

The Integrated Laboratory Medicine Directorate Newsletter

Issue 29
2025



Your Thoughts Matter

Reflections on Our Laboratory Services from 2024 Survey

Challenges & Areas for Improvement

Some users expressed concerns about the complexity of the new transfusion process, highlighting that many staff find it difficult to use. We acknowledge this challenge and encourage anyone struggling to reach out to the Transfusion Practitioner Team for additional training and support.

Ideas & Suggestions for a More User-Friendly Experience

Users proposed helpful improvements, such as making test naming within Powerchart clearer, ensuring introductory survey explanations for better engagement, and enhancing connections between Blood Sciences staff and medical teams. We're taking these suggestions seriously and exploring ways to refine our approach.

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A **Clinical User Forum** was recommended as a way to bring teams together to openly discuss concerns rather than addressing them in isolation. This idea aligns with our commitment to collaboration, and we welcome further discussions on its implementation.

A Huge Thank You to Our Incredible Staff!

Despite challenges, many users expressed immense appreciation for the dedication and expertise of our laboratory teams. From clinical scientists in blood sciences to histopathology and transfusion support, your contributions were widely recognised and celebrated.

One message summed it up best: *"You are all excellent but understaffed—please don't be distressed. The people who ARE here are superb. Just a few more bodies, please!"*

Moving Forward

Your feedback helps shape our laboratory services, ensuring they meet your needs while maintaining efficiency and accuracy. We'll continue to refine our processes, support our teams, and strengthen communication to provide the best possible service.

Case Study

Muscle Immunoanalysis Unit (MIU)

Yolande Parkhurst
Advanced
Biomedical Scientist



Background

The Muscle Immunoanalysis Unit (MIU), based on the Dental Hospital site, is the diagnostic portion of the NHS England Highly Specialised Service for Limb Girdle Muscular Dystrophy.

Objective

As an ISO 15189 accredited laboratory, quality monitoring is routinely undertaken to ensure continued UKAS compliance. A 2024 Quarterly management review highlighted the need to undertake a survey of service users, as this was last completed in 2021 and several operational changes had occurred in MIU since then.

Methods

MIU staff (scientific and administrative) and the Quality manager drafted and compiled a simple form to gain feedback in different aspects of service performance. The finalised survey was issued to approximately 50 of the most frequent service users/contacts via email.

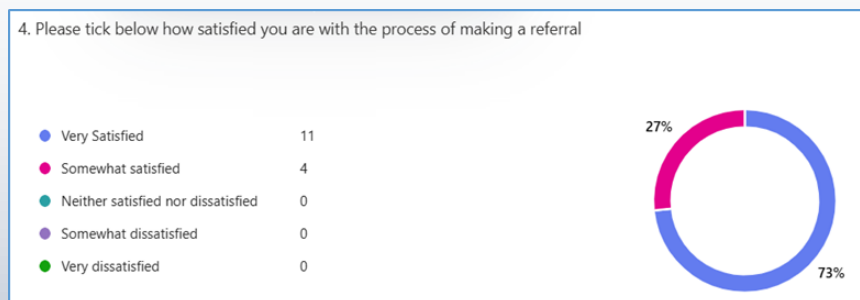
The email contained both a hyperlink and QR code to enable easy access to the survey. An initial email was sent in October 2024, followed by a reminder email in January 2025. The survey remained open for responses until 31 Jan 2025.

Results

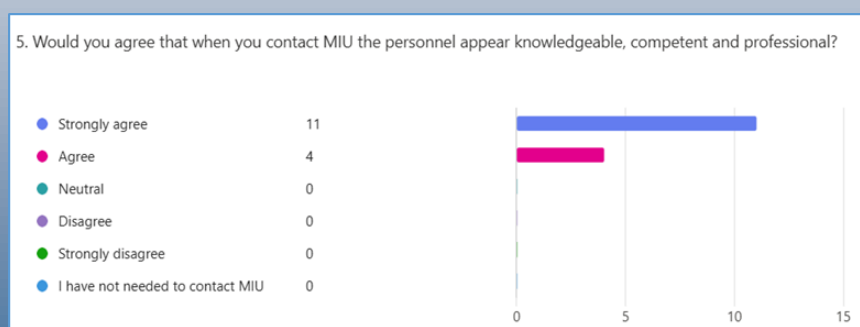
Following the closure of the survey, the results were compiled and reviewed during the Q4 quality management review in April 2025. The main findings were:

Response rate was 27% (15/55) - improved on 2021 survey (11/90)

73% of survey responders were very satisfied with the process of making a referral



11 survey responders strongly agree that MIU personnel are knowledgeable, competent and professional



33% survey responders left a positive comment about the service / MIU staff they have interacted with

2 survey responders left specific comments on ways to potentially improve the current workflow of the service

Discussion

By targeting the most frequent service users (including neuro-pathologists, consultant neurologists and neuropathology scientists), the response rate was increased from 12% (2021) to 27% for the 2024 survey.

Muscle Immunoanalysis Unit Newcastle Upon Tyne Hospitals Trust User Survey 2024

* Required

1. Do you feel that you have sufficient information from the Muscle Immunoanalysis Unit, to allow you to refer specimens to the service? *

☒ Yes

☐ No

2. To what extent are you satisfied with the following aspects of service provision: *

| | Very satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Very dissatisfied |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|
| Time taken to receive information from MIU | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Information provided on the types of sample required for analysis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shipping and delivery instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Turnaround Times | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Overall, the survey responders had a positive opinion of MIU service, processes and staff and two responders left additional comments to direct improvements to the service:

Comment 1:

"I do feel that abnormal results should perhaps automatically trigger an offer for a clinical review for the patient"

Proposed service improvement:

All MIU cases have a clinical review at the weekly MDT meeting prior to reports being signed and issued. An advisory letter is also sent to the referring clinician to communicate or suggest any further relevant investigations or to offer a patient appointment if appropriate.

Communicate the current process to service users via an email signature for all communications sent from the HSS.LGMD.REFERRALS email address or via the Newcastle Laboratories website.

Comment 2:

"The forms are long & take some time to complete, would there be a way of reducing the burden without compromising testing?"

Proposed service improvement:

Review the content and format of the current pre-referral form to include only vital information and reduce the length of time taken to complete the form.

Actions

In order to respond to the main findings of this User survey and optimise the MIU service, the following actions will be initiated and progress tracked via the quarterly management reviews to ensure timely completion.

Review the current pre-referral form to optimise the information collected as well as the time taken for service users to complete

Communicate all aspects of referral and service workflow to service users via email and/or web-

Following the user satisfaction survey 2023/24 Microbiology and Virology department response to the comments and criticism raised.

Themes were considered and responses collated:

Comments regarding difficulties contacting microbiologists particularly during bench round and out of hours.



Janice Simm
Microbiology &
Virology
Quality Manager

- All microbiologists carry dect phones; calls are triaged by secretarial team to ensure callers are assigned to the appropriate consultant. If the consultant is not able to take call immediately, they will ring back as soon as they are able.
- It is important to note that participating in bench rounds gives the microbiologist the most up to date information related to critical patients so that they can then liaise with clinical colleagues to support with patient management.
- The out of hours Microbiologist can be contacted by switchboard to give any urgent advice required. Due to volume of calls and one person covering the entire Trust, there may be an unavoidable delay as the Microbiologist is already on a call.

Comments regarding issues with reports / results

- Reports not going through PowerChart – All reports authorised in laboratory computer system APEX immediately upload to eRecord, this process is documented on the trust intranet. Specific examples of failure should be escalated to trust IT.
- Length of time for return of results for grams, sensitivities etc, - In the last 12 months we have introduced interim reporting for blood culture gram stains, blood culture results and other critical culture results prior to sensitivities being available to support patient management. Most antibiotic susceptibility results are available within 48hrs of submitting samples to the laboratory. Rapid antimicrobial susceptibility testing (R-AST) is performed on gram negative isolates from blood cultures. Some pathogens, for e.g Yeasts and Anaerobes take longer to grow and as such take time to final sensitivity reporting. The Microbiology lab is not a 7-day service however all significant samples are read on week-ends and Bank Holidays, which are dependent on voluntary overtime by BMS staff.
- Progress of testing - Those samples still in progress should be visible in the 'patient summary' view of eRecord. Currently the Electronic Patient Record is not able to show in progress results on the flow sheet, this is in review as part of our Lab Information System refresh.
- Reporting of antibiotics more detailed results / withholding results - Unrestricted reporting of antimicrobial sensitivities does not support antimicrobial stewardship. We have an authorisation manual to guide our reporting process. Antimicrobial sensitivities are reported for a significant proportion of isolates, where it is safe to do so. This is dependent on the particular result, the clinical scenario and individual patient factors. This also includes isolates that may not be regarded as likely pathogens and multi resistant isolates. Where clinical details provided with a specimen suggest that antibiotic treatment is indicated, sensitivities would usually be reported (however, regrettably, clinical details are often missing or inadequate. Advice and support is always available from Medical staff in Microbiology.
- Attendance at ward meetings - There is considerable pressure on clinical Microbiology and Virology teams which has made it difficult to attend all MDTs. Although medical microbiologists and virologists are always able to offer support for clinical cases as needed. Staffing is under active review although current restrictions on business cases means that progress has not been made

We thank you for your positive comments regarding our great service, competent advice and excellent input to support your work!

We would be happy to provide laboratory tours for anyone interesting in finding out more about our processes.

Blood Sciences Response to Trust User Survey ;

Blood samples not correctly marked as “Collected” in eRecord

We recognised how frustrating it was for our clinical users to have taken samples and sent them to us, only to find that we had not processed them as the request had not come through to the Laboratory Information Management System (LIMS). Following agreement with the Trust, Blood Sciences has now put a solution in place that ensures that as many samples as possible that have not been correctly marked as “Collected” in eRecord when the sample was taken are now collected in the laboratory, by laboratory staff. This ensures that samples are no longer discarded without testing when samples are not marked as “Collected” in eRecord whilst maintaining patient safety.



Jonathan Wake
Blood Sciences
Quality Manager

Increased turnaround times for urgent test results

A project to replace ageing Biochemistry and Haematology equipment across the Trust is in progress and has been successfully completed on the Freeman Hospital site. This is still ongoing on the RVI site and is not likely to be completed in the near future. Blood Sciences understands the difficulties that longer turnaround times due to ageing equipment has presented to clinical teams and have arranged extra engineer support to ensure the shortest downtime possible for our analysers.

Development of testing in house for a number of analytes to improve turnaround times.

A number of requests were received for Blood Sciences to bring testing for particular analytes in-house to improve turnaround times (TAT), and therefore the service to our clinical users and patients. Blood Sciences is committed to providing accurate and timely results for our patients. The development of in-house methods for some analytes that are currently sent to external laboratories for testing is part of the Blood Sciences assay development plan. However, these are likely to require business cases to be supported by the Trust on an individual basis before they can be implemented as routine tests.

Genetics: Response From Survey 2024



Amrit Singh
Genetics
Quality Manager



Addressing Challenges with Report Availability on eRecord

We recognise the frustrations clinical teams experience when chasing reports that are unavailable on eRecord. The underlying Genetics databases, which supports all Clinical and Laboratory activity, has been in use since the 1990s and was originally developed as an in-house system on Access 97. Due to its age, this system is largely incompatible

with newer technologies, meaning it cannot process electronic orders. While a limited subset of reports can be manually exported to eRecord, there is currently no automatic integration available. Instead, reports are routinely shared via NHS mail in PDF format.

Understanding the Limitations of the Current System

The Genetics database plays a critical role in supporting both Clinical and Laboratory functions, yet its age presents significant constraints when integrating with modern systems. As technology has evolved, newer platforms have moved beyond the capabilities of Access 97, making seamless connectivity impossible. While efforts have been made to manually transfer reports to eRecord, this remains a labour-intensive process and cannot be scaled for all reports in a fully automated way. We understand that this creates an additional burden on clinical teams who require timely access to important patient information, and we are actively working towards a solution.

Looking Ahead: Improvements on the Horizon

As part of the North East and Yorkshire Genomic Laboratory Hub (NE&Y GLH)—which encompasses laboratories in Leeds, Newcastle, and Sheffield—we are actively developing a new Laboratory Information Management System (LIMS) and working on merging existing clinical systems on to E-record. These systems will introduce a range of improvements, including:

- Electronic Reporting – results will be available electronically
- Integration with eRecord – Reports will be seamlessly accessible within eRecord, eliminating the need for manual transfers and emails.
- Improved Workflow & Efficiency – Reducing administrative delays and ensuring reports reach clinical teams faster.

Electronic Ordering

While this project represents a significant leap forward, it remains in development and will take time to complete. We appreciate your patience and understanding as we work towards a more efficient and streamlined reporting process.

Immediate Support & How to Request Reports

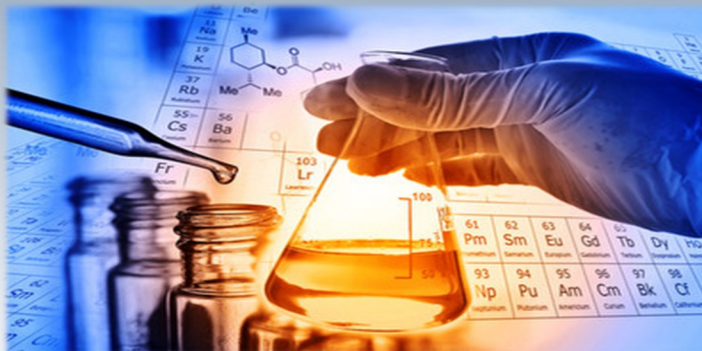
In the meantime, we are committed to supporting clinical teams in accessing reports quickly. For urgent report requests, please reach out to the laboratory's generic email addresses, where requests will be handled promptly. Full contact details and email addresses can be found at: [Contact us - Newcastle Hospitals Laboratories](#)

We thank you for your cooperation and continued support as we work to modernise and improve our laboratory reporting systems.

ILM : Comments on Request and Testing

Ensuring Our Test Repertoire Meets Your Needs

At Newcastle upon Tyne Hospitals (NuTH), we continuously review and refine our laboratory test repertoire to ensure it aligns with clinical needs and evolving healthcare demands. Thanks to the valuable insights from the latest User Satisfaction Survey, we're addressing key requests and improvements while celebrating the strengths of our current services.



What's Working Well?

Many respondents praised the responsiveness of the lab teams in adapting to new testing needs. Several users highlighted how the service remains well-aligned with clinical requirements, especially as genomic testing expands. A huge thank you to our dedicated staff for maintaining excellence across the board.

Your Requests & Improvement Suggestions

While the test repertoire largely meets service expectations, there were several specific recommendations for enhancing accessibility and efficiency:

- **Expanding Testing Availability:** Some users requested additional availability for key assays, such as procaldionin testing at both RVI and Freeman, as well as ANCA and anti-GBM testing on weekends. Blood Sciences is currently reviewing the feasibility of these additions.
- **Adding New Tests:** Requests were made to include Parvovirus PCR, specimen mitotane, lamotrigine, and in-house TPMT and thiopurine metabolite testing. Plans are in place to review these tests for potential inclusion in the repertoire.

Enhancing Turnaround Times: The need for faster histopathology and cytology reporting was emphasised, particularly for high-risk cancer cases. Staffing solutions are being actively explored to address this.

Looking Ahead: We recognise that maintaining a comprehensive, efficient test repertoire is essential for delivering high-quality patient care. The feedback from this survey helps shape strategic plans, ensuring the lab teams continue to provide responsive and clinically valuable services.

Thank you to everyone who contributed their insights—we value your input and remain committed to continuous improvement in laboratory medicine.



Emma Doran
Cellular Pathology
Quality Manager



Cellular Pathology

Response from 2024 User Survey;

Provision of a Neuroendocrine Tumor Pathologist

This issue has been raised at our local Clinical Governance and Quality meeting and discussions are underway with the Clinical Director as to how this can be resolved.

Service pressures – time for reports and outsourcing

We are very appreciative that you have recognised that we are working hard to try to meet targets despite there being insufficient resource across numerous diagnostic teams, combined with increased workload.

We are continuing to insource and outsource cases, as required. Some users expressed concerns about outsourcing. Where possible we will report the cases in-house but, when necessary, in order to focus on urgent cases and to maintain staff health and wellbeing, some of our workload is sent away for external reporting.

We continue to prioritise cases based on clinical need and are liaising with the Clinical Board to try to resolve these capacity issues.

The provision of frozen Mohs Immunocytochemistry

Discussions about this were paused during the laboratory decant. The implementation of this will require a feasibility study to review whether we have machine capacity and staffing to deliver what is required.

We would also need to consider competency of assessment, quality assurance, internal quality control and other operational challenges, including any associated resource and financial need.

Noticeable deterioration in IHC and FISH testing in breast since the move of labs

Thank you for stating that our service provision is better than virtually everywhere else in the UK. The department has now decanted back into our original location in New Victoria Wing, no longer having to work with divided laboratories across split sites and having better proximity to the consultant offices, this should improve the delivery of work. We are no longer reliant on an external courier to transport cases, and control lab to consultant workflows ourselves and with increased frequency. .

A lot of Cytology reports seem to describe pseudogout crystals

Thank you for this feedback. We are in the process of reviewing the content of our reports as a result.

Mortuary – It would be good if you could provide a longer time for parents to be with their child

We appreciate that this is a very traumatic time for parents, but we are unfortunately limited to the number of viewings that can be allocated during the day, and often all appointments are booked. We always strive to accommodate requests for more time, empathetic to all needs, but this would depend on the availability of the viewing rooms on a particular day.



Keeping Our Laboratory Support Service Running Smoothly

At Newcastle upon Tyne Hospitals (NUTH), we know that an efficient and reliable laboratory support service is crucial for patient care. The latest User Satisfaction Survey provided valuable feedback on the strengths and challenges within this essential service, and we want to share how we're addressing concerns while celebrating successes!

Transport Troubles—Pods, Portering & Specimen Tracking

Many users highlighted issues with specimen transport, including frequent air tube system breakdowns and delays in portering services. We understand how frustrating it can be when samples don't arrive on time, and we're actively working with Estates and Portering Services to improve the reliability of specimen transport across the hospital sites. Discussions are ongoing with the aim to ensure safe and timely transfers, minimising disruptions to workflows.

Lost Samples—Finding a Better Way

One common concern was the difficulty in tracking specimens once sent via the available transport methods. To address this, we're exploring potential solutions for better sample tracking before specimens reach the lab, aiming for more transparency and fewer misplaced samples.

Communication & Efficiency—Bridging the Gaps

While many users praised the responsiveness of laboratory staff, there were instances where specimens weren't processed quickly enough due to logistical challenges. We appreciate the patience shown by colleagues and are reviewing internal processes to streamline workflows. Your feedback is essential in helping us identify areas for improvement.

A Shout-Out to Our Outstanding Teams!

Despite the challenges, the survey also highlighted fantastic feedback about our dedicated staff. Many praised the professionalism and commitment of lab colleagues, recognising their hard work in maintaining excellent service levels. We're proud of our incredible teams and appreciate their contributions to patient care every day.

Moving Forward

Improving the laboratory support service is a shared goal, and we're grateful for your input. By working together, we aim to enhance efficiency, improve communication, and ensure that transport and tracking systems are as reliable as possible.

Thank you to everyone who participated in the survey—we value your feedback and will continue striving for excellence in ILM



Freeman Hospital Estates: Pod System Information



Josh Taylor

Specialist Engineering Manager

Information about the Freeman Hospital Pod System

The Freeman pod system has a total of 18 diverters, 35 stations and 3 MSV units. We currently have a maintenance contract with Quirepace to maintain the Airtube system. Quirepace were the original installers, and are the sole distributors for the system we have, meaning we have to work in with them, and unless we plan on a full system replacement, we will continue working with them in the future.

The maintenance contract requires the entire system be maintained / inspected twice per year. Due to the size of the system, this means we get a total of 12 visits per year with 1/6th of the system being maintained every visit.

The breakdown cover with Quirepace allows for attendance *normally* within 24 hours (Monday – Friday, excluding bank holidays). Attendance outside normal hours will be subject to the availability of the engineer (which we have struggled to get to attend out-of-hours in the past).

Recent Breakdowns and Corrective Actions

Due to recent increase in breakdowns (over the last 6-12 months) we had requested a sit down review with the Quirepace management team and senior engineers. This resulted in extra training being provided to 'our' technician, as well as a free 3 day visit with 2 extra senior engineers to perform a full inspection of the site (8th to 10th April). This, along with the rectification of an intermittent fault found in the primary plant room seems to have increased reliability of the system over the last month or so.

We have also replaced 2 of our 3 'exhauster' motors in the plant room pre-emptively (works on 14/05/2025) due to concerns the bearings were indicating they were approaching end of life.

Trust Estates staff have been given unofficial training by Quirepace technicians for 'easy' fault rectification, along with first line of defence fault attendance (allowing us to correctly identify parts required for technician attendance). This training is constantly ongoing with staff sharing experiences/learnings internally amongst themselves, along with updating the site guide.

I am currently awaiting a 'critical spares' quote, to allow us to keep critical items ourselves on site, removing the risk of supply issues limiting parts availability.

There are plans to replace another 6 airtube stations over the next 12-18 months (budget dependant) to increase reliability.

Extra Pods and Future Repairs

We have recently added an extra 20 pods to the system at the Freeman. The distribution of these pods is managed by the Pathology department. We are also in the process of performing repairs to another 20 units that have been removed from the system, and are in contact with Pathology who will remove worn/faulty pods from the system, and inform us to collect and repair/replace.

Staff are encouraged to report all airtube related issues through to Estates, either via the Helpdesk reporting line (2100 Option 2) or the Helpdesk online portal [Evolution Reach](#).

This can also be navigated to via the intranet: (Services and Departments – Estates – "Log a task with estates")

Meet the Team

Clinical Governance Structure



**Acting Chief Executive
Rob Harrison**



**Joint Trust Medical Directors
Lucia Pareja-Cebrian
&
Michael Wright**



**Associate Director of
Operations & Clinical
Governance Lead
Christopher Shaw**

BLOOD SCIENCES



**Department
Clinical
Governance
Lead
Purba Banerjee**



**Laboratory
Manager
John Hardy**



**Quality
Manager
Jonathan Wake**

CELLULAR PATHOLOGY



**Department
Clinical
Governance
Leads
Antony Darne
&
Peh Sun Loo**



**Laboratory
Manager
Sarah Leigh
Nicholson**



**Quality
Manager
Emma Doran**

MICROBIOLOGY



**Department
Clinical
Governance
Lead
Catherine
Aldridge**



**Laboratory
Manager
Jennifer Collins**



**Quality
Manager
Janice Simm**

GENETICS



**Department
Clinical
Governance
Leads
Lindsay O'Dair**



**Laboratory
Head
David Bourn**



**Quality
Manager
Amritjit Singh**

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