Pathology Directorate

Hospital Doctor User Survey

2020

Introduction and background

The Pathology Directorate of the Mid Yorkshire Hospitals NHS Trust is keen to continually improve the quality of service, ensuring we provide a service that is responsive to the needs and requirements of our users and the patients we serve.

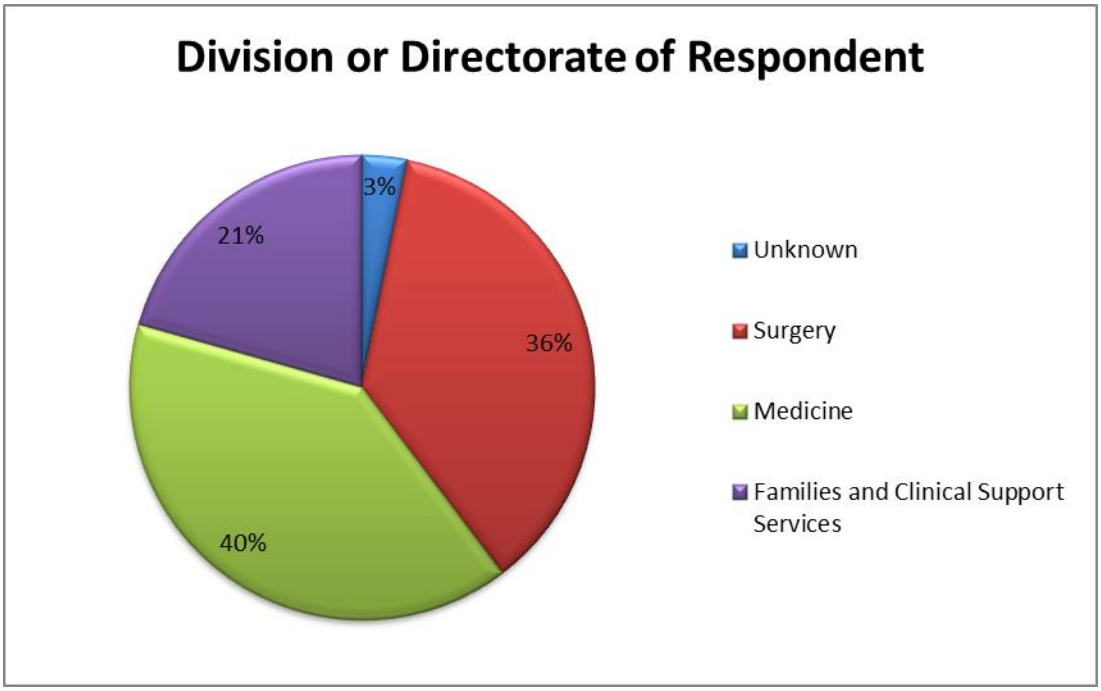
The assessment of user satisfaction is of vital importance if we are to achieve this and we would like to take this opportunity to thank all those who were kind enough to complete the user survey questionnaire.

Since our ultimate customer is the patient, we direct all our efforts into providing a clinically based, timely cost-effective diagnostic service with the highest in-built quality standards.
Regular review of the audit results, methods and performance is undertaken together with consideration of feedback from our users to provide ways of improving the service.
As part of our UKAS accreditation to ISO 15189:2012 we required to contact our users for feedback on the service provided.
Our aim is to assess how happy doctors are with the Pathology service and explore additional ways of providing a better service.

In January 2020, the survey was administered by Survey Monkey and a link was emailed to 865 doctors in The Mid Yorkshire Hospitals NHS Trust and 63 returns were received (7.3% response rate). In the previous survey in 2018, 100 surveys were returned (11% response rate).

Question 1:

Division or Directorate of Respondant



This response rates in this survey are similar to the previous survey conducted in 2018.

Respondents from the division of Medicine dropped slightly from 45% to 40% of the total.

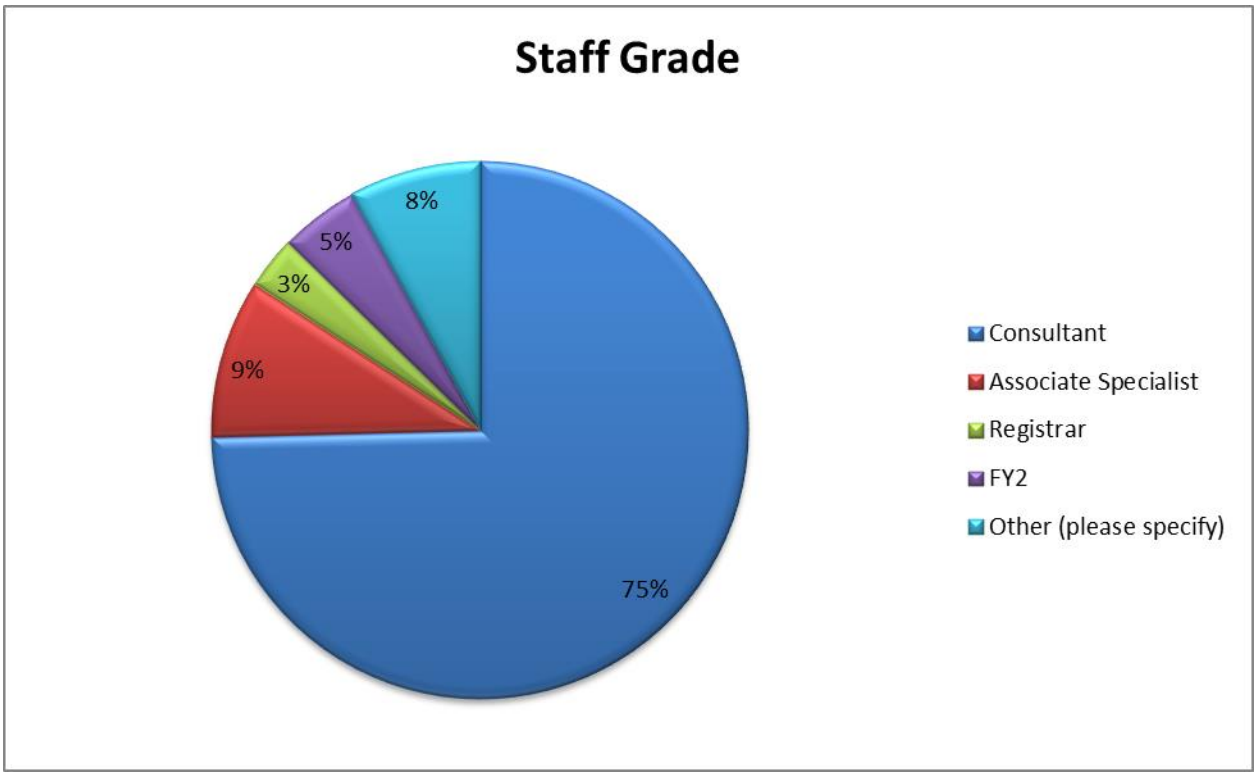
Surgery doctors responses makes up 36% of the total compared to 32% in the last survey.

Families and Clinical Support Services response rate increase slightly from 17% to 21% of the total response total.

3% of the total respondents did not state a location.

Question 2:

Which group of staff are you from?

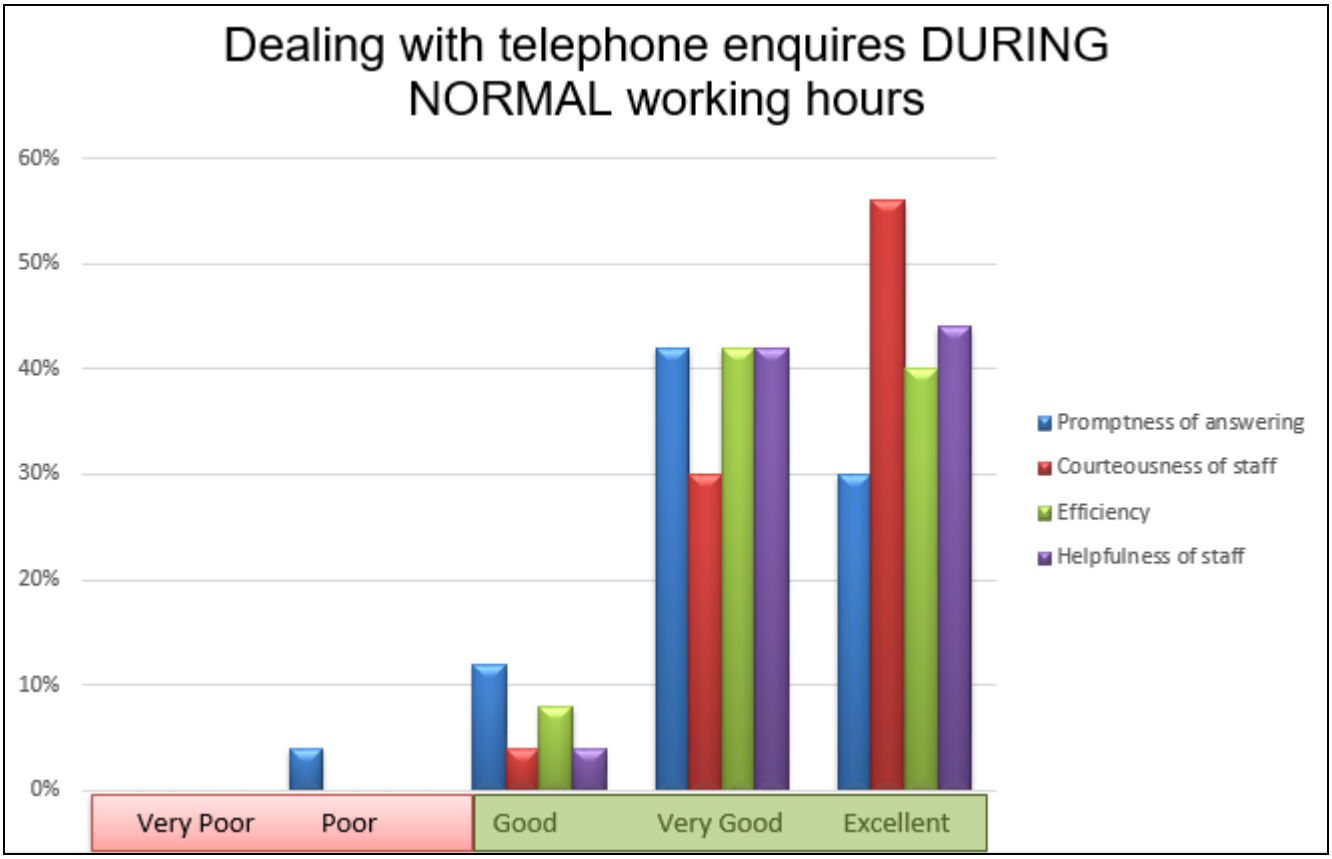


Staff Grade	Number of Respondents
Consultant	47
Associate Specialist	6
Registrar	2
FY2	3
FY1	0
Other	5
Total	63

Other	Specialty Doctor
	GP Trainee
	SHO
	Clinical Fellow (post FY2)
	CT2

Question 3:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, please rate how your enquiries are dealt with when telephoning Pathology laboratory DURING NORMAL working hours?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Promptness of answering	**0**	**2**	**6**	**21**	**15**	**6**	**50**
Courteousness of staff	**0**	**0**	**2**	**15**	**28**	**5**	**50**
Efficiency	**0**	**0**	**4**	**21**	**20**	**5**	**50**
Helpfulness of staff	**0**	**0**	**2**	**21**	**22**	**5**	**50**

Comments:

Positive	Try their best to solve your problem there and then.
	Provides best services already.
	Usually pretty helpful.
	Business like.
Neutral	When requesting additional tests change the policy of podding new request - but rather accept the additional amendments on ICE.
	I rarely do this to be fair.
	Dedicate staff to respond to queries during the normal working hour. Man the phone if possible.
	Not telephoned pathology for years.
Negative	Often takes a long time to get through to staff.
	When calling a lab why do we get put through to a receptionist - who can't answer the question in most cases? Inefficient! Report insufficient samples promptly as it is extremely difficult in our unit considering the size of the patients.
	It's really bad for Histopathology because the wait is longer or the phone is busy most of the time.

Of those who responded to this question positive feedback was 95% for promptness of answering, and 100% for courteousness of staff, efficiency and helpfulness of staff. We are delighted that these are all higher than the previous survey conducted in 2018.

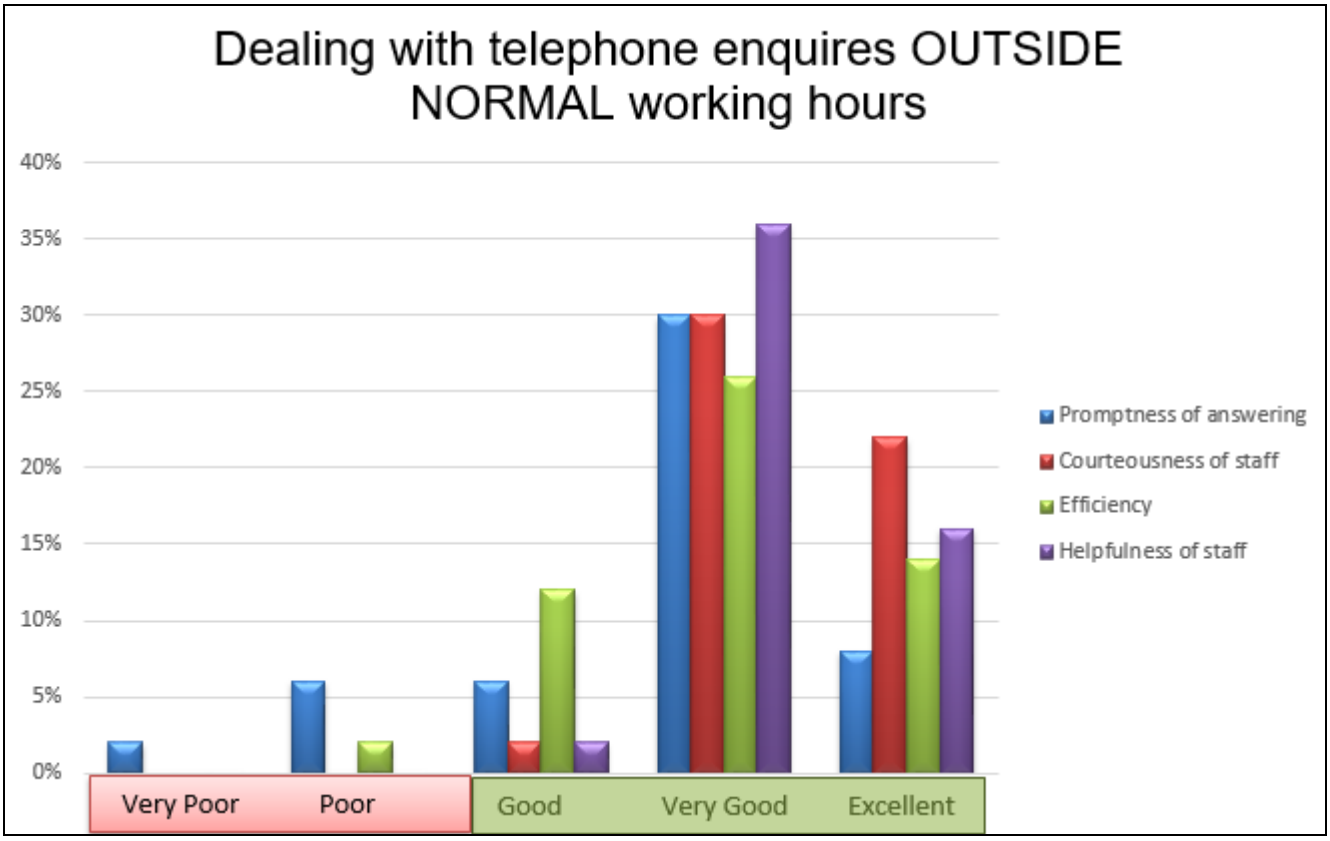
Pathology's response to comments from users:

Blood Sciences: Calls are routed through reception to ensure that the query is dealt with promptly and efficiently, by the correct person. Insufficient samples are reported immediately, it is not possible to call every location to inform them of this.

Cellular Pathology: Response from Histology –Histology staff always endeavor to answer the phone in a timely manner, if staff are completing work/dealing with porters/patients bringing specimens to the reception window they may not be in a position to answer the phone immediately or have other staff in the department to answer the phone (dependent on time of day). A procedure will be put in place to ensure phones are covered during lunch times. (OCC-QIN-310)

Question 4:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, please rate how your enquiries are dealt with when telephoning Pathology laboratory OUTSIDE NORMAL working hours?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Promptness of answering	1	3	3	15	4	24	50
Courteousness of staff	0	0	1	15	11	23	50
Efficiency	0	1	6	13	7	23	50
Helpfulness of staff	0	0	1	18	8	23	50

Comments:

Positive	Very helpful.
	Sometimes longer to answer phone but generally good.
	If working through the night often other theatre staff make the contact, usually no delay.
Neutral	I no longer do out of hours work.
	I never do this so can't comment.
	I haven't had to do this.
	Cannot comment as not contacted pathology itself outside working hours. Does the question include contacting Biochemistry, Microbiology and Blood Transfusion? In which case this would be a different matter in which I can comment on.
	Lab staff often seem overwhelmed (like us) out of hours.
	I no longer do any on call, so this is no longer relevant to me.
	It is difficult to make comments on the above as it changes from person to person. It also is different depending on work load. If we all ensure that on both ends of the phone there is a respectful way of speaking and asking etc. patients would be the ones to gain. I maybe abrupt on one end and it would help me (this is an example) if the other person calls my attention to this and not continue in the same manner. Most of the time I achieve results.
	I don't work out of hours.
	I don't tend to phone after hours.
	Not telephoned pathology for years
Negative	Hyperkalaemia result was not phoned through to ward and resulted in adverse outcome. Labs most definitely should have communicated this. Clinical outcome could have been different.
	Long time to get through - clearly very short staffed overnight.

Of those who responded to this question positive feedback was 85% for promptness of answering, and 100% for courteousness of staff, 96% for efficiency and 100% for helpfulness of staff.

Promptness of answering and efficiency of staff are all slightly lower than the 2018 survey. However courteousness and helpfulness of staff both increased slightly to 100%.

Pathology's response to comments from users:

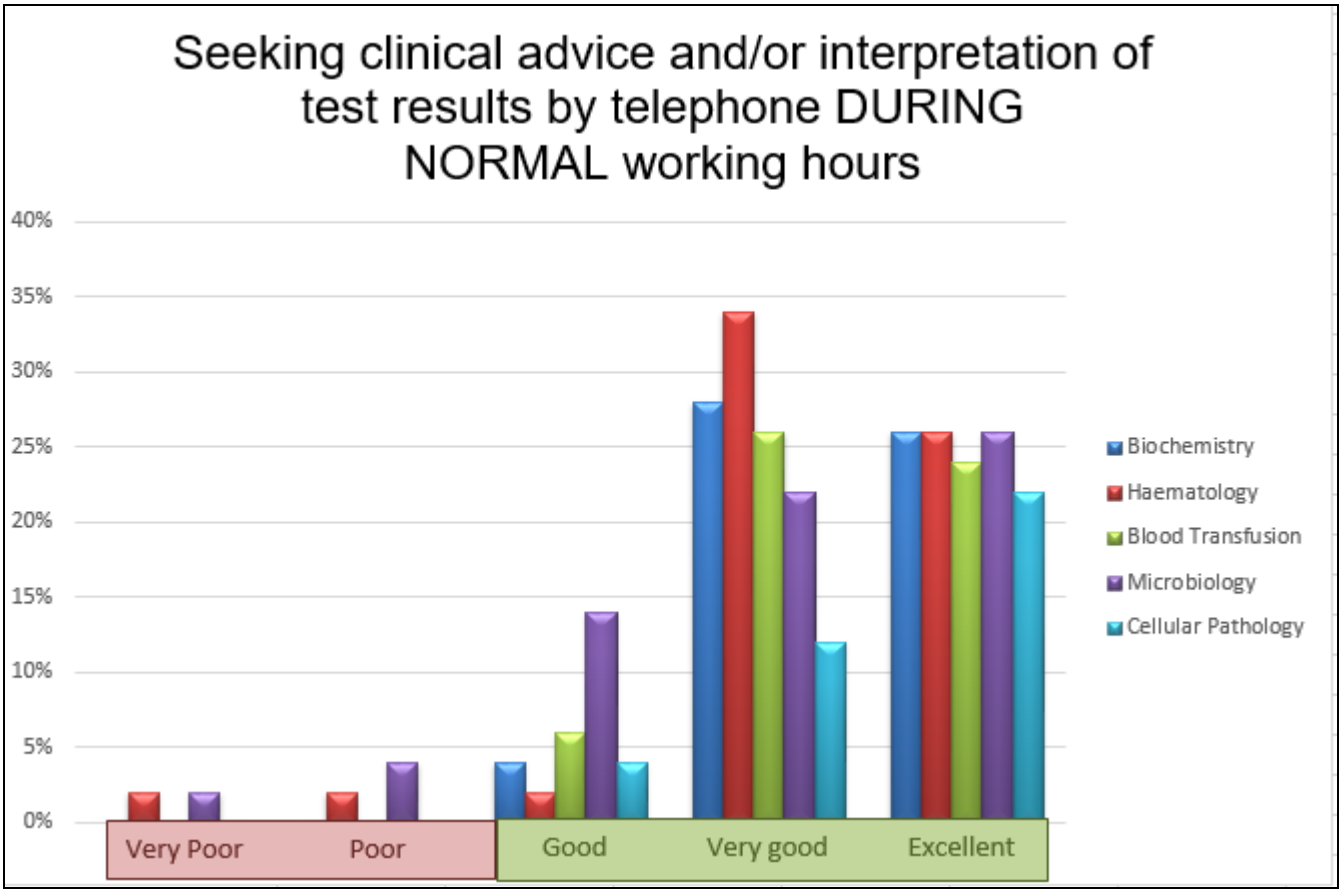
Blood Sciences:

All results that breach the RCPATH guidelines are called through to the requesting location, all abnormal results are also available on ICE.

The Blood sciences department operates a shift system and the workload dictates the number of staff required.

Question 5:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how would you rate the service received if seeking clinical advice and/or interpretation of test results by telephone DURING NORMAL working hous?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Biochemistry	0	0	2	14	13	21	50
Haematology	1	1	1	17	13	17	50
Blood Transfusion	0	0	3	13	12	22	50
Microbiology	1	2	7	11	13	16	50
Cellular Pathology	0	0	2	6	11	31	50

Positive	Responsive.
Neutral	Can normally contact a Pathologist if needed but may take some time to arrange.
	I haven't recently need to seek advice about Biochemistry or Haematology results.
	Hardly asked for advice from Biochemistry, Haematology. Off & on need advice about the appropriate antibiotics for some patients.
	Not telephoned for advice on Biochemistry/Haematology/Transfusion/Cellular Pathology for years. Fairly frequent liaison with Microbiology regarding Endocarditis patients. In general, good access and communication but fairly variable/discordant management plans (maybe due to temporary locum consultant microbiologists??) and we usually end up phoning Dr Sandoe in Leeds for a second opinion...often concordant, but not always...I wonder should we formally have all Endocarditis discussions with the Leeds team??
	Call through hyperkalaemia result to the ward so staff are aware about it especially out of hours.
Negative	Microbiology advice is very variable and not consistent.
	Frequently unavailable or needing several calls to get through for consultant.
	Getting hold of the Microbiologist is often difficult as they are busy and lines are often engaged.
	Microbiology department very difficult to get hold of - spend a lot of time waiting on the phone, because there is as far as I am aware only one Microbiologist? Often she is busy. Service was far more accessible and comprehensive when working at Leeds - there, Microbiologists also documented all their advice on PPM+.
	We need more Microbiologists.

Of those who responded to this question positive feedback was 100% for Biochemistry, and 94% for Haematology, 100% for Blood Transfusion, 91% for Microbiology and 100% for Cellular Pathology.

Compared with the 2018 survey Biochemistry, Blood Transfusion and Cellular Pathology all showed an increase in positive responses to 100% and Haematology and Microbiolgy showed a slight decrease.

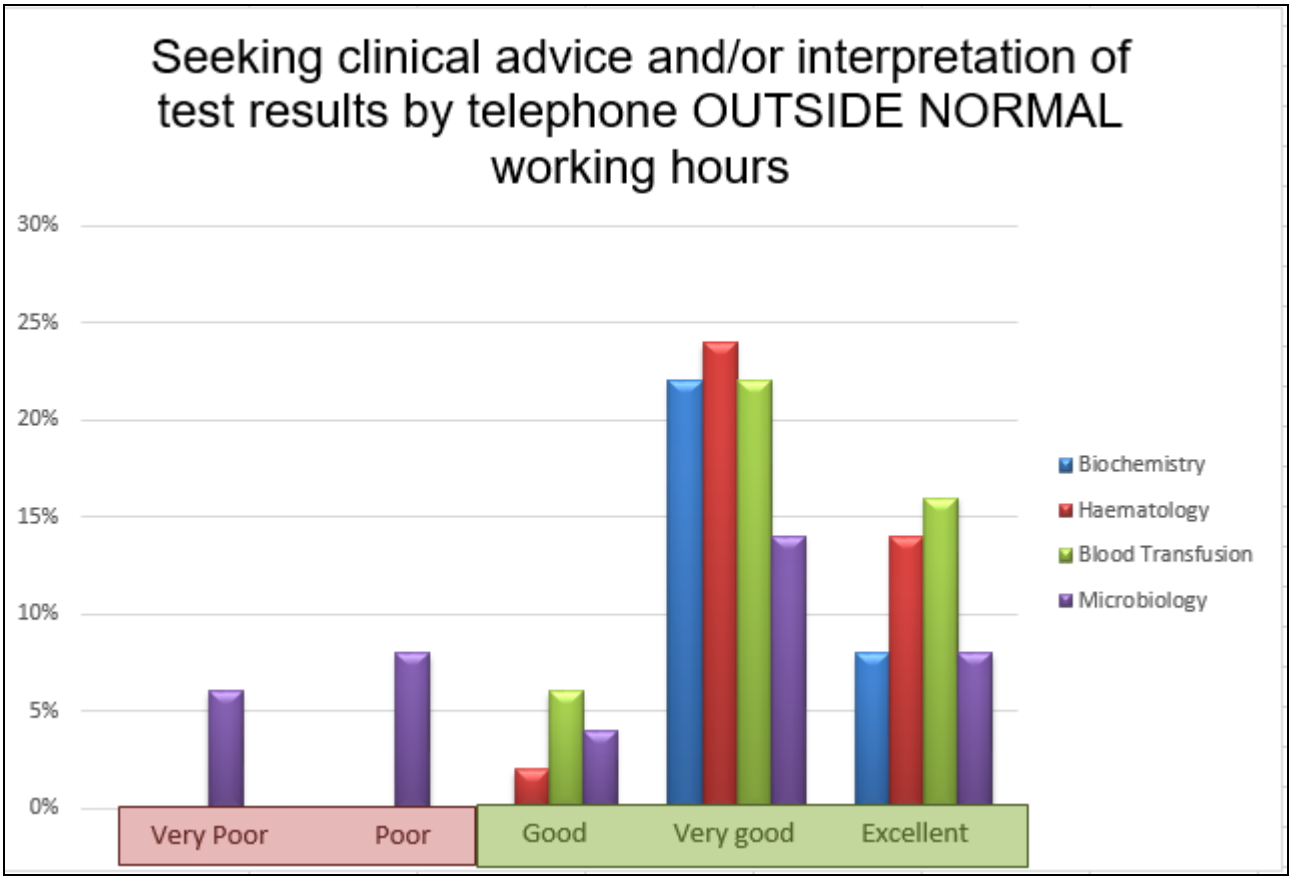
Pathology's response to comments from users:

Microbiology:

We have continually advertised for Consultant Microbiologists, but unfortunately there is a chronic shortage nationwide. This regrettably makes the Trust reliant on the use of locum staff (and occasionally staff from neighbouring Trusts) to provide a clinical service. A lack of continuity in terms of staffing may make the information seem variable and inconsistent due to the clinicians having differing opinions. However, wherever possible, Microbiology tries to use long-term locums in an attempt to achieve some consistency. Most of the time there are two locums, but occasionally this has been reduced to one which unavoidably results in delays when trying to contact them for advice. Mid Yorkshire cannot really be comapred to Leeds as they have a surplus of clinical staff which ultimately means they are easier to contact We do not currently have full access to PPM+ and are therefore unable to use this.

Question 6:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how would you rate the service received if seeking clinical advice and/or interpretation of test results by telephone OUTSIDE NORMAL working hours?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Biochemistry	0	0	0	11	4	35	50
Haematology	0	0	1	12	7	30	50
Blood Transfusion	0	0	3	11	8	28	50
Microbiology	0	4	2	7	4	30	50

Neutral	Haven't tried
	Not telephoned Pathology out of hours for years.
Negative	Not so good around late afternoon 5-7pm.
	Often at night and particularly at weekends we have had very poor experience when dealing with Microbiology. On one occasion we were told to wait until Monday to get advice and not to bother the weekend Microbiologist!

Of those who responded to this question positive feedback was 100% for Biochemistry Haematology and Blood Transfusion. Microbiology achieved a positive response rate of 76% a drop from 92% in 2018. The overall response rate on this question was low with only 17 responders answering for Microbiology compared to 57 in 2018.

Pathology's response to comments from users:

Blood Sciences:

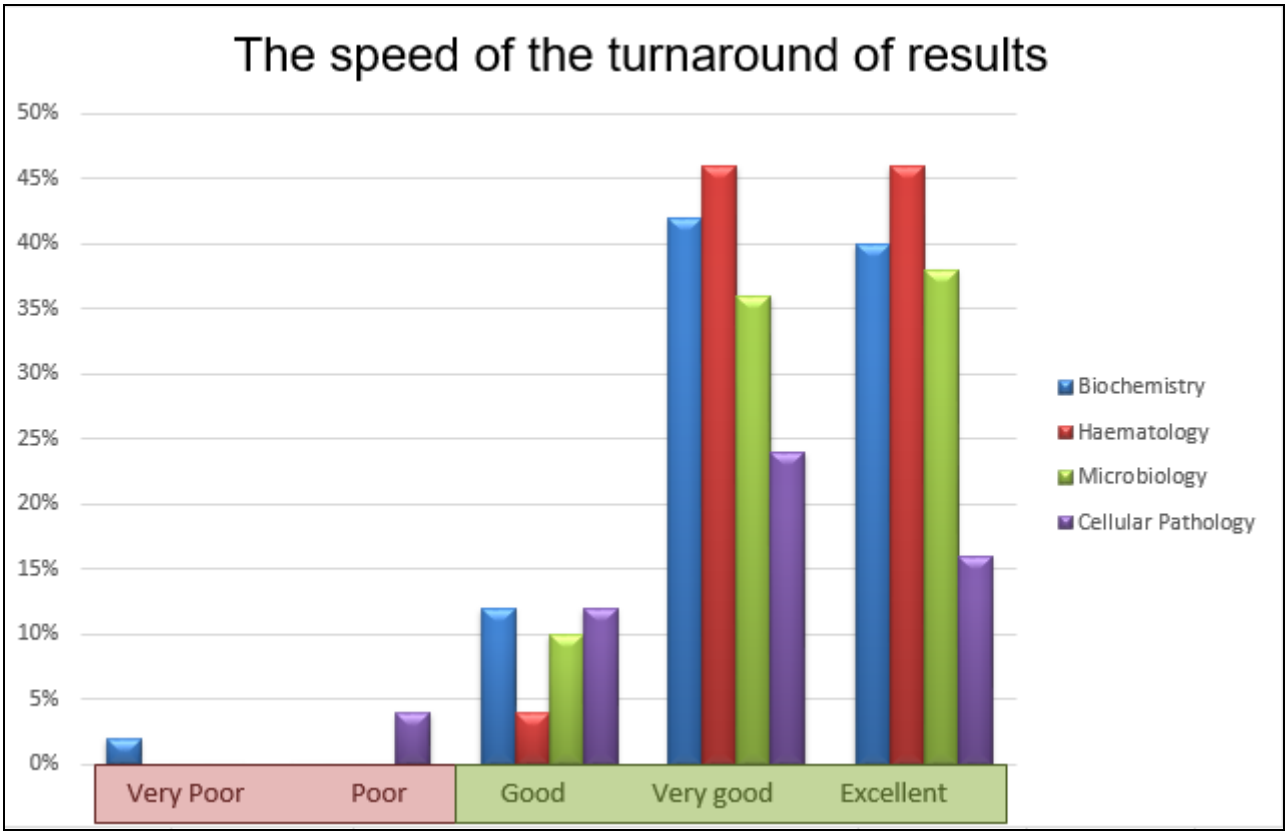
The Blood sciences department operates a shift system and the workload dictates the number of staff required.

Microbiology:

Urgent Microbiology clinical advice is available via the on-call Microbiology Consultant after 5pm Monday – Friday and all weekend. Contact at these times is via switchboard as the Consultant is not likely to be on site. As it is only one Consultant covering all three hospital sites (and the surrounding communities), unfortunately there may be a delay in contacting them if other calls are being answered. Advice should only be sought when all other avenues of information have been explored (for example, guidelines available on the intranet) and a failure to do this may lead to the consultant suggesting they 'shouldn't be bothered' at the weekend.

Question 7:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how do you rate the speed of the turnaround of results?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Biochemistry	1	0	6	21	20	2	50
Haematology	0	0	2	23	23	2	50
Microbiology	0	0	5	18	19	8	50
Cellular Pathology	0	2	6	12	8	22	50

Positive	Cellular pathology reports very fast when the specimen is labelled as urgent, but it is pity it now takes so long for routine specimens to be reported.
	Generally very good. I deal mainly with Cellular Pathology, who I feel provide a very good service
	I think lab speed is generally excellent, but poor Phlebotomy cover and portering etc. means that results are often unavailable when clinicians need them (often results coming back late in the day, to busy evening on-call staff).
Neutral	We could do some more near patient testing Ed INR to cut down on bloods sent to the lab.
Negative	Histopathology result times can be really variable and longer than 2 weeks can be a challenge as I often see the post op patients at 2 week appointments occasionally without results lately.
	When Histology specimens are sent for a second opinion results can take in excess of 6 weeks to return and often these are for cancer cases. I understand that this is delay from the other trusts but we need to have a way of reporting such delays.
	When it's working it is great. Problem is more the frequency of "oh the troponin analyser isn't working" which seems to happen a lot? Also samples do seem to get lost a fair amount which causes delays in re-bleeding patients (who may be difficult venipunctures).
	Biochemistry at PGH very slow, much quicker at DDH.
	It is a pity Histopathology is no longer reported as fast as used to be the case.

Of those who responded to this question positive feedback was 100% for Haematology and Microbiology. Biochemistry achieved a positive response of 98% and Cellular Pathology 93%.

Pathology's response to comments from users:

Biochemistry:

The department has multiple analysers as part of the BCP, and if one is down – the sample will be tested on another, this may cause a slight delay. The department is monitored monthly on its TAT and has maintained >90% which is the minimum KPI target.

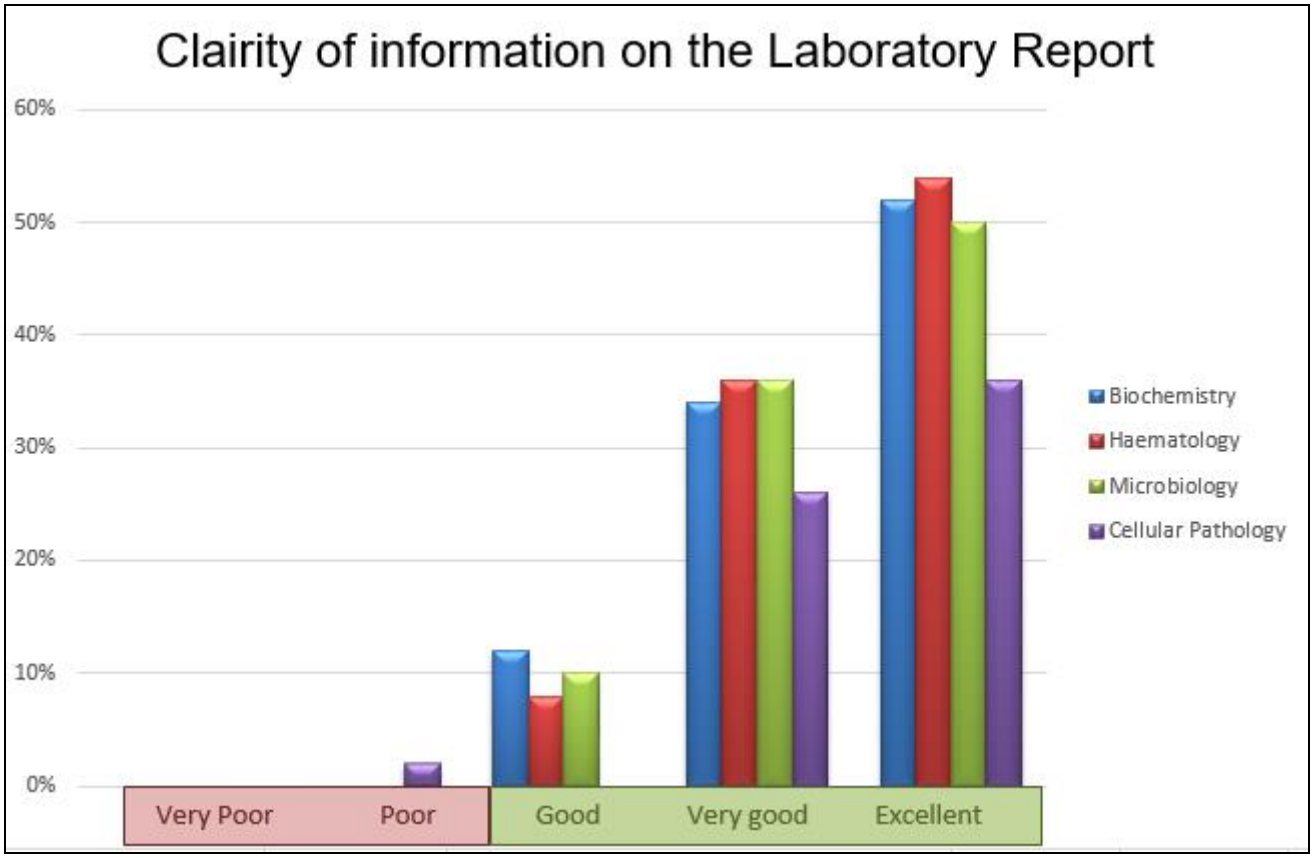
The workload at PGH is greater than at DDH but both sites maintain KPI targets.

Cellular Pathology:

Histology is currently under enormous pressure with the vast increase in cancer pathway initiatives. This is effecting TAT and causing significant delays to other routine pathways. The department is currently reviewing the workload capacity vs staffing in order to resolve/ improve these issues and provide a more efficient reliable service for our users.

Question 8:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how do you find the clarity of information on the laboratory report?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Biochemistry	1	0	6	21	20	2	50
Haematology	0	0	2	23	23	2	50
Microbiology	0	0	5	18	19	8	50
Cellular Pathology	0	2	6	12	8	22	50

Positive	Excellent - good clear advice for less common tests e.g. vasculitis antibodies or more unusual things.
	Generally very good.
Neutral	Only issue is LDH results which are often reported as haemolysed. Already highlighted to Doctor Jordaan regarding testicular cancer patients.
	Would be useful if everything was in one place rather than separate reports for each bit (Biochemistry).
	Sometimes it would be helpful if INR was reported along with the clotting profile / coagulation screen.
	Layout of this at the bottom of ICE results (squashed in at the bottom) is not the most eye-catching. Clear in clinical information but not visually eye catching to the reader.
	Please provide an icon to indicate before an INR result is opened that indicates it was insufficient sample. It would help so much if blood requesting system was redesigned so that bloods can be requested for multiple days at a time e.g. weekend. The wait for ICE to process request and print the form is painstakingly long.
	Cell path reports with multiple addenda for immuno markers can sometimes be slightly confusing.
Negative	C&S - sensitivities not always relate to what patient is on even when stated on request form. So you are left wondering if the antibiotics should be changed.
	ESBL reports are not clear. They should be highlighted in red in a similar way to MRSA. Often ESBL is not abbreviated and is often written at the bottom of the report with a lot of other wording which then does not highlight the importance of the report.
	ICE can display results bizarrely at times. For example, it doesn't seem able to merge different reports for the same test and says "see below" when there's nothing below. The normal range for Ferritin just looks wrong.

Of those who responded to this question positive feedback was 100% for Haematology and Microbiology. Biochemistry achieved a positive response of 98% and Cellular Pathology 93%.

Pathology's response to comments from users:

Microbiology:

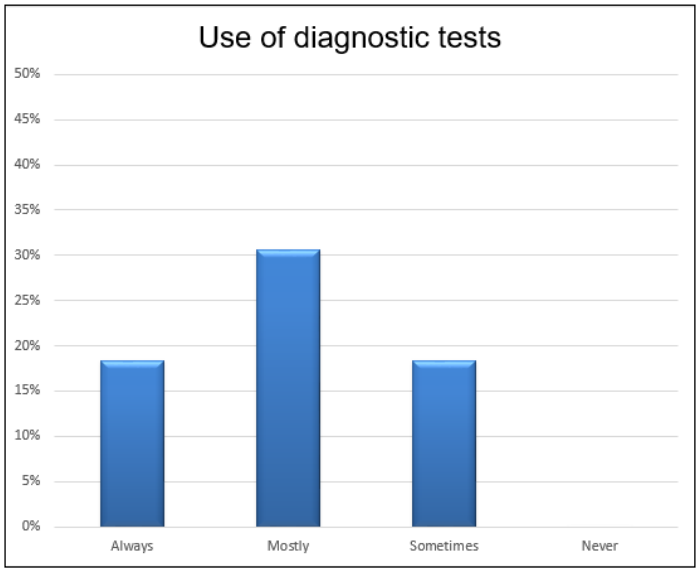
Sensitivities are reported that are appropriate for the organism isolated. Patients are sometimes on antibiotics that are not appropriate for the isolate and in these instances, no result will be recorded. Also, some results may be inferred from those already on the report, even if the specific antibiotic has not been tested, for example an organism that is sensitive to Penicillin will also be sensitive to Amoxicillin, but this may not necessarily be reported. ESBL reports have appropriate comments to indicate the organism is an infection control risk and resistant to antibiotics. I have amended one of the comments so that 'ESBL' is included as an abbreviation. Due to the complexity of microbiology reports, the whole result should be read to ensure that any clinical advice & comments are not missed. MRSA reports are not highlighted in red, unfortunately it is not possible to change the colour of Microbiology results

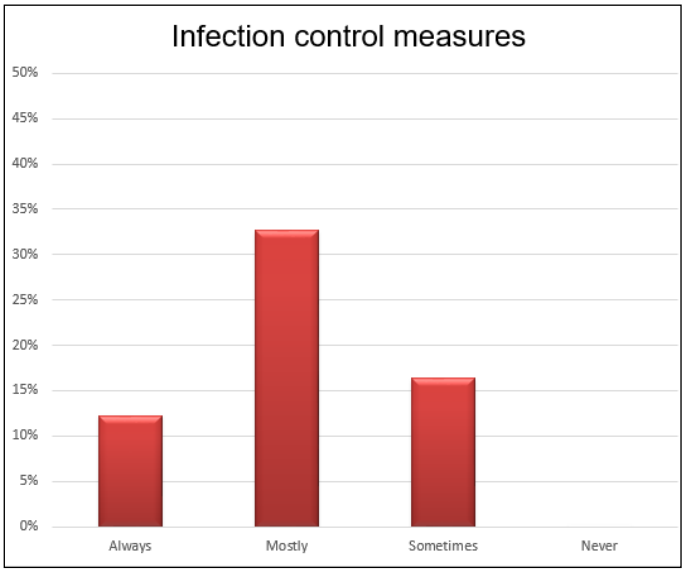
Biochemistry:

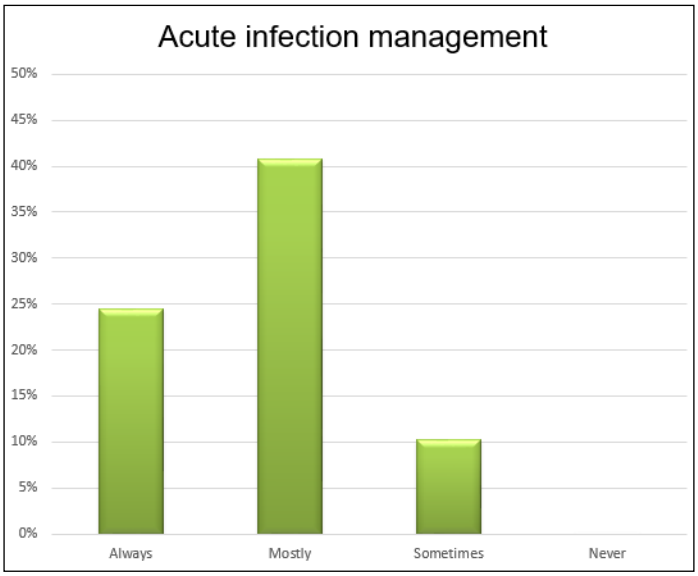
The laboratory is looking at how ICE reports can be displayed better for an enhanced user experience. (OCC-QIN-311)

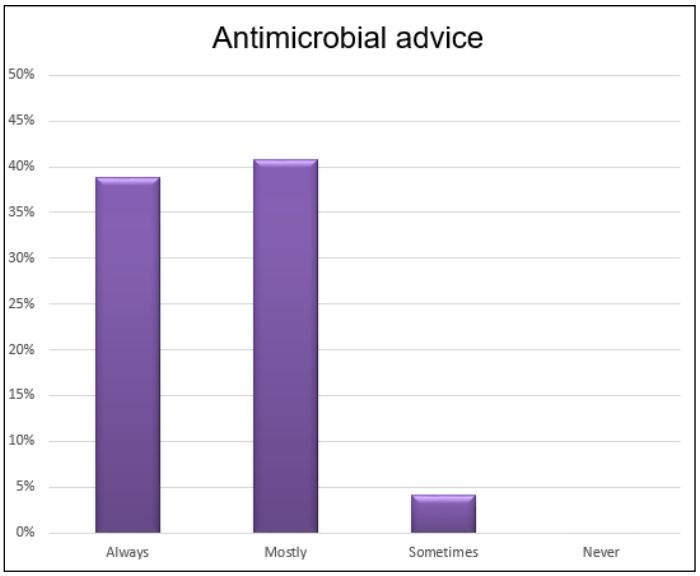
Question 9:

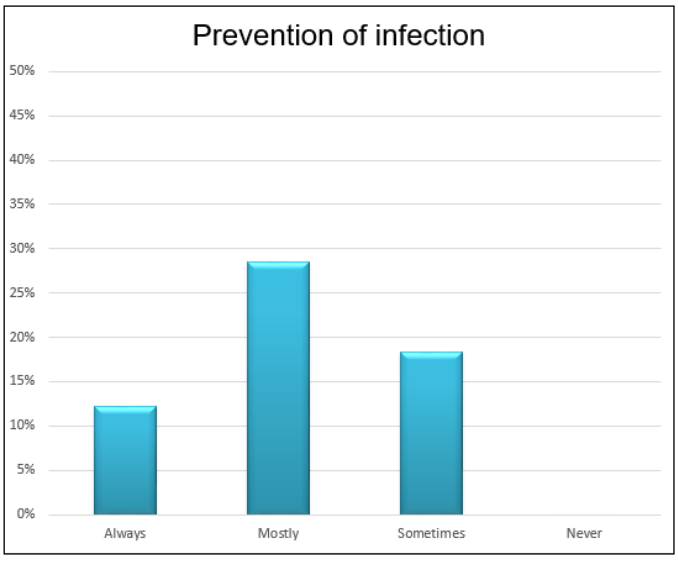
Is the advice given by the Microbiologist helpful in the management of your patients with regards to:











	Always	Mostly	Sometimes	Never	Unable to comment	Total
Use of diagnostic tests	**9**	**15**	**9**	**0**	**16**	**49**
Infection control measures	**6**	**16**	**8**	**0**	**19**	**49**
Acute infection management	**12**	**20**	**5**	**0**	**12**	**49**
Antimicrobial advice	**19**	**20**	**2**	**0**	**8**	**49**
Prevention of infection	**6**	**14**	**9**	**0**	**20**	**49**

Positive	The information we receive is dependent on who is giving the advice. As we do seem to have Microbiologists who do not regularly work at Mid-Yorkshire, the advice can be variable. Stuart bond and his team have been very helpful.
	Always has been a good service but is often overstretched.
	Excellent - just need more of them!
Neutral	Infection control is normally consulted.
	Not yet used service.
Negative	As before, the advice can be inconsistent, as the personnel vary.
	The problem with Microbiology advice is a lack of continuity in the advice between different Microbiologists.
	Some Microbiologist are too abrupt and don't let you give any proper clinical details and it just de-rails the whole conversation.
	This effects the juniors more than me, but it's been very hard to get micro advice recently.

Doctors rated advice given by Microbiologists as 'always' or 'mostly helpful' with regards to use of diagnostic tests and infection control measures 73% of the time.

Acute infection management and antimicrobial advice was rated as always or mostly helpful at 91% and 95% respectively.

The lowest rating was again received for prevention of infection at 69% always or mostly helpful. This is much higher than the 2018 survey where only 20% rated the advice from Microbiologist's as always or mostly helpful.

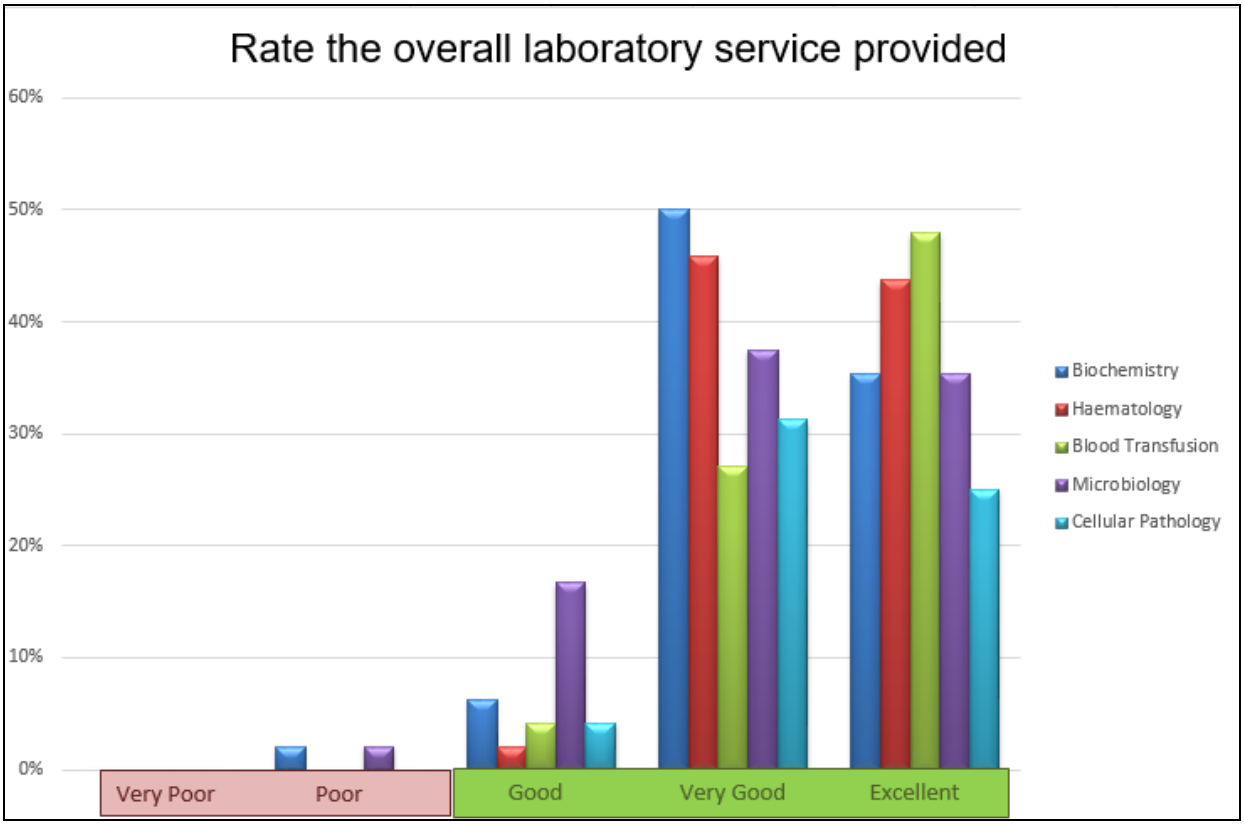
Pathology's response to comments from users:

Microbiology:

We have continually advertised for Consultant Microbiologists, but unfortunately there is a chronic shortage nationwide. This regrettably makes the Trust reliant on the use of locum staff (and occasionally staff from neighbouring Trusts) to provide a clinical service. A lack of continuity in terms of staffing may make the information seem variable and inconsistent due to the clinicians having differing opinions. However, wherever possible, Microbiology tries to use long-term locums in an attempt to achieve some consistency. Most of the time there are two locums, but occasionally this has been reduced to one which unavoidably results in delays when trying to contact them for advice

Question 10:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how do you rate the overall laboratory service provided?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Biochemistry	0	1	3	24	17	3	48
Haematology	0	0	1	22	21	4	48
Blood Transfusion	0	0	2	13	23	10	48
Microbiology	0	1	8	18	17	4	48
Cellular Pathology	0	0	2	15	12	19	48

Negative	Often that abnormal results are phoned through but get no answer on ward so there is no follow-up, there should be a protocol for them to be phoned through to the on call team out of hours
	Need more Microbiologists. Biochemistry analysers just seem to break or be down all the time. As an aside I don't think the monovette blood systems are very good as high rates of haemolysed samples compared to other trusts I have worked in!

Overall feedback was rated positive at 98% for Biochemistry and Microbiology, 100% for Haematology and Blood Transfusion and Cellular Pathology. These are all slightly higher than the previous survey.

Pathology's response to comments from users:

Blood Sciences:

RCPATH guidelines are followed and every attempt is made to ring an abnormal result after which it is released onto the ICE system so can be seen by the requester.

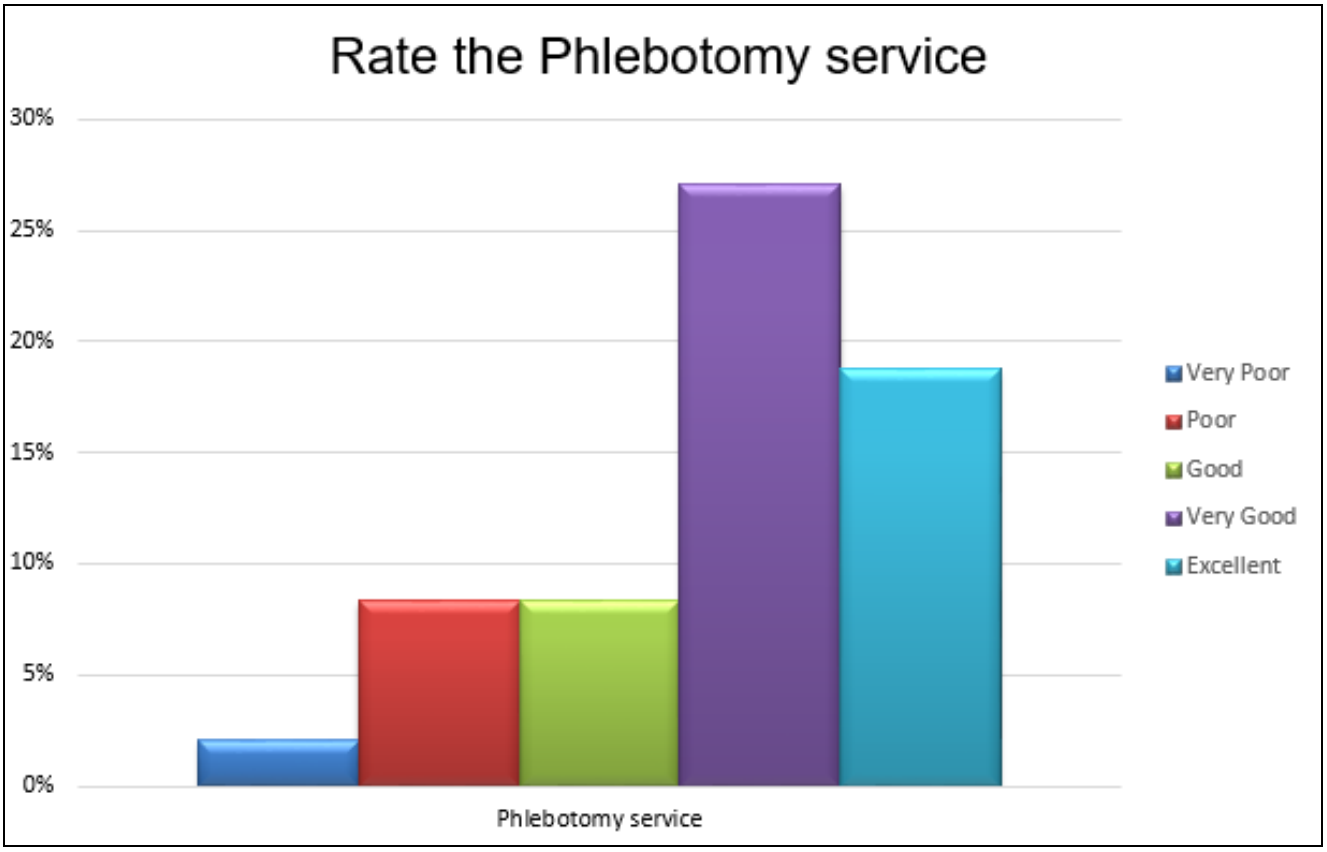
The department has multiple analysers as part of the business continuity plan, and if one is down – the sample will be tested on another, this may cause a slight delay.

Microbiology:

We have continually advertised for Consultant Microbiologists, but unfortunately there is a chronic shortage nationwide. This regrettably makes the Trust reliant on the use of locum staff (and occasionally staff from neighbouring Trusts) to provide a clinical service.

Question 11:

Out of a score of 1 to 5, where 5 is excellent and 1 is very poor, how do you rate the phlebotomy service?



	Very Poor	Poor	Good	Very Good	Excellent	N/A	Total
Phlebotomy	**1**	**4**	**4**	**13**	**9**	**17**	**49**

	Comment	Response
Positive	Not sure about PGH, but the staff at DDH are fantastic.	*Thank you for your comment, we will ensure our DDH Phlebotomists receive your praise.*
	Please continue	*Thank you – we intend to!*
	Very helpful to ED and we are grateful	*Thank you, wherever possible we will continue to support our colleagues in ED to the best of our ability.*
	I really appreciate the service but think you are under resourced. The team come to the ward late in the day which puts a burden on other staff if it isn't possible to bleed someone.	Thank you for your comment, the Phlebotomy department provides a service to the majority of clinical areas of the Trust while also providing a Phlebotomy outpatient service in each of the three hospitals and a domiciliary phlebotomy service across the entire MYHT district on behalf of the Anticoagulation Service and the Care Closer to Home services. We endeavor to provide a service to every clinical area but the order of attendance is pre-agreed with the patient flow team to ensure those patients who are most likely to be moved or discharged are attended first. Unfortunately this does mean that some areas may feel that there is a delay to their service as you have described.
Neutral	They should be able to print off relevant ICE requests for patients rather than always expecting this to be done in advance.	Each of the 3 Phlebotomy Outpatient areas do now have the means to print ICE requests, with key staff trained to print pre-ordered requests from ICE. However, often there are a lot of incomplete requests on ICE for each patient and it is not always clear which requests are required for the investigation, particularly as Phlebotomists are not clinically trained. It is there advised that the requesting clinicians continue to print request forms in advance of the Phlebotomy attendance wherever possible

	Better coverage over weekends and best all be done first thing in the morning which isn't always the case for all wards.	Thank you for your comment, we are aware of some recent issues around delivery of weekend Phlebotomy services. To help to resolve them, we now ask the weekend Phlebotomy staff to report to the site manager at the start of the shift to ensure that the areas of highest priority receive a service first.
	Would be nice to have guaranteed regular support.	The Phlebotomy department endeavor to provide at least one visit to all key clinical areas every day. Occasionally, during times of particular pressure, it may not be possible to provide a service to all clinical areas but in the event that a service had to be cancelled this would be escalated to both the site manager and clinical area to ensure an alternative provision was in place. In the event that a clinical area is cancelled, every effort it made to ensure the clinical area will receive an early service the following day to capture any non-urgent blood tests which may have been left.
	Extremely sporadic in terms of when Phlebotomists turn up. Staff always very helpful, but due to difficulty in predicting timing it can be difficult to plan care for patients during the day.	Thank you for your comment, the order in which wards are serviced was configured by the site managers based on highest demand and impact on patient flow. Unfortunately it is not possible to give a specific time of arrival on a ward or for how long a service will last in that area due the number of requests required in the previous clinical area and the varying difficulty to bleed individual patients.
	Very variable I think some of them look for an excuse not to take bloods from a patient. Some are happy to do extra bloods which is very helpful, but not everyone is so cooperative. Some are a pleasure to work with.	All Phlebotomists are trained to the same level of ability before being allowed to work solo. All patients who were attended by the Phlebotomist are recorded on the visit sheet along with the outcome. The reason for the lack of success to bleed the patient is also recorded. Both the Phlebotomist and a member of the ward staff are required to sign the visit sheet to say they are aware of the unsuccessful patients. The Phlebotomy supervisors also check the visit forms after the visit and if there have been a particularly high number unsuccessful patients, make provision to send another phlebotomist back to the clinical to try again.

	Generally good but can be some issues with confrontational attitude towards ward - a lot of stipulations (which seem to vary from individual phlebotomist) e.g. need the bed number written, need in numerical order etc. and a lot of complaints when not done. Often seem some days just not to fancy it and leave large numbers of bloods to the ward team to complete. By contrast, extra phleb round in the afternoon for winter pressures was fantastic and a great way of everyone working together to help patient care.	As stated previously, all Phlebotomists are trained to the same level of ability before being allowed to work solo. All patients who were attended by the Phlebotomist are recorded on the visit sheet along with the outcome. The reason for the lack of success to bleed the patient is also recorded. Both the Phlebotomist and a member of the ward staff are required to sign the visit sheet to say they are aware of the unsuccessful patients. The Phlebotomy supervisors also check the visit forms after the visit and if there have been a particularly high number unsuccessful patients, make provision to send another phlebotomist back to the clinical to try again. Phlebotomy do ask that bed numbers are written on the request forms to help to locate patients in the clinical area as the bed boards are not always kept up to date and it is not always possible to find a hand-over sheet. While it is not essential that the bed numbers are stated on the request form it does help to speed the process of finding patients up which in turn gives the Phlebotomist more time to attend as many patients as possible.
	Longer opening hours!	Thank you for your comment, unfortunately the Phlebotomy department does only have a limited staff resource which has to be deployed to make best use of it for the entire Trust. We will certainly consider the feasibility of extended outpatient services at DDH but this may have to be offset by the number of Phlebotomy staff available during the core working day.
	More phlebotomy! Stay open until clinics finish at DDH ~6pm! Weekend service.	Thank you for your comment, unfortunately the Phlebotomy department does only have a limited staff resource which has to be deployed to make best use of it for the entire Trust. We will certainly consider the feasibility of extended outpatient services at DDH but this may have to be offset by the number of Phlebotomy staff available during the core working day. Thank you for your comment. As stated previously, Phlebotomy staff are now directed by the site manager on a weekend. The order in which wards are serviced was set by the site managers, it's not possible to give a specific time due to the variable nature of the service. The number of requests each day varies from ward to ward.

	There are not enough on the wards Phlebotomist especially over the weekends. Ward Phlebotomists come very late to the surgical ward and because of this decisions on management are delayed!	*Thank you for your comment, unfortunately the Phlebotomy department does only have a limited staff resource which has to be deployed to make best use of it for the entire Trust. We will certainly consider the feasibility of extended outpatient services at DDH but this may have to be offset by the number of Phlebotomy staff available during the core working day.* *Thank you for your comment. As stated previously, Phlebotomy staff are now directed by the site manager on a weekend. The order in which wards are serviced was set by the site managers, it's not possible to give a specific time due to the variable nature of the service. The number of requests each day varies from ward to ward.* As stated previously, *all patients who were attended by the Phlebotomist are recorded on the visit sheet along with the outcome. The reason for the lack of success to bleed the patient is also recorded.* *Both the Phlebotomist and a member of the ward staff are required to sign the visit sheet to say they are aware of the unsuccessful patients. The Phlebotomy supervisors also check the visit forms after the visit and if there have been a particularly high number unsuccessful patients, make provision to send another phlebotomist back to the clinical to try again.* *Depending upon the workload, it is not always possible to accept additional requests during a phlebotomy round because by doing so the phlebotomist may be sacrificing another clinical area who have not yet received any service to accommodate them. It is advised that all request forms are completed and waiting for collection in advance of the Phlebotomy round to ensure the all samples are collected within the round.*
	Phlebotomy leave a number of blood requests each day but do not always communicate this to staff. The times of Phlebotomy rounds are variable and late rounds lead to results coming back late in the day meaning that junior doctors either stay late or workload is handed over to the on-call team. Phlebotomists are often reluctant to accept additional or last minute request forms.	
Negative	The Trust needs to massively invest in Phlebotomists to work 24/7. At present junior docs are overwhelmed with clinical workload, then have to take blood frequently due to poor phlebotomy cover, then results come back late due to this, so results come too busy on-call staff out of hours, who then have to act on results on patients they may not know, when they themselves are already extremely busy (clinical workload and taking blood...!! A truly vicious circle for which there could be a straightforward solution of investing in a larger phlebotomist workforce working extended hours or 24/7).	Thank you for your comment, The Phlebotomy service offers a routine daily blood collecting service for the majority of clinical areas within The Mid Yorkshire Hospitals Trust. Unfortunately, as stated in your comment, Phlebotomy lacks the staffing resource to provide a 24/7 service. However, the Clinical Support service provide Phlebotomy support out of hours and the Phlebotomy department provides hands-on Phlebotomy training for nursing and support staff who could also assist the junior doctors to bleed patients during these times.

Question 12:

If you could suggest one improvement we could make to our services what would this be?

Comments:	Response:
Faster routine histopathology reporting	Histology response with regards to TATs: Histology is currently under enormous pressure with the vast increase in cancer pathway initiatives. This is effecting TAT and causing significant delays to other routine pathways. The department is currently reviewing the workload capacity vs staffing in order to resolve/ improve these issues and provide a more efficient reliable service for our users.
Quicker histology turn round time.	
Faster routine histopathology reporting.	
Still having problem with result of Histology following endoscopy not directed to the right clinician. We request the Histology on HICCS which usually has the three clinicians names the list owner, the endoscopist & the referrer. Almost always the list owner is the endoscopist unless the endoscopist was not doing his/her regular list and not changed it and put his name. I am a high volume endoscopist & I do not wish to keep having the result under my name on ICE when they should go to the referrer. This cause a lot of extra admin work which I could do without.	Histology LIMS system ILAB will send a report to the source entered by the histology team. Going forward, histology will change practice so that the source is entered as the referrer and not endoscopist. However, if the referrer is not listed in ilab, we have to enter a source which will be the endoscopist in order to process the sample. We can add the referrer to ILAB via the pathology IT team; however this may delay the report as we can't enter and process the sample until this is complete.
Increase Phleb staff for out of hours.	The Phlebotomy service offers a routine daily blood collecting service for the majority of clinical areas within The Mid Yorkshire Hospitals Trust. Unfortunately, Phlebotomy lacks the staffing resource to provide a 24/7 service.
E mail / alert requester if test results significantly abnormal. May be done through ICE. Currently no paperwork sent to requester.	RCPATH guidelines are followed and every attempt is made to ring an abnormal result after which it is released onto the ICE system so can be seen by the requester.

Comments:	Response:
Better continuity of advice from Microbiology - needs link to a named Microbiologist	We have continually advertised for Consultant Microbiologists, but unfortunately there is a chronic shortage nationwide. This regrettably makes the Trust reliant on the use of locum staff (and occasionally staff from neighbouring Trusts) to provide a clinical service. Most of the time there are two locums, but occasionally this has been reduced to one which unavoidably results in delays when trying to contact them for advice. It is not feasible to have a named microbiologist due to the present shortage ESBL organisms are unfortunately complex organisms and the comments reflect this, however the abbreviation 'ESBL' has now been added to the report which will hopefully highlight the presence of such an organism. Antibiotic advice for ESBL's and other organisms is available on the intranet or via the antimicrobial pharmacist. The order in which wards are serviced by Phlebotomy, was set by the site managers, it's not possible to give a specific time due to the variable nature of the service. The number of requests each day varies from ward to ward.
Better consult availability and/or pathways.	
Employ more Microbiologists. Make ESBL reporting and policies more apparent.	
More microbiologists available! Relying on just one feels slightly unsafe - I had a patient who was acutely unwell and needed an antibiotic switch and it took me 45 minutes to get through to a Microbiologist to discuss a switch to IV meropenem - this time delay compromises patient care. Phlebotomists to be more consistent with when they come to the wards - or to clearly write down the day before, what time they will be on the ward the following day.	
When you call up to look for lost blood samples, if there was a standardised procedure of where to look. Previously I have had a few samples with large delays that I have then repeated and then before sending off the sample I have then found them change to in progress on ICE. This is even sometimes after calling Biochemistry who say they can't find the sample.	The department receives a large volume of samples, which makes it difficult to search for samples depending on the time of day. Every effort will be made, we ask that users clearly label the location they are from so they can be treated through the appropriate route.
Please notify when bloods are insufficient with appropriate explanation! Don't remove all the services from Dewsbury! We still have a feasible service to children here.	Insufficient samples are reported immediately, it is not possible to call every location to inform them of this. Services are reviewed on an annual basis and tests provided as appropriate.
Full time Phlebotomy service in A/E & to analyse the bloods as bit faster if possible.	No funding has been made available for a full time service in A/E, *wherever possible we will continue to support our colleagues in ED to the best of our ability.* Pre-analytics on a sample unfortunately can take approximately 30minutes and analysis takes approximately 20minutes.

Comments:	Response:
Stop doing add-ons or change the system so the results go to the admitting consultant not the department the patient initially saw.	Add-on's may be required for further treatment, the procedure is that the requesting location notify us of the change on the request to the location – this unfortunately is not always adhered to and the result may go back to the original requesting location.
Train them in blood culture as well as the equipment is the same and the procedure is based on the same principle	Infection control advised that Blood cultures are a stand-alone procedure and should not be done at the same time as other bloods. Also they need to be done at the appropriate time eg spike of temperature.
Generally be a bit less sassy when coming round to the wards.	
Improve the ward support for phlebotomists especially over weekends	Phlebotomy staff are now directed by the site manager on a weekend.
Improve phlebotomy services. Improve the governance processes for results phoned through to wards - I have noticed high potassium's not being phoned through as "similar to previous results", I have also seen comments such as "tried to phone ward but no answer" on abnormal result reports.	RCPATH guidelines are followed and every attempt is made to ring an abnormal result after which it is released onto the ICE system so can be seen by the requester.
Visit all wards for routine tests earlier in the day.	Unfortunately it is not possible to visit all wards first, The order in which wards are serviced was set by the site managers, it's not possible to give a specific time due to the variable nature of the service. The number of requests each day varies from ward to ward.
Reports on neurophysiology nerve conduction studies could be entered into ICE sooner.	This test is not performed by Pathology

Comments:	Response:
Speed up Biochemistry - I appreciate this probably isn't easy!	Current KPI targets are being met for Clinical Biochemistry, pre-analytics unfortunately take approximately 30minutes and analysis takes approximately 20minutes.
Blood transfusion labelling. Increase the number of phlebotomists and their working hours MASSIVELY...the Division of Medicine is in a complete mess (appalling Junior Doctor GMC training surveys, due to overwhelmed junior docs working in completely inefficient manner) and Trust should be funding more support staff.	The Phlebotomy service offers a routine daily blood collecting service for the majority of clinical areas within The Mid Yorkshire Hospitals Trust. Unfortunately, Phlebotomy lacks the staffing resource to provide a 24/7 service.

Question 13:

Please tell us one thing we are doing well that we must continue with.

Comments:	Friendly and helpful on the phone.
	Good reception staff.
	Just continue the good work you are doing.
	Reporting blood results in a timely and efficiently manner.
	Very good service when histopathology requests are marked as urgent and an MDT date stated.
	Keeping up with turnaround times for emergency and routine lab tests.
	Answering phone and discussing the correct patient.
	Most things work well please continue.
	Please continue the add-on services.
	Biochemistry very good in general, as is blood transfusion. Adding the blood results to PPM+ as they do in Leeds would be clearer.
	Excellent Moncton service.
	The Phlebotomy doing the early discharge bloods arrive promptly.
	I hope that you will continue to accept handwritten Pathology requests from Radiology. There are major logistic challenges in providing electronic requests in all areas of our department and I believe that insisting on this would increase the risk of sample/request form labelling errors.
	Afternoon check round in the winter.
	Rapid provision of components when major haemorrhage occurring.
	Great staff!!
	Reporting is efficient.
	Laboratory staff are generally helpful.
	Visiting all wards.
	Mostly doing well on all fronts.
	Staff always so friendly and polite despite obviously being under tremendous pressure.
	Out of hours work.
	Great lab service!

Summary

The assessment of user satisfaction is a fundamental requirement of the Quality Management System (QMS) to ensure that we do our best to fulfil the needs and requirements of our users.

Following this survey, two quality improvement notes have been raised in response to your comments.

In Cellular Pathology, a procedure will be put in place to ensure phones are covered during lunch times. (OCC-QIN-310)

Biochemistry is looking at how ICE reports can be displayed better for an enhanced user experience.(OCC-QIN-311)

Conclusions

Overall the feedback from the survey is positive in most areas. The main concerns again are around the Consultant Microbiologist availability and the Phlebotomy service. There is a plan in place for the Microbiology Consultants; we are expecting a new substantive Consultant to start in mid-June. We are then optimistic that the rest of the staffing model will come together. The Phlebotomy service still struggles to live up to the users expectations, extra funding will have to be found from all the Divisions before this can be improved. This is not forth coming. We will continue to monitor this.