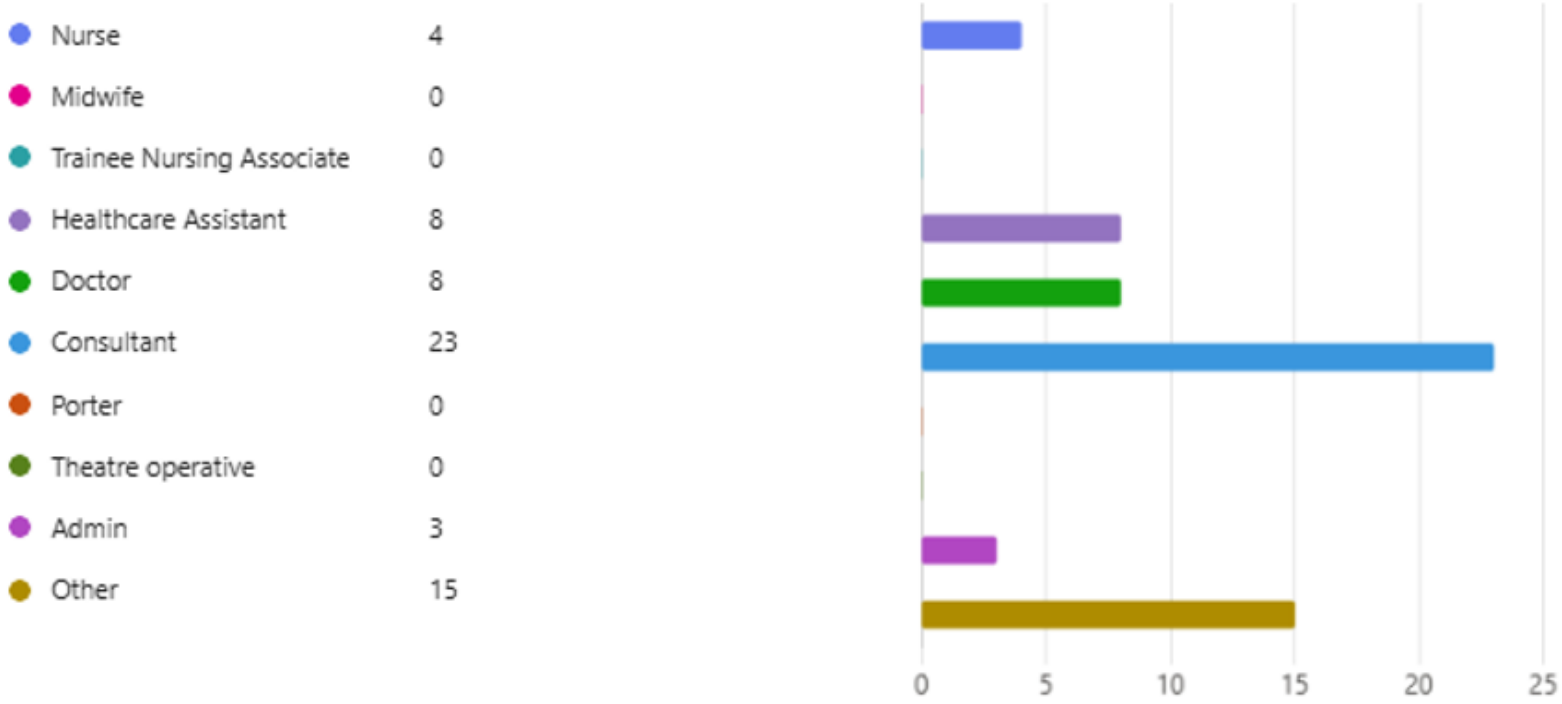
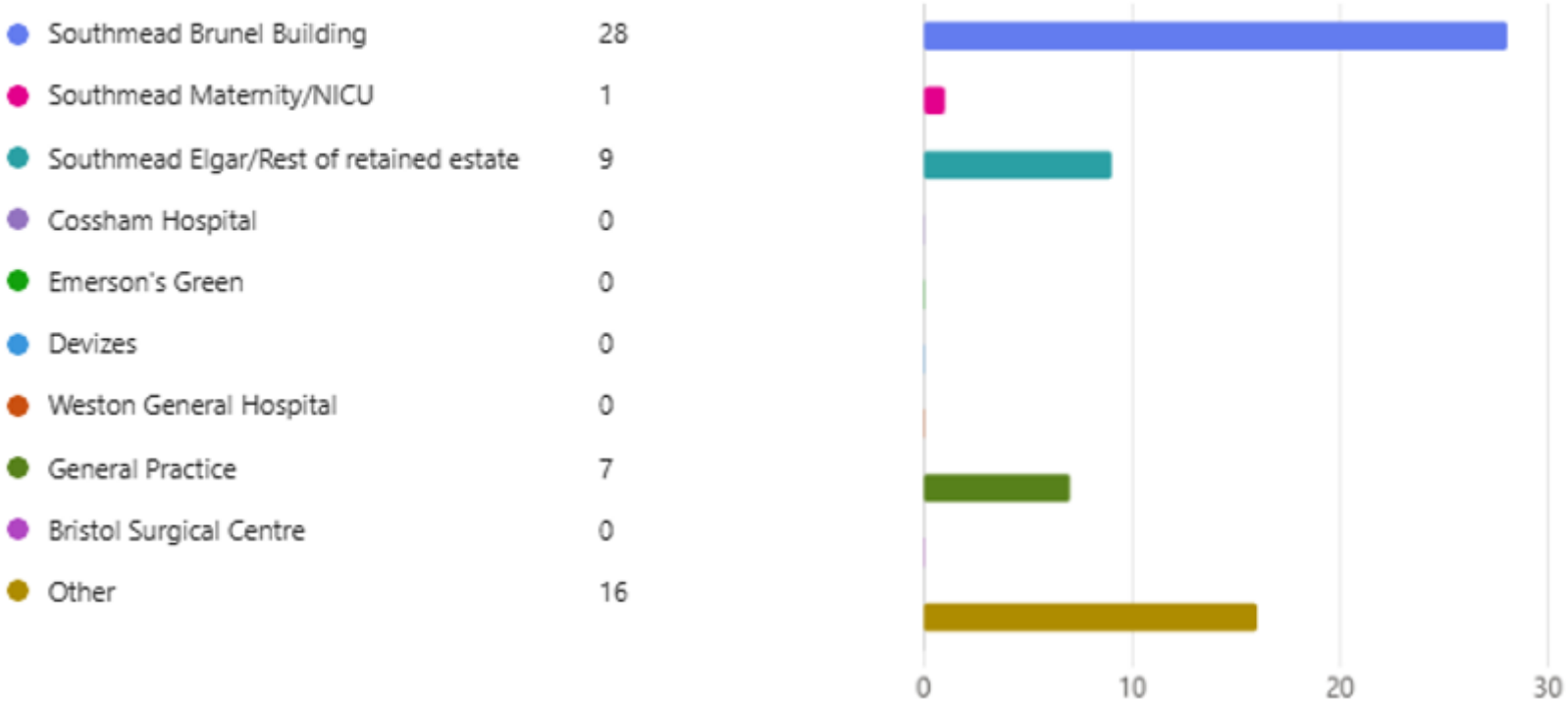
User Survey Report and Action Plan 2025-26

This report relates to the RCPath survey of user satisfaction carried out on behalf of Severn Pathology at the end of 2025.

61 responses were obtained in comparison to 51 responses for the previous survey. The distribution of roles was as follows:



Many responses were received from staff based within the main hospital.


Southmead Brunel Building 28
Southmead Maternity/NICU 1
Southmead Elgar/Rest of retained estate 9
Cossham Hospital 0
Emerson's Green 0
Devizes 0
Weston General Hospital 0
General Practice 7
Bristol Surgical Centre 0
Other 16
0
10
20
30

1 Performance on individual questions:

Generally strong performance across all metrics.

We do have a question with regard to transport, which was the point we performed the least well in. It should be noted that Pathology only manages the Primary Care and Community transport services, DDL. We do not manage the air tube or portering for transport or colelciton of samples/

2 Positive responses

Always helpful clinical advice offered and appreciated - BRI team local to our practice

Prompt processing. Great that ICE tells you they are pending so you know that they have been received.

Lab staff are always accommodating. I love the addition of add on requests because it saves having to call the patient back for a separate appt and is much more efficient.

3 Comments requiring action plans or specific feedback

The following action plan has been determined in discussion with senior service managers and quality managers within Pathology.

Key to symbols:

Resolved	**Resolved as far as possible**	**In progress/we are already working on**	**Pathology does not own this action or cannot progress**	**Please contact Pathology to discuss further**

Your Responses	Pathology Feedback	Resolution
Sample transport		
Many of you commented on the transport of samples via the pneumatic air tube system, noting that there were considerable delays.	The pneumatic air tube system, also known as the pod system, is not the responsibility of the Pathology. EQUANS manages the system in Brunel, and Facilities manages the retained estate, including the Surgical Centre. There has been significant downtime across both systems, and we have been working with EQUANS and Facilities to support improvement.	✗
We also received several comments regarding sample transport via porters highlighting a lack of confidence in timely collection and delivery of samples.	When the pneumatic air tube system is unavailable, porter services should carry out hourly rounds. This is not managed by Pathology; for issues relating to portering, please contact Trust Portering Services.	✗

Your Responses	Pathology Feedback	Resolution
Additional later collections at GP surgeries would be advantageous	Please get in contact with us at BloodSciencesAdmin@nbt.nhs.uk to discuss.	
Blood Sciences (Chemistry, Haematology and Immunology)		
Addon process needs to be clarified and improved. Some concerns regarding notification of actions.	We are very sorry to hear that you had this experience when enquiring about add-on requests. A policy for add-on testing is available – please see link below. During periods of operational pressure, add-on processing and turnaround times may be extended, which may have contributed to delays experienced when following up these requests. Procedure for Requesting Additional Blood Sciences (Biochemistry, Haematology and Immunology) Tests | North Bristol NHS Trust and ICE How to Request Add-ons	
URGENT results from Primary Care do not appear to be prioritised.	The laboratory has defined its critical results in line with the latest RCPath guidance. Critical results are telephoned, and the criteria are published on the Severn Pathology website. This process is regularly audited, and we request that any specific issues are raised with the relevant department. Samples can be processed urgently; however, the release of abnormal or critically abnormal results may still be delayed where clinical validation and authorisation are required to provide interpretive comment. This would not affect urgent samples with normal results. The accessibility of the criteria for Primary Care will be reviewed. The laboratory will continue to keep turnaround times under review.	

Your Responses	Pathology Feedback	Resolution
Clinical advice attached to some reports can be vague and confusing e.g. B12 levels	B12 results, for example, include standard automated comments. These can be reviewed further if required. Bespoke comments added by clinical signatories may be based on limited clinical history and can therefore appear vague. We would encourage users to follow up by telephone where further detail is required. Please contact the relevant department to discuss.	
Users noted concerns regarding reliability of some platforms and tests	If you have specific issues or patient concerns, please contact the relevant department to discuss.	
One user asked if there was an alert system which could differentiate between abnormal results requiring same day response and those which could be dealt with in the next 2-3 days.	Most high and low flags are generated at the boundaries of reference range limits. Only a small number of tests can include additional critically abnormal flags. Further detail and specific examples would be needed to investigate this further. Please contact the relevant department to discuss.	
I am contacted with urgent results when the patient has already moved from the location the test was booked from. If the person phoning could check the EPR/CFC for the most accurate location it might save them time and frustration.	Staff from different roles and bands are involved in telephoning urgent results, and their access to clinical systems varies. Where possible, staff check updated requesting locations when subsequent samples are received; however, this is not always possible.	

Your Responses	Pathology Feedback	Resolution
Coagulation results for heparin infusions are a major frustration on ICU. we often wait many hours for this vital result. and delays can significantly impact patient care. it would be great if there was a way in which we could highlight urgent heparin monitoring anti Xa samples so these could be processed asap.	Following recent feedback, the department has changed its processes and now analyses the most common Anti-Xa tests 24/7.	
Blood Transfusion		
Several comments were received regarding the crossmatch service, Group and Save sample process and transfusion availability.	The process is under review with the Patient First team and the lab and clinical teams are actively seeking improvement. This is also an active risk on DATIX. For samples that are rejected, the lab will telephone if it meets a particular criterion - as agreed by the Trust Transfusion Group.	
Microbiology		

Your Responses	Pathology Feedback	Resolution
Microbiology registrars are often difficult to reach, and the advice line is not consistently manned during certain hours, particularly at handover times. This lack of availability can be deeply frustrating and, more importantly, has implications for patient care when timely microbiological input is required.	The Microbiology service is busy, and handover is an essential part of practice. If a call is urgent, users are advised to call through, and the call will be answered as soon as a clinician is available. An email address is available for GP microbiology enquiries: NBTMicroClinicalAdvice@nbt.nhs.uk. Access to microbiology advice will also be reviewed through the pan-Bristol Primary Care working group. The service operates within the context of Bristol being an infection training centre; however, all cases are overseen by a consultant.	
Improvement in speed of results seen with PCR for meningitis/encephalitis testing of CSF. Perhaps a similar service for blood cultures and viral swabs could be introduced cutting the need for the patient to have treatment and potentially saving time in hospital.	The laboratory continually investigates new molecular technologies and has a dedicated R&D team supporting this work. Any new test must balance cost-effectiveness with clinical utility. The most rapid viral swab test, BioFire RP2, has had to be scaled back this year due to cost. If a business case can demonstrate a significant impact on care and length of stay, we would be happy to discuss this further.	
Communicating changes to process i.e. swabs etc in another way than on the ICE results as waste of a process if not completed as process changed i.e. BV checking. Delays patient outcome and can cause issues for primary care with upset patients.	The laboratory has a process for notifying users of changes. Sample quick guides are published on the Severn Pathology website and on Remedy. In addition, changes are communicated through the GP bulletin, and service update letters are emailed or posted to GP practices before changes take effect. The requesting sticker will also state which swab should be used.	

Your Responses	Pathology Feedback	Resolution
It is frustrating when you enter the antibiotic used that the results don't always include that - why ask the question if it doesn't change the report? **I appreciate that many tests don't have any good information and that is a job for us but when we do try and put specific information on it seems it is not even read and a generic output is received**	This will be reviewed through the pan-Bristol Primary Care working group. The authorisation of primary care samples is also under review. Both areas form part of a 12-month project reviewing primary care access.	
Cellular Pathology		
Turnaround times for routine histology can be long	There is a national shortage of consultants available to interpret, authorise and advise on histology investigations. Histology turnaround times remain under scrutiny by NHS England, the Pathology Network and the laboratory. We continue to explore ways to improve services, including investigating new technologies and alternative ways of working.	
Genetics		
WGS new process since start of year I am unclear that reports are all arriving back to consultants and the process of reviewing WGS results	It is unclear which new process this feedback refers to. The system for sending reports back to clinicians and reviewing results remains unchanged from the laboratory perspective. Therefore, no further action is currently available.	

Your Responses	Pathology Feedback	Resolution
Turnaround times for genetic testing in primary immune deficiency are very long, and / or reports sent to the incorrect location, meaning that results must be chased. Access to the primary data is not forthcoming, even when clinical suspicion of PID is very high and a lot of clinical detail is submitted.	Primary immune deficiency testing is referred by BGL to Great Ormond Street Hospital. There are ongoing national challenges with Genomic Laboratory Hubs meeting turnaround time targets, with action plans and progress monitored by NHS England. The BGL Quality Manager will pass this feedback to the North Thames GLH Quality Manager and offer to collaborate on root cause analysis for reports being sent to incorrect locations.	
Better turnaround times and communications of failed test results in a more timely manner	For testing provided by SWGLH, turnaround times are currently the best in England. Turnaround times may not consistently meet targets for tests referred to other Genomic Laboratory Hubs. There have been some isolated incidents involving delayed sample rejection reports. Actions are being taken to improve this process, including working with Genetics Informatics to extract stage breakdown data to identify bottlenecks.	
Point of Care Testing		
Need ACT more available, particularly in neuroradiology please.	No formal request for this service has been received. The POCT team should be approached in the first instance to discuss and review the need for a POCT specification and business case.	
POCT testing - troponin as a POCT would be useful if accurate enough	A trial is currently being conducted to review the use of POCT troponin. This is likely to be restricted to ED only.