our response to the Covid-19 pandemic
- The quality of the service overall

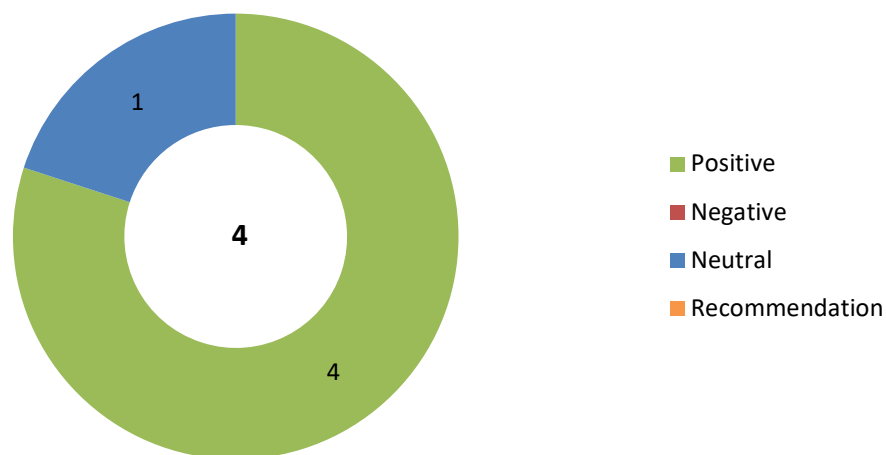
All 33 staff who said they used the Cytology service completed this question.



## Question 8 – Comments:

5 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *The head and neck/thyroid cytology service are excellent and valuable members of our team.*
- *Great service although used less frequently than other aspects.*
- *Team input into lung cancer MDTM is high quality and much appreciated.*

### Neutral

- *No concerns/problems. I only use cytology occasionally (usually FNA of nodes).*

### Comments from incorrect section

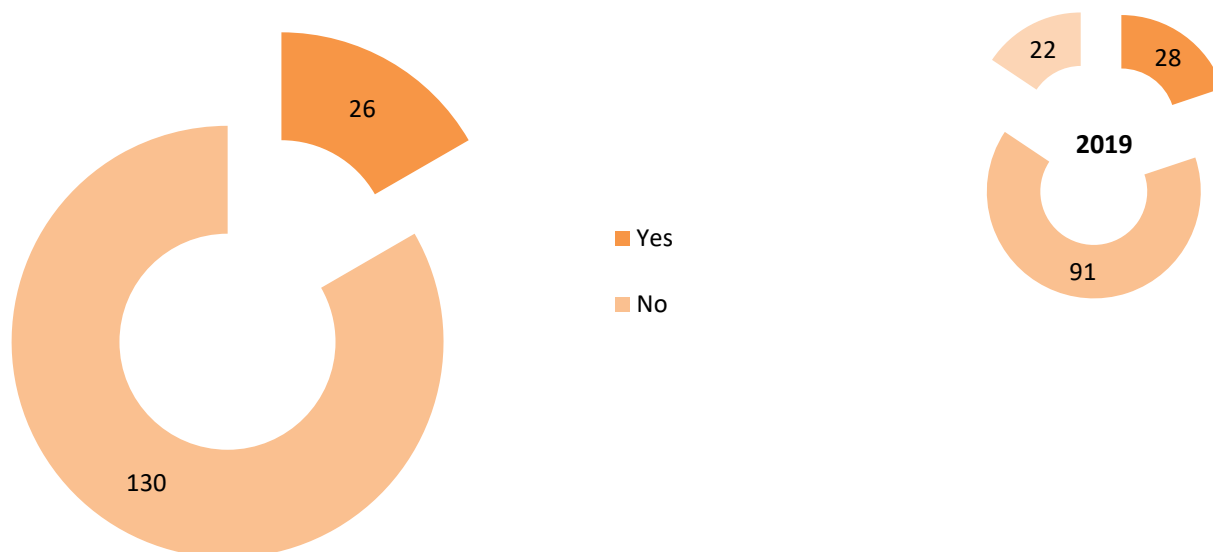
- *Excellent cytology reports for cancer patients.*



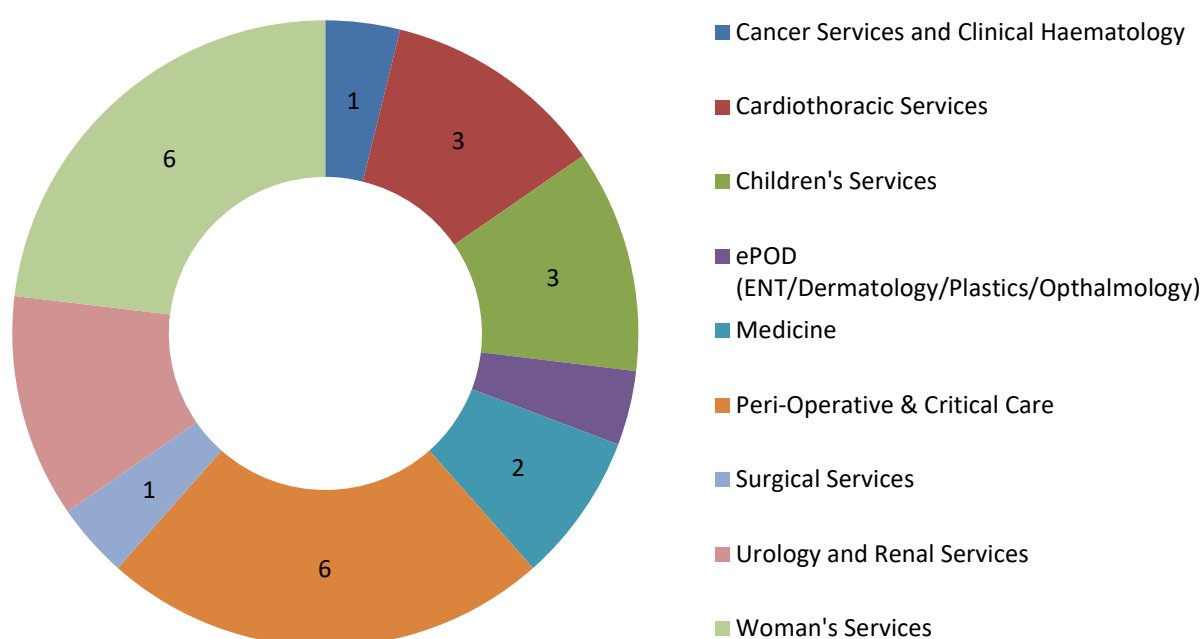
## Question 9

### ***“Do you use the Mortuary Services?”***

This question was designed to assess how many of the **156** people who took the survey use the Mortuary service.



All **26** people who said they used the Mortuary service provided us with their department's information and the percentages of participants from the department were as follows:



## Question 10

*“How would you rate the following aspects of the service provided by the Mortuary?”*

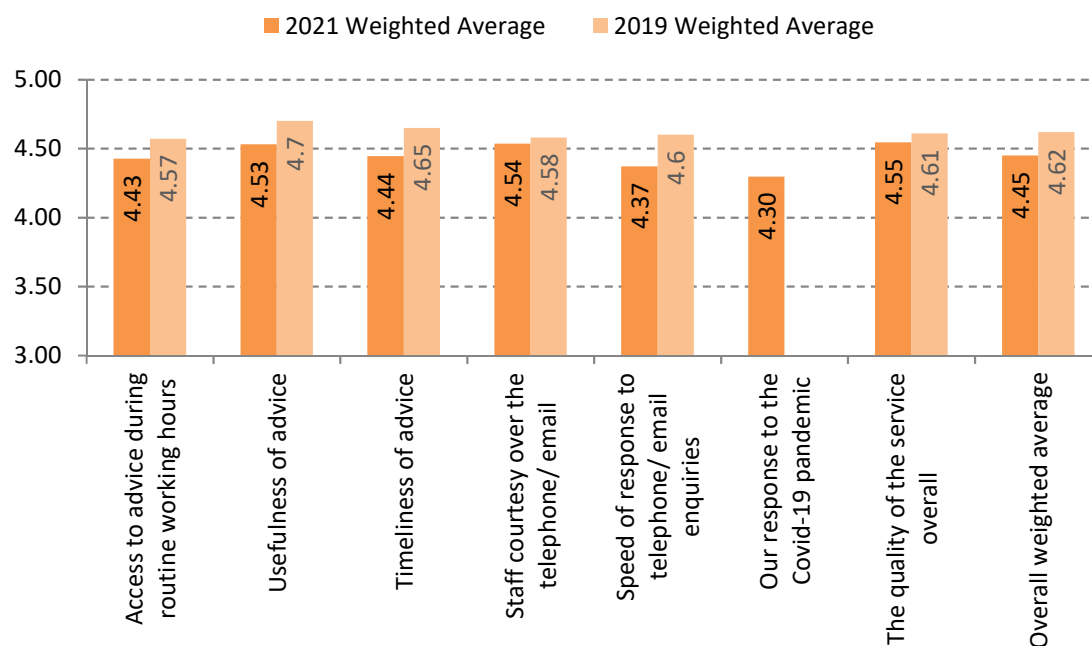
This question asked the user to rank 7 services provided by the Mortuary into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Access to professional advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone/ email
- Speed of response to telephone/ email enquiries
- Our response to the Covid-19 pandemic
- The quality of the service overall

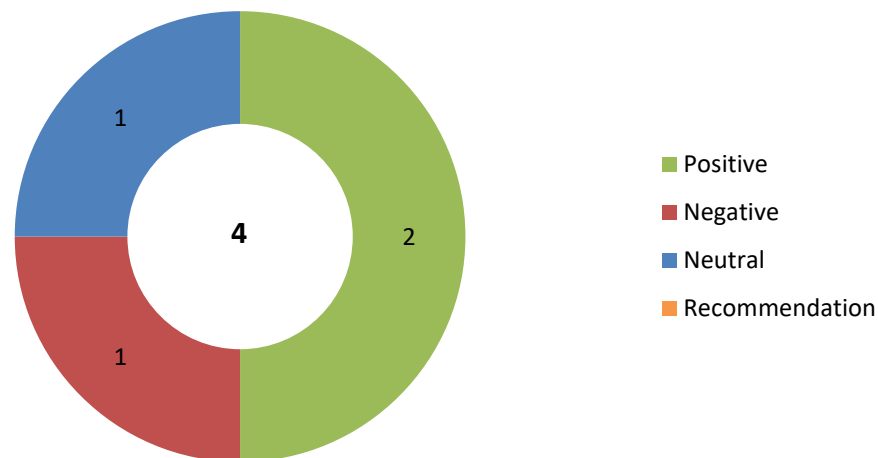
All **26** staff who said they used the Mortuary service completed this question.



## Question 10 – Comments:

4 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *Fantastic team*
- *Luckily rarely need to use but excellent whenever used*

### Neutral

- *I use this service very rarely*

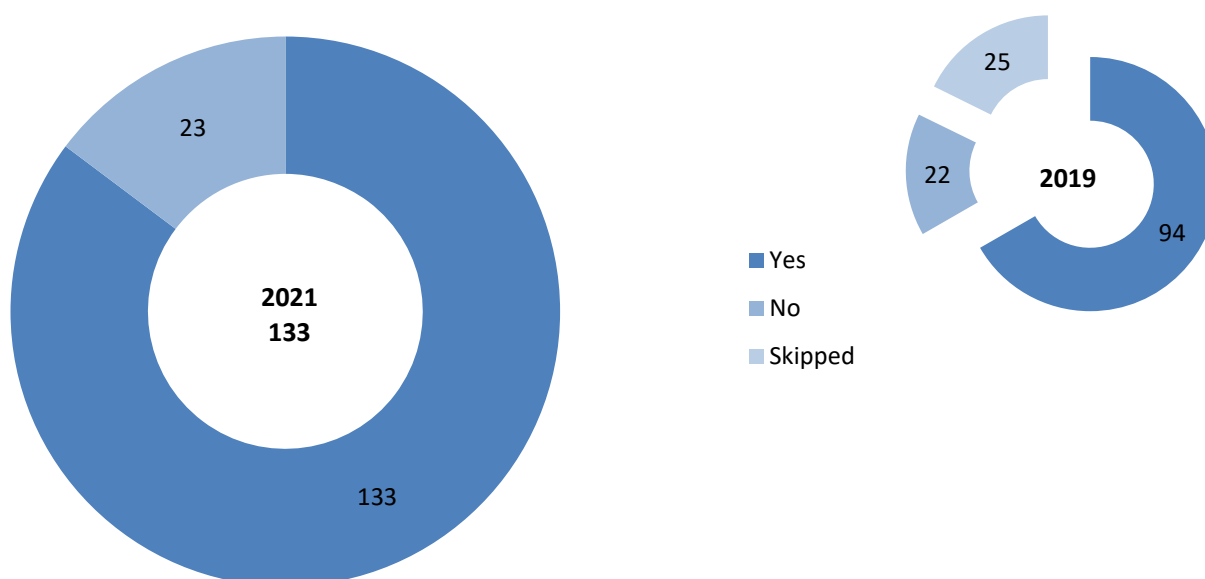
### Negative

- *Sometimes the emails to come and do a death certificate are quite rude. I once responded that I was on leave and got a rude reply about the certificate needing to be completed. Staff expect us to come in on days off and are inflexible and not understanding of our working patterns which are hectic and days off are rare.*

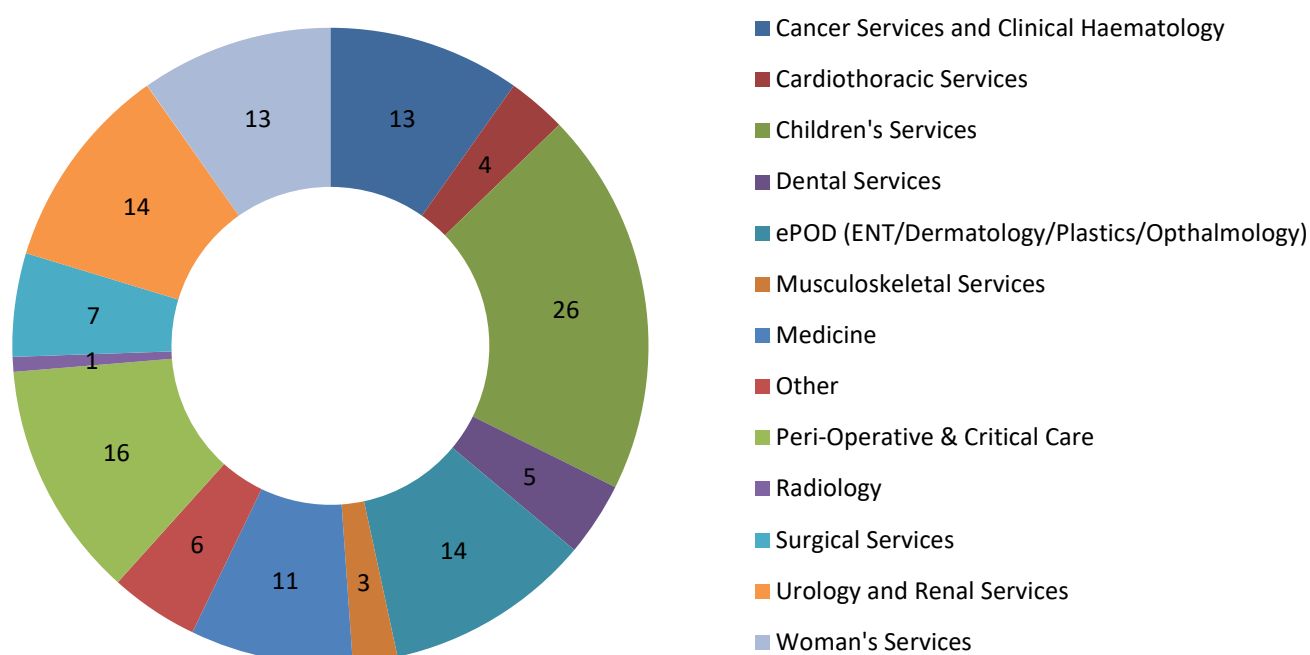
## Question 11

### ***“Do you use the Microbiology and Virology Services?”***

This question was designed to assess how many of the **156** people who took the survey use Microbiology and Virology Services.



All **133** people who said they used Microbiology and Virology Services provided us with their department's information and the percentages of participants from the department were as follows:



## Question 12

***“How would you rate the following aspects of the service provided by Microbiology and Virology Services?”***

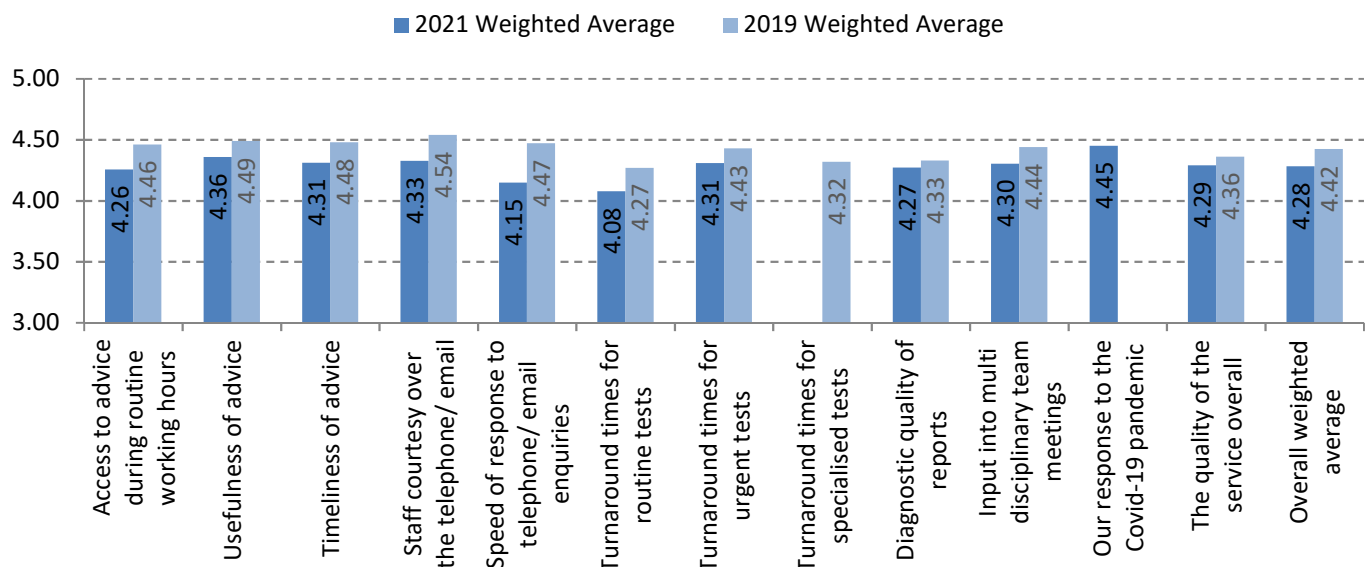
This question asked the user to rank 11 services provided by Microbiology and Virology Services into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Access to clinical advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- Turnaround times for routine tests
- Turnaround times for emergency tests
- Diagnostic quality of reports
- Input into multi-disciplinary team meetings
- Our response to the Covid-19 pandemic
- The quality of the service overall

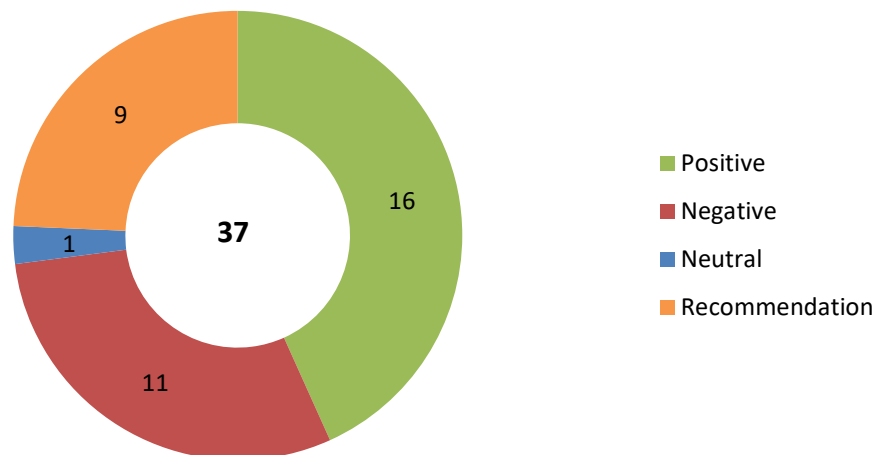
**132** of the **133** staff who said they used Microbiology and Virology Services completed this question.



## Question 12 – Comments:

37 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *Dr Weiland and Dr Waugh in particular have been excellent in helping our patients*
- *Simply outstanding especially given current year with COVID. Always helpful and friendly.*
- *Really helpful to ITU.*
- *The support of the DIPC and Micro biologists has been excellent in the pandemic but also at all RCA's and infection outbreaks*
- *Dr Nayar, Dr Samuel and Dr Lumb are all very approachable and always take time to listen to a patient's history and discuss advice, offering to educate (me, a junior doctor) along the way.*
- *On occasion the quality of advice from microbiology trainees has been variable, but subsequent consultant advice always excellent.*
- *Easy to get senior advice & help. Essential for our clinical service to have such input.*
- *Outstanding service essential to my area of work.*
- *Consultant microbiologist as part of team has made big difference to the service.*

- *We are fortunate to get excellent microbiological support in paediatric oncology. It makes a huge difference to our ability to provide our patients with the standard of care to which we aspire.*
- *Amazing service. We are so lucky to have such an excellent and integrated service.*
- *Access to specialist microbiologist is essential and she provides us with an excellent service.*
- *Lucia Pareja-Cerebrian is our main contact and she is superb, offering great and knowledgeable advice.*
- *Always helpful and relevant when any of our patients in trouble with sepsis.*
- *Excellent service.*
- *Excellent responsive service. Huge support to IPC.*

#### **Negative**

- *Some results not available on Powerchart.*
- *I understand the rationale for screening of calls via a secretary but it can be incredibly frustrating when as a senior clinician you wish to ask a very specific question in a timely manner of another consultant and end up running around in circles for quite some time*
- *We sometimes end up delaying patients coming to the operating theatre because of a lack of a Covid-19 result. This costs quite a bit [2 consultants, 2 trainees, 5 nurses/ODPs salaries], worsens morale and sometimes we end up having to beg to get results. Sometimes each ward is only allowed a certain number of urgent tests. It's a big ask but is there any way this could be sorted?*
- *Out of hours advice is less good than in hours, sometimes takes a long time to get hold of someone out of hours, partly due to having to phone switchboard to ask who is on call, wait for the number etc.*
- *Main challenge is some barriers to contacting microbiologist - seems a slightly clunky system involving a secretary and a forwarded call. Probably a good reason for this. Advice is helpful when asked for.*
- *My only issue is getting microbiology advice between 8 and 9 am. We start in theatres at 8 and if you need specific antibiotic advice for the first patient on the list it is sometimes harder to get hold of the relevant person.*
- *The display of microbiology results on e-record is unhelpful. For example sputum microbiology for cystic fibrosis yields 4-5 results for each sample, and each result has to be clicked open separately; and there is no overall indication of whether it contains a positive result. So it is very difficult, for*

*example to see when was the last time the patient grew Pseudomonas: this requires multiple clicks over the last few years.*

- *Often request culture and sensitivity on micro swabs but don't get sensitivity back on report.*
- *Urine cultures appear as either "done" or "not done" on e-records. I ring up and find the result is actually in progress. The way it appears on e-records therefore wastes my time and the lab technicians time and isn't inspiring that the lab processes that test. It can instead appear as a flat refusal to do the test if appearing as not done. Thanks.*
- *Sometimes hard to speak to a consultant about very complex cases that fall outside of an MDT.*

#### **Neutral**

- *No issues.*

#### **Recommendation**

- *A microbiology round may be useful rather than constant phone calls to them may reduce the frequency of calls and the different advice that gets given day to day.*
- *When phoning a microbiologist it would be better if they kept a phone as when I go through switchboard for the on call doctor I often end up with the secretary who will get Dr X to phone me later.*
- *COVID results pre-theatre are a logistical nightmare as swabs may not be taken in a timely fashion. This is not really the lab's problem, but it would be great to be able to find out how long we are going to have to delay a theatre list to get a swab result back which was sent the night before or on the morning of surgery.*
- *I work in theatres and occasionally need to phone up to get an answer to a query. The answer I get is very much dependent on the person I speak to and I feel that there needs to be more uniformity/clarity in the information given. Sometimes the questions are for unusual infections and unusual scenarios and I realise that getting through to a junior person may not be the best help. Perhaps a named theatre liaison person would be helpful.*
- *As a consultant in ICM it would be good to have access to Apex for timely access to results not to have to go via the microbiologist or wait for a technician to upload data onto E-record.*
- *Although I am aware it filters calls, I'm not sure whether only allowing registrars or above to access microbiology advice at night is helpful. I have just come from the NCCC where urgent advice was required for neutropenic patients and registrars were non-resident overnight (most senior doctor on site is an SHO). My registrar would have to discuss a patient they may not have seen and didn't have the notes for - it would make more sense for the SHO to have discussed.*





- *Access to sensitivities on more microbiology tests would be useful and would save time having to call lab for results.*
- *Would it be possible to blind clinicians from culture results less frequently?*
- *Would be incredibly helpful if blood culture results could highlight on 'front page' of micro section if e record if they are positive or not- rather than having to click through umpteen blood results to see if any of them are positive. I realise this is an e record issue rather than lab issue but seems worth highlighting as it is genuinely a big consumer of time during clinical ward rounds in haem when we may have to individually open multiple blood culture results to see if any are positive*

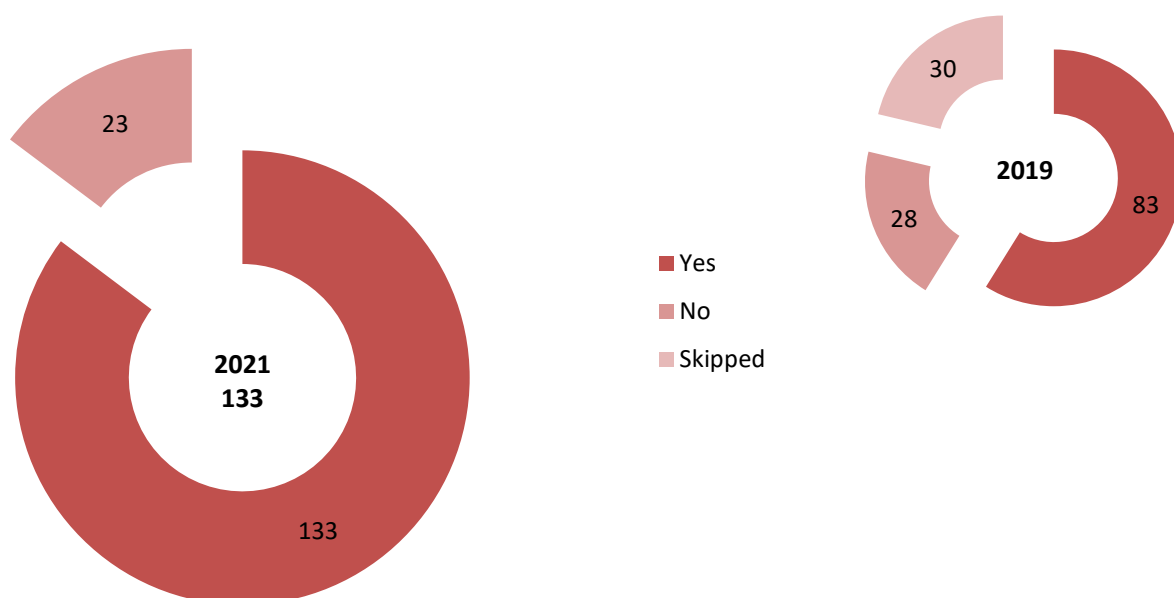
**Comments given in incorrect section**

- *Microbiology results for urine cultures can appear on e-records as either "Done" or a "Not done". When I ring up this is actually in progress. Not a very helpful or inspiring description.*

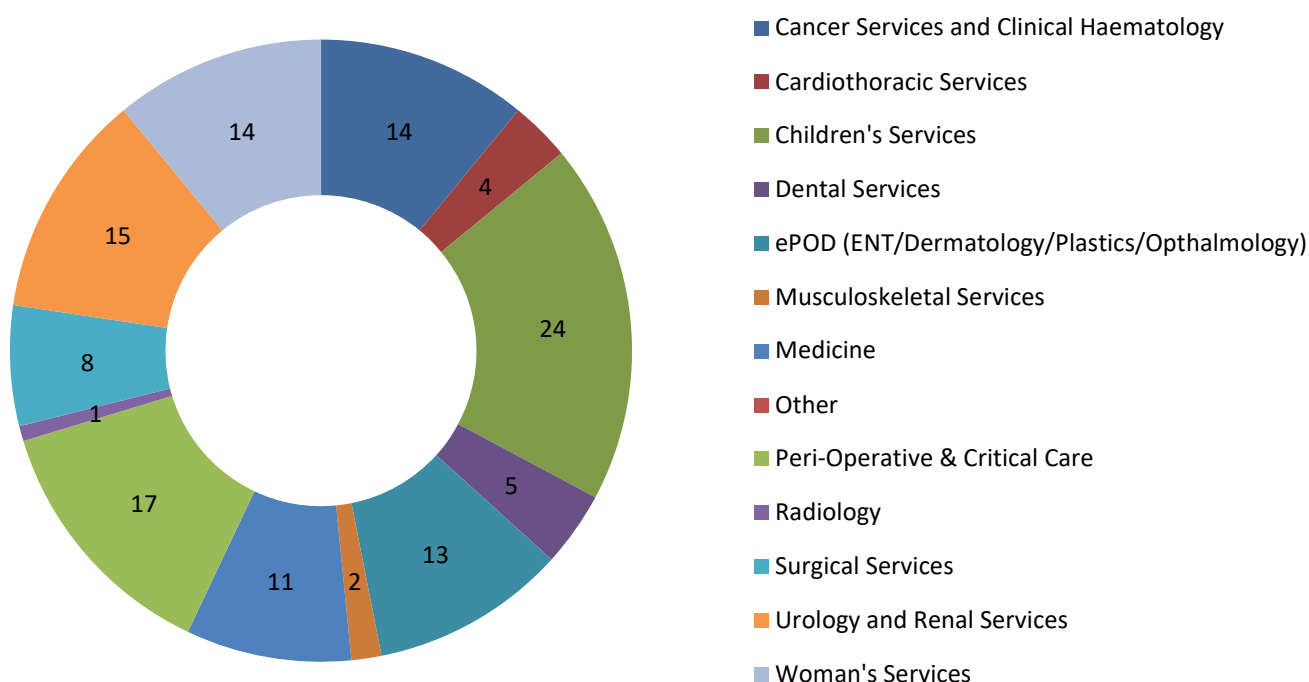
## Question 13

### *"Do you use the Blood Sciences service?"*

This question was designed to assess how many of the **156** people who took the survey use the Blood Sciences service.



All **133** people who said they used the Blood Sciences service provided us with their department's information and the percentages of participants from the department were as follows:



## Question 14

*"How would you rate the following aspects of Blood Sciences service?"*

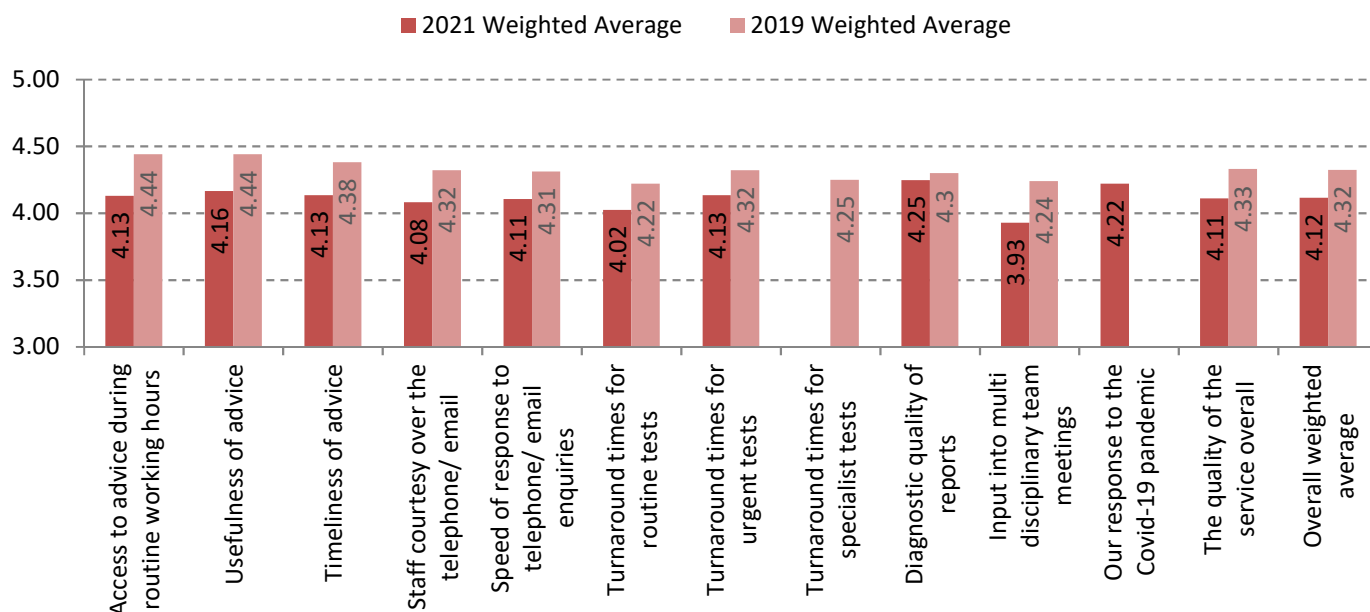
This question asked the user to rank 11 services provided by Blood Sciences into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Access to clinical advice during routine working hours
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- Turnaround times for routine tests
- Turnaround times for emergency tests
- Diagnostic quality of reports
- Input into multi-disciplinary team meeting
- Our response to the Covid-19 pandemic
- The quality of the service overall

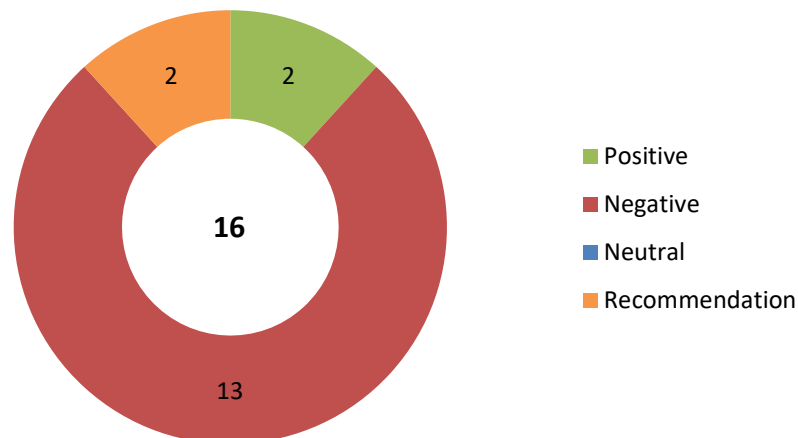
**132** of the **133** staff who said they used the Blood Sciences service completed this question.



## Question 14 – Comments:

16 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *We have a haematology service so it is very integrated.*
- *Always very help when telephoned.*

### Negative

- *Continued problems between clinician, e-record and laboratory when blood results not reported even though samples sent because wrong thing has been ticked. Labs always tell you it is an IT problem. A combined solution is required, not passing the problem to another team.*
- *We have problems with some of the blood codes, printed on stickers and the labs are unable to help as they do not know what the codes mean. It would be great if the webpage was updated to include apex codes. We get phone calls about bloods that have not been taken in this department and at times staff can be very negative when we inform them the bloods were not done in this department and therefore the nurses cannot 'collect' them on the system.*
- *Staff unhelpful and at times downright unpleasant on the phone. Frequent problems with ward and lab e-Record interface. Staff can't see bloods to tick off on system and labs unhelpful and unfriendly when calling. They seem to forget that there is a child in the middle of this, who has been bled to provide the sample and a stop by lab staff refusing to process bloods ultimately hurts the child. If there is an interface problem with the system - it's time to change the system.*
- *Samples sometimes labelled as insufficient when more than enough blood sent.*

- *Loosing samples is a major problem as are delays in sending samples on to FRH (e.g. Tac levels). The IT system is not good for understanding the time (or even day) a sample was taken.*
- *Do sometimes seem to still wait an hour or more for 'urgent' FBC and U&E results. I appreciate the service is incredibly busy though.*
- *Biggest problem is that labs seems powerless (and also reluctant to speak out) to sort out the mess of ordering tests and generating stickers in e-records especially for paediatric patients. All these unprocessed samples due to someone not able to navigate maze of which task list to click off. We have had good engagement to improve on the ward level by tinkering, but from the highest leadership seems quiet raising these risks. Leads - please speak up loudly.*
- *System to tick off bloods in e-Record is seriously not fit for purpose. Often there is not specimen to tick off. Even if ticked off get calls to tick off so then have to re do in specimen log in. More recently even if have recorded in both these places ward still receives calls to tick off bloods. Department callers often fairly rude.*
- *Laboratory staff rude on telephone. System rubbish. Labs won't process bloods they HAVE because not ticked off on task list. Same task list where ward staff cannot see those bloods. Need to tick on both specimen login AND task list. Lab would rather us bleed a child again and print new stickers than process the samples. The old system was better. Weekend bloods very different to weekdays. Datix system used to punish wards rather than educate staff, improve patient care or improve system.*
- *Issues with e-Record leads to multiple calls daily to my number daily which is very time consuming. Failure to respond results in a threat of samples being discarded which puts our patients at risk.*
- *The main issues is the time lag between sending tests and getting results. It is better at the RVI than the Freeman*

### Recommendation

- *Easier system to add tests on rather than ringing/better guidance to add tests on?*
- *For therapeutic anticoagulation if haematology are giving advice they should attend ward rounds particularly in ITU to appreciate the consequences.*

### Comments given in incorrect section

- *In renal department in May - July 2019, 29% of urgent potassium results sent from ward 32 were not released within 1 hour of being received in the lab. It seems this delay still persists. You could consider re-auditing. Release of results promptly is really important as it informs immediate and emergency clinical decision*
- *It takes too long for a coagulation screen!! It is ridiculous. Took about 3 hours for each test recently for a patient on a heparin infusion.*

## Question 15

*“How would you rate the following aspects of the Laboratory Support Service?”*

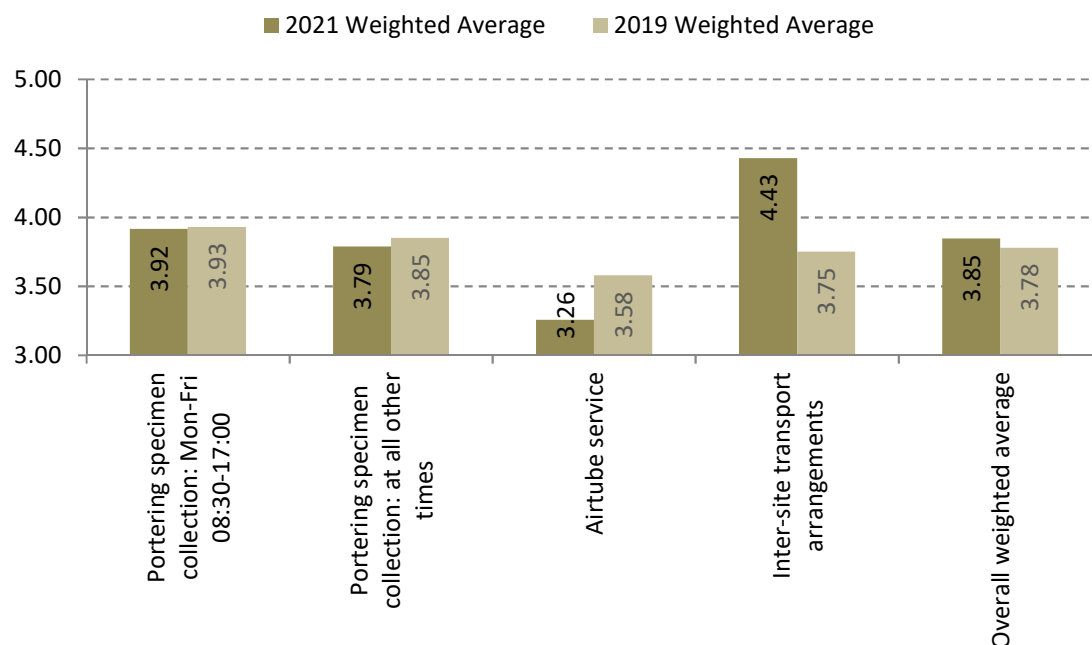
This question asked the user to rank 4 services provided by Laboratory Support services into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Portering specimen collection: Mon-Fri 08:30-17:00
- Portering specimen collection: at all other times
- Airtube service
- Inter-site transport arrangements

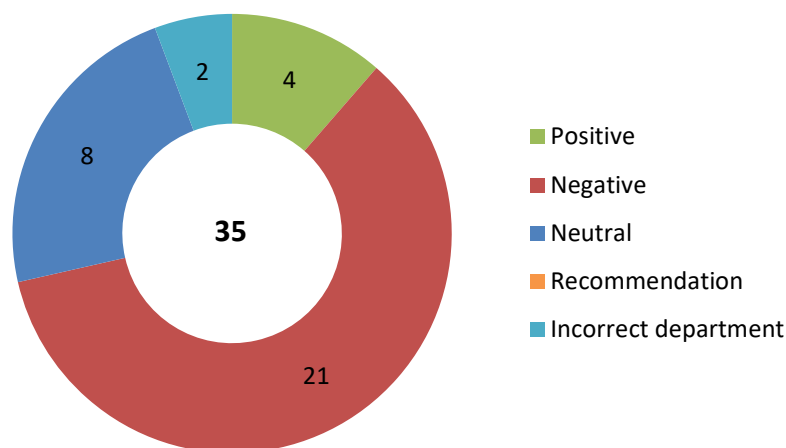
Of the **156** users who completed this questionnaire, **154** people completed this question.



## Question 15 – Comments:

35 comments were left by our users, and were broken down into the following categories:

- Positive
- Negative
- Neutral
- Recommendation



### Positive

- *An opportunity for members of staff to see the lab process.*
- *Excellent service very quick and efficient*
- *I don't have any involvement with portering of specimens but I never notice them doing their job so I think that means they must be doing it well*
- *Portering service excellent despite short staff. Tube always out of order*

### Negative

- *Air tube system often off and having maintenance. Working in an area which needs 24 hour access this is very frustrating. The Porter system when pods is off is difficult to use. Much simpler to leave at dept. reception or telephone for collection.*
- *Air tube often out of service for long periods for maintenance.*
- *Air tube system often breaks down.*

- *Air tube seems to always be broken or no pods available at sending station. Very frustrating system.*
- *Air tube frequently out of use. No record of whether bloods delivered to their intended destination. Sometimes wait hours only to be informed they didn't make it to the labs. Often bloods in same bag are supposedly not received in labs when the other ones in bags are processed. That may be a LAB thing.*
- *The air tube service is unreliable although it may improve now it has been upgraded.*
- *At Freeman especially the air tube has maintenance problems.*
- *Air tube very temperamental, sometimes return of pods erratic.*
- *Air tube service still isn't reliable enough. Lost many samples meaning patients have had to be labelled.*
- *Often no pods in the air pod tubes.*
- *AirPods system at FRH is often broken and is unreliable.*
- *Whenever I go to use the airtube it is often out of service or no tubes there.*
- *The pod on 2a is often not working, and the porter times for routine collections is quite a long time in-between collections*
- *Air tubes rubbish. Half the time they appear not to work and the rest of the time we have no pods as not promptly returned by the labs.*
- *On the ground almost on a weekly basis there are issues with air tubes.*
- *I don't rely on porters for critical sample transport and especially not the pods.*
- *Loss of samples that either sit on benches somewhere or turn up hours later is a recurrent and bad problem. Having to go back to sick children to repeat blood tests is something we should very rarely have to do.*
- *Porters coming less often leading to an accumulation of bloods waiting to be taken to the labs. Issues with porters not turning up when request is urgent.*
- *Not enough porters generally for any duties to support wards especially out of hours.*
- *I'm still not sure the transfer arrangements to FRH are clear and consistently explained.*



- *We often take the samples down ourselves as the process of ordering a porter through cap man takes longer.*

#### **Neutral**

- *We do not have any samples collected by porters, so we take them all to the lab ourselves.*
- *Intersite transport adds hours to urgent specimen tests. However fewer seem to go missing compared to a few years ago (micro sometimes went missing).*
- *Unable to comment.*
- *Don't know.*
- *Not really aware of these.*
- *I take specimens to the lab myself.*
- *Sorry - cannot comment on most of these aspects.*
- *Outpatients deliver their own specimens to the lab.*

#### **Incorrect Departments**

- *These comments will be moved to and included in the comments section of other departments under the relevant categories.*

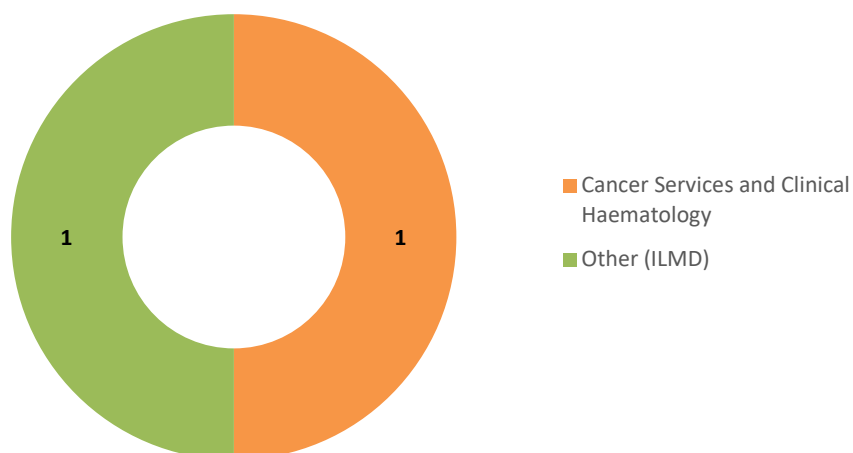
## Question 16

### *“Do you use the Business Unit?”*

This question was designed to assess how many of the **156** people who took the survey use the Business Unit.



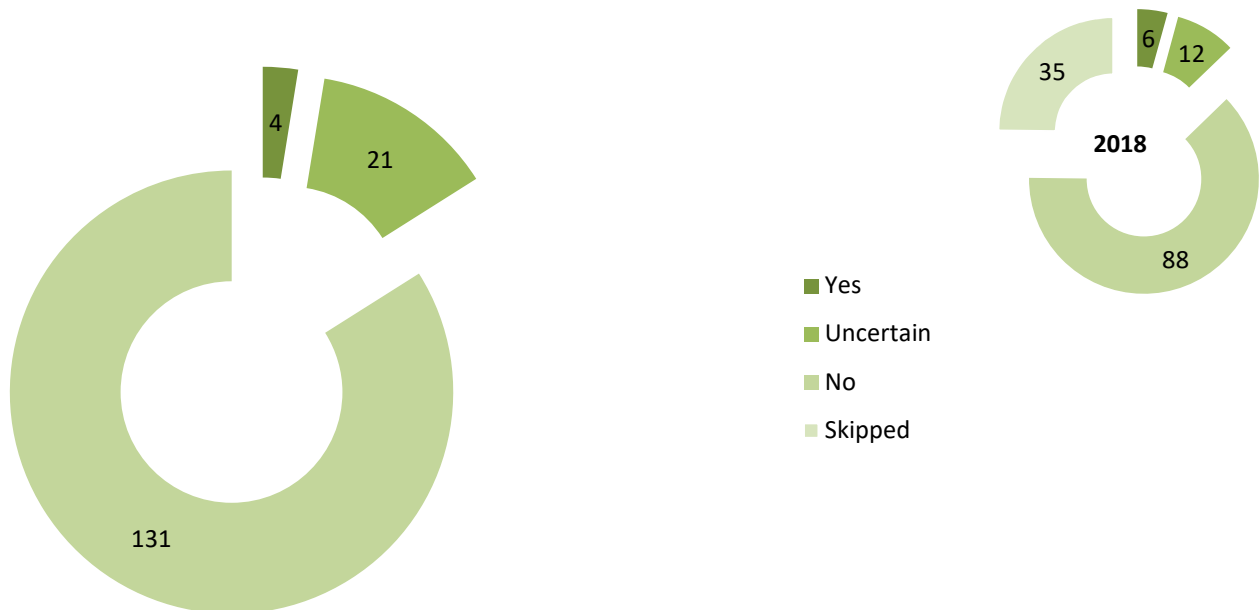
The **2** people who said they used the Business Unit provided us with their department’s information, as follows:



## Question 17

***“Are you aware of what the Business Unit does and the services they offer?”***

This question was designed to assess how many of the **156** people who took the survey are aware of the services the Business Unit provide.



## Question 18

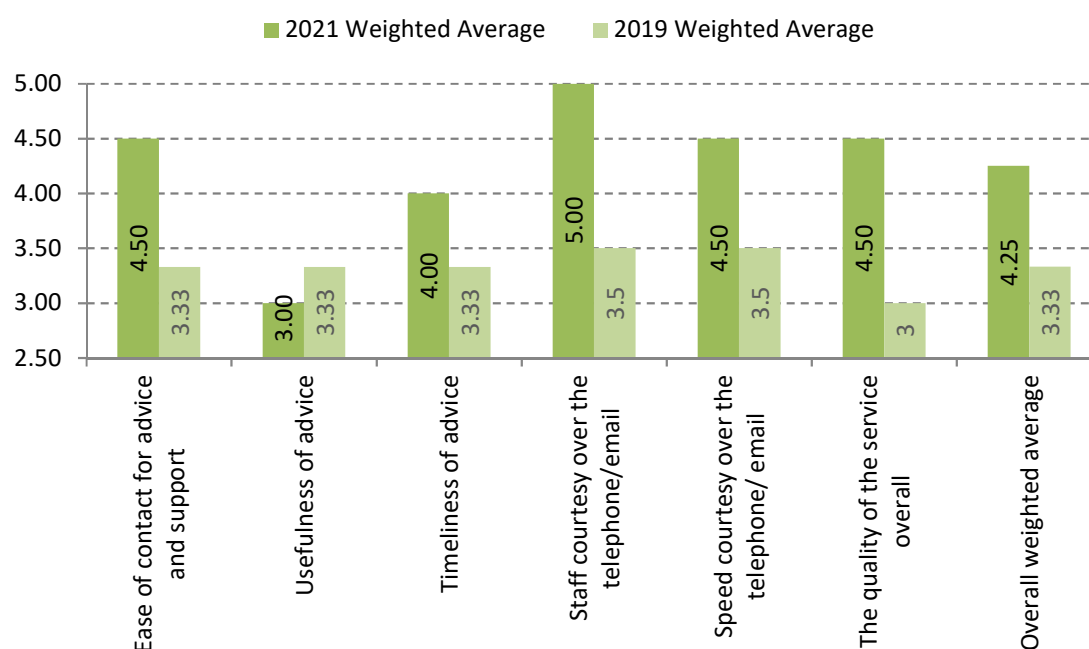
This question asked the user to rank 6 services provided by Business Unit into one of 6 weighted categories:

- Not applicable 0
- Poor 1
- Below Average 2
- Average 3
- Good 4
- Excellent 5

The services they were asked to rank were:

- Ease of contact for advice and support
- Usefulness of advice
- Timeliness of advice
- Staff courtesy over the telephone
- Speed of response to phone enquiries
- The quality of the service overall

Of the **156** users who completed this questionnaire, **2** people completed this question.



## **Question 18 – Comments:**

No comments were left relating to the Business Unit.

## Question 19

***“Please inform us of any planned expansions to your services that may impact on the Integrated Laboratory Medicine Directorate.”***

This question was posed to users to provide them the opportunity to inform us of any changes currently happening or in the future that they can foresee having an impact on the service we provide. Of the **156** users who completed the survey **14** chose to leave comments. **12** of these were relevant. These have been categorised according to the most relevant ILM Directorate and are as follows:

### **General:**

- *Remote consultations likely to increase. Need ability for lab samples to be collected at NUTH phlebotomy hubs - e.g. urine samples for ACR.*

### **Blood Sciences:**

- *Blood results on paper and electronically is a major drain on time - please can we sort?!!*
- *We are seeing an increased patient numbers and all our patients have blood tests at every clinic.*
- *Need for more capacity for flow cytometry for CD3+TCR alpha beta/CD19 depletion and CD45RA+ depletion for haematopoietic stem cell transplantation.*
- *24 hr urine still problematic.*

### **Cellular Pathology/Cytology/Mortuary:**

- *Demand on the skin cancer service continues to rise, and this will impact on the cellular pathology service.*
- *Immunohistochemistry on fresh frozen specimens from Mohs surgery patients.*
- *As the lead for Melanoma SLNB service currently offered to melanoma patients only but we are in discussion with our Dermatopathology colleagues as we are planning to extend this service for Merkel cell Carcinoma patients.*
- *Hoping to expand our team to cope with additional 2ww referrals for suspected skin cancers, which in turn may generate more surgical procedures/biopsies.*

### **Genetics Service:**

- *Genomic laboratory hubs - ever increasingly important.*
- *Further genomic testing in cancer patients.*

### **Microbiology and Virology Services:**

- *Age expansion in bowel cancer screening.*

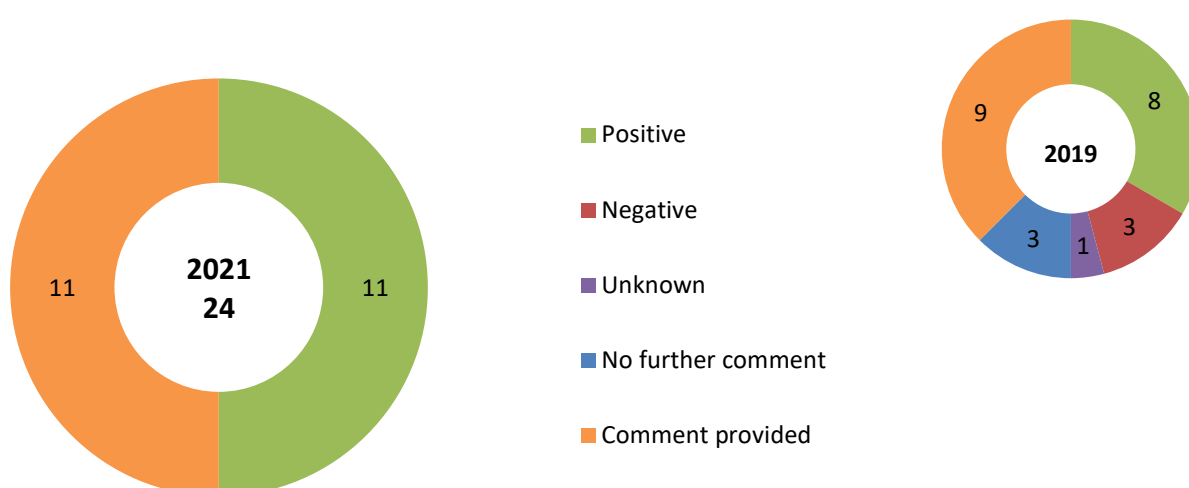
## Question 20

***“Does the Integrated Laboratory Medicine Directorate test repertoire continue to meet your service needs? Do you have any improvement suggestions?”***

This question gave users the opportunity to recommend any tests or services currently out with our repertoire that would benefit their departments and improve the service the NUTH Trust provides to its patients. Of the **156** users completed this survey **22** chose to leave a comment and were as follows:

Those comments were broken down into 5 categories:

- Positive – These were defined as a simple ‘Yes’ comment.
- Negative – These were defined as a simple ‘No’ comment.
- Unsure – These were defined as a simple ‘Unsure’ or ‘Not known’ comment.
- No further comment – These were defined as a simple ‘N/A’ or ‘None’.
- Comment provided



These have been categorised according to the most relevant ILM Directorate and are as follows:

### General

- *There should be one point of contact per directorate to message and coordinate improvement work - currently seems rather random who does what.*
- *Sometimes glitches with sample and collection status which needs to be resolved.*
- *The only improvement would be a fast track service for all patients going to theatre so we could get rid of delays in theatre caused by having to wait for results*
- *It would be just to ensure that all staff are familiar with separated samples as when not analysed it causes a lot of issues.*

- *IC Net for IPC to support service*

#### **Blood Sciences**

- *Good that we now have the in-house myositis and scleroderma panels.*
- *Cystatin C for renal function.*
- *It does but the real issues is the blood stickers are often incorrect for paediatrics and a database of blood test codes that the labs and external staff can access would be helpful.*
- *Revise transfusion labelling requirements. Sample rejection is too frequent and handwriting requirement is ridiculous.*

#### **Cellular Pathology/Cytology/Mortuary**

- *Immunohistochemistry on fresh frozen specimens from Mohs surgery patients.*

#### **Genetics Service**

- *Genetics needs better adoption.*



## Question 21

*“Have you any further comments you wish to make?”*

### Positive

- Special accolade to the dermatology histopath team.
- I would like to highlight the excellent job that the Freeman haematology / transfusion laboratories are doing. Whenever I have contacted them they have been extremely helpful and offered pragmatic suggestions in difficult situations.
- Thank you for allowing our department (dermatology) to function so efficiently, the dermatopathology team and laboratory as a whole deserve enormous credit.
- Many thanks.
- No, keep up the excellent work you're doing please.
- I feel we have timely access to our laboratory results using the PowerChart system... I feel very well supported if I require blood products with proactive, polite and helpful team in the transfusion lab. I have been working with point of care teams this year to make some changes on the blood gas analysers, and have found them very helpful and effective.
- Overall a great service.
- Very good service overall.
- Haematology blood transfusion lab always answer the phone promptly and are very helpful (unlike some other places I have worked). Being able to order a major haemorrhage pack when required, rather than having to spend time trying to get hold of a registrar to authorise clotting products when a massive haemorrhage is happening (and I have better things to do trying to keep the patient alive in theatre) is a big improvement compared to years ago.
- I appreciate all the hard work that everyone put into ensuring that these services run as well as possible.

### Neutral

- Although my Wards and Departments use the services mentioned as Matron I do not deal with these services first hand.
- At times results seem to be available quite quickly other times it seems to be the standard 2hr.

### Negative

- One of the main problems is the e-record system whereby patients are assigned to the wrong consultant so blood results and microbiology results go to the consultant.
- The only thing that seems a bit strange is the bit where the lab have a labelled specimen in hand in the lab but have to ring you to get you to use the specimens log in bit of e-Record because the sample can't be run unless that gets done. Not clear why this is so but it often delays tests being run and seems completely out of the labs control.
- Sort task list & specimen login out. This impacts on time spent in patient care due to a terrible repetitive system. The recording in Task list is not fit for purpose.
- Would be nice if blood sciences staff would be less rude and abrasive when calling the wards and offered suggestions to solve the issue, rather than just complain, datix and refuse.

### Recommendation

- Need a new lab reporting system. Needs updating. Excellent service otherwise.
- The lab staff need a greater understanding of the patient journey both onsite and in eth community.
- Your website is very difficult to use compared to the old one. You have to know in advance which test you want and which department does that test. It would be much easier for those who are not medically trained/scientists if you had a search engine we could put Dr's abbreviations for tests in, and we could then find out which test it is.



**Many Thanks to everyone who completed the survey and left comments.**  
**We take your feedback seriously and want to improve the service that we provide to you.**  
**Please see the responses to all comments below:**

## Comments

### Genetics

***“Very hard to access results - whether someone been tested. Results and requests are not automatically in e-records unlike histology results”***

We can upload reports in PDF format to eRecord document store. This is not done by default for all reports, only where requested. We are also currently working to standardise our report distribution by using NHS mail to send PDF documents of our genetic reports. Due to the age of our current Laboratory Information Management System (LIMS), we currently have no way to accept electronic orders from eRecord into the genetics system. All of our referrals are still handled via paper referral forms or email and must be entered manually to the system. Electronic ordering may be possible in the future with the implementation of a new LIMS in genetics. However, this project is not scheduled to be completed for another 2 years. Electronic reporting and integration with eRecord will also improve when the new LIMS is in place. The services provided/hosted by the Northern Genetics Laboratory service are varied and require different sets of essential information. We also have some referral forms (such as those used for Whole Genome Sequencing) which are provided to us by NHS England/Genomics England and are mandated for use for requesting testing via these services. As such, it isn't feasible to change the design of our referral forms, and multiple types of form are still required.

***“Rare diseases genetics in haematology sometimes a bit disorganised.”***

Sorry unable to respond to this as there isn't any detail.

***“I know it's an ongoing project, but your requesting and results need to be integrated into e-record as per other lab services. I am worried important results aren't automatically integrated.”***

We can upload reports in PDF format to eRecord document store. This is not done by default for all reports, only where requested. We are also currently working to standardise our report distribution by using NHS mail to send PDF documents of our genetic reports. Due to the age of our current Laboratory Information Management System (LIMS), we currently have no way to accept electronic orders from eRecord into the genetics system. All of our referrals are still handled via paper referral forms or email and must be entered manually to the system. Electronic ordering may be possible in the future with the implementation of a

new LIMS in genetics. However, this project is not scheduled to be completed for another 2 years. Electronic reporting and integration with eRecord will also improve when the new LIMS is in place. The services provided/hosted by the Northern Genetics Laboratory service are varied and require different sets of essential information. We also have some referral forms (such as those used for Whole Genome Sequencing) which are provided to us by NHS England/Genomics England and are mandated for use for requesting testing via these services. As such, it isn't feasible to change the design of our referral forms, and multiple types of form are still required.

***“One form for DNA/Cyto samples, all reports on e-record so other clinicians were not constantly emailing us to get results, Genomics England (not our own lab as this is out of their control) to simplify process of requesting WGS.”***

We can upload reports in PDF format to eRecord document store. This is not done by default for all reports, only where requested. We are also currently working to standardise our report distribution by using NHS mail to send PDF documents of our genetic reports. Due to the age of our current Laboratory Information Management System (LIMS), we currently have no way to accept electronic orders from eRecord into the genetics system. All of our referrals are still handled via paper referral forms or email and must be entered manually to the system. Electronic ordering may be possible in the future with the implementation of a new LIMS in genetics. However, this project is not scheduled to be completed for another 2 years. Electronic reporting and integration with eRecord will also improve when the new LIMS is in place. The services provided/hosted by the Northern Genetics Laboratory service are varied and require different sets of essential information. We also have some referral forms (such as those used for Whole Genome Sequencing) which are provided to us by NHS England/Genomics England and are mandated for use for requesting testing via these services. As such, it isn't feasible to change the design of our referral forms, and multiple types of form are still required.

## **Cellular Pathology, Cytology and the Mortuaries**

***“More recently the quality of histopathology review in the paediatric oncology MDT has not been as good as it has historically been. There is variation between very (?over-) detailed description/discussion and very brief summarising.”***

Currently, the paediatric oncology pathology service is extremely short-staffed which significantly adds to pressure within the service. In order to get the best from the pathologist in the meeting, it would be of value sometimes to have more discussion of critical aspects of the pathological findings in advance of the meeting. Moving forward, we have agreed that the MDT Lead will discuss with the rest of the Paediatric Oncologists how we can work together more effectively and we will meet again to review progress.

***“Sometimes the emails to come and do a death certificate are quite rude. I once responded that I was on leave and got a rude reply about the certificate needing to be completed. Staff expect us to come in on days off and are inflexible and not understanding of our working patterns which are hectic and days off are rare.”***

The emails regarding the completion of death certificates are not generated by the mortuary staff. This feedback will be passed on to bereavement services as part of our continuing improvement of the service we deliver.

## Blood Sciences

***“Continued problems between clinician, eRecord and laboratory when blood results not reported even though samples sent because wrong thing has been ticked. Labs always tell you it is an IT problem. A combined solution is required, not passing the problem to another team.”***

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group. This issue is actually part of the phlebotomy process rather than the laboratory's process directly. Funding has been approved for this and it is hoped that we will see improvement in this in the New Year.

***“Losing samples is a major problem as are delays in sending samples on to FRH (e.g. TAC levels). The IT system is not good for understanding the time (or even day) a sample was taken.”***

The Courier schedule is available on the intranet. All Datixes regarding lost samples are fully investigated. Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***“We have problems with some of the blood codes, printed on stickers and the labs are unable to help as they do not know what the codes mean. It would be great if the webpage was updated to include Apex codes. We get phone calls about bloods that have not been taken in this department and at times staff can be very negative when we inform them the bloods were not done in this department and therefore the nurses cannot 'collect' them on the system.”***

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

It is considered that putting APEX code onto the web pages would be unnecessary and time consuming for very little gain.

Each specimen label informs the user which blood tube to use for the sample.

***“Samples sometimes labelled as insufficient when more than enough blood sent.”***

Certain tests require a particular fill level, which is indicated on the sample tube label, for reasons of patient safety and accuracy of test results.

***“Staff unhelpful and at times downright unpleasant on the phone. Frequent problems with ward and lab eRecord interface. Staff cannot see bloods to tick off on system and labs unhelpful and unfriendly when calling. They seem to forget that there is a child in the middle of this, who has been bled to provide the***

***sample and a stop by lab staff refusing to process bloods ultimately hurts the child. If there is an interface problem with the system - it's time to change the system."***

Revised Customer Service training is being rolled out within the department.

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***"Biggest problem is that labs seems powerless (and also reluctant to speak out) to sort out the mess of ordering tests and generating stickers in e-records especially for paediatric patients. All these unprocessed samples due to someone not able to navigate maze of which task list to click off. We have had good engagement to improve on the ward level by tinkering, but from the highest leadership seems quiet raising these risks. Leads - please speak up loudly."***

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***"System to tick off bloods in eRecord is seriously not fit for purpose. Often there is not specimen to tick off. Even if ticked off get calls to tick off so then have to re do in specimen log in. More recently even if have recorded in both of these places ward still receives calls to tick off bloods. Department callers often fairly rude."***

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

Revised Customer Service training is being rolled out within the department.

***"Laboratory staff rude on telephone. System rubbish. Labs won't process bloods they HAVE because not ticked off on task list. Same task list where ward staff cannot see those bloods. Need to tick on both specimen login AND task list. Lab would rather us bleed a child again and print new stickers than process the samples. The old system was better. Weekend bloods very different to weekdays. Datix system used to punish wards rather than educate staff, improve patient care or improve system."***

Revised Customer Service training is being rolled out within the department.

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***"Do sometimes seem to still wait an hour or more for 'urgent' FBC and U&E results. I appreciate the service is incredibly busy though."***

Expected turnaround times are published on the laboratory website and these are monitored and audited frequently. Some results require review and authorisation by either the duty Biochemist or other clinical staff and may also require follow-on tests to be completed before releasing. This may delay these results. For individual instances where this occurs, please contact the laboratory directly with the details of the patient and sample and this will be investigated. Current median urgent Turnaround Time for U&E = 37 minutes & for FBC = 24 minutes.

Equipment refresh has been delayed and analyser downtime is impacting TAT.



***“Issues with eRecord leads to multiple calls daily to my number daily which is very time consuming. Failure from me to respond results in a threat of samples being discarded which puts our patients at risk.”***

Revised Customer Service training is being rolled out within the department.

Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***“The admin issues is the time lag between sending tests and getting results. It is better at the RVI than the Freeman”***

Expected turnaround times are published on the laboratory website and these are monitored and audited frequently. Some results require review and authorisation by either the duty Biochemist or other clinical staff and may also require follow-on tests to be completed before releasing. This may delay these results. For individual instances where this occurs, please contact the laboratory directly with the details of the patient and sample and this will be investigated. Current median urgent Turnaround Time for U&E = 37 minutes & for FBC = 24 minutes.

Equipment refresh has been delayed and analyser downtime is impacting TAT.

***“It takes too long for a coagulation screen!! It is ridiculous. Took about 3 hours for each test recently for a patient on a heparin infusion.”***

Routine TAT target for a Coagulation screen = 4 hours.

***“In renal department in May - July 2019, 29% of urgent potassium results sent from ward 32 were not released within 1 hour of being received in the lab. It seems this delay still persists. You could consider re-auditing. Release of results promptly is really important as it informs immediate and emergency clinical decisions.”***

Expected turnaround times are published on the laboratory website and these are monitored and audited frequently. Some results require review and authorisation by either the duty Biochemist or other clinical staff and may also require follow-on tests to be completed before releasing. This may delay these results. For individual instances where this occurs, please contact the laboratory directly with the details of the patient and sample and this will be investigated. Current median urgent Turnaround Time for U&E = 37 minutes & for FBC = 24 minutes.

Equipment refresh has been delayed and analyser downtime is impacting TAT.

***“Easier system to add tests on rather than ringing/better guidance to add tests on?”***

A guide to adding on test requests to existing samples is available on eRecord. The standards that the laboratory is accredited to (ISO 15189) state that a verbal request for testing must be followed by confirmation either electronically (by email), or by a physical copy of a request form.

## Microbiology and Virology

***“Some results not available on Powerchart.”***

Every lab report once authorised on Lab Computer System (APEX) is immediately uploaded to eRecord.

***“I understand the rationale for screening of calls via a secretary but it can be incredibly frustrating when as a senior clinician you wish to ask a very specific question in a timely manner of another consultant and end up running around in circles for quite some time.”***

Due to the number of calls received at any given time a triage process is used to ensure callers are transferred to the most appropriate person to support with queries. As NUTH run a very specialized microbiology service its critical that the caller speaks to the relevant medic responsible for managing these areas, sometimes this may add to delays as we are dealing with a high volume of calls.

***“We sometimes end up delaying patients coming to the operating theatre because of a lack of a Covid-19 result. This costs quite a bit [2 consultants, 2 trainees, 5 nurses/ODPs salaries], worsens morale and sometimes we end up having to beg to get results. Sometimes each ward is only allowed a certain number of urgent tests. It's a big ask but is there any way this could be sorted?”***

There is a COVID-19 screening protocol in place for those patients requiring emergency theatre. Please note there is no restriction on the number of urgent tests conducted per ward; each patient request is assessed against the urgent testing criteria. Please refer to the Trust COVID intranet page - <http://nuth-intranet/cms/GeneralInformation/CoronavirusInformation.aspx>.

***“Out of hours advice is less good than in hours, sometimes takes a long time to get hold of someone out of hours, partly due to having to phone switchboard to ask who is on call, wait for the number etc.”***

The out of hours Microbiology service is often very busy and there may therefore be a delay in getting through while the Microbiologist on call is dealing with earlier calls. There is always a Trust consultant Microbiologist on call with a trainee, and so, in cases of emergency, this reduces the chance that both would be engaged at the same time. Trainees are always supported by a consultant Microbiologist and they are instructed and encouraged to contact a consultant for advice in any case where they require support based on their stage of training. Clinicians may also ask to speak to the consultant on call, either initially or if they have any concerns about the advice they have received. The on call service also covers IPC, hence it has been very busy during the pandemic. We also run a joint on call service with Northumbria.

***“Main challenge is some barriers to contacting microbiologist - seems a slightly clunky system involving a secretary and a forwarded call. Probably a good reason for this. Advice is helpful when asked for.”***

The out of hours Microbiology service is often very busy and there may therefore be a delay in getting through while the Microbiologist on call is dealing with earlier calls. There is always a Trust consultant



Microbiologist on call with a trainee, and so, in cases of emergency, this reduces the chance that both would be engaged at the same time. Trainees are always supported by a consultant Microbiologist and they are instructed and encouraged to contact a consultant for advice in any case where they require support based on their stage of training. Clinicians may also ask to speak to the consultant on call, either initially or if they have any concerns about the advice they have received. The on call service also covers IPC, hence it has been very busy during the pandemic. We also run a joint on call service with Northumbria.

***“My only issue is getting microbiology advice between 8 and 9 am. We start in theatres at 8 and if you need specific antibiotic advice for the first patient on the list it is sometimes harder to get hold of the relevant person.”***

The out of hours Microbiologist can be contacted by switchboard to give any urgent advice required. Alternatively, relevant discussions could be held during core hours in advance of theatre however, we understand this is not always possible. 8-9 is considered out of hours service, Core microbiology hours are 9-5.

***“The display of microbiology results on e-record is unhelpful. For example sputum microbiology for cystic fibrosis yields 4-5 results for each sample, and each result has to be clicked open separately; and there is no overall indication of whether it contains a positive result. So it is very difficult, for example to see when was the last time the patient grew Pseudomonas: this requires multiple clicks over the last few years.”***

Yes, display of microbiology results is unhelpful. Yes, seeing 4-5 results for each sample is unhelpful. Yes, the absence of an 'abnormal' flag, in eRecord is unhelpful. With regards to the first two points, the new lab information management system should resolve some of these issues in the next few years. With regards to the last point, critical results are flagged in APEX (the current LIMS) but the flag is currently not acknowledged on the eRecord side. This has been raised repeatedly, but IT at Regent Point is under-resourced to address this issue. The new LIMS should, again, help flag 'abnormal/critical' results.

***“Often request culture and sensitivity on micro swabs but don't get sensitivity back on report.”***

This could be for a number of reasons so unable to fully explore options. These include isolates that may not be regarded as likely pathogens, samples without clinical details, multiresistant isolates where we advise contacting microbiology for individualised advice. Antimicrobial sensitivities are reported for a significant proportion of isolates, where it is safe to do so. However this does depend on the particular result, the clinical scenario and individual patient factors. Unrestricted reporting of antimicrobial sensitivities does not support antimicrobial stewardship as it would be likely to promote more widespread and possibly unnecessary prescription of antibiotics. We have an authorisation manual to guide our reporting process. Where clinical details provided with a specimen suggest that antibiotic treatment is indicated, sensitivities would usually be reported (including alternatives if clinicians indicate specific history of drug intolerance or allergy) however, regrettably, clinical details are often missing or inadequate. Advice and support is always available from Medical staff in Microbiology.

***“Urine cultures appear as either “done” or “not done” on e-records. I ring up and find the result is actually in progress. The way it appears on e-records therefore wastes my time and the lab technicians time and isn’t inspiring that the lab processes that test. It can instead appear as a flat refusal to do the test if appearing as not done. Thanks.”***

Urine cultures that are still in progress should be visible in the 'patient summary' view of eRecord. Urine microscopy used to be reported as 'not done' during the height of the covid pandemic, because processing urines for automated microscopy posed a risk to staff working in the laboratory. New boric acid containers can now be used to perform urine microscopy. If boric acid containers are received for microscopy and culture, you should not be seeing 'not done' as a result in eRecord.

***“Sometimes hard to speak to a consultant about very complex cases that fall outside of an MDT.”***

We need additional information to respond to this comment.

***“A microbiology round may be useful rather than constant phone calls to them may reduce the frequency of calls and the different advice that gets given day to day.”***

Pre pandemic most wards were visited with significant lab results (Blood cultures). Currently only ITU's get daily visits. Critical areas are visited if there are IPC issues or as part of MDT e.g. TX, cancer. There are also other competing priorities e.g. RCA, pandemic control that doesn't make ward visiting always possible.

***“When phoning a microbiologist it would be better if they kept a phone as when I go through switchboard for the on call doctor I often end up with the secretary who will get Dr X to phone me later.”***

All microbiologists carry dect. phones; calls are triaged by secretarial team to ensure callers are assigned to the appropriate consultant.

***“COVID results pre-theatre are a logistical nightmare as swabs may not be taken in a timely fashion; this is not really the lab's problem, but it would be great to be able to find out how long we are going to have to delay a theatre list to get a swab result back which was sent the night before or on the morning of surgery.”***

As a result of some delays in processing COVID-19 screens in advance of urgent theatre, the laboratory has introduced a new pathway which is available on the COVID Intranet Page,

***“I work in theatres and occasionally need to phone up to get an answer to a query. The answer I get is very much dependent on the person I speak to and I feel that there needs to be more uniformity/clarity in the information given. Sometimes the questions are for unusual infections and unusual scenarios and I realise that getting through to a junior person may not be the best help. Perhaps a named theatre liaison person would be helpful.”***

We have a limited number of consultants and trainees to cover all NUTH theatres. Variability in advice is usually due to variable information provided by the caller. It would be useful to have some more detail

about this comment. Sometimes trainees who are new to the post may not be fully aware of the specialist policies and will need to run these queries past the Consultant, which may result in a different response.

***“As a consultant in ICM it would be good to have access to Apex for timely access to results not to have to go via the microbiologist or wait for a technician to upload data onto E-record.”***

We are unable to allow unlimited access for clinicians to unauthorised microbiology / virology reports, because until they have been completed and authorised, there is the chance that the result may change as a result of further laboratory investigations. Within the department, the BMS staff know whom to contact if there has been a significant change in the result, however, with unrestricted access to clinicians, it would not be possible to tell who had accessed an interim result that has subsequently become misleading. This is a patient safety issue. Support is always available from the Microbiology and Virology Services staff at any time of the day or night.

***“Although I am aware it filters calls, I'm not sure whether only allowing registrars or above to access microbiology advice at night is helpful. I have just come from the NCCC where urgent advice was required for neutropenic patients and registrars were non-resident overnight (most senior doctor on site is an SHO). My registrar would have to discuss a patient they may not have seen and didn't have the notes for - it would make more sense for the SHO to have discussed.”***

10 pm - 9 am night shift is Microbiology Consultant first on call. The filtering system was introduced to avoid inappropriate calls coming through. There are issues with junior doctors not referring to departmental policies before contacting the Microbiology Consultant OOH. It's only right that their first point of contact should be their own Cons / registrars.

***“Access to sensitivities on more microbiology tests would be useful and would save time having to call lab for results.”***

Antimicrobial sensitivities are reported for a significant proportion of isolates, where it is safe to do so. However, this does depend on the particular result, the clinical scenario and individual patient factors. Unrestricted reporting of antimicrobial sensitivities does not support antimicrobial stewardship, as it would be likely to promote more widespread and possibly unnecessary prescription of antibiotics. We have an authorisation manual to guide our reporting process. Where clinical details provided with a specimen suggest that antibiotic treatment is indicated, sensitivities would usually be reported (including alternatives if clinicians indicate specific history of drug intolerance or allergy) however, regrettably, clinical details are often missing or inadequate. Advice and support is always available from Medical staff in Microbiology.

***“Would it be possible to blind clinicians from culture results less frequently?”***

This could be for a number of reasons so unable to fully explore options. These include isolates that may not be regarded as likely pathogens, samples without clinical details, multiresistant isolates where we advise contacting microbiology for individualised advice. Antimicrobial sensitivities are reported for a

significant proportion of isolates, where it is safe to do so. However, this does depend on the particular result, the clinical scenario and individual patient factors. Unrestricted reporting of antimicrobial sensitivities does not support antimicrobial stewardship, as it would be likely to promote more widespread and possibly unnecessary prescription of antibiotics. We have an authorisation manual to guide our reporting process. Where clinical details provided with a specimen suggest that antibiotic treatment is indicated, sensitivities would usually be reported (including alternatives if clinicians indicate specific history of drug intolerance or allergy) however, regrettably, clinical details are often missing or inadequate. Advice and support is always available from Medical staff in Microbiology.

***“Would be incredibly helpful if blood culture results could highlight on 'front page' of micro section if e record if they are positive or not- rather than having to click through umpteen blood results to see if any of them are positive. I realise this is an e record issue rather than lab issue but seems worth highlighting as it is genuinely a big consumer of time during clinical ward rounds in haem when we may have to individually open multiple blood culture results to see if any are positive.”***

Yes, display of microbiology results is unhelpful. Yes, seeing 4-5 results for each sample is unhelpful. Yes, the absence of an 'abnormal' flag, in eRecord is unhelpful. With regards to the first two points, the new lab information management system should resolve some of these issues in the next few years. With regards to the last point, critical results are flagged in APEX (the current LIMS) but the flag is currently not acknowledged on the eRecord side. This has been raised repeatedly, but IT at Regent Point is under-resourced to address this issue. The new LIMS should (again) help flag 'abnormal/critical' results.

## Planned Expansion

### Genetics

***“Genomic laboratory hubs - ever increasingly important.”***

Genomic Laboratory Hub is facing reconfiguration but Sheffield lab closure. In the short-term this may cause a negative impact on TAT, however in the long term when processes are streamlined these TATs should return to normal and a larger test repertoire offered as per NHSe.

***“Further genomic testing in cancer patients.”***

Genomic Laboratory Hub is facing reconfiguration but Sheffield lab closure. In the short-term this may cause a negative impact on TAT, however in the long term when processes are streamlined these TATs should return to normal and a larger test repertoire offered as per NHSe

### Cellular Pathology, Cytology and Mortuaries

***“Demand on the skin cancer service continues to rise, and this will impact on the cellular pathology service.”***

Can we please ask that you consider the additional resources and staffing that will be required for the pathology laboratory when you submit business cases for service expansion? This will ensure that we can operate within safe levels of practise and deliver an efficient service to meet the growing demand.

***“Immunohistochemistry on fresh frozen specimens from Mohs surgery patients.”***

This would require additional resource and equipment as the ICC autostainers are already running at full capacity during the working day. This can be discussed further at the Mohs monthly meetings.

***“As the lead for Melanoma SLNB service currently offered to melanoma patients only but we are in discussion with our Dermatopathology colleagues as we are planning to extend this service for Merkel cell Carcinoma patients.”***

Can we please ask that you consider the additional resources and staffing that will be required for the pathology laboratory when you submit business cases for service expansion? This will ensure that we can operate within safe levels of practise and deliver an efficient service to meet the growing demand.

***“Hoping to expand our team to cope with additional 2ww referrals for suspected skin cancers which in turn may generate more surgical procedures/biopsies.”***

Can we please ask that you consider the additional resources and staffing that will be required for the pathology laboratory when you submit business cases for service expansion? This will ensure that we can operate within safe levels of practise and deliver an efficient service to meet the growing demand.

***“Further genomic testing in cancer patients.”***

We have now set up a designated molecular laboratory to enable us to meet the demands of an over-increasing molecular service. Can we ask that if you wish to introduce a new molecular test you contact the directorate manager in the first instance, before requests are sent to ensure we have adequate resource and capacity.

## **Blood Sciences**

***“Remote consultations likely to increase. Need ability for lab samples to be collected at NUTH phlebotomy hubs - e.g. urine samples for ACR.”***

This is out with the control of the laboratory and requires a Trust-wide solution.

***“Blood results on paper and electronically is a major drain on time - please can we sort?!!”***

The removal of paper reports is outside the control of the laboratory and is dependent on 'Results to endorse' being implemented Trust-wide. This will be delivered as part of an IT project through the digital leaders group.

***“We are seeing an increased patient numbers and all our patients have blood tests at every clinic.”***

Duly noted. Any additional clinical or extended working hours should be flagged up to laboratory services.

***“Need for more capacity for flow cytometry for CD3+TCR alpha beta/CD19 depletion and CD45RA+ depletion for haematopoietic stem cell transplantation.”***

Additional capacity requires funding from source.

***“Age expansion in bowel cancer screening.”***

Duly noted. Any additional capacity required should be funded from source.

***“24hr urines still problematic.”***

We are unclear as to what this comment relates to. Please raise directly with laboratory management.



## Repertoire Improvements

### Genetics

***“There should be one point of contact per directorate to message and coordinate improvement work - currently seems rather random who does what.”***

Agreed, this is something we can look at implementing

***“IC Net for IPC to support service.”***

Genetics traditionally was a separate directorate and one of the challenges with merging with Integrated Laboratory Medicine has been the standardisation of current systems. Genetics are currently working alongside the NUTH IT department to continue this progress.

***“Genetics needs better adoption.”***

Genetics traditionally was a separate directorate and one of the challenges with merging with Integrated Laboratory Medicine has been the standardisation of current systems. Genetics are currently working alongside the NUTH IT department to continue this progress.

***“Perhaps this is true but due to pressures with staffing this may take some time to implement”***

Perhaps this is true but due to pressures with staffing this may take some time to implement.

### Blood Sciences, Microbiology and Virology.

***“There should be one point of contact per directorate to message and coordinate improvement work - currently seems rather random who does what.”***

We would recommend that any requests for improvement work should be made to the Directorate Manager, who will disseminate the requests and information to the appropriate Laboratory Manager.

***“Sometimes glitches with sample and collection status which needs to be resolved.”***

Blood Sciences - Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

***“The only improvement would be a fast track service for all patients going to theatre so we could get rid of delays in theatre caused by having to wait for results.”***

Blood Sciences - Please raise these issues directly with laboratory management.

Microbiology and Virology – We would need further clarity regarding sample types. There is a new protocol in place for urgent COVID screens for emergency theatre patients.

***“It would be just to ensure that all staff are familiar with separated samples as when not analysed it causes a lot of issues.”***

Blood Sciences - We are unclear as to what this comment relates to. Please raise directly with laboratory management.

Microbiology and Virology - Samples are processed in accordance with established protocols; which are often based on clinical details provided by requestors.

***“One of the main problems is the e-record system whereby patients are assigned to the wrong consultant so blood results and microbiology results go to the consultant.”***

Blood Sciences - Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

Microbiology and Virology - The closed loop investigations & future orders projects should help to resolve these issues. Both projects have been prioritised for action by Regent Point IT.

***“The only thing that seems a bit strange is the bit where the lab have a labelled specimen in hand in the lab but have to ring you to get you to use the specimens log in bit of e-Record because the sample can't be run unless that gets done. Not clear why this is so but it often delays tests being run and seems completely out of the labs control.”***

Blood Sciences - Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

Microbiology and Virology - The reason the laboratory do not 'mark' as collected is related to the audit trail that would be generated as a result. Laboratory staff are not involved in sample collection hence their name shouldn't be linked into this process by default. The closed loop investigations & future orders projects should help to resolve these issues. Both projects have been prioritised for action by Regent Point IT.

***“Sort task list & specimen login out. This impacts on time spent in patient care due to a terrible repetitive system. The recording in Task list is not fit for purpose.”***

Blood Sciences - Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

Microbiology and Virology - The future orders project, which has been prioritised for action by Regent Point IT, may help improve the way that task lists function, but without further detail of the exact problem that is being raised here further comment cannot be provided.

***“The lab staff need a greater understanding of the patient journey both onsite and in eth community.”***

Blood Sciences - The laboratory will revisit this post pandemic and anticipate being able to offer tours of the laboratory to clinical staff. We would hope this would be reciprocated by staff in clinical areas and this would be greatly appreciated.



Cellular Pathology - In Cellular Pathology, whilst we do not have face-to-face contact with patients we are very mindful that the specimens we receive are unique and non-repeatable. We strive to put the patients at the heart of our work, knowing how stressful the wait for diagnostic results is. Our consultants work closely with the clinicians to ensure that we deliver results in a timely manner for patient follow-up and discussion at MDM.

Microbiology and Virology - Laboratory staff have a broad knowledge of the patient journey but happy to work with teams to improve understanding as part of collaborative working. Equally there needs to be improved understanding of the sample journey in the laboratory environment.

## Blood Sciences

### ***“Cystatin C for renal function.”***

Blood Sciences - Please discuss with renal consultants if required. Additional tests require funding from source.

### ***“It does but the real issues is the blood stickers are often incorrect for paediatrics and a database of blood test codes that the labs and external staff can access would be helpful.”***

Improvements in the process of ordering and taking samples, particularly blood samples, will be delivered as part of an IT project through the digital leaders group.

It is considered that putting APEX code onto the web pages would be unnecessary and time consuming for very little gain.

Each specimen label informs the user which blood tube to use for the sample.

### ***“Revise transfusion labelling requirements. Sample rejection is too frequent and handwriting requirement is ridiculous.”***

This is stipulated in law by BSQR 2005 regulations. The laboratory will move to an electronic process in the Transfusion Closed Loop project.

### ***“Would be nice if blood sciences staff would be less rude and abrasive when calling the wards and offered suggestions to solve the issue, rather than just complain, datix and refuse.”***

Revised Customer Service training is being rolled out within the department.

Blood Sciences - Improvements in the process of ordering and taking samples, particularly blood samples will be delivered as part of an IT project through the digital leaders group.

## Microbiology and Virology

### ***““IC Net for IPC to support service.”***

Cerner Pathnet has IPC functionality