

Rotherham User Survey 2019 Report

Pathology would like to express their thanks to all those who were able to complete this year's survey.

INTRODUCTION

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.

The user satisfaction survey ran between 10th April 2019 to 17th May 2019 and its purpose is to obtain feedback from our users on the quality of the services provided by the laboratory.

The 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

The satisfaction survey was carried out using a questionnaire which was developed in consultation with BRILS Management Team, Clinical Heads of Department and the Laboratory Director, and comprised of 24 questions designed to elicit users' general views on the quality of the services provided by Pathology.

The respondents were asked to rate their satisfaction using the following response options: Yes or No, except in the case of questions relating to the system used for reviewing laboratory results (answers available were "Meditech", "ICE" or "Both"), and a question asking how the respondent would like to receive communications from the laboratory (answers available were "Email", "News Page via the Website" or "Newsletter"). A percentage distribution of responses was used to present the data and cumulative percentage dissatisfaction compared to cumulative percentage satisfaction.

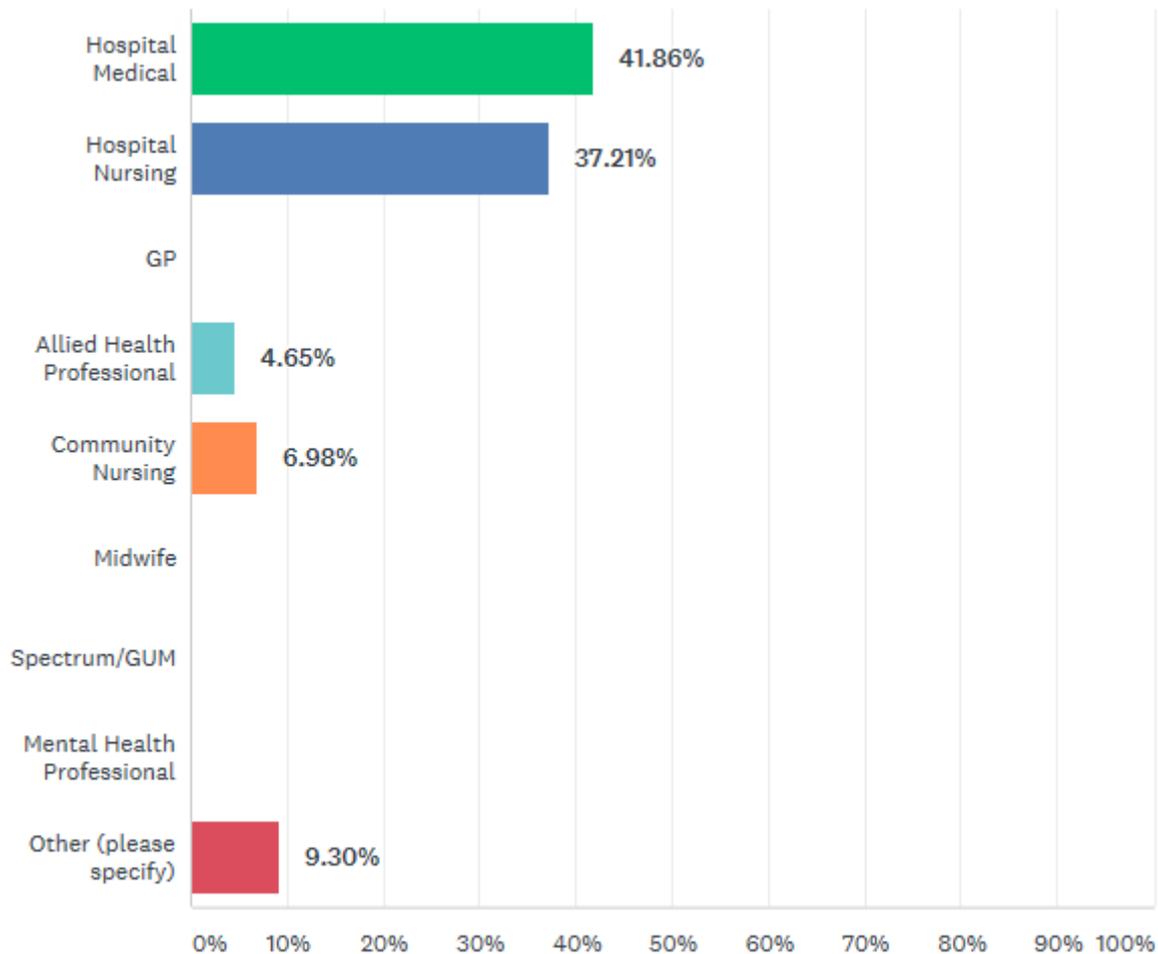
The respondents were also instructed to use 'not applicable' where appropriate. The penultimate question asks users to provide any comments to improve the service, and the final question asks users to provide feedback of any positive experiences with the service. These have been collated and have been discussed at a feedback session to the BRILS Management Team and actions identified where appropriate. Responses are detailed at the end of the report. All responses received are duplications of the text received.

Separate user surveys have been completed for Community users (DOC 329), Phlebotomy (DOC 331), and Mortuary Users (DOC 333).

Questionnaires were sent via survey monkey to Trust users – via the communications team, direct email lists and a news item on the hub.

RESULTS OF SURVEY

Question 1: Staff Group (Answered: 43, Skipped 0)



A total of 43 responses were received from users within the Trust, these are broken down into Hospital Medical and Nursing staff as detailed above. Responses to “Other” included RGN, Corporate, Pharmacist and Nursery Nurse. A similar variety of staff groups responded in 2019 compared to 2018, however, there were no responses from Midwifery in 2019.

Question 2: Name (Optional)

This question was optional and was included to allow for specific personal feedback to be given where relevant and to enable the incentive of a box of chocolate to be delivered to the winning participant in the draw. For the purpose of confidentiality, the names of participants will not be included in this report. 25 respondents gave their name, whilst 18 respondents opted to submit their response anonymously.

Question 3: Department/Ward (Optional)

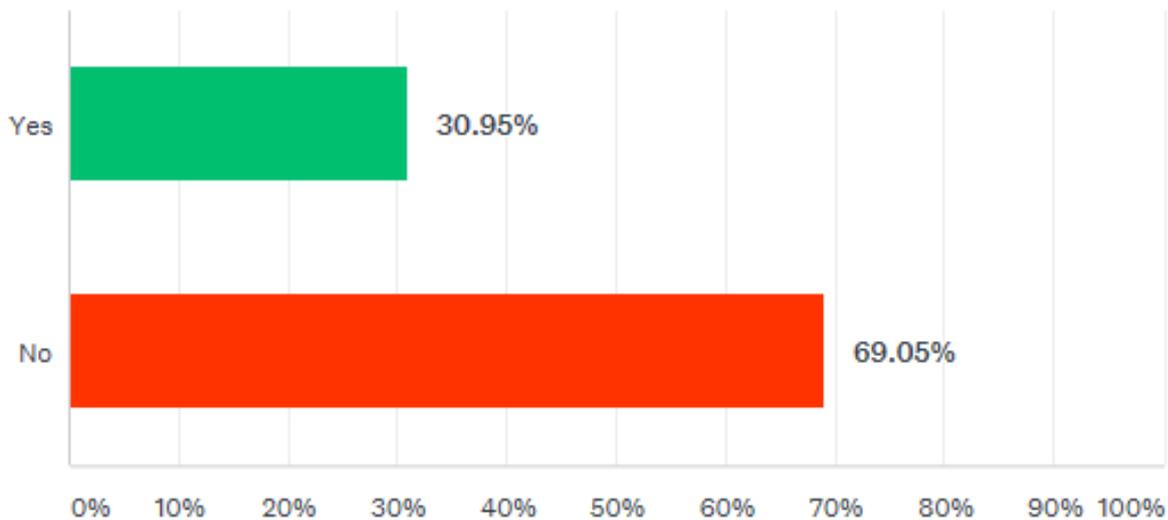
Department/Ward	Number of Participants
HDU/ITU	1
Medicine	1
Anaesthetics	2
Wharnccliffe	1
UECC	2
Sitwell Ward	1
Breathing Space	3
Endoscopy	1
OMFS	1
General Surgery	3
A7	1
Cardiac Team	1
Community	1
Family Health	1
Pharmacy	1
Renal	1
Radiology	2
ENT	1
Orthopaedics	1
Rheumatology	2
Anticoagulation	1
Willow	1

30 respondents chose to include the department in which they worked, whilst 13 respondents chose to submit their survey anonymously. The above table shows that responses were received from a wide variety of clinical areas within the hospital, covering inpatients, outpatients and surgical areas. A number of different departments/wards were represented in 2019 compared to 2018.

Question 4: Contact Details (Optional)

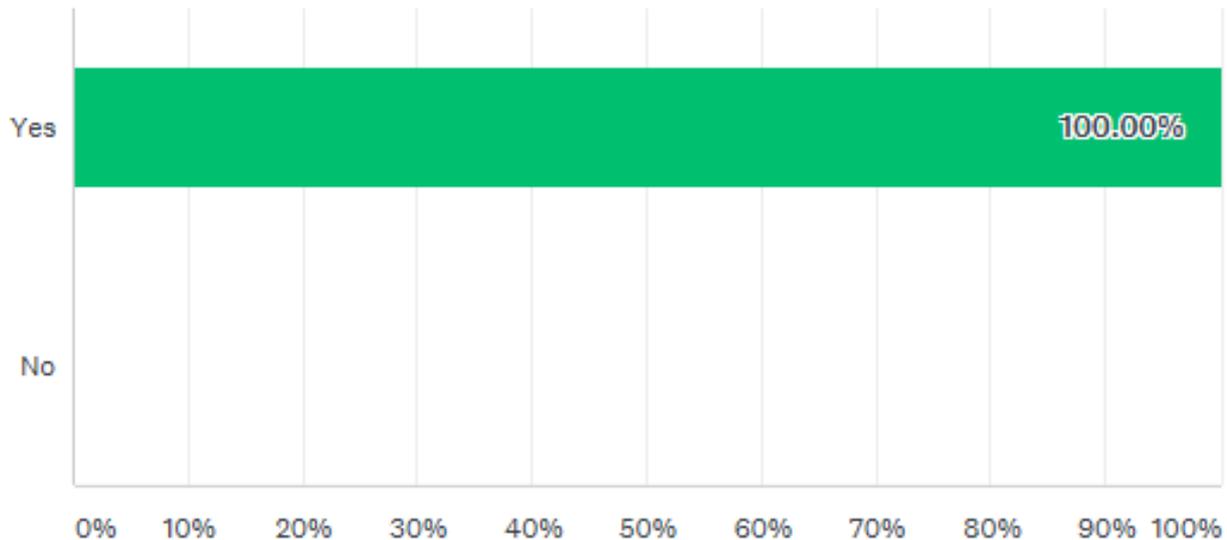
Respondents were given the option to provide their contact details, should they require a direct response about any of their answers to the questions in this survey.

Question 5: Are you aware that our User Information can be obtained via our website, which can be accessed via the Hospital Hub?



This question was added to gauge how many users were aware that user information was available via the hub. A hyperlink to the Laboratory Medicine webpage on the Hospital Hub was also included in this question to educate users about the location of user information. 69.05% of the 42 respondents who answered this question stated that they were not aware that the user information was available via the hub. Given this response, the Pathology Department will further promote the website in collaboration with the hospital digital communications team.

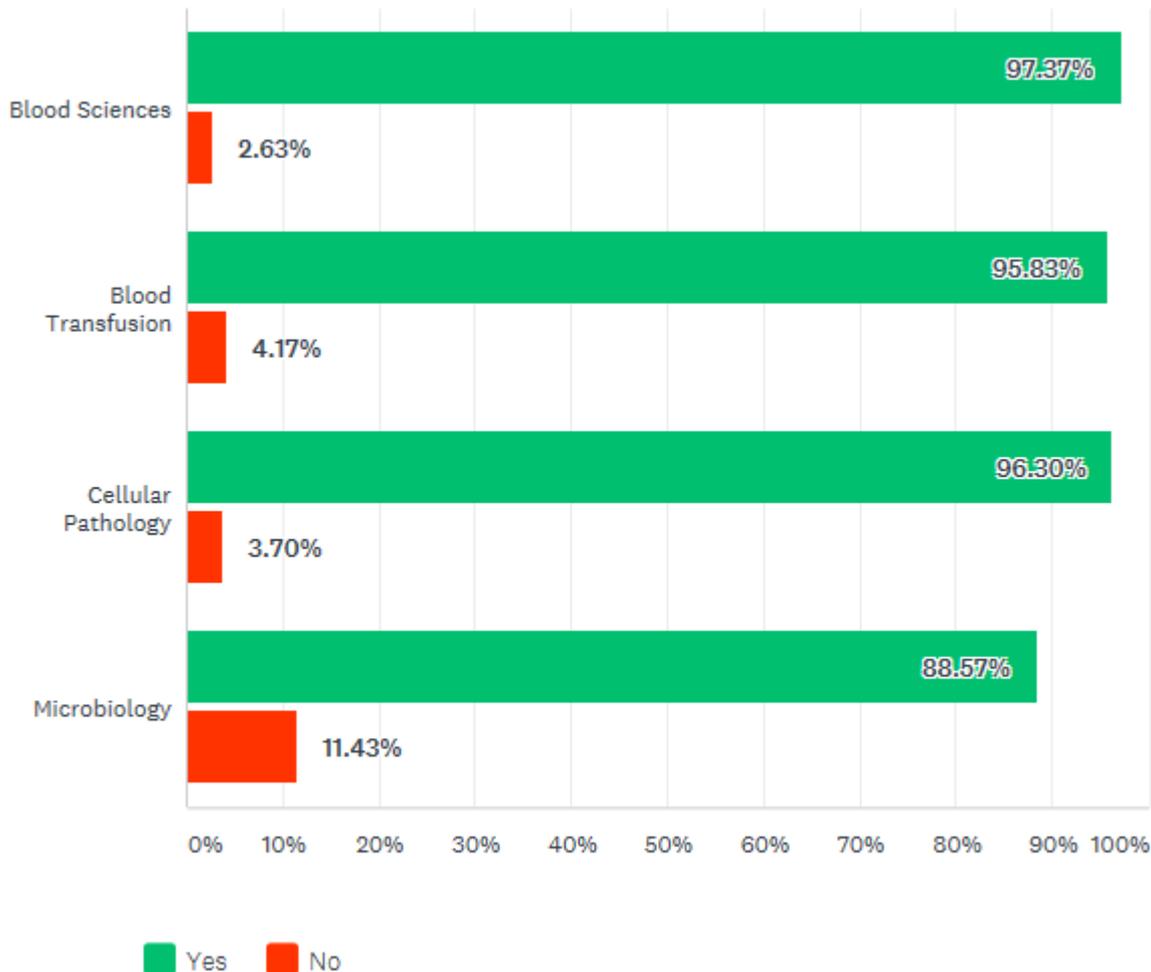
Question 6: If yes, are you satisfied with the usefulness of the Laboratory Medicine website as a source of information for each laboratory?



Of the 18 respondents who answered this question, 100% were satisfied with the usefulness of the Laboratory Medicine website as a source of information for each laboratory. This indicates that the information provided is of a high standard, but users aren't aware that the information is available. The following comments were made by respondents regarding this question:

Comment	Response
Not looked at it.	Please take a look at our Hub webpage on https://thehub.rothgen.nhs.uk/TeamCentre/clinicalsupport/Pages/Barnsley-&-Rotherham-Integrated-Laboratory-Services.aspx . This webpage is our Laboratory User Handbook and contains a large amount of information about the services we offer and the sample requirements for processing. We hope that if you do look at our website that you find the information useful.
Not aware.	
Never had to use it.	

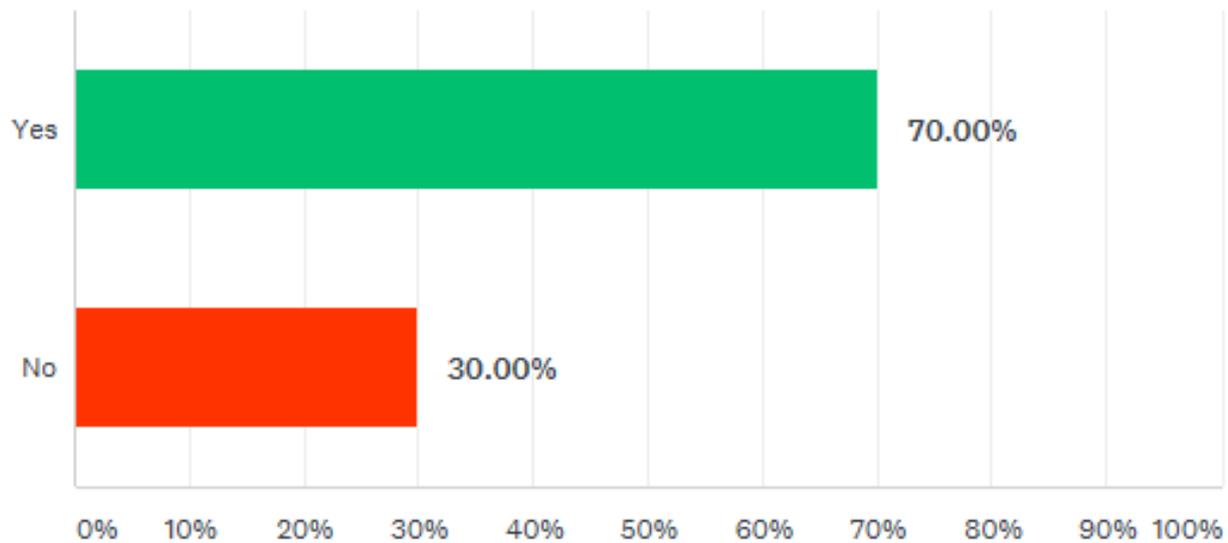
Question 7: Are you satisfied with the range of investigations provided by the laboratory?



97.37%, 95.83% and 96.30% of respondents were satisfied with the range of investigations provided by the laboratory in Blood Sciences, Blood Transfusion and Cellular Pathology respectively. In Microbiology, 88.57% of respondents were satisfied. This is a decrease from 2018 where the number of respondents who were satisfied was 97.22% for Cellular Pathology and 97.37% for Microbiology. The issues that have been highlighted via associated comments that were left are in the table below and responses to each issue are provided.

Comment	Response
At times the culture is available but no sensitivities. Would be useful if all this information was available ASAP.	In some circumstances we issue a report without sensitivities to alert the clinicians to this presence of this organism (normally a highly pathogenic organism) so empirical treatment can be started. Sensitivities normally take a further 24 hours so we report this at a later date, unfortunately there is nothing we can do to speed up the time taken for the sensitivity test.
I would like to see a broader range of RAST tests. I would also like to see more detailed microbiological information in sputum sample results for respiratory patients, in particular, more detailed info on sensitivities so that antibiotic use is better targeted.	Specific IgEs (RAST tests) are selected based on the clinical details provided on the request. If there is a specific allergen you require, please state this in the clinical details. Please contact the laboratory if further allergens are required. Antibiotics are released in line with the antibiotic guidelines and are the most appropriate ones that should be used on advice of the consultant Microbiologist. Comments are normally given if the Consultant thinks it appropriate and if useful clinical details are given we can amend the result accordingly. Additional advice can be obtained by telephoning the consultants if necessary.
Sending vancomycin levels to Sheffield has, in my experience, taken up to 18 hours (and still needed chasing down), which is very inefficient. Otherwise the micro service is excellent (when staffed).	Unfortunately we are unable to perform this test in-house on our current analysers. Sheffield is the nearest laboratory that can perform this test, results are e-mailed to us when they are completed and we endeavour to get these into the system ASAP, but we are sorry that you are experiencing difficulties with these results. We are currently working on a system (NPEx) that should mean results will automatically go from the Sheffield IT system to our IT system so will be available quicker.
Larger range of immunohistochemistry would be useful so samples do not have to be sent away leading to delays.	The Department carries an adequate range of general antibodies to aid diagnosis, however, we are unable to perform more specialist work in house due to the small numbers and cost efficiency of running the test. Specialist IHC is performed by Consultants who are specialised and difficult cases may also require a second opinion. These antibodies are therefore carried out by the Specialist Centres.
Never had any issues great work you folks do	Thank you for your compliment. We hope that you continue to be satisfied by the range of tests provided by the laboratory.

Question 8: Are you satisfied with the POD/air tube/chute system used to transport specimens to the laboratory?

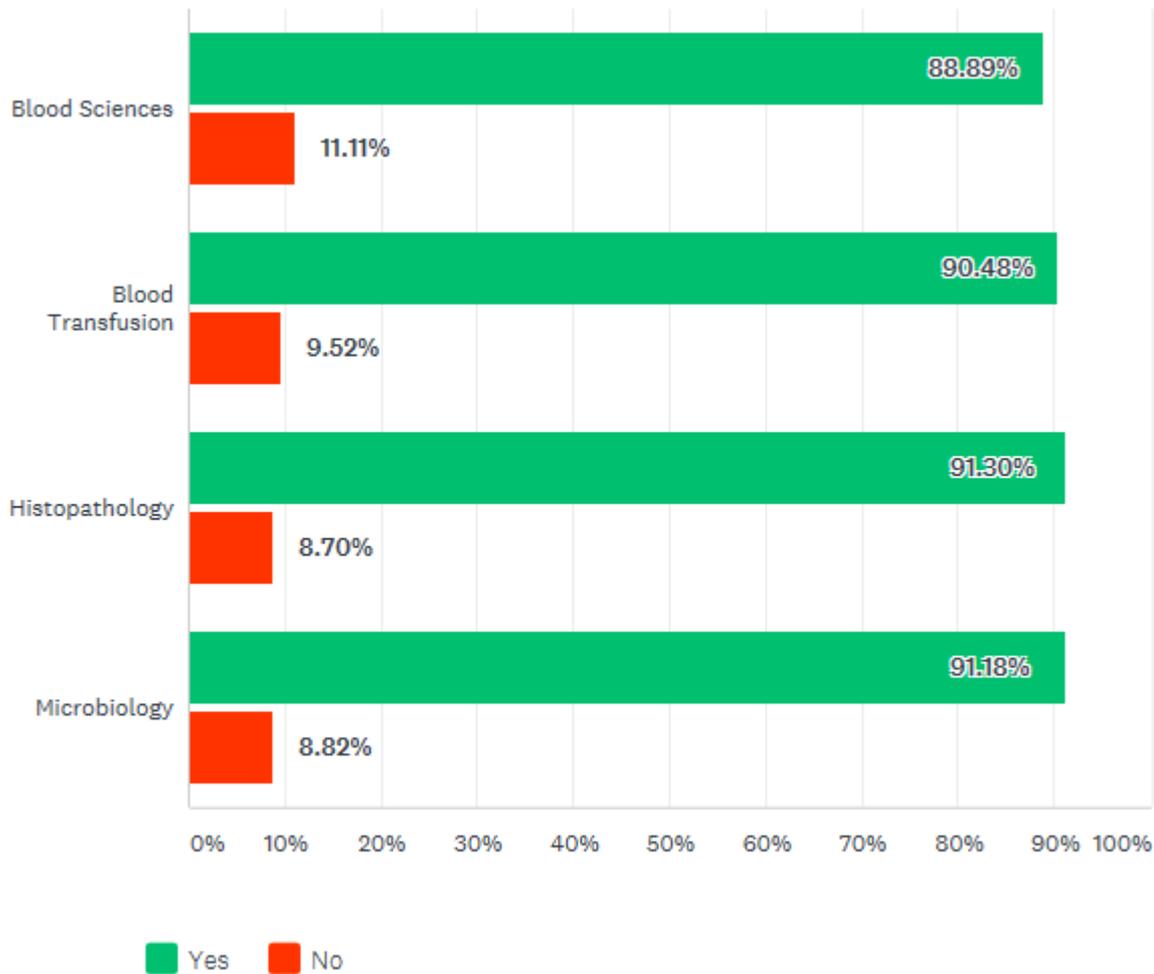


70% of respondents were satisfied with the air tube (pod) system used for transporting specimens to the laboratory. This is lower than the results of the 2018 user survey whereby 75.86%-77.42% of users were satisfied. Where associated comments were left, responses are detailed in the table below.

Comment	Response
Usually yes, very satisfied but quite frequently have had the pod system down.	The air tube (POD) system is managed by estates. We have passed on this feedback to the Estates department.
Often down can take a long time for a fix.	
Not always reliable. Love it when it works though	
On the whole satisfied, but in one recent incident blood samples 'stuck in pod system' over the weekend, and therefore had to be repeated.	Please note that the air tube system has recently been upgraded by estates.
Samples have been lost in the tube system and Patients have to return to be re-bled - 4 samples last week	Thank you for your comments. We are pleased to hear that you are satisfied with the air tube system.
Breakdowns are infrequent	
Most he time they work very effectively.	
Great use of saving time, we realise how much the service is depended upon when it becomes out of service or purging is taking place.	Pathology are not aware samples are lost in the air tube until engineers are on site to fix the fault.
Slow communication when the pod system is down and there has been lost samples. Only discovered	

when no result available not because a communication was issued saying it was down.	Unfortunately earlier communication cannot be provided.
We are off site and have to rely on a driver picking up the samples twice a day Monday to Friday. Out of hours and at weekends we have to contact a local taxi service to deliver samples or rely on a member of staff taking the samples.	Unfortunately, the air tube system is only available within the hospital. We hope that you are satisfied with the courier system in place to transport your samples.
Not sure	Thank you for taking the time to answer this question. We hope that if you do need to use the air tube system that you are satisfied.
Not used at my workplace	
Do not take / send samples, just review results.	
Not used personally	

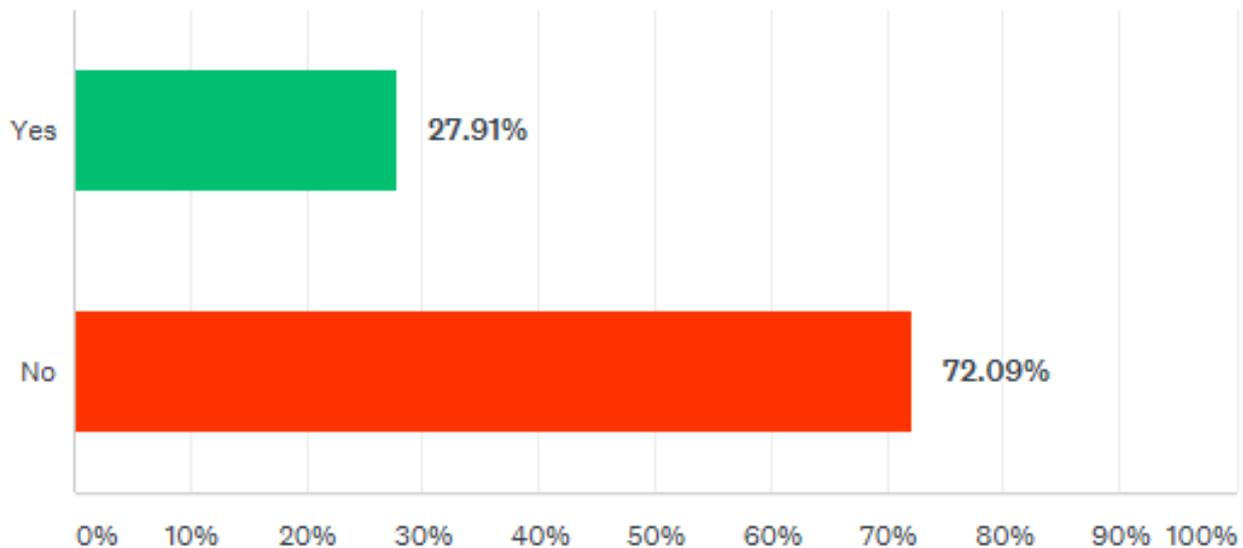
Question 9: Are you satisfied with the format/layout of the test request form for handwritten non-electronic requests?



88.89% - 91.30% of users were satisfied with the format/layout of the handwritten request forms. Where associated comments were left, responses are detailed in the table below. This is a decrease on the 2018 user survey where 94.12%-97.14% of users were satisfied.

Comment	Response
There is not enough space on 'biochemistry' to add other requests	Thank you for your comment. We will consider these suggestions when next reviewing the design of the request forms.
Perhaps add a CRP tick box as this is a common investigation, if you were redesigning the form, but this is not a big deal.	
The microbiology patient label is applied to the opposite side to other forms. This means I usually automatically put the sticker on the wrong side, remove it and reapply it or discard the damaged form.	
I'm not sure why on the microbiology form all the patient demographics are on the opposite side of the form, why not keep it on the left?	
The Histopathology form could be improved by having more space for the clinical details	The laboratory interface does not support electronic add-ons, either from Meditech or any other system. While it is something CliniSys (ICE) will be looking at in the future, it is not currently available as a function.
we should be able to add on tests via computer/ice rather than trying to get a piece of paper to the lab	
I think that all tests should ONLY be requested electronically.	In Laboratory Medicine, we try to encourage electronic requesting as much as possible, however not all areas have access to this (e.g. community nurses). Electronic requesting is beneficial in ensuring that all required patient information and clinical details is conveyed to the laboratory in an easy to read format, which helps laboratory staff to process the samples in the most appropriate manner for the clinical situation. Thank you for requesting electronically!
Only use electronic, as should everybody.	
Only view results of blood tests, don't request them.	Thank you for your response. If you do ever need to request laboratory tests, we hope that you are happy with the requesting process.

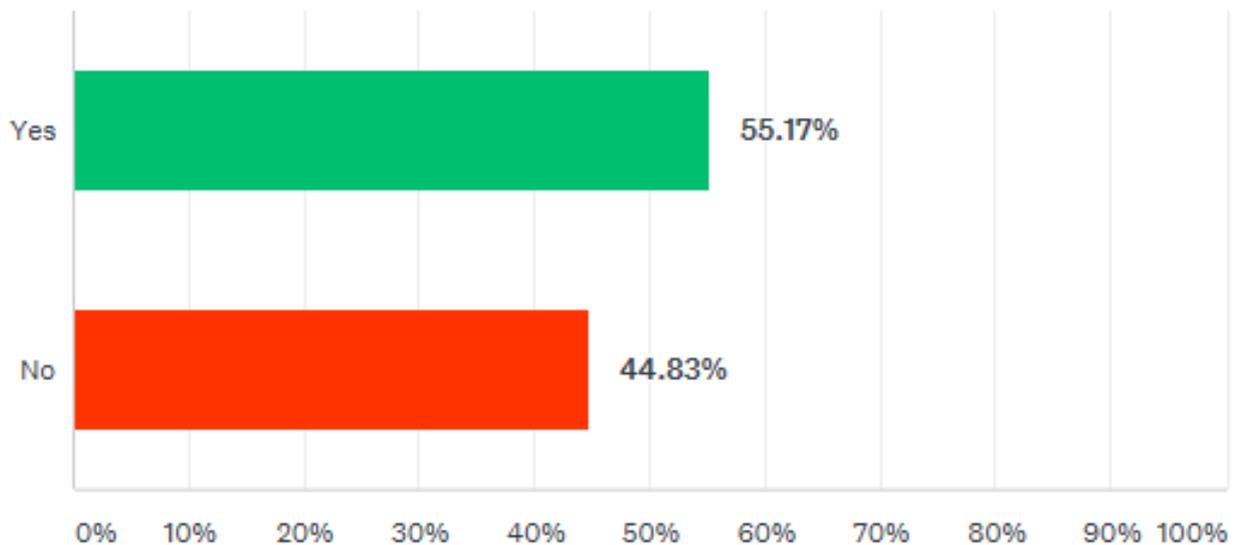
Question 10: Do you use electronic requesting for Pathology?



In 2019, 27.91% of users stated that they used electronic requesting. This is in contrast to the 2018 user survey where 87.18% of Blood Sciences Users and 83.33% of Microbiology Users used electronic requesting.

Laboratory Medicine encourages the use of electronic requests wherever possible. Electronic requesting is beneficial in ensuring that all required patient information and clinical details is conveyed to the laboratory in an easy to read format, which helps laboratory staff to process the samples in the most appropriate manner for the clinical situation.

Question 11: Are you satisfied with Meditech when requesting laboratory tests?

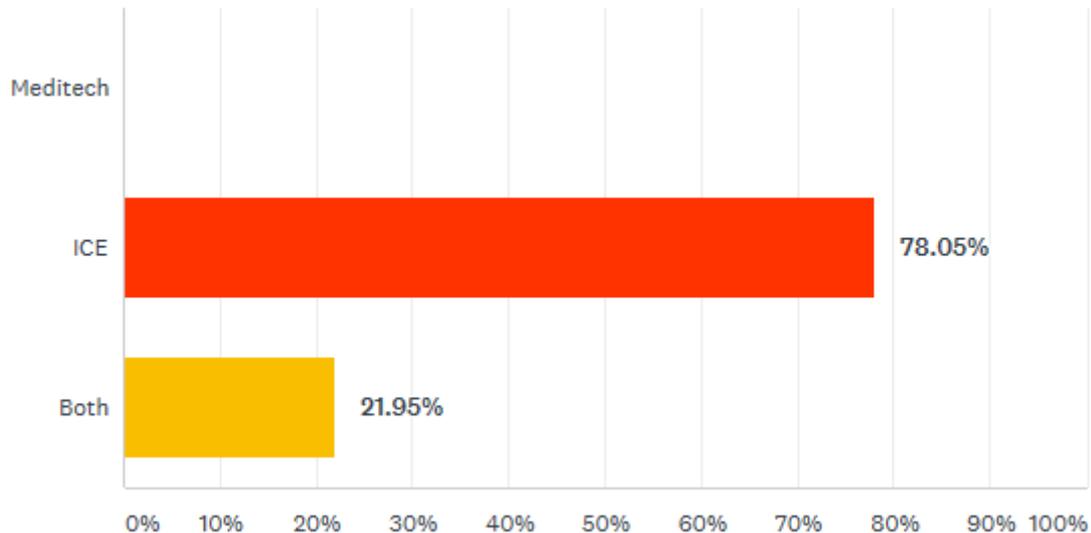


55.17% of users were satisfied with Meditech for requesting laboratory tests. This is decrease compared to 71.43% of Blood Sciences Users and 79.41% of Microbiology Users in 2018. Where associated comments were left, responses are detailed in the table below.

Comment	Response
Not used by myself	Thank you for your response. We hope that if you do use Meditech to request laboratory tests in the future that you are satisfied with the service. If you require training on the use of Meditech, please contact the Meditech team.
I do not use Meditech	
I do not use meditech	
I do not use this system	
I have never done this. I don't recall having had any training	
Don't use	
Never used it	
Don't use it that often but never had an issue	Thank you for your comment.
Cumbersome	This has been passed onto the Meditech team.
I believe that this is not used for bloods? Also, I think that having a requesting system and reporting system that are separate is risky. The systems should either link, so that if meditech is the requesting system the results are pulled from ice into meditech, or we should only use one system	
Easy once you know what tests to request. More order sets would be great and also if there was a	

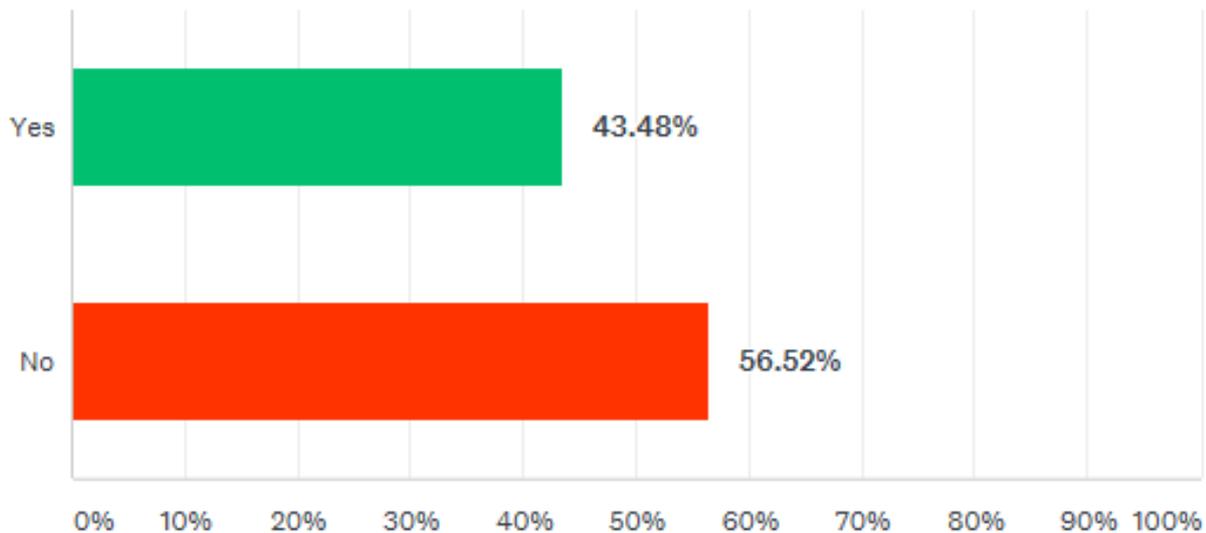
<p>search engine that searched for "may also like". for example, anti-goodpasture antibodies doesn't bring up the blood test but "anti-gbm" does, it would be awesome if your search isn't correct if it could suggest similar tests (that most likely will be one you are looking for)</p>	
<p>While the requesting system is adequate, the very convoluted printing system means that requests are written more often than they need to be, particularly in an emergency or when busy. The mobile printers (that have battery - as they often don't) are difficult to pair and means we need to end up reprinting labels - which takes a long time. They are good in theory but not in practice. Sheffield's ICE printing system seems much better as the printers are attached to the computers physically so the only real maintenance needed is new paper...</p>	
<p>Wouldnt be confident printing labels for bottles etc. I can request investigations on meditech ok</p>	
<p>Very slow, difficult to print stickers and sometimes to find exact test you are looking for. Much easier to use paper request form</p>	
<p>For group and saves they can only be booked as ED group and saves, a normal inpatient version be be useful.</p>	<p>Due to BSCH Guidance, we are unable to accept electronic requests for Blood Bank and as such this should not be available to request on Meditech. We have passed the feedback onto the Meditech team. Thank you for making us aware of this.</p>

Question 12: Which system do you use for looking up patient laboratory results?



Users at Rotherham Hospital are encouraged to use Meditech to request and review patient results, however, ICE is also available. This question highlights that the majority of users prefer to use ICE to view patient results. No respondents chose to use Meditech alone to look up patient results. 21.95% of users utilise a combination of ICE and Meditech, whereas 78.05% of users choose to solely use ICE for reviewing patient results.

Question 13: Are you satisfied with Meditech when reviewing laboratory results?

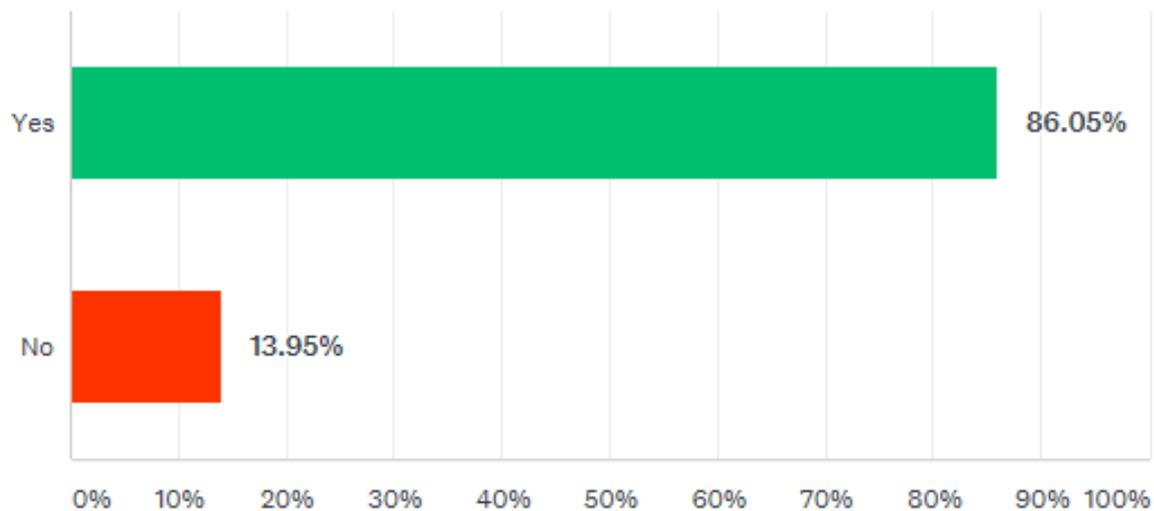


A majority of users, 56.52%, were not satisfied with Meditech for reviewing patient results. However, less users are dissatisfied than in 2018, where 69.70%-75.86% of users were not satisfied. Reasons for dissatisfaction are captured in the comments and included in the table below.

Comment	Response
Not enough cumulative results can be displayed in Meditech (ICE is much better for this).	Thank you for your comments. Your comment has been passed on to the Meditech team.
If blood tests are requested frequently on meditech then its fine. The issue is that there are not enough printers and so people don't request on meditech as its easier to fill in a form when no printer exists and so it's easier to check results on ICE to ensure you don't miss any results	
Often says ready and you have tnp then the results will turn up on ice not meditech for an hour later Tends to be slower than ICE, even though I know we should be going to MediTech first.	
Cant access results most of the time. ICE is easier	
Don't seem to appear I don't rely on Meditech for any results	
I find it quicker to view results via ICE.	
The results in meditech lag behind ice for hours which means you are better checking ice. Its a shame to have to open 2 programs.	
It does lack results however in comparison to ICE.	
Much easier to view trends on ICE	

Blood gas results are not available on ICE in TRFT. This is risky. Blood gas analysers should be linked to a reporting system and be available. If BHNFT can do it, why can't TRFT?	We are currently working with the Blood Gas supplier to implement new instruments linked to ICE.
Don't use it as very familiar with ice and it's access to open net	Thank you for your comment. We hope that if you do need to use Meditech, that you are satisfied with the system.

Question 14: Are you satisfied with ICE when reviewing laboratory results?



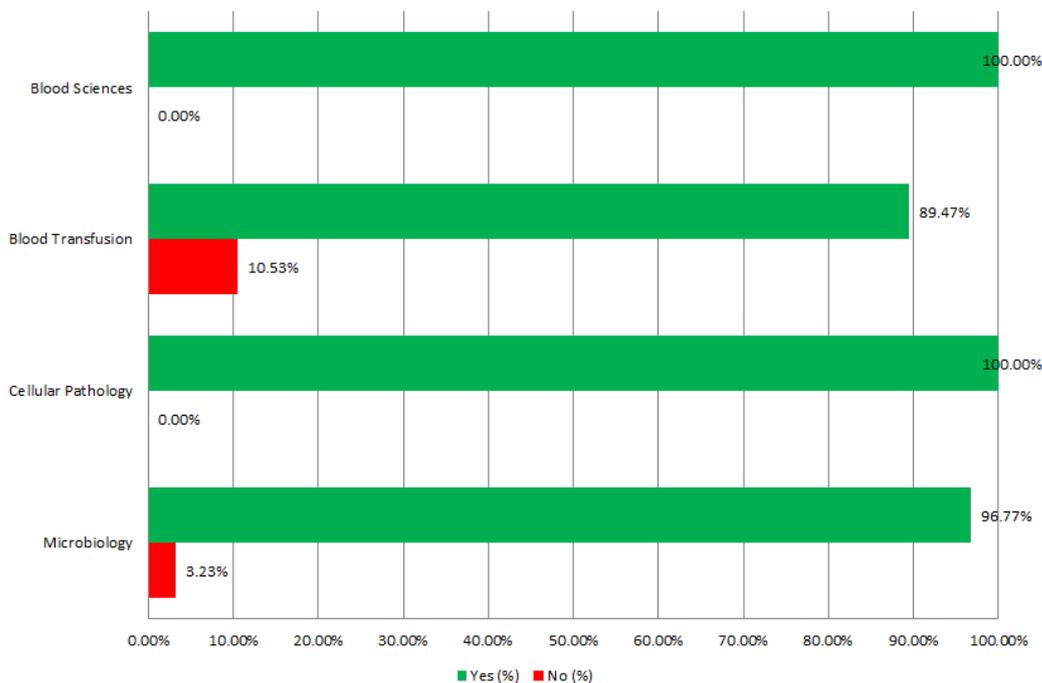
In comparison to the previous question, a majority of users, 86.05%, were satisfied with ICE when reviewing laboratory results. This is slightly lower than in 2018 where the number of user satisfied with ICE was 91.67% -94.12%. Where associated comments were left, responses are detailed in the table below.

Comment	Response
When reviewing a range of results e.g. U&Es, FBC, Ca, Mg etc. the system now requires that you go into and out of each result or use the click to next result. There is a possibility of moving backwards into old results. Whilst not a deal breaker this is not as simple as the old system whereby you requested e.g. U&Es for 'today' and that report on the bottom allowed a single click access to a range of other results e.g. FBC.	Unclear as to what this relates to. ICE hasn't changed since 2013, so perhaps this was a legacy feature? Please contact the BRILS IT to discuss further.
Sometimes, blood results can only be reviewed a single item at the time rather than in succession	Unclear as to what this relates to. ICE hasn't changed since 2013, so perhaps this was a legacy feature? Please contact the BRILS IT to discuss further.
Very slow remotely	If accessing ICE remotely then it is likely that the local internet connection is the issue, rather than ICE itself.
Why do blood cultures which are positive come up reported as no growth on ICE?	There is an initial result reported out as 'no growth at 36 or 48 hours', unfortunately until the full culture result is available on any positives that

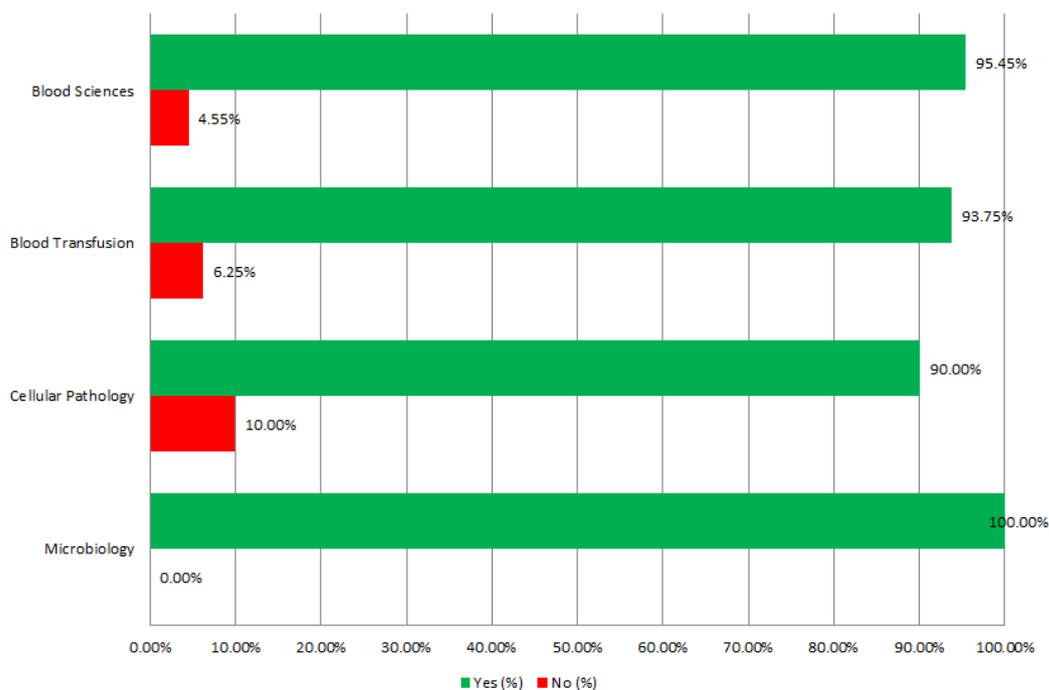
	grow after this time, this no growth result remains visible in ICE, however this is something we are currently working on as we realise it can be misleading.
Blood gas results are not available on ICE in TRFT. This is risky. Blood gas analysers should be linked to a reporting system and be available. If BHNFT can do it, why can't TRFT?	We are currently working with the Blood Gas supplier to implement new instruments linked to ICE.
Although when specimens have gone to Barnsley labs delay in obtaining results	Our turn-around times for each test are provided on the website (add link). Our turn-around times reflect any requirements to send samples to Barnsley. If there is a significant delay in any turn-around time outside of those published on our website, please contact the laboratory and we will investigate.
If the bloods go to Barnsley it takes a long time for the results to be available.	
Like the open net feature	Thank you for your positive comments. We are pleased to hear that you are happy with ICE.
It's been really useful having access to results from across the network not just pathology but also radiology.	
Top stuff	

Question 15: Are you satisfied with the usefulness and availability of advice and assistance provided by laboratory staff?

In Normal Working Hours?



Out of Hours?



100% of users were satisfied with the usefulness and availability of advice and assistance provided by laboratory staff during of normal working hours for Blood Sciences and Cellular Pathology. 89.47% of users were satisfied for Blood Transfusion and 96.77% were satisfied for Microbiology during normal working hours.

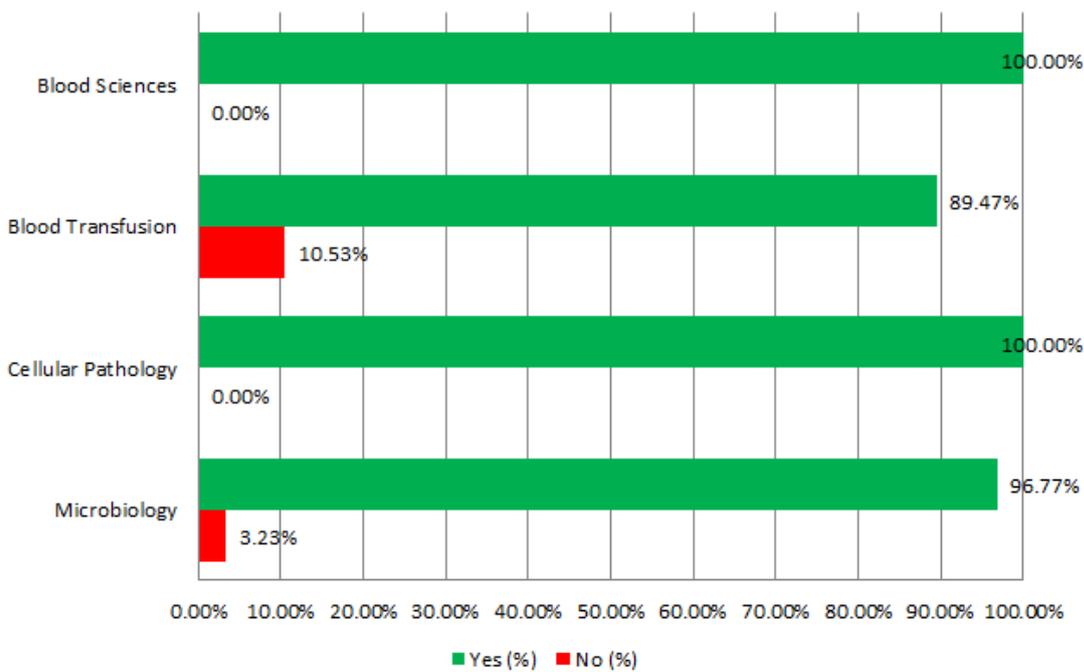
Outside of normal working hours 100% of users were satisfied with the usefulness and availability of advice provided by laboratory staff in Microbiology, alongside 95.45% for Blood Sciences, 93.75% for Blood Transfusion and 90.00% for Cellular Pathology.

Where associated comments were left, responses are detailed in the table below.

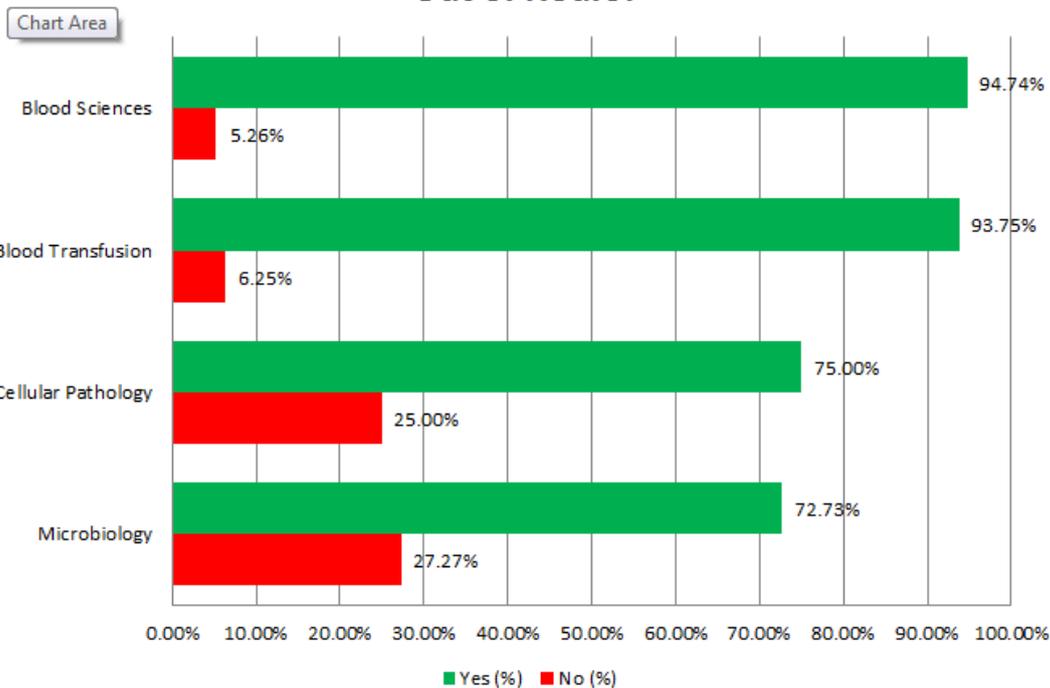
Comment	Response
Spoken with different department staff who have been helpful	Thank you. The positive results have been fed back to Laboratory Managers to feed back to staff as part of staff meetings. The results have also been passed onto the Pathology Business and Service manager for inclusion in Staff Briefings. Compliments relating to individual staff members have been fed back to the individual.
I think you guys do a brilliant job and really grateful for all your input. I think you are the unsung heroes of the NHS and do an amazing job and none of us would work without you guys. Thanks!	
Particularly microbiology staff are always very helpful in finding the consultant for advice	
Anticoagulation within normal working hours Only work in normal working hours	
Out of hours most staff are helpful however we have a rapid turn round for bloods and when an analyser goes down it would be good to know asap. also we have a wait of sometimes 3 hours for bloods most likely out of hours... ? pod not working ?? not picked up. only occur now and again but it affects the service we provide	Out of hours staff are single handed and have to prioritise their work. We contact our key users and the 221 Bleep Holders as soon as an issue causing downtime is identified.
Blood sciences - mostly. Occasionally I receive incorrect information (when chasing results), which I am aware is wrong and query, prompting usually a discussion with a different member of staff and then correct advice. However, if I was less experienced I would then be wrongly informed	We always strive to train our staff to the highest level to provide appropriate advice to our users. The Integrated Blood Sciences Manager will contact you to investigate this further.
There is a resistance to doing INRs on patients who are not taking warfarin. However INR is used as a scoring tool in liver failure patients. Lab technicians should be made aware of this to prevent conflict with clinicians	Please contact the Lead BMS for Haematology to discuss the scoring guidelines so that we can include these in our protocols. We would be happy to communicate with staff to add on INRs for these patients.

Question 16: Are you satisfied with the usefulness and availability of advice and assistance provided by Clinicians?

In Normal Working Hours?



Out of Hours?



100% of users were satisfied with the usefulness and availability of advice and assistance provided by Clinicians during of normal working hours for Blood Sciences, Blood Transfusion and Cellular Pathology. 83.33% of users were satisfied for Microbiology during normal working hours.

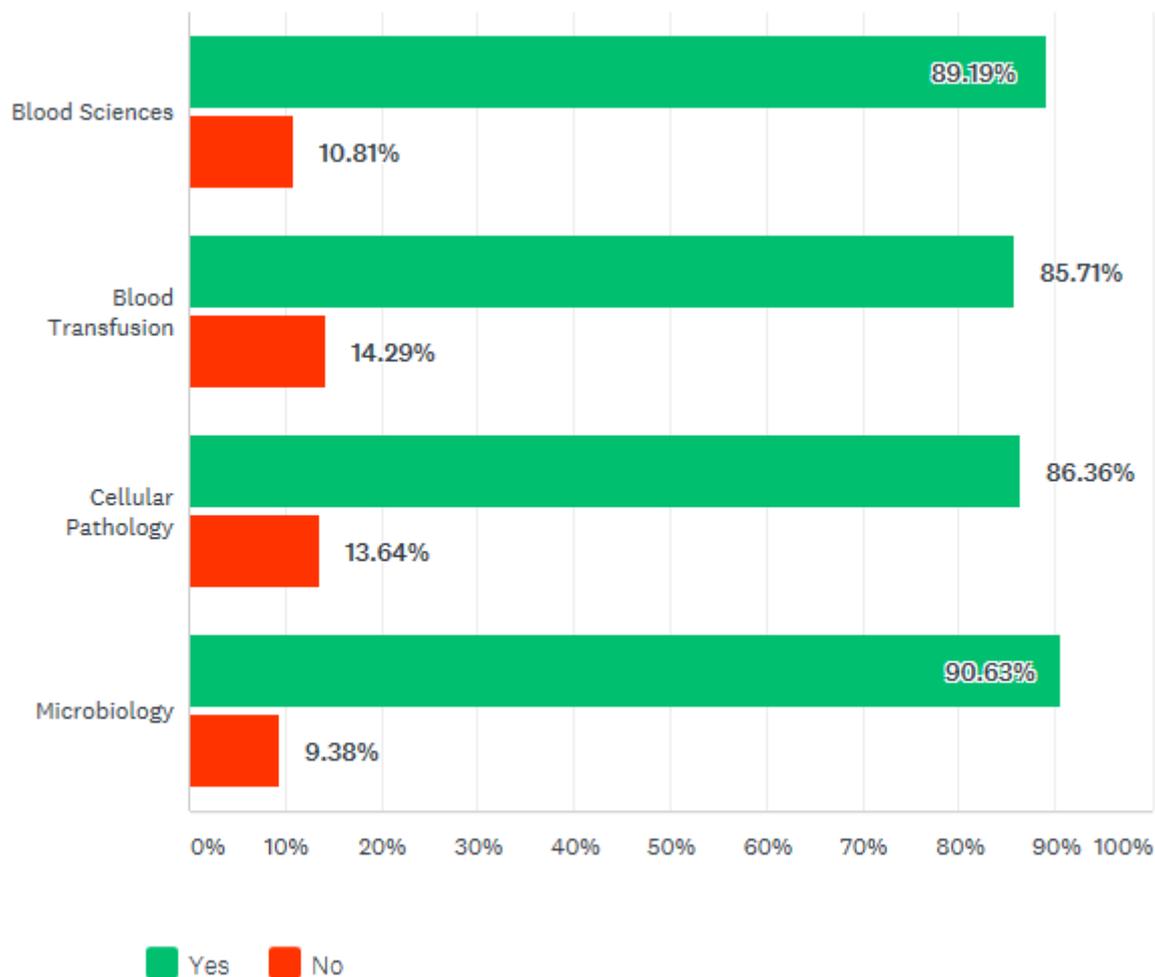
Outside of normal working hours 94.74% and 93.75% of users were satisfied with the usefulness and availability of advice provided by Clinicians for Blood Sciences and Blood Transfusion respectively. 75% of users were satisfied for Cellular Pathology and 72.73% were satisfied for Microbiology.

Where associated comments were left, responses are detailed in the table below.

Comment	Response
Micro staff not always available to talk to both in & out of working hours but on the whole Clinicians have been very helpful when able to speak to them	<p>We are well aware of the problems around obtaining Microbiology advice and can only apologise for the problems you are experiencing. Please be aware that the department is only staffed with 2 medical consultants, if one of them is on leave this leaves the other single handed and as well as answering the phone they have meetings and ward rounds to attend so may not always be contactable.</p> <p>They also do on-call overnight and do not get compensatory rest periods, so may sometimes be late in if they have been busy all night on calls.</p> <p>We are seeking to appoint an additional 3rd consultant, and have submitted a business case. We currently have an advert out for this post and for a locum to cover until this post is recruited to.</p>
Microbiology consultant often difficult to get hold of for advice during office hours	
very limited service In the past rang Micro consultant only to be told to ring back as they were busy. Constantly chasing them up, not ideal when you have an ill patient and need advice straight away	
Real difficulties with this, it seems to me that there aren't enough microbiologists. When we get through to them they are very helpful indeed. We just need more of them!	
Have had one incident trying to contact the microbiologist during Normal working hours at 9 am was told they are not in yet and then not available until after 10.	
If it is not a Rotherham microbiologist the advice can sometimes be a bit more vague / less useful	
While the advice the microbiology clinicians provide is always of high standard trying to contact them can be difficult. This is not their fault at all due to staffing levels and any additional microbiologists to help their work load be more manageable would be great.	
Always very helpful	Thank you. The positive results have been fed back to Laboratory Managers to feed back to staff as part of staff meetings. The results have also been passed onto the Pathology Business and Service manager for inclusion in Staff Briefings. Compliments relating to individual staff members have been fed back to the individual.
Anticoagulation with in working hours	Thank you for your comment. We hope that you are

Only work in normal working hours	satisfied with the usefulness and availability of advice and assistance provided by the Clinicians in Laboratory Medicine.
n/a never needed them	Thank you for your comment. We hope that if you do speak to any Clinicians in the Laboratory Medicine Departments that you are satisfied with the usefulness and availability of advice and assistance that you receive.
Don't use any service really apart from talking to micro	

Question 17: Are you satisfied with the report turnaround times?



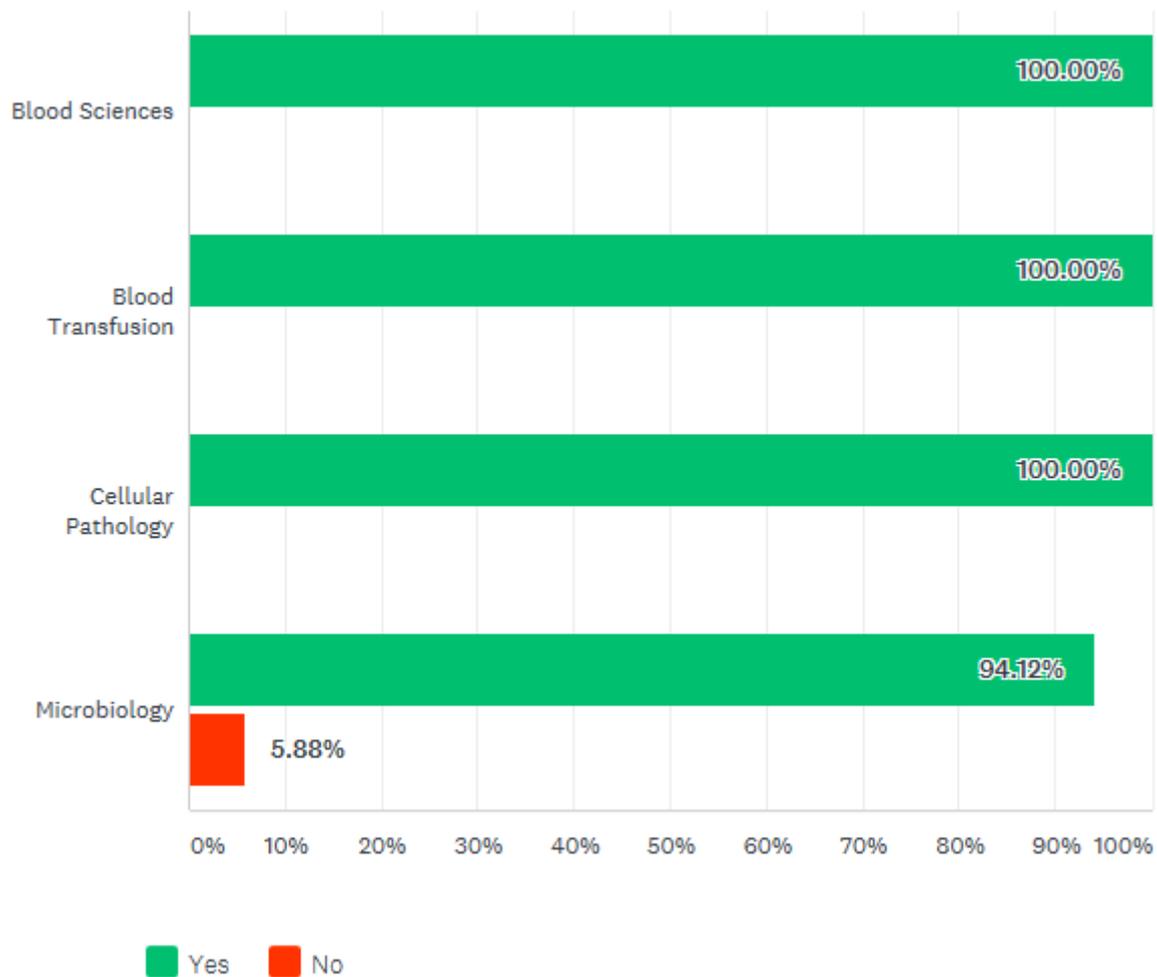
85.71% to 90.63% of users were satisfied with the report turn-around times in Laboratory Medicine. Where associated comments were left, responses are detailed in the table below.

Comment	Response
Depends if the samples go to Barnsley if they do it takes a long time for the results to come back. A month ago the I was told that we hadn't sent the bloods up the bloods were retaken and the latter result available however the next day the previous result was on ICE. When I spoke to labs they said that it wasn't them it was a reporting issue and to contact IT	There are 2 transport runs between Rotherham and Barnsley. If the Rotherham lab is telephoned about an urgent sample one off transport can be arranged if necessary and/or the Barnsley lab asked to prioritise the sample. Sample turn-around times are available on our website, and this includes any time for sample transport. Please contact us if feedback on this specific incident is required, we would need further

	information to investigate. Also, please contact the laboratory if you find that results are taking longer than the published turn-around time, so that we can investigate the delay.
See response out of hours most staff are helpful however we have a rapid turn round for bloods and when an analyser goes down it would be good to know asap. also we have a wait of sometimes 3 hours for bloods most likely out of hours... ? pod not working ?? not picked up. only occur now and again but it affects the service we provide if pods are down 2nd transfusion sample is slow to arrive... postpones patients ability to have cross matched blood	<p>Out of hours staff are single handed and have to prioritise their work. We contact our key users and the 221 Bleep Holders as soon as an issue causing downtime is identified.</p> <p>Within the normal working day the team within Blood Transfusion deliver the check group samples to the clinical location. However, outside of normal hours there is only one BMS covering Haematology and Blood Transfusion. It is not feasible for this staff member to deliver required check group samples as it would leave the department unattended. There is however the option to collect the check group sample from Pathology reception.</p>
some urine and sputum results seem to take 5-7 working days for the results to be reported. It would be also be very useful to see that the results requested are listed as pending and when they are likely to be reported on the ICE system which I have seen in used in other Trusts sometimes I am unsure whether or not they have been received by the dept.	<p>Unfortunately our ICE system does not allow for the status of 'sample received' or when result will be available to be displayed. Our user handbook on the intranet holds information about how long tests take.</p> <p>Unfortunately some results will not be available for several days in the event of a multi-resistant organism being isolated as further identification/sensitivity tests have to be performed which can take a further 24/48hrs after the initial 48hr culture.</p>
Reports take weeks to come back to STH.I don't understand why you continue to generate printed results	<p>STH publishes turn-around times on their webpages. Our referral tests to STH are subjected to STH turn-around times. We are currently in the process of implementing NPeX software, which will allow results to be electronically transmitted, rather than relying on laboratory staff to enter the results. We are hopeful that this will decrease turn-around times after the report from the referral lab is received at Rotherham.</p> <p>The laboratory encourages the use of electronic reporting and paperless reports. We are able to switch off paper reports for services who would like receive electronic reports only.</p>
Histology turn round is too long (but for understandable reasons) - perhaps a provisional report could be issued with an added disclaimer?	The Departmental Turnaround for Histopathology reports is in line with the RCPATH target of 90% within 10 calendar days. We are unable to issue

	provisional reports due to associated risks with their use, as different final report may change the diagnosis and therefore patient management.
EXCELLENT SERVICE, FAST RESULTTS	Thank you. The positive results have been fed back to Laboratory Managers to feed back to staff as part of staff meetings. The results have also been passed onto the Pathology Business and Service manager for inclusion in Staff Briefings. Compliments relating to individual staff members have been fed back to the individual.
Mostly yes.	

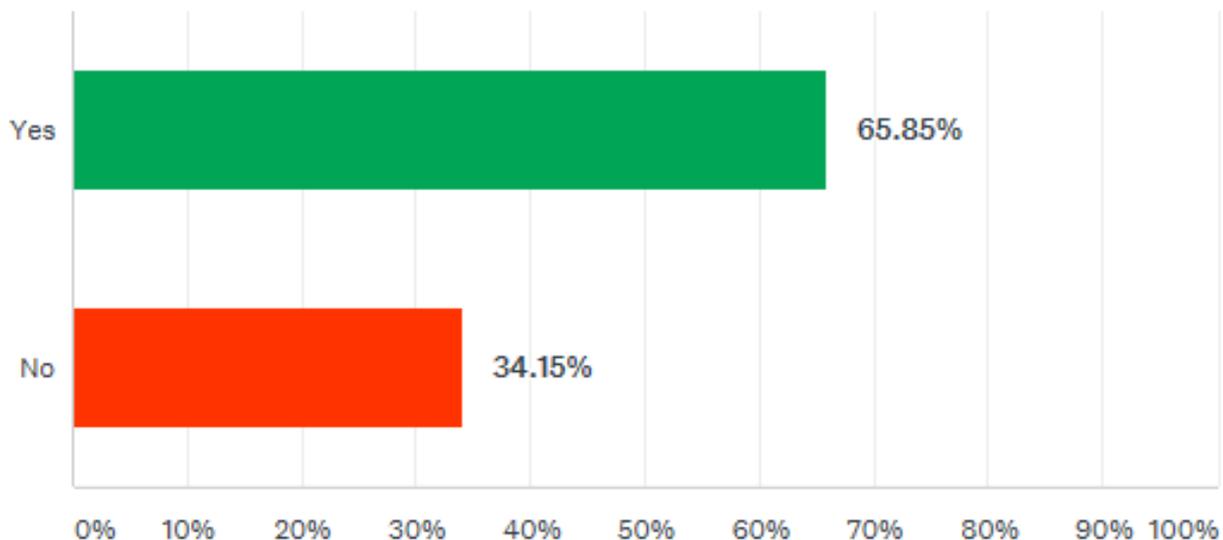
Question 18: Are you satisfied with the report content, clarity and interpretive comments?



100% of users were satisfied with the report content, clarity and interpretive comments for Blood Sciences, Blood Transfusion and Cellular Pathology, and 94.12% were satisfied with Microbiology reports. These results are comparable to 2018. Where associated comments were left, responses are detailed in the table below.

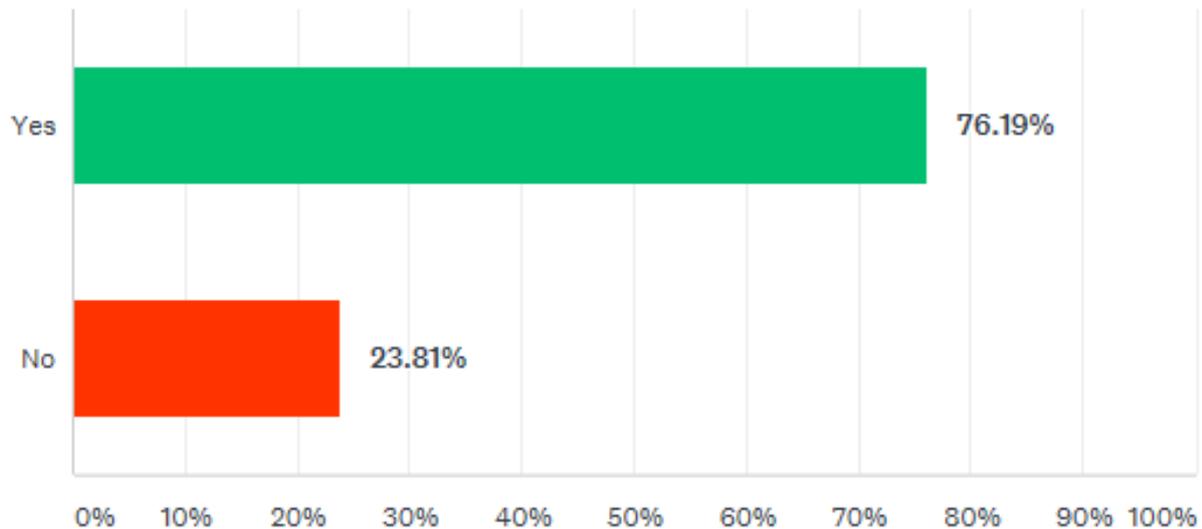
Comment	Response
Except for Microbiology sometimes. It would help if you can provide us with C/S results for Heavy Mixed Growth.	We only provide sensitivity results for isolates that the Consultants consider being significant. Mixed growths are normally indicative of contamination or colonisation and not a true infection, to issue sensitivities on these may be misleading.
Sensitivities are sometimes delayed. Sputum results sometimes don't have sensitivities displayed	Sensitivities are only reported for organisms that are considered as significant/pathogenic in line with the antibiotic policy, and if good clinical details are given then appropriate results can be issued. Antibiotics should not be used unless essential to prevent resistance developing. If advice on treatment is required please contact the Microbiology consultants.
Useful antibiotic advice for uti etc	We aim to put comments on reports where we feel they will assist users with treatment, we are glad you feel they are of value.
Would benefit from saying why samples are insufficient.	Laboratory Medicine tests require a minimum amount of sample to be able to be processed. When samples are rejected as "insufficient", this is because there is not enough sample present to be able to process them. Please refer to the laboratory handbooks for minimum sample requirements.

Question 19: Are you aware of the criteria by which samples are accepted or rejected in Blood Transfusion?



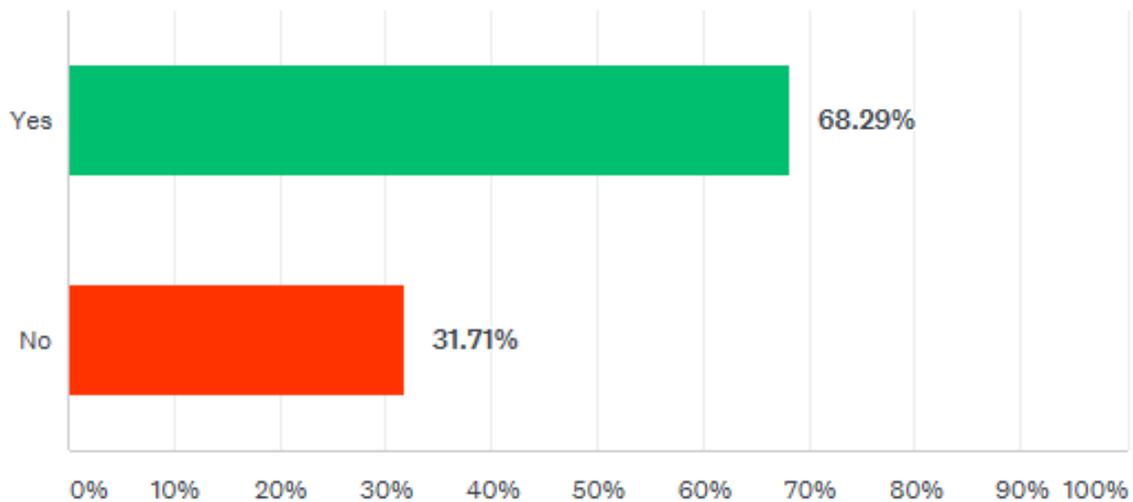
This question was designed to determine the awareness of sample acceptance in Blood Transfusion and determine the need to provide further education about minimum criteria for sample acceptance. 34.15% of users were not aware of the minimum sample acceptance criteria for Blood Transfusion samples. Laboratory Medicine will provide further communication to clinical areas about the criteria by which samples are accepted or rejected.

Question 20: Are you aware of the criteria by which samples are accepted or rejected in Laboratory Medicine?



This question was designed to determine the awareness of sample acceptance in Laboratory Medicine for Biochemistry, Haematology, Cellular Pathology, Immunology and Microbiology. The question was designed to determine the need to provide further education about minimum criteria for sample acceptance. 23.81% of users were not aware of the minimum sample acceptance criteria for Laboratory Medicine samples. Laboratory Medicine will provide further communication to clinical areas about the criteria by which samples are accepted or rejected.

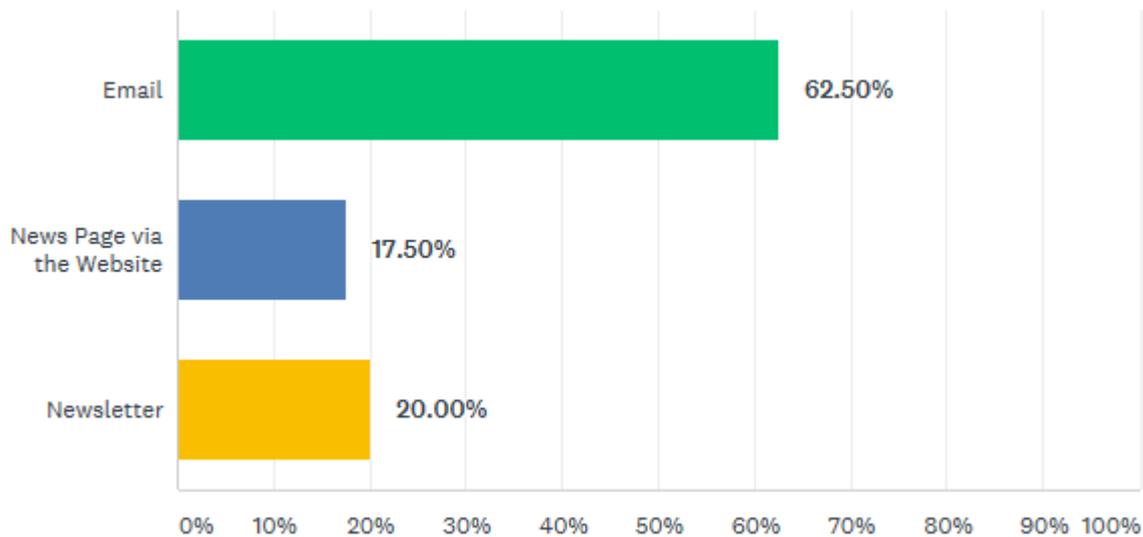
Question 21: Is laboratory news and updates communicated effectively?



31.71% of users did not feel that laboratory news and updates were communicated effectively. The laboratory is keen to improve communications to users.

Comment	Response
Not aware of it!!	The laboratory is keen to improve communications to users and will be using the information from Question 20 of the 2019 user survey to determine how best to implement a regular communication.
Updates not always available	
limited via Comms	
Sorry. Im not aware of any lab news updates so don't know if ive missed them or not	Procedures are in place to communicate any urgent issues via Trust Communications.
Blood bank appear to take pleasure in turning down samples for spurious reasons, e.g. omission of zeroes on RU number when a. DOB NHS number and name are all correct- ie 3 means of id. Sooner or later this will result in real harm to patients.	The guidelines for labelling of Blood Transfusion samples are set out in the BSH guidelines for pre transfusion testing. The Trust operates a zero tolerance policy for Transfusion sample acceptance. If blood is required in a life threatening situation please contact the laboratory to supply emergency O RhD Negative blood. Further communication is required by the laboratory regarding minimum sample acceptance criteria.

Question 22: How would you like to receive communications from us?



A majority of users (62.50%) stated that they would rather receive communications from the laboratory via email, 17.50% via the website and 20% via newsletter. In response to Question 21 & Question 22, the laboratory will look to develop a regular email communication to users. One user stated in the comments that they would like to receive communications only if urgent. Procedures are in place to communicate any urgent issues via Trust Communications.

Question 23: Do you have any comments to improve the service we provide?

Comment Number	Comment	Response
Compliment		
1	Thank you for the hard work	Thank you. The positive results have been fed back to Laboratory Managers to feed back to staff as part of staff meetings. The results have also been passed onto the Pathology Business and Service manager for inclusion in Staff Briefings.
2	I think you guys do brilliantly, well done	
3	YOU DO A FANTASTIC JOB	
Improvement Suggestions		
4	Yes- Please check the range of the Serum Globulins in your lab, because Almost always, we are getting erroneously low Globulin levels even when the Total Protein and albumin are normal.	Biochemistry are currently investigating this issue with their supplier. This includes a review of reference ranges.
5	Please please network blood gas analysers. these are crucial results for respiratory patients.	We are currently working with the Blood Gas supplier to implement new instruments linked to ICE.
6	Make it clearer to the surgeons regarding the way second sample for G&S is required if a patient has never had a G&S at the Trust. This frequently causes delays to emergency theatres because the ward doctors / ANPs have not done the second sample	If the laboratory is aware that the patient is going to theatre or the patient is admitted to ASU and there is no transfusion history within the Trust a check group sample should be dispatched to the clinical area as per local protocol. The requirement for a second 'check' group sample is included in the new doctor training presentation. If the surgical team would like some additional training sessions please contact either the Blood Bank Manager or the Transfusion Practitioner to arrange sessions
7	Better pods, request extra tests via computer, use link in meditech to transfer to ice... appears quicker. look into why some out of hours results are longer than others	<p>The POD system is outside of the control of the laboratory, but has been upgraded in 2018. This has increased the reliability of the system. For any issues with the POD system, please contact Estates.</p> <p>Unfortunately, add on requests cannot be requested electronically as our laboratory computer system is only able to accept an order number once. Please contact the Meditech team to discuss linking to ICE.</p> <p>Out of hours staff are single handed and have to prioritise their work. Where we are aware of any issues that may increase turn-around times, we</p>

Comment Number	Comment	Response
		contact our key users and the 221 Bleep Holders.
8	More Micro consultants	We are aware that additional medical staff are urgently required by the department and have a business case currently being considered by the executive team. We currently have an advert out to recruit an additional full time consultant and a locum. Thank you for your support in recognising that more staff are required.

Question 24: Have you had any positive experiences with the service that you would like to feed back?

Comment Number	Comment	Response
Compliment		
1	I have always found the staff very helpful, be it by phone or in person. It is particularly helpful and educative to have our Consultant Biochemists (Clinical and Laboratory) on site.	Thank you. The positive results have been fed back to Laboratory Managers to feed back to staff as part of staff meetings. The results have also been passed onto the Pathology Business and Service manager for inclusion in Staff Briefings.
2	Out of hours I have spoken to someone in the labs to add on CRP/LFTs etc and they have been really helpful	
3	Very helpful on the phone always, quick blood turn around where possible and super staff	
4	Generally very helpful clinical chemistry staff. All contact with clinicians has been helpful.	
5	The lab staff always seem to be very helpful. Im always impressed by haematology staff during massive haemorrhage situations. thank you	
6	As ever we are grateful for help during mass haemorrhages. Without the labs we couldn't save lives.	
7	Microbiology staff always very helpful.	
8	Microbiology clinicians very helpful	
9	Staff helpful. The microbiologists in particular are easy to approach and very helpful.	
10	Wonderful microbiologists	
11	I have always received a good service.	
12	All staff very helpful	
13	EVERY DAY	
14	Always friendly and happy to help	
15	If I have to contact laboratories to 'chase' a result, staff always helpful.	