

Liverpool
Clinical
Laboratories



LCL User Survey 2020

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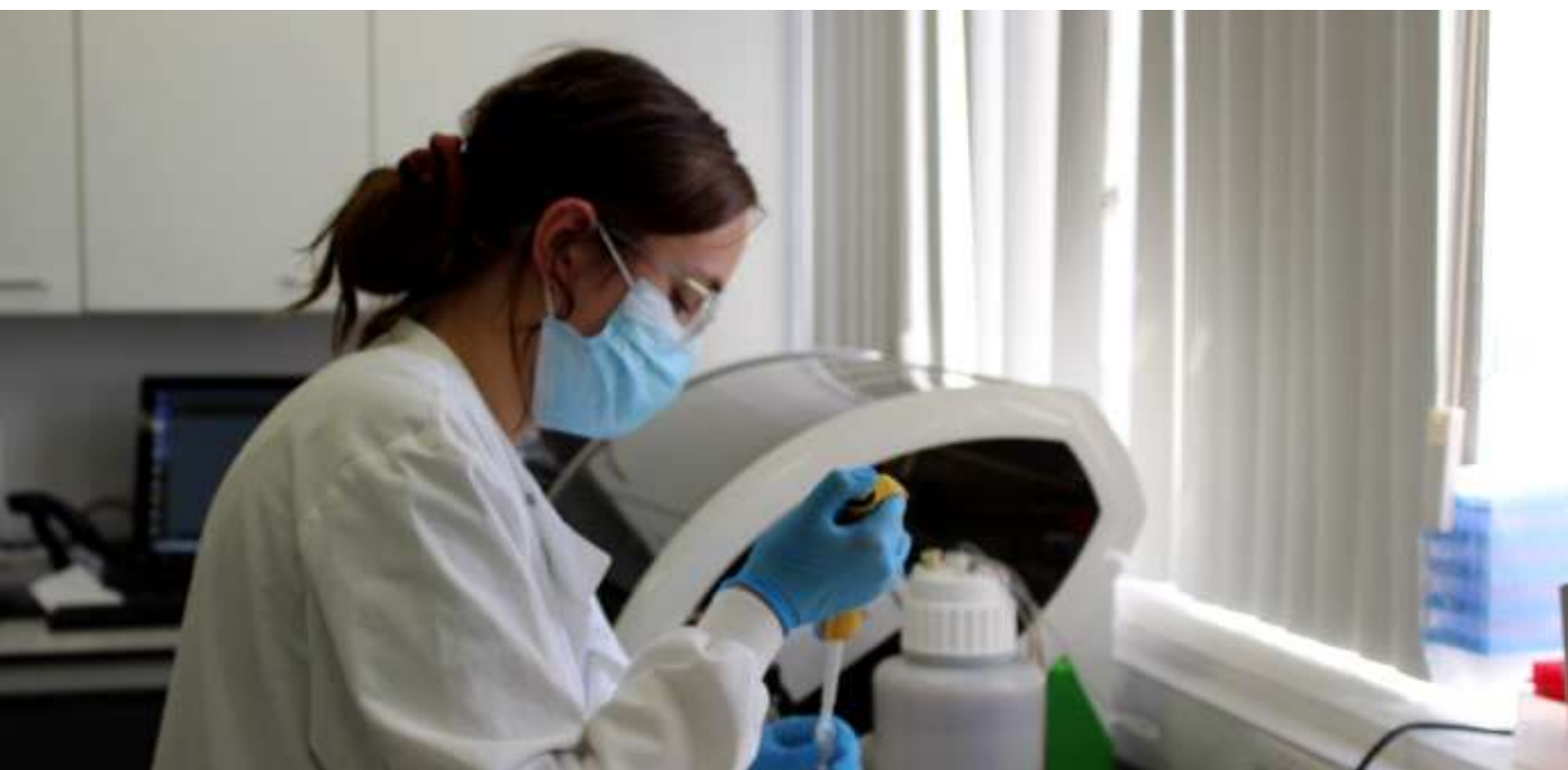
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Introduction

Liverpool Clinical Laboratories aim to provide a safe, reliable, high quality and cost effective service that fulfils service user's requirements and makes a positive contribution to the diagnosis and treatment of patients. We are committed to improving our service and have produced a satisfaction survey for service users to complete to provide us with feedback regarding the quality of services provided and to allow us to develop and improve our services in the future.

ISO Standards sub clause 4.14.3 set requirements that the laboratory management shall seek information relating to user perception as to whether the service has met the needs and requirements of its users. This survey has been performed to comply with these standards, and in doing so, will bring to the attention of the laboratory management any areas of services provided by the laboratory that require improvement. Information gained from this survey will enable laboratory management to look at the service we provide and decide how to improve it to meet the needs and requirements of our users, as part of our commitment to continually improve quality.



Method

To assess our users' satisfaction with the service provided by LCL, a user survey was designed and sent out to 45 individuals using the tool Survey Monkey. Contacts were given an initial period of six weeks to reply, which was then extended to a further six weeks to encourage further circulation and increase response rate.

Results and Statistical Analysis

Where a 'positive response' is referenced, this refers to the percentage of answers of Strongly Agree or Agree from respondents who had an applicable response. For the purpose of evaluation, Not Applicable responses have been discounted to get an overall view of actual service users.

Overall, we received 22 responses between the period that the survey was live (05/11/2020 - 29/01/2021). It is not possible to quantify how many people that this survey reached and evaluate a response rate, as the 45 recipients that it was initially shared to included practice managers and other users who were encouraged to share the survey with GPs and further members of staff within their organisation.

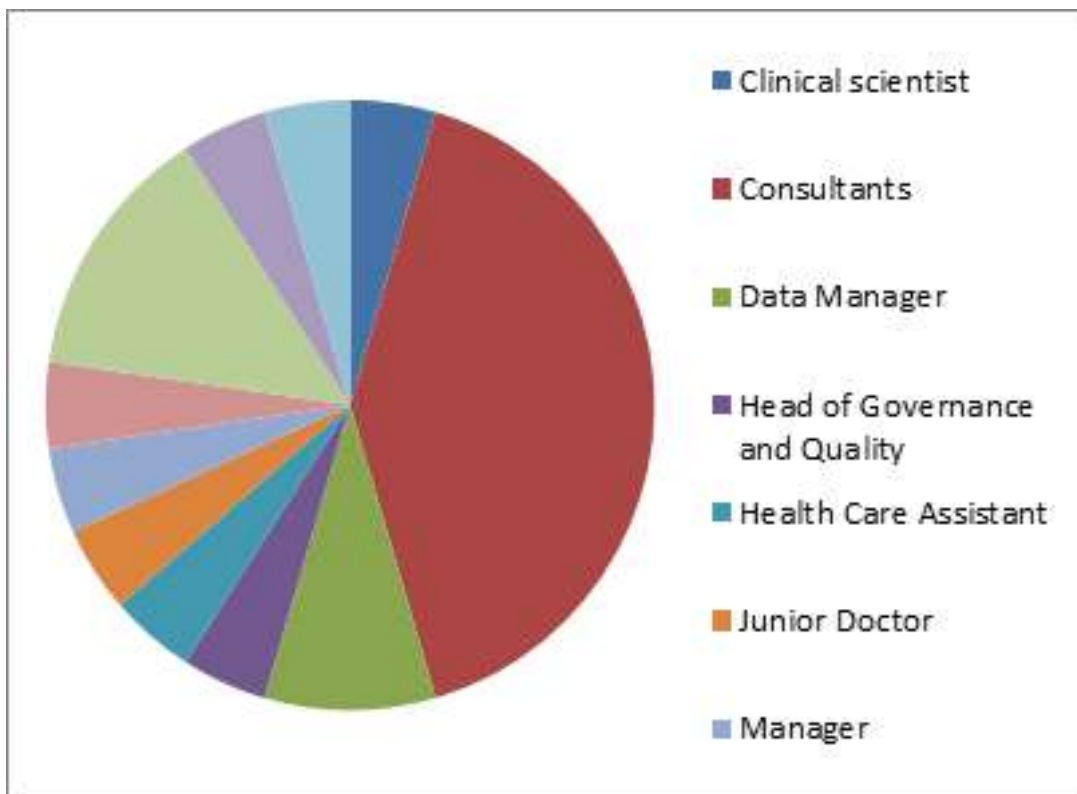




1 Which of the following best describes your position?

The majority of responses were received from Consultants (41% of respondents), followed by Nurse Specialists (14%) and Data Managers (9%).

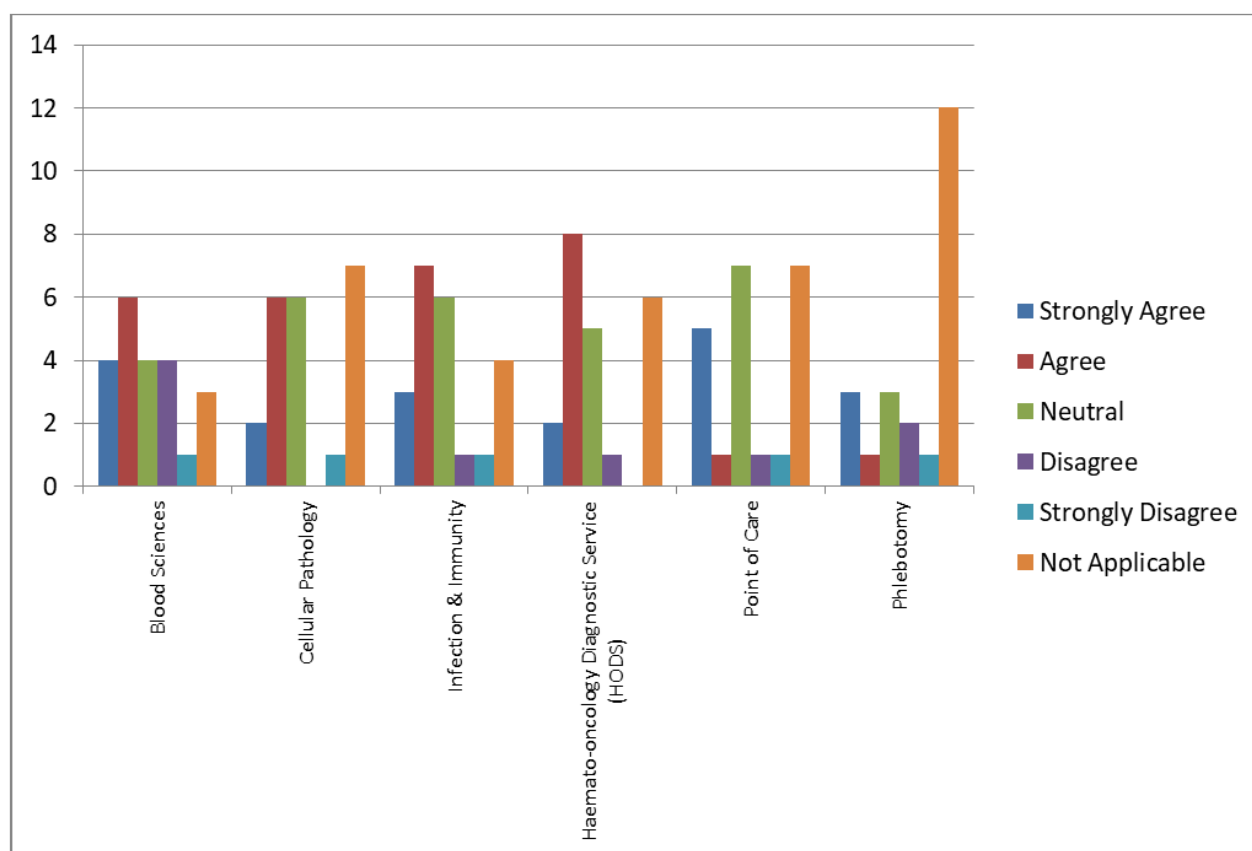
We also received a response from a Clinical Scientist, a Health Care Assistant, a Manager (unspecified department), a Matron, a Junior Doctor, a Head of Governance and Quality and a Practice Manager.



2

The overall service meets my needs:

	Blood Sciences	Cellular Pathology	Infection & Immunity	Haemato-oncology Diagnostic Service (HODS)	Point of Care	Phlebotomy
Strongly Agree	4	2	3	2	5	3
Agree	6	6	7	8	1	1
Neutral	4	6	6	5	7	3
Disagree	4	0	1	1	1	2
Strongly Disagree	1	1	1	0	1	1
Not Applicable	3	7	4	6	7	12



All 22 respondents provided a response to the above survey question. The most positive responses were seen in HODS (63% of applicable responses strongly agree or agree that the overall service meets their needs).

Where respondents have given neutral or negative responses, comments have been provided to support their feedback.

The overall service meets my needs:
We have come to expect a pretty poor service from LCL over the years. Certainly the microbiology section is one of the few that appears to go against that trend and provides a good service. Despite regularly losing specimens, it is always blamed on the senders. HODS is slow, and patients with cerebral lymphoma still have to wait too long for a final diagnosis.
Some tests are not processed because they are deemed not applicable even though I have specifically requested e.g. CSF viral PCR because the CSF WBC is not high enough even though there are reported cases in the literature of encephalitis with near normal WBC. The cut-off for reporting CSF WBC differentials was changed without clear communication to neurologists. Recently many precious samples were not processed due to an issue with supply of e.g. reagents. By the time the paper result had come through informing me of this, the samples had been discarded (after 48hrs) rather than informing us directly of the issue or allowing for the opportunity to store the samples. Overall, I have found that communication from LCL falls well below acceptable standards.
We don't always get the level of service we expect, and there seems to be a reluctance to help in investigating issues.
CCC are experiencing some delays to the resulting of some Haematology/ biochemistry tests. (See <i>LCL response a</i>)
This relates to phlebotomy at CCC-L, previous to our move RLH phleb service was great
Blood sciences repeatedly do not follow SOPs with regards to reporting of blood counts, making blood films and escalating abnormal results. Incident form after incident form, no improvement. (See <i>LCL response b</i>)
The turn a round time for blood results for CCC patients is very hit and miss. We can wait over 4 hours for blood results and sometimes wait 2 hours. The service is not consistent and is causing delays with patient's treatment. (See <i>LCL response a</i>)
My main concerns are around Blood sciences- particularly haematology with regards to blood film reports and being contacted for abnormal results and point of care testing. Point of care testing- not available for clinics and this is the only hospital where I have worked where this is the case. Everywhere else the patients arrive on the day of clinic, are bled there and then with the results available immediately for when we then review them. To have the patient come a few days beforehand in order to get the fbc back on time (which I also have issues with that it takes so long for a count to come back) is not only outdated but is clearly inconveniencing the patients and needs to be addressed to fall in line with the rest of haematology services elsewhere in the country. (See <i>LCL response c</i>)
Samples routinely lost. Samples and requested tests not logged, leading to a ridiculous amount of time wasted in chasing samples and results.

LCL Response:

The majority of respondents are happy with the overall services and this is in line with the small number of complaints that we receive over the year.

Response to specific comments:

a) Quarterly operational/performance meetings restarted between LCL and CCC. Joint review of sample flow/urgent requesting. Ghost reporting introduced on 1st May so Blood Science results are available to users immediately after technical authorisation.

Response to specific comments (continued):

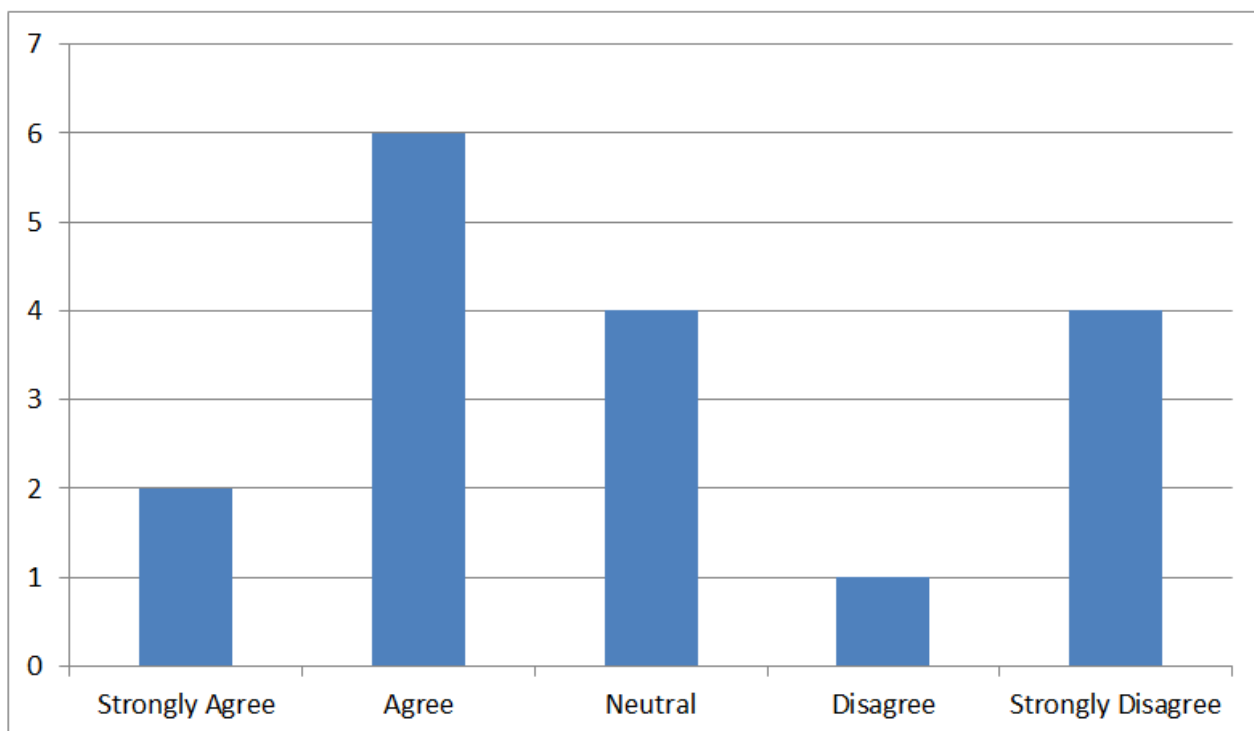
b) Initially haematology lab staff were unfamiliar with the new Clatterbridge locations. The CCC SOP for communication of abnormal results was circulated, which included the Clatterbridge locations. Clinical details were populating in the specimen notepad not the clinical details field in Telepath. CCC staff reminded to include relevant clinical details on all requests and lab staff informed to look in the specimen notepad. A daily list is generated which highlights any result from a CCCL location without a neutrophil count to mitigate any further errors.

c) POCT FBC device introduced at CCC in June 21. Managed by LCL POCT team.

3

The transport arrangements meet my needs:

Strongly Agree	2
Agree	6
Neutral	4
Disagree	1
Strongly Disagree	4
Not Applicable	5



47% of applicable responses to this question were positive. Comments regarding the service reflected issues with samples going missing, logistics and external non-LCL issues.

The transport arrangements meet my needs:
Specimens sent to Cellular Pathology are transported by Inter-Hospital Courier service.
Specimens destined for HODS are sent by taxi which is paid by our Trust.
In general transport is acceptable.
poor logistics delay in transfer
The transporting of the blood results from CCC to LCL labs at RLUH can have delays with portering issues. (Not a LCL issue)
Since moving to the CCCL building from the Royal (HO) too many specimens going missing.
CSF samples go missing far, far too often.
Too many samples go missing.

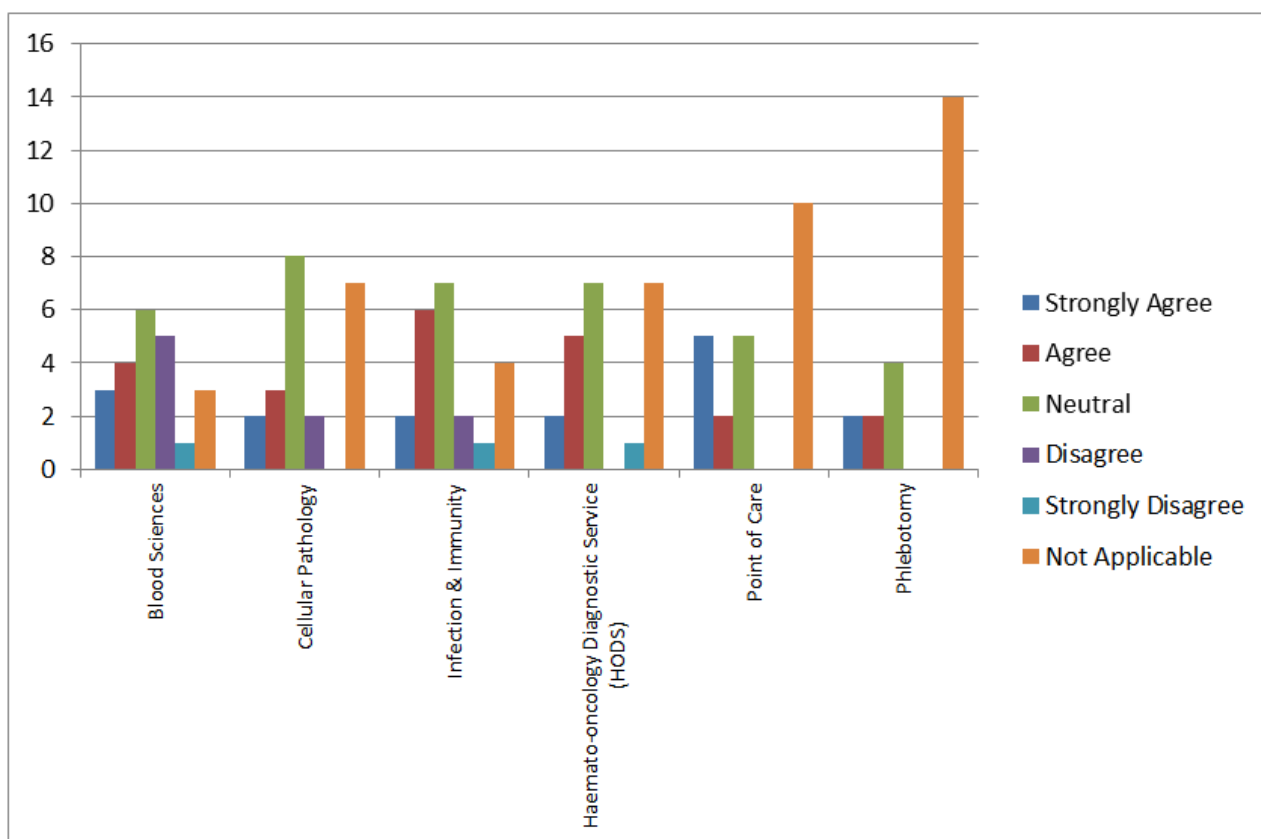
LCL Response:

We have already identified in LCL that there is space for improvement in relation to transport of samples. We are currently reviewing our requirements and our users' needs to adapt our transport arrangements. Tender for sample transport has been draft to ensure services commissioned are in line with users and service requirements.

4

I am satisfied with the time taken to receive results from routine and urgent tests:

	Blood Sciences	Cellular Pathology	Infection & Immunity	Haemato-oncology Diagnostic Service (HODS)	Point of Care	Phlebotomy
Strongly Agree	3	2	2	2	5	2
Agree	4	3	6	5	2	2
Neutral	6	8	7	7	5	4
Disagree	5	2	2	0	0	0
Strongly Disagree	1	0	1	1	0	0
Not Applicable	3	7	4	7	10	14



Most positive responses were seen in Point of Care (58% of applicable responses strongly agree or agree that they are satisfied with testing turnaround times). Comments supported negative and neutral answers.

I am satisfied with the time taken to receive results from routine and urgent tests:

Turnaround times are generally acceptable.

As previously mentioned, we are experiencing some delays with Turn-around-times currently

We have experienced long turn around times for blood results which then delays the chemotherapy/SACT treatments planned for our patients.

Slowest turnaround times of all regions I've worked in.

LCL Comments:

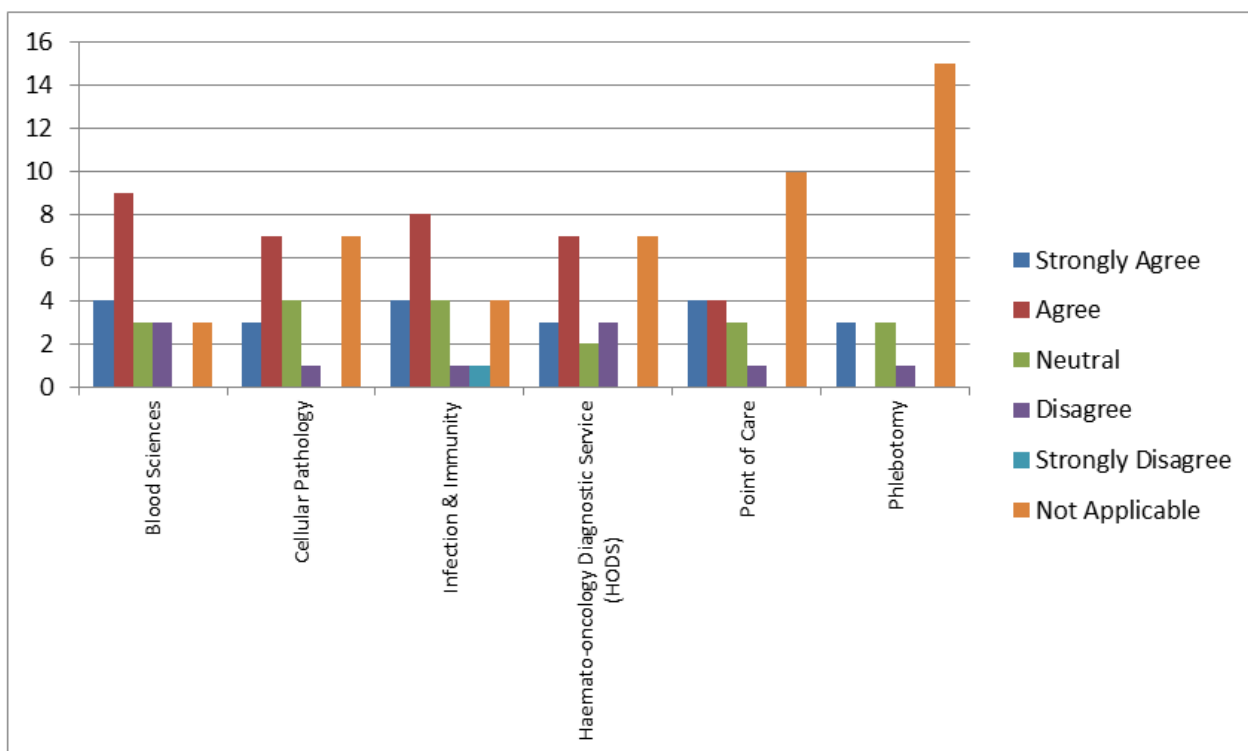
LCL closely monitor turnaround times monthly and recognise that in some departments there are opportunities to improve. We constantly work with our users to try to streamline the sample pathways. As part of our management meetings, any deviations from turnaround times are reviewed and actions are taken for improvement.

As part of the LCL Clinical Strategy, LCL will be looking at the current KPI's to ensure TAT are in line with national guidelines and clinically relevant.

5

Clinical reports and interpretations are helpful and easy to understand and I find the way results are returned easy to view:

	Blood Sciences	Cellular Pathology	Infection & Immunity	Haemato-oncology Diagnostic Service (HODS)	Point of Care	Phlebotomy
Strongly Agree	4	3	4	3	4	3
Agree	9	7	8	7	4	0
Neutral	3	4	4	2	3	3
Disagree	3	1	1	3	1	1
Strongly Disagree	0	0	1	0	0	0
Not Applicable	3	7	4	7	10	15



Most positive responses were seen in Blood Sciences (68% of applicable responses strongly agree or agree that clinical reports and results are easy to view and helpful). No relevant comments were offered other than generally agreeing that clinical staff have not highlighted any issues with the way that results are presented, and a comment on TD Web, which is not a piece of software that LCL uses.

Clinical reports and interpretations are helpful and easy to understand and I find the way results are returned easy to view:

Once received, clinical staff have not highlighted any issues relating to the way the results are presented.

TD web is the worst piece of results software I've ever used.

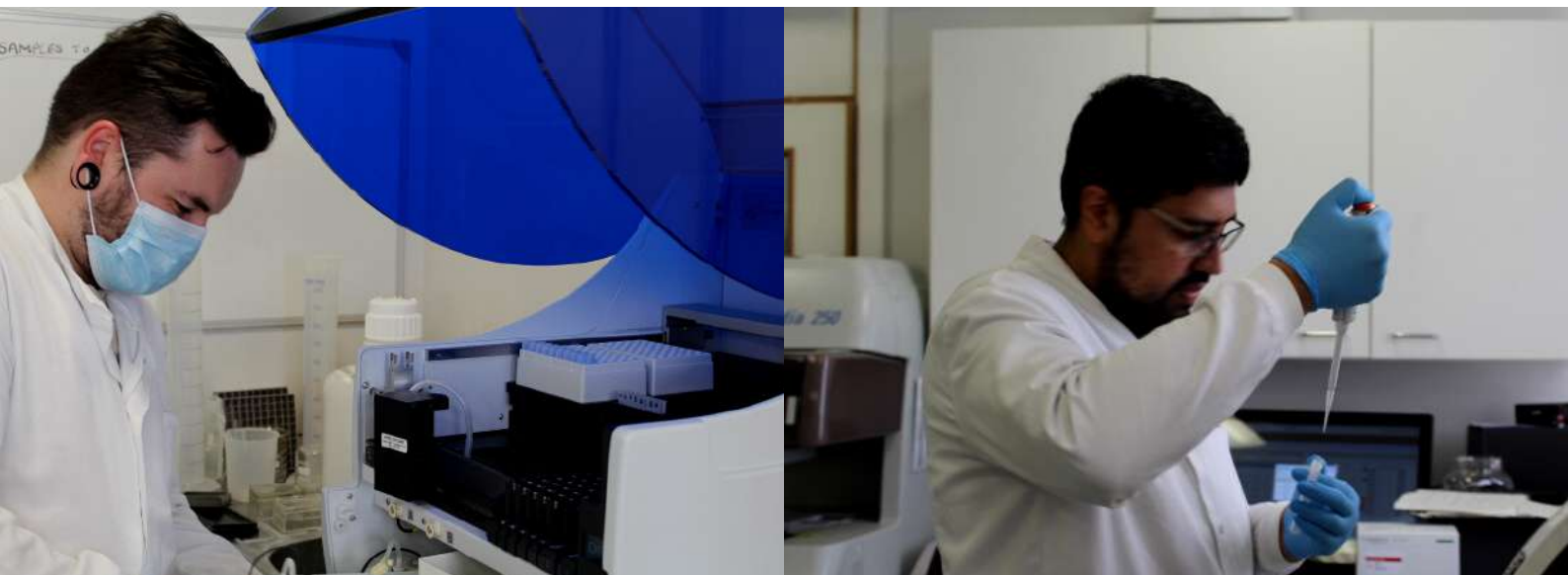
LCL Comments:

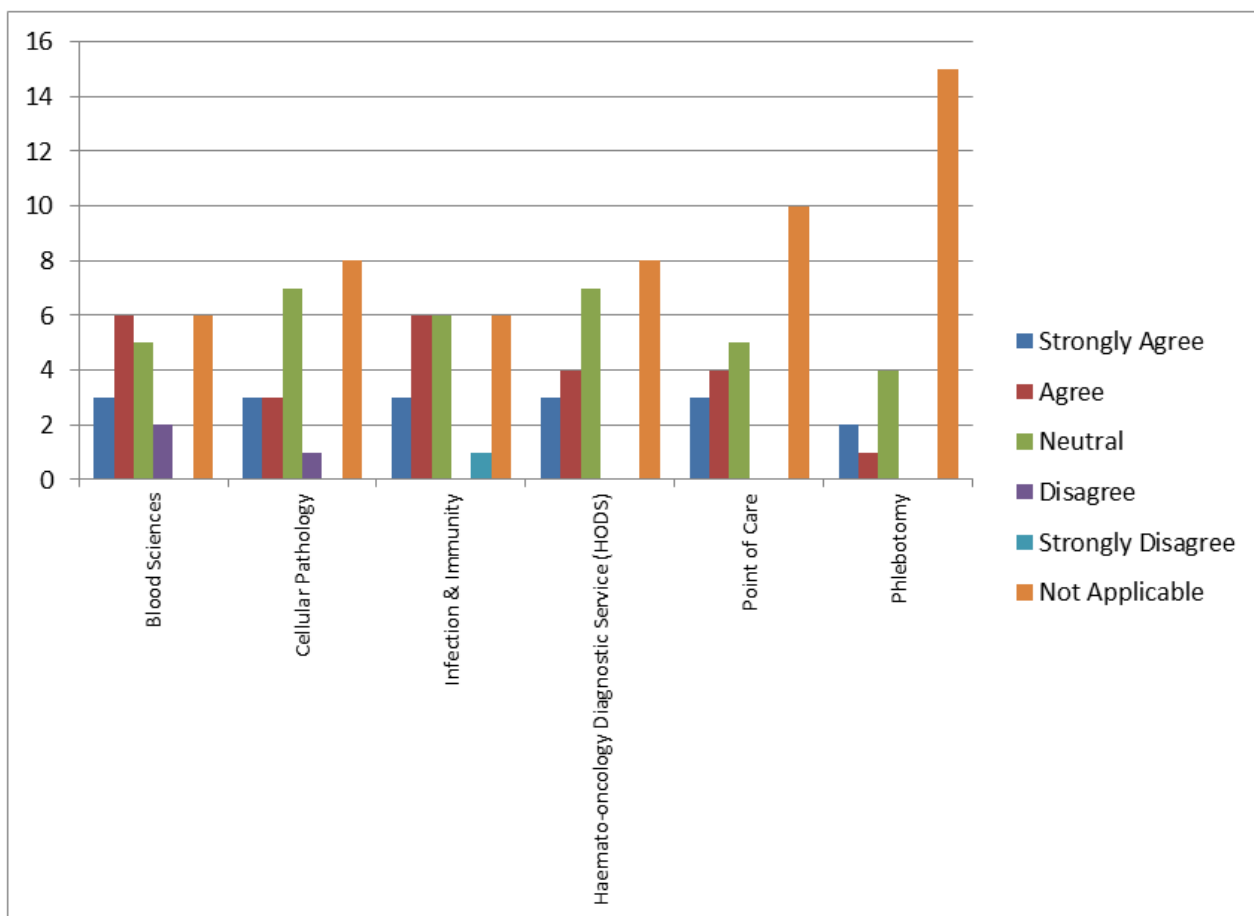
Responses to this question were mostly positive. When it is brought to LCL's attention, we act on any queries about our reporting.

6

I am able to access clinical advice in a timely manner when required:

	Blood Sciences	Cellular Pathology	Infection & Immunity	Haemato-oncology Diagnostic Service (HODS)	Point of Care	Phlebotomy
Strongly Agree	3	3	3	3	3	2
Agree	6	3	6	4	4	1
Neutral	5	7	6	7	5	4
Disagree	2	1	0	0	0	0
Strongly Disagree	0	0	1	0	0	0
Not Applicable	6	8	6	8	10	15





Most positive responses were seen in Point of Care (58% of applicable responses strongly agree or agree that clinical advice can be accessed in a timely manner). Only one comment was provided, which stated that answers can usually be obtained in a timely manner.

I am able to access clinical advice in a timely manner when required:

Phlebotomy staff at CCC will contact and ask for advice and can usually get answers in a timely manner

LCL Comments:

There are a lot of neutral answers to this question. LCL ensures that for each department that there is clinical advice available.

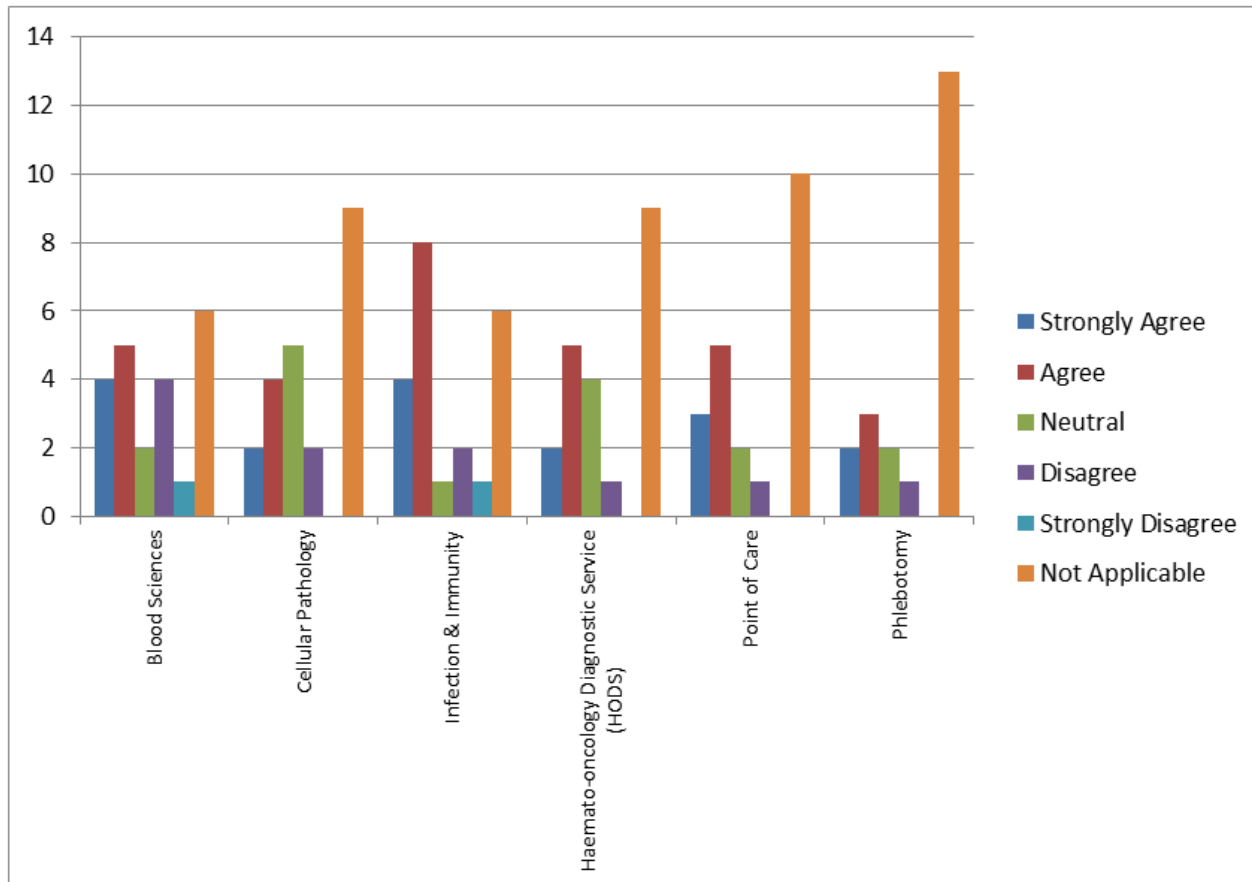
All the information is published within the LCL Handbook.



7

When my call is forwarded to the laboratory staff I am satisfied with the information given:

	Blood Sciences	Cellular Pathology	Infection & Immunity	Haemato-oncology Diagnostic Service (HODS)	Point of Care	Phlebotomy
Strongly Agree	4	2	4	2	3	2
Agree	5	4	8	5	5	3
Neutral	2	5	1	4	2	2
Disagree	4	2	2	1	1	1
Strongly Disagree	1	0	1	0	0	0
Not Applicable	6	9	6	9	10	13



Most positive responses were seen in Infection & Immunity (75% of applicable responses strongly agree or agree that they are satisfied with the information given when speaking to laboratory staff on the telephone). Comments included issues with out of hours lab cover and confusion around conflicting information from LCL staff.

There were three answers left blank: one in HODS, one in Point of Care and one in Phlebotomy. All three were from the same user.

When my call is forwarded to the laboratory staff I am satisfied with the information given:
I mostly communicate by emails.
Quite often when calling the lab to case up on results I am told the sample is on the analyser and call back in 10-20 mins, then when I ring back I'm told the sample hasn't arrived/not been received. (See LCL response below a)
Phlebotomy staff at CCC receive a god service from the lab staff when they contact them.
Out of hours lab cover is poor. Phones/bleeps often unanswered. (See LCL response below b)

LCL Comments:

There are a lot of disagrees, mainly in Blood Sciences. LCL recognises that in some situations information given can be conflicting, however this is a result of the current IT and infrastructure challenges that LCL faces in our current building. To improve the sample pathway within LCL there are a number of on-going projects which will ensure that all LCL sites are under the same LIMS system and LCL is planning to move to a new building with a more joined up and efficient layout. As an action from this report LCL will ensure staff receives Telephone Etiquette Training.

LCL response to specific comments:

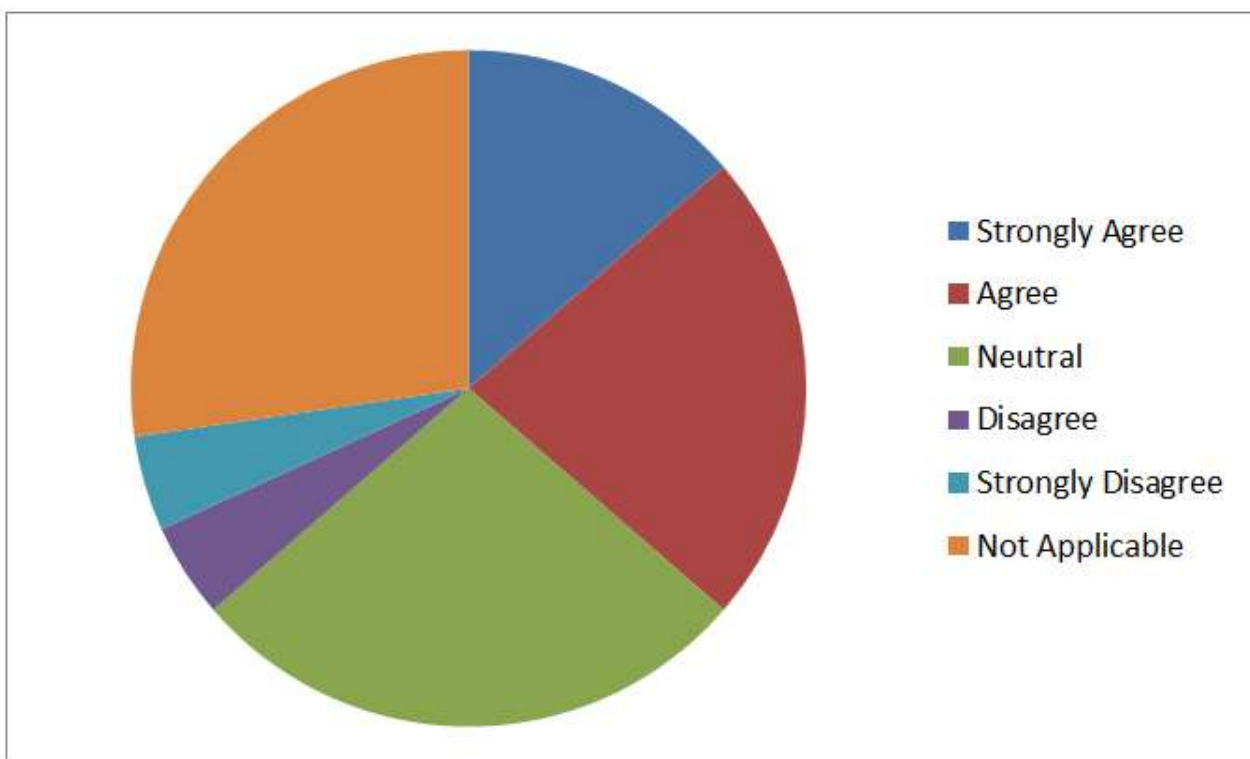
a) LCL is working hard to improve the lines of communication for users. A dedicated Customer Care team is available from 8am – 8pm. Work is on-going to improve workflow in the laboratories, this will significantly improve when the laboratories adopt new technologies and IT in the new CSSB and are not restrained by the current building infrastructure.

b) Prior to 1st May a significant number of calls were received into the laboratory for results, due to a delay in results being available in ICE after technical & clinical authorisation in the laboratory. This delay could be up to an hour particularly overnight. From 1st May, HL7 and Ghost reporting was introduced so results are now available immediately to users after technical authorisation. This has cut the number of calls out of hours to the labs. In addition during the busy evening period 5-8pm a dedicated Customer Care team is available to answer the calls.

8

The Customer Care Team are professional and courteous on the telephone and my calls are answered within an acceptable period of time:

Strongly Agree	3
Agree	5
Neutral	6
Disagree	1
Strongly Disagree	1
Not Applicable	6



50% of applicable responses were positive, with comments regarding long waiting times. 27% of all responses were not applicable and featured comments stating that they had not used the Customer Care Team.

The Customer Care Team are professional and courteous on the telephone and my calls are answered within an acceptable period of time:

Not used the customer care team

Long waiting times.

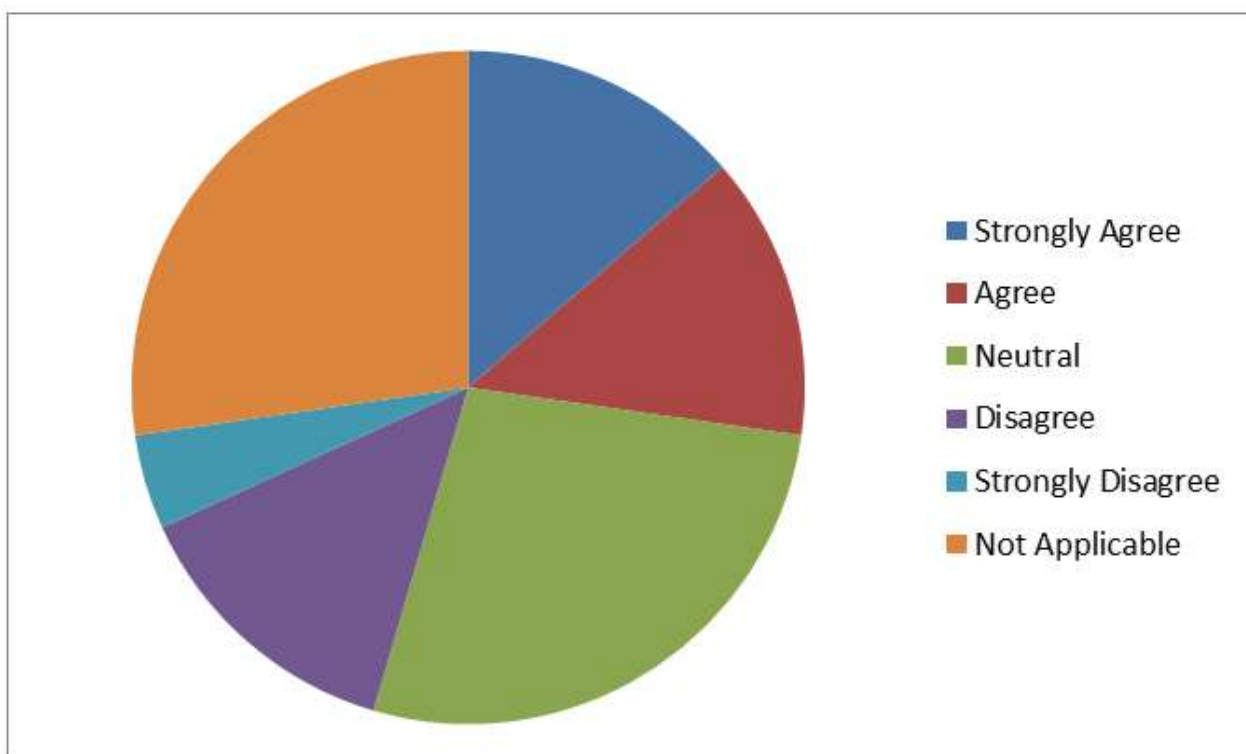
LCL Comments:

The comments are generally positive which is pleasing as the Customer Care team is a relatively new concept within Pathology and the team are still establishing themselves and understanding the importance of their role in the organisation. The manager in the area will focus on understanding and improving the waiting times.

9

I am satisfied with the accuracy of the information given by the Customer Care Team:

Strongly Agree	3
Agree	3
Neutral	6
Disagree	3
Strongly Disagree	1
Not Applicable	6



38% of applicable respondents gave a positive response. There were no significant comments regarding the accuracy of information provided by the Customer Care Team.

I am satisfied with the accuracy of the information given by the Customer Care Team:

as previously stated

Never used the customer care team

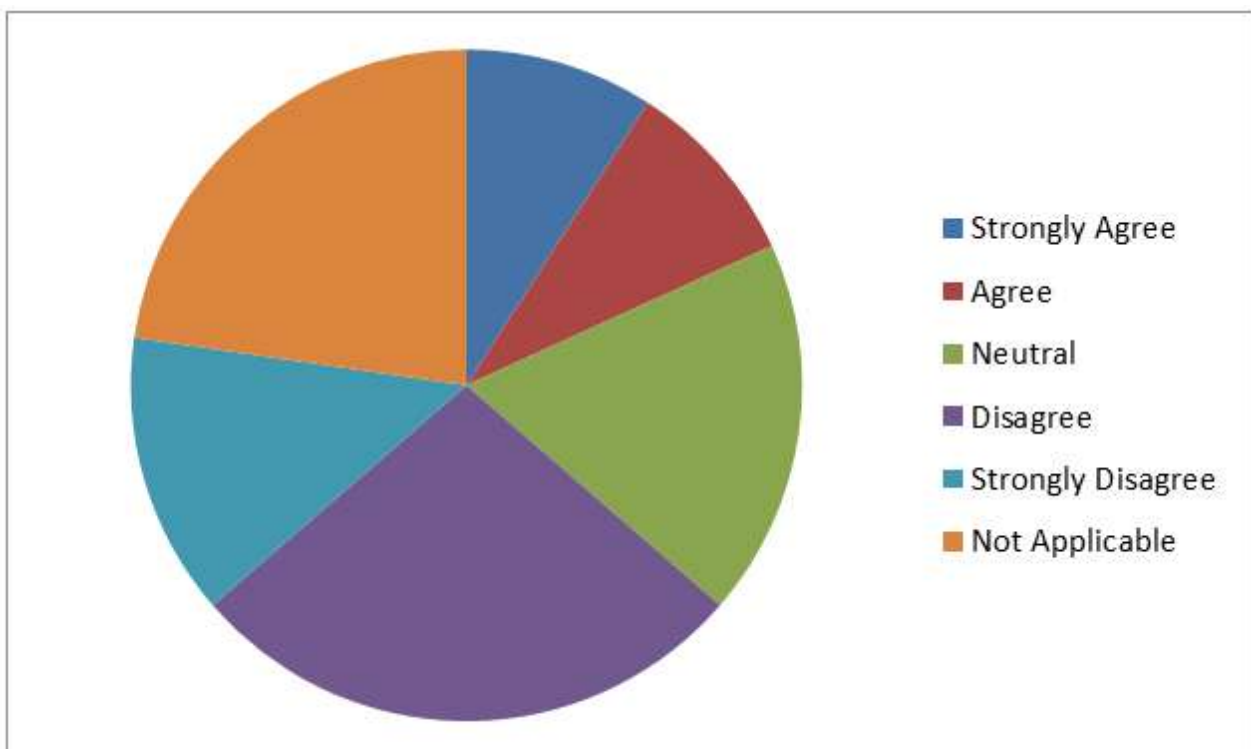
LCL Comments:

Pleasing results. The manager will focus on the levels of training and knowledge of the team to ensure accurate information exchange

10

I am confident that my complaints / suggestions are dealt with appropriately.

Strongly Agree	2
Agree	2
Neutral	4
Disagree	6
Strongly Disagree	3
Not Applicable	5



24% of applicable responses were positive, whilst 41% of applicable responses were negative. Two comments were made to support these negative answers, one stating it has been difficult to get a helpful response and one from a respondent who had had specific issues with haematology.

I am confident that my complaints/suggestions are dealt with appropriately.
It has often been difficult to get a helpful response. The general attitude comes across as "it's your problem, we're too busy"
We have clinical governance managers linking in with LCL labs to address any concerns/issues
haematology have not been receptive to comments and concerns and issues that have arisen have not led to changes in practice. (See LCL response below a)
Never made a complaint

LCL Comments:

LCL aims to respond to any complaint received within 30 days, however we recognise that there may be cases where users do not know how to make a complaint. Following this report, LCL will issue user wide communications to inform the process the file a formal complaint or any other feedback.

LCL Response to specific comments:

a) Blood Sciences have worked hard over the last year to improve communications with users, leading to significant changes in practice e.g. POCT instrument at CCC

11

How would you like to receive updates from us? What information would you like to be communicated?

(e.g. changes to service including reference ranges methods, clinically relevant new test updates, imminent/current challenges) Please leave your response in the comment box.

- 11 out of 22 of respondents would like to receive updates from us as emails.
- 5 out of 22 respondents would like to receive updates from us within a newsletter.
- 4 out of 22 respondents would like to receive updates from us as website news.
- 5 out of 22 respondents would not like to receive updates from us.

**How would you like to receive updates from us? What information would you like to be communicated? (e.g. changes to service including reference ranges methods, clinically relevant new test updates, imminent/current challenges)
Please leave your response in the comment box.**

Within Walton Weekly or team Brief

All methods so that we can minimise missed information at our end.

changes to service including reference ranges methods, clinically relevant new test updates, imminent/current challenges

I don't really. Through comms to CCC.

We need to send out as alerts for all depots to be aware

Not Applicable

Never

LCL Comments:

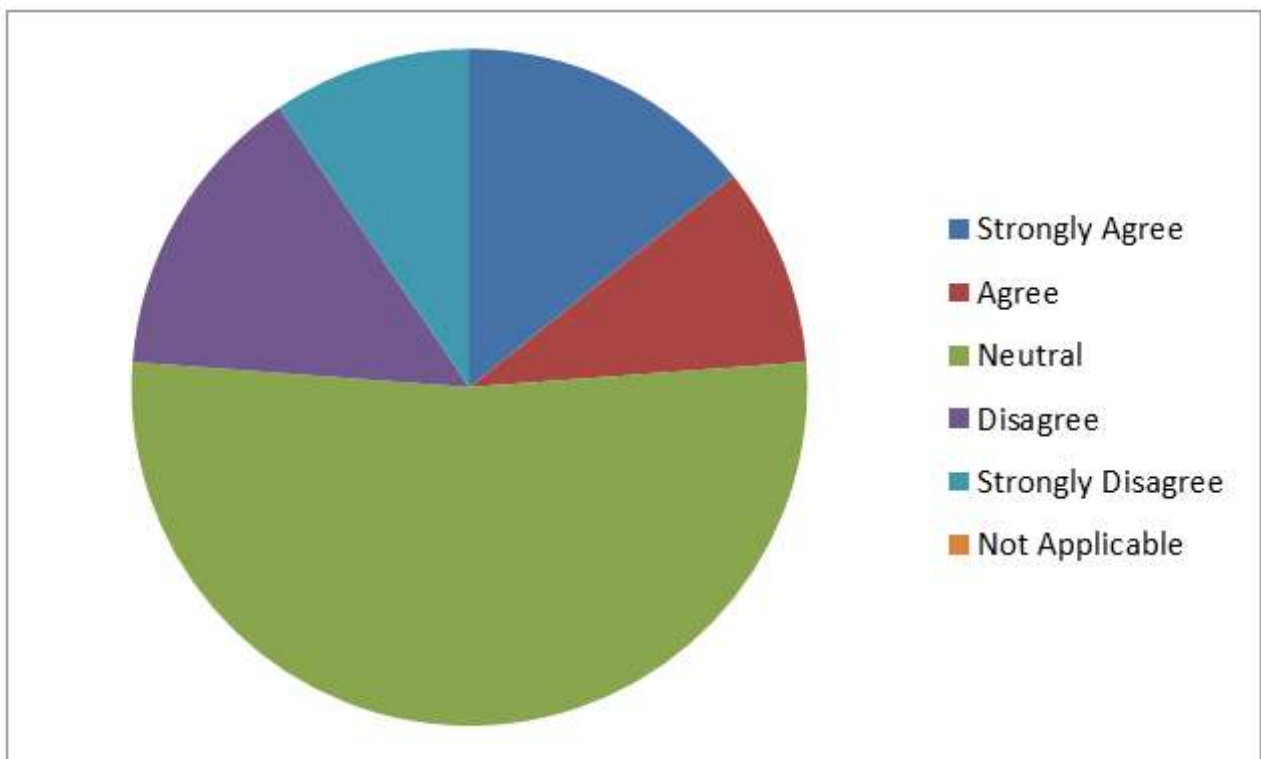
Currently, the way we are communicating with our users is under review. Following this report LCL will work to gain an understanding of how users want to be communicated with by working on a targeted approach and reviewing each organisation individually to understand if there are any improvements that can be made to our existing communications.



12

The online LCL Handbook is easy to find and meets my needs.

Strongly Agree	3
Agree	2
Neutral	11
Disagree	3
Strongly Disagree	2
Not Applicable	0



24% of applicable respondents gave a positive response. 52% of applicable responses were neutral and are explained extensively within the comments, which mainly centre on respondents having not read the handbook, being unable to access it or being unaware that it existed. There was a suggestion that changes to sample requirements are actively communicated, rather than expecting external staff to repeatedly check the handbook.

The online LCL Handbook is easy to find and meets my needs.
I have not read it.
The LCL handbook is inaccessible from computers at our trust. It would also be helpful if changes to sample requirements were actively sent to other trusts rather than expecting us to check the LCL handbook every time a sample is sent.
We have a link to the handbook available on the CCC staff Intranet
Not been able to access handbook
Not Applicable
Didn't know it exists

LCL Comments:

The handbook is available via a link on the LCL Website. There is currently a project to review the lab handbook in place. Following this report LCL staff will include a link to the handbook in staff email signatures to increase the visibility of the handbook.

13

How effective are the current communications you receive from us on a scale of 1 to 10

(1 being the least effective and 10 being the most effective).

Do you wish to be contacted about this survey?

If yes, please leave your email address in the comment box.

Score	Frequency
1	2
2	5
3	0
4	2
5	2
6	3
7	2
8	2
9	1
10	2

The average score out of ten was 5.1. One respondent left their answer blank. Only one respondent left an email address to be contacted about the survey.

Discussion and Actions to Take

The response rate seen is low, however LCL expectation is that by sharing the subsequent report users perceive LCL's engagement and encourage users responses in our next survey. Looking to the future, it may be appropriate to further evaluate channels of engagement, considering actions such as targeted engagement with individuals and circulation with a wider audience to increase response rates.

With the comments seen regarding complaints, LCL will make users aware of the LCL Complaints email address and inbox, which currently is not utilised. Additionally, ensuring that users are aware of the LCL Communications inbox for any general queries regarding the service, which can then be passed on to the appropriate department for action.

The LCL staff handbook (currently undergoing a refresh) received consistent feedback in that most users do not access it, cannot access it or have never heard of it. As the handbook is an important asset to LCL, increasing the visibility is an action that can be considered to ensure that all service users can access it. With the current on-going project to update the handbook, this can be fed back towards the programme team as an action for them to consider in their future plans.

This user feedback has been discussed at LCL Quality and Governance group and at directorate AMRs where direct specific actions will be agreed and monitored.

Conclusion

Overall, we received 22 responses between the period that the survey was live (05/11/2020 - 29/01/2021). Of these responses, three have stood out as being not relevant due to the quality of answers received. These three respondents (a Data Manager, a Head of Governance and a Quality and Practice Manager) have given “Not Applicable” or “Neutral” answers across the board.

It is not possible to quantify how many people that this survey reached and evaluate a response rate, as the 45 recipients that it was initially shared to included practice managers and other users who were encouraged to share the survey with GPs and further members of staff within their organisation.

There is no significant trend in positive or negative responses that indicate that any one particular service is performing better or worse than others.

