



Community Diagnostic Centres Staff Wellbeing Experience Based Design Study

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Acknowledgements

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Executive Summary

Key Findings

The **Community Diagnostic Centres (CDC) Staff Wellbeing Experience Based Design (EBD) Study** gathered insights from 1,181 staff across 120 CDCs in England during November 2024. The study utilised an emotional mapping technique and included supplementary questions to identify key themes influencing the staff experience at work.

1. Positive Insights:

- a. **Teamwork and patient interactions** were highly rated, with staff expressing pride in their contribution to patient care and enjoyment in collaborative environments.
- b. **A Good Place To Work:** Most staff (83%) consider CDCs a good place to work and 80% would recommend them to others.
- c. **Supportive Work Environment:** Staff appreciate the pleasant and bright workplace.
- d. **Commitment to Patient Care:** Staff value patient interactions and providing quality care.
- e. **Recognition of Work-Life Balance:** Working in a CDC provides a better work-life balance than working in an acute care setting.
- f. **Overall Job Satisfaction:** Staff report satisfaction with their roles in the CDC
- g. **A Safe Place To Work:** 84% of staff consider the CDC as safe or safer than the acute site environment

2. Challenges Identified:

- a. **Workload:** High patient volumes and scheduling inefficiencies lead to stress and rushed interactions.
- b. **Meal Breaks:** Many staff struggle to take adequate breaks due to workload demands.
- c. **Management Accessibility:** Staff highlighted the need for more consistent managerial presence and support.
- d. **Facilities and Resources:** Limited availability of drinking water, inadequate staff rooms, and insufficient equipment were frequently mentioned.

3. Supplementary Findings:

- a. Patient safety was viewed as comparable to acute settings, but concerns included the absence of crash teams and clinical staff during emergencies.
- b. While training and development opportunities were generally sufficient, some staff felt limited by the lack of variety in clinical practice.

Suggested Next Steps

1. Operational Improvements:

- a. Check patient scheduling to balance workloads, protect meal breaks, and allow sufficient time for patient care.
- b. Improve access to drinking water and ensure consistent quality of staff facilities across CDCs.

2. Management and Communication:

- a. Clarify managerial roles and develop clear support structures, including contact lists for assistance.
- b. Foster open communication and regular check-ins with staff, ensuring staff working in CDCs do not feel isolated.

3. Education and Training:

- a. Expand training opportunities to retain and upskill staff, particularly in varied clinical practices.

4. Revisit Design and Resources:

- a. Conduct a review of CDC infrastructure, including staff rooms, parking, and equipment availability.

5. Follow-Up Actions:

- a. Share best practices in digitalisation and booking processes across CDCs.
- b. Repeat the study in 6-12 months to evaluate the impact of implemented changes on staff wellbeing.

By addressing these areas, the study provides a roadmap for enhancing staff experiences and fostering a supportive and productive work environment within CDCs.

Background

The key to improving patient outcomes is to ensure that staff are capable, committed and content to be empowered to deliver high-quality care (1).

In 2023 the NHS Staff Survey revealed a mix of progress and ongoing challenges that highlight the need for a continued focus on workplace wellbeing, inclusivity, and staff retention strategies.

Richards, M. (2020) report highlights the importance of accessible diagnostic services and mentions Experience Based Design as a valuable approach to ensuring these services meet patient needs effectively.

In addition, the Institute for Healthcare Improvement (IHI) has outlined that by improving how staff feel at work (by minimising their 'daily impediments of joy'), staff morale and patient outcomes will significantly improve (3).

Experience Based Design (EBD) methodology can be applied to staff by focusing on their work experiences to identify opportunities for improvement collaboratively. By gathering insights from employees about their daily challenges, successes, and needs, EBD enables the co-creation of workplace changes that are meaningful, practical, and aligned with staff well-being and productivity. This approach ensures that improvements reflect the perspectives of staff, fostering a more inclusive and supportive work environment.

Studies have utilised EBD tools 'Emotional Mapping' and 'Touchpoints' to map staff experiences through emotional touchpoints, capturing feelings such as stress, pressure, and positivity at various stages of their workday. Emotional maps are used to co-design interventions that address staff needs and make improvements that matter to them.

The purpose of this study is to create an emotional map of the typical working day of CDC staff to identify opportunities to improve the day-to-day experiences of healthcare staff at work and celebrate positive experiences. The methodology used in CDCs is explained in the next section.

Methods

Emotional Mapping is the method used in this Experience Based Design (EBD) study. The objective is to visually and analytically capture the emotions of individuals as they interact with a service or navigate through a specific journey. It involves identifying key touchpoints and moments in the experience that might trigger an emotional response and mapping these using a visual representation, often in the form of charts or graphs. Participants express their feelings at each touchpoint by selecting an emoji to express how they generally feel and sharing descriptive words which can highlight emotions, ranging from comfort and happiness to frustration and anxiety. By visualising these emotional highs and lows, emotional mapping provides critical insights into where improvements are needed to improve the overall experience of staff at work. This approach enables local teams to prioritise areas for intervention, ensuring that services are not only functionally efficient but also emotionally supportive and centred on the well-being needs of staff.

NHS Elect worked with a group of clinical and non-clinical healthcare staff in 2020 to develop a 'staff' wellbeing experience-based design tool. This group defined and tested touchpoints of a typical working day relevant to a typical member of staff. This methodology was validated through a national study published by NHS Elect in 2022 and was further used for smaller studies in primary care and across individual healthcare teams in England. The development team worked with staff across all groups to understand and identify touchpoints common to all. This development led to the tool used in the CDC setting.

Nine touchpoints of a typical working day for NHS staff were used as outlined below:

- **Getting Ready For Work:** Thoughts/feelings and emotions prior to starting work
- **Start Of The Day:** Arriving at work, parking, handover
- **Admin:** Access to computer systems and ease of use, documentation in clinical areas
- **Meal Breaks:** Access, duration and facilities
- **Workload:** Caseload, schedule, work plans
- **Support:** Access and support from senior members of team/managers
- **Teamwork:** Amongst members of immediate teams; bullying
- **Patient interaction:** Communication and engagement with patients
- **End of the day:** Handover, leaving on time

These touchpoints were designed into a questionnaire and distributed using Microsoft Forms. The link and QR code to the questionnaire were shared with operational CDCs.

The nine touchpoints were used as domains for the survey and participants were asked to choose an emoji to indicate how they felt about the domain in question, e.g. Negative, Positive or Neutral.

They were then asked to express how they felt and share the emotion they were experiencing at that time e.g. 'getting ready for work'. Each question included a space to share comments to further explain their emotional response. The questionnaire was available to any member of staff employed in CDCs, regardless of their role.

In addition to the emotional mapping questions, we worked with the national diagnostics team to design 4 supplementary questions, taking the opportunity to gain insight into key operational matters. Staff could provide a positive or negative response; the questions were closed to support analysis and quantification of the responses at scale. The supplementary questions are:

1. Do you believe patient safety is better or worse in a community diagnostic centre when compared to an acute setting?
2. Are the training and development opportunities available to you sufficient to retain you as a CDC employee?
3. Is the community diagnostic centre a good place to work?
4. Would you recommend working at a CDC to others?

Identifiable data such as name and date of birth were not required for participation. However, organisation and job roles were included. The questionnaire can be seen in Appendix One.

Results

The Staff Wellbeing EBD survey was completed by 1,181 staff members working in 120 CDCs across England; 20 CDCs that were not included in the targeted list also submitted responses and these were included in the analysis.

The diagnostic specialty that respondents worked in can be seen in Figure 1. Where staff worked across multiple specialties, they have been counted within each. The majority of responses (64%) came from staff working rotationally within the CDC (Figure 2).

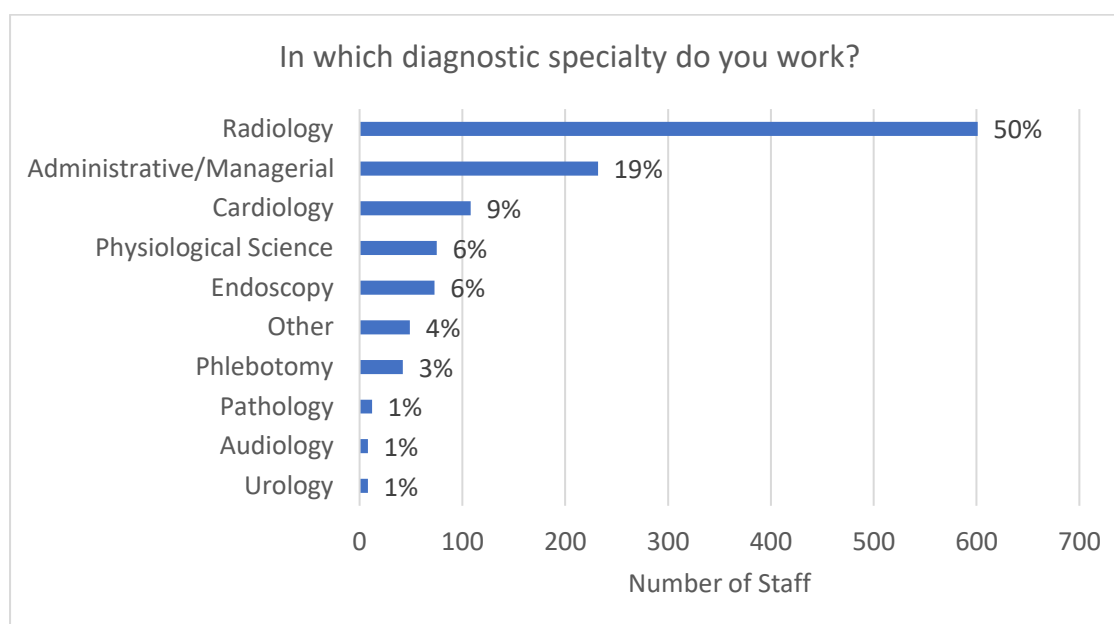


Figure 1: Count of the number of staff working in each diagnostic specialty; where staff work across multiple specialties, they have been counted in each

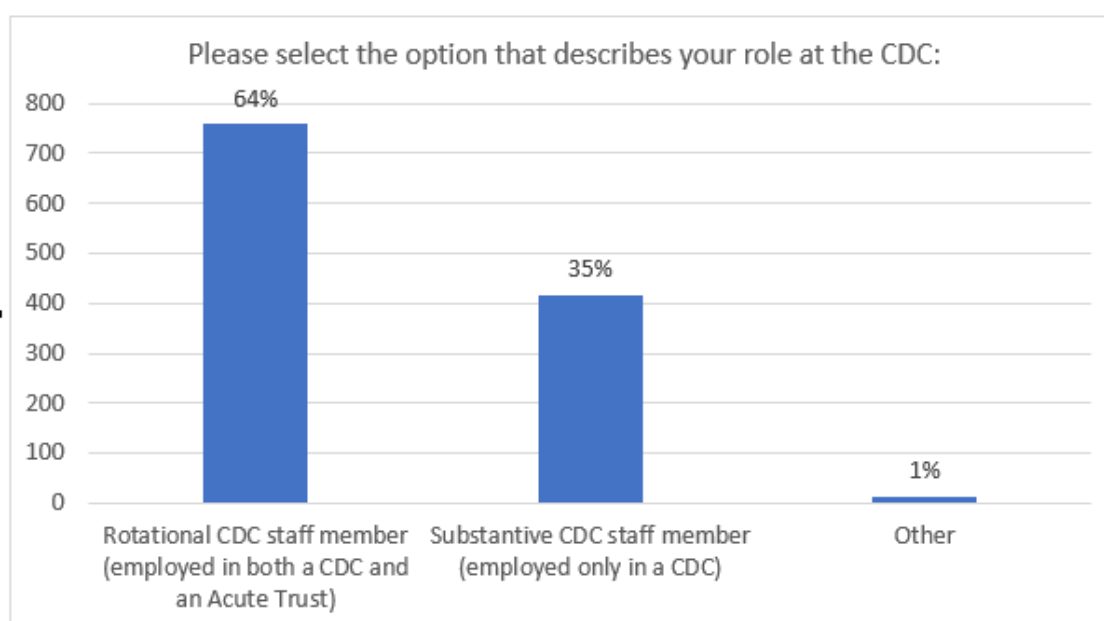


Figure 2: Proportion of responses that came from rotational and substantive CDC staff

Staff expressed their feelings at each stage of the journey, by;

- Selecting an emoji to indicate if they felt happy, neutral, or sad
- Sharing a word to describe their feelings
- Leaving a comment to explain their feelings
- Adding ideas that would improve their experience

Results were collated and expressed as an emotional map* as seen in Figure 3 (eight touchpoints displayed on the x-axis and percentage of positive, neutral or negative responses along Y-axis).

**Emotional maps allow for easy visual comparison of positive, neutral or negative responses toward various touchpoints.*

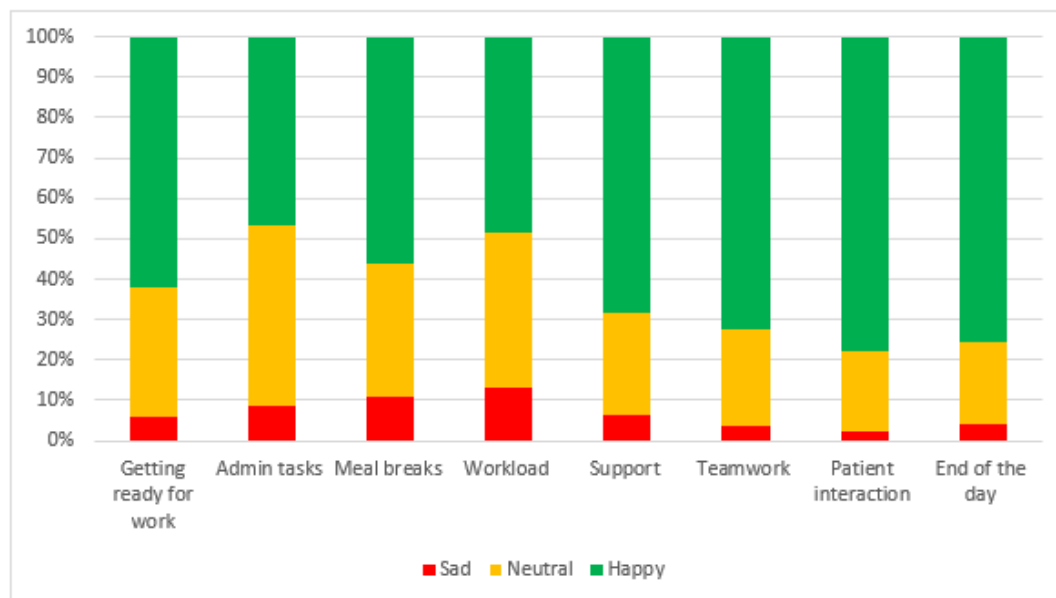


Figure 3: Emotional map showing the percentage of positive, neutral, and negative emojis felt at each of the 8 touchpoints

The overall picture illustrated by this map is very positive, particularly in regard to 'patient interaction' and 'teamwork'. The three main areas for improvement identified by staff are 'workload', 'meal breaks' and 'admin tasks'.

Substantive vs Rotational Staff

When comparing how substantive (Figure 4) and rotational (Figure 5) staff felt across their working day, the results were very similar between the two groups.

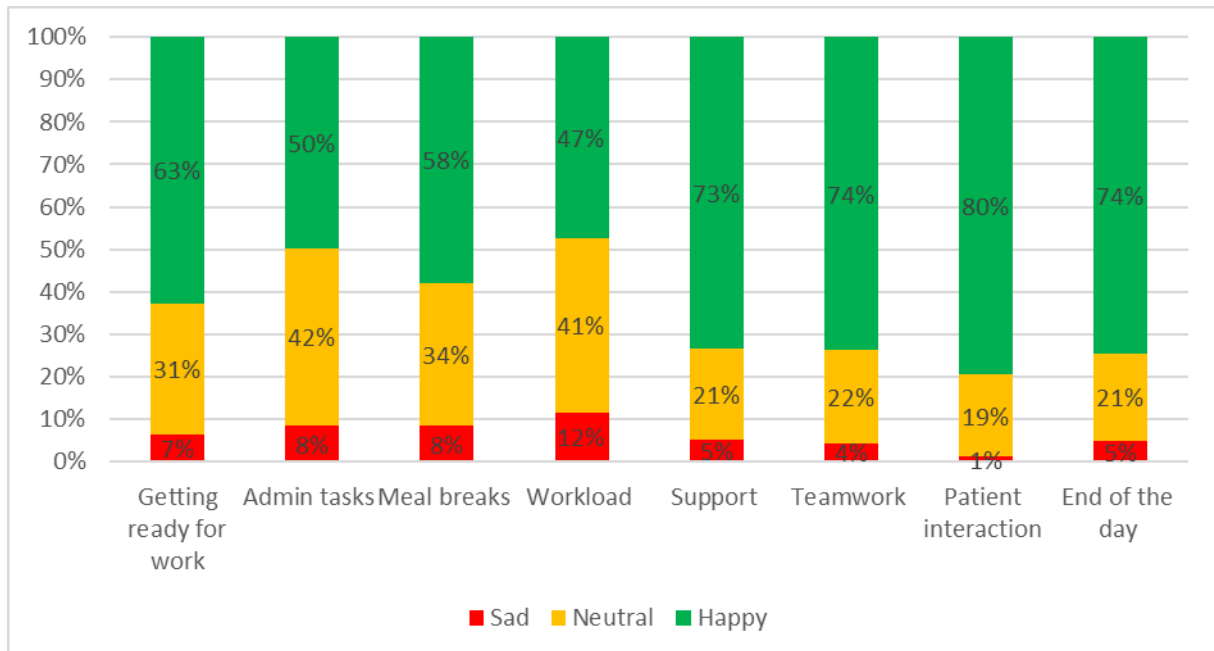


Figure 4: Emotional map showing the percentage of positive, neutral, and negative emojis felt at each of the 8 touchpoints by substantive staff (N=415)

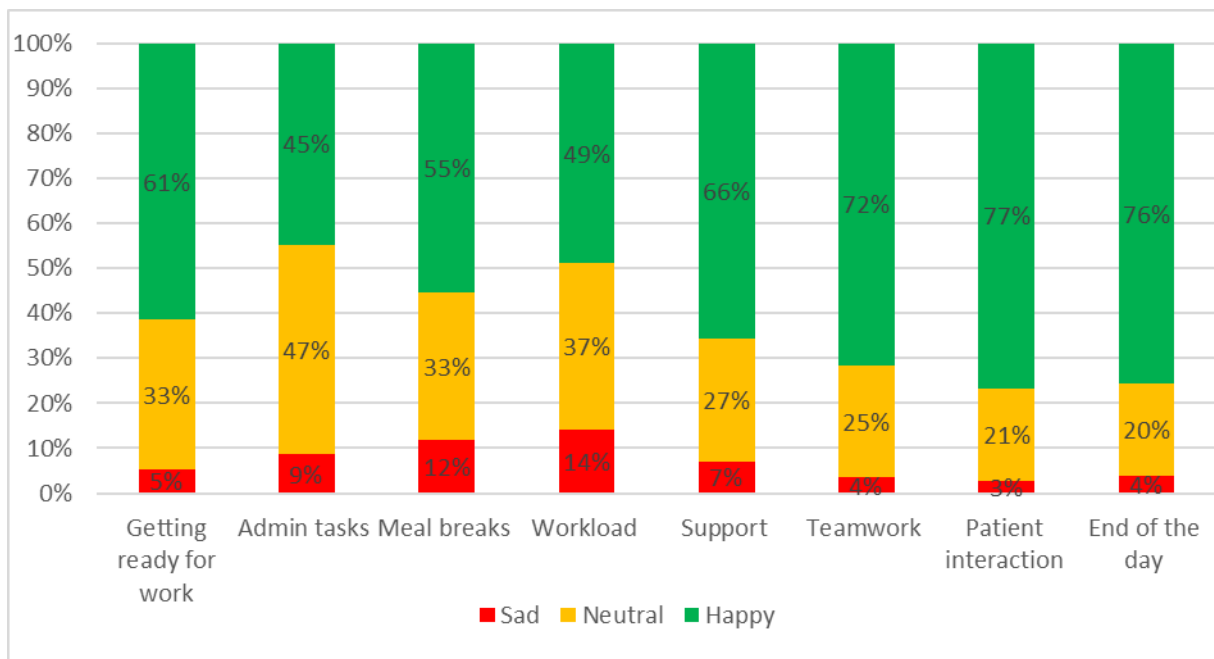


Figure 5: Emotional map showing the percentage of positive, neutral, and negative emojis felt at each of the 8 touchpoints by rotational staff (N=758)

Responses by Specialty

The majority of responses (50%) came from staff working within Radiology. Their emotional map can be seen in Figure 6. The second largest group of staff worked in admin/managerial roles (19%), with their emotional map being shown in Figure 7. Comparing the two, administrative/managerial staff tended to have a more positive experience across all touchpoints apart from patient interaction.

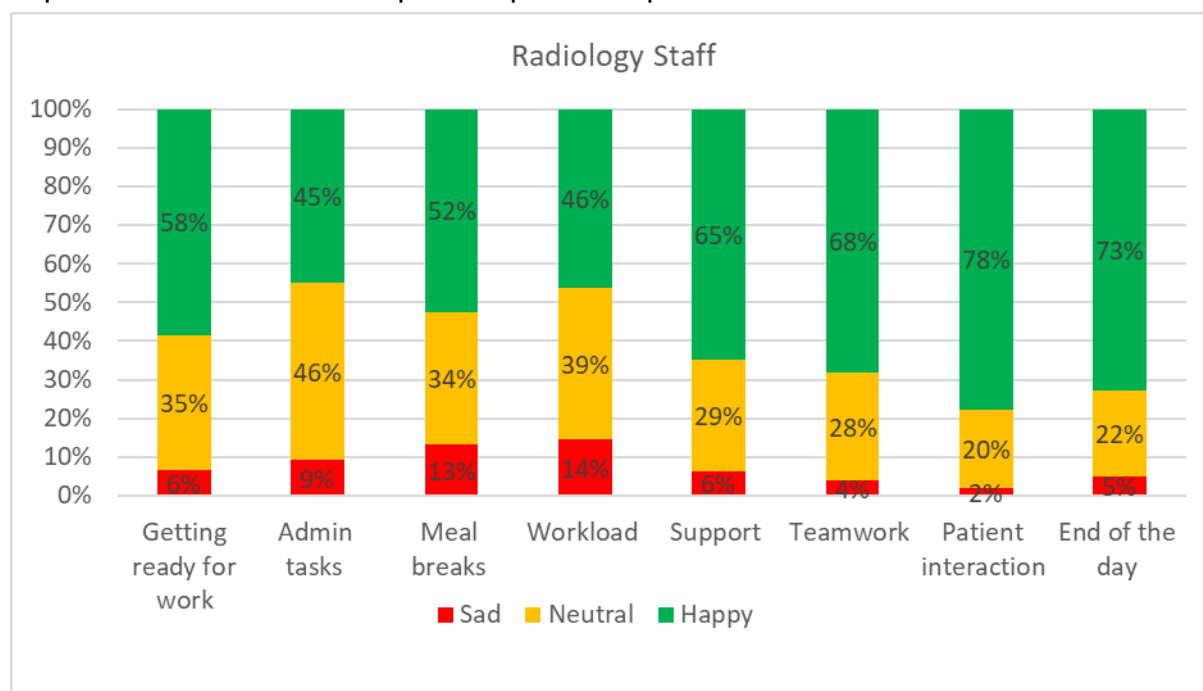


Figure 6: Emotional map showing the percentage of positive, neutral, and negative emojis felt at each of the 8 touchpoints by staff working within Radiology (N=601)

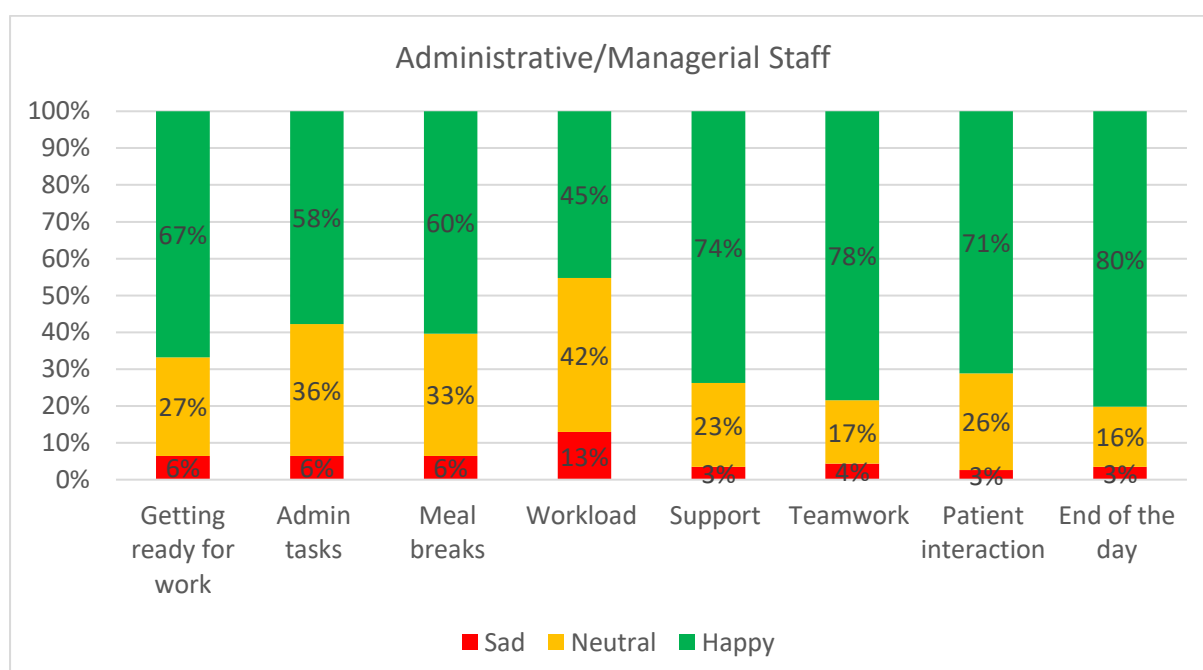


Figure 7: Emotional map showing the percentage of positive, neutral, and negative emojis felt at each of the 8 touchpoints by staff working within administrative/managerial roles (N=232)

How Staff Feel

Overall, the emotions experienced by staff during the working day were very varied. Figure 8 below shows the spread of emotions expressed in total at all 8 touchpoints combined. To see the emotion word graphs for each touchpoint separately, see Appendix 2.

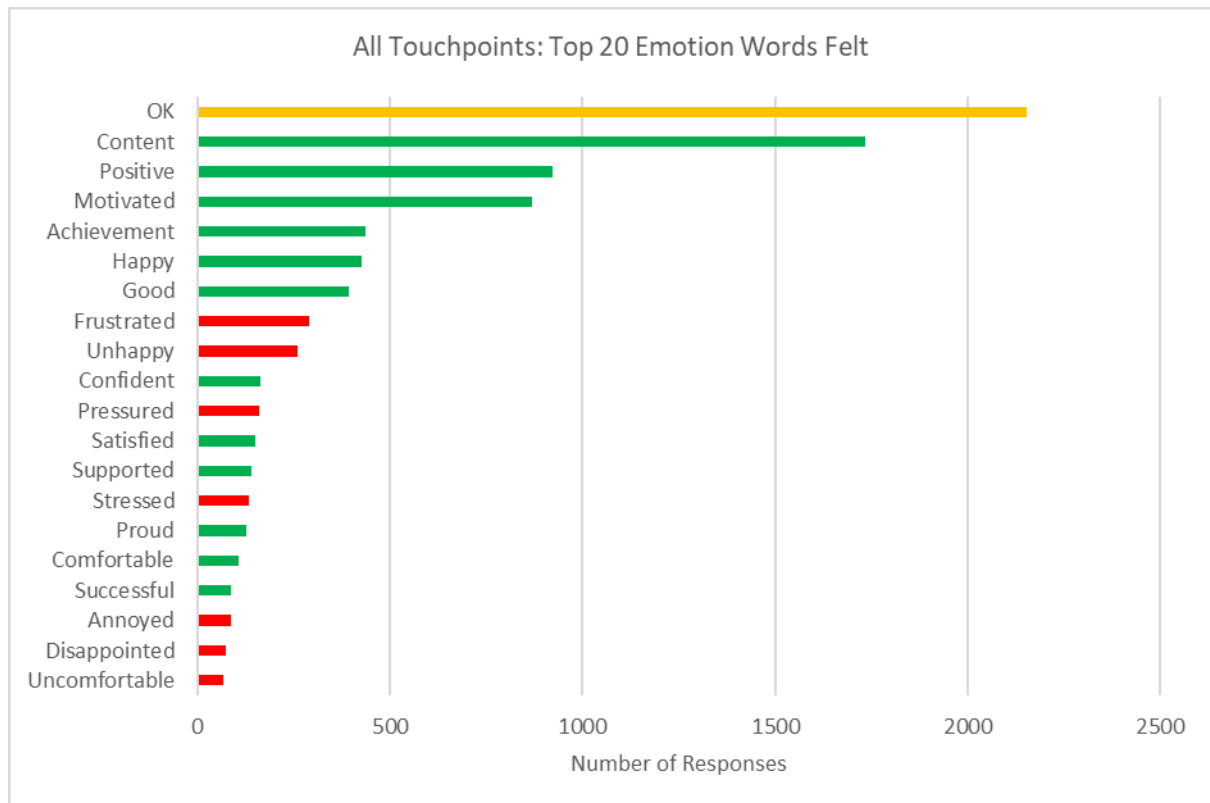


Figure 8: The top 20 emotional words selected to describe how staff felt at each of the 8 touchpoints combined

Patient Interaction

When referring to patient interaction, 78% of staff selected a positive emoji to reflect how they felt. The most commonly selected emotion words to describe staff's experience around patient interaction were "ok", "content", and "positive" (Figure 9), and this was supported by the free text responses:

"I love building a good rapport with the patients and to be part of their journey by helping them"

"We get many compliments on how well we run this department and what a difference we have made to people's lives"

“Enjoy being kind, caring and showing all the NHS values to the patients when they arrive daily”

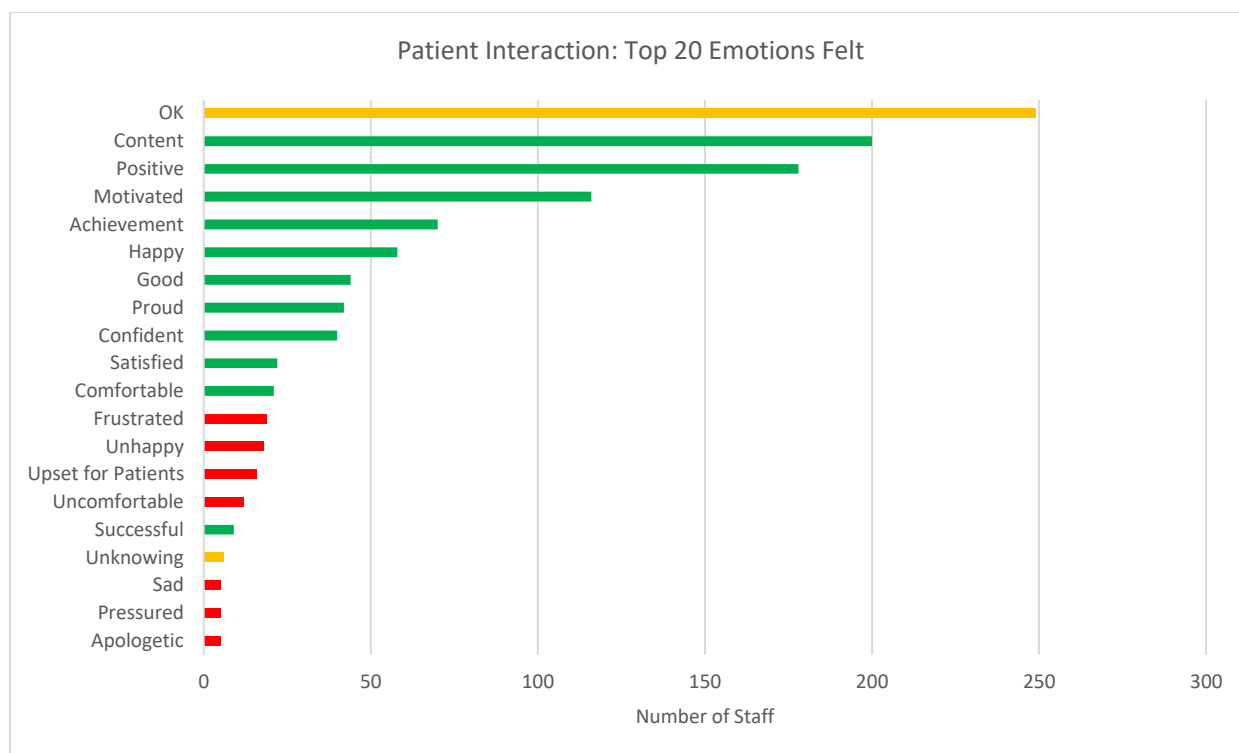


Figure 9: The top 20 emotional words selected to describe the participant's experience at the “patient Interaction” touchpoint

Workload

Workload was most associated with a negative emotion by staff across all emotional maps created. However, when asked to provide an emotion to describe how they felt about their workload, common responses were that of feeling “ok”, “content” and “motivated” (Figure 10). The most common negative emotions felt by staff were “pressured”, “frustrated” and “stressed”. To improve their experience of workload, staff suggested employing more staff to share the workload and changing the booking of lists to reduce the pressure. Comments on this included:

“Stressed, pressured to work over on a regular basis”

“Too many patients on a list means rushing to finish the list on time, which is unsafe and unfair for patients. Staff feels pressured to finish a list on time”

“There is pressure to “hit targets”, unfortunately, that can lead to errors and can compromise the safety of patients within our care”

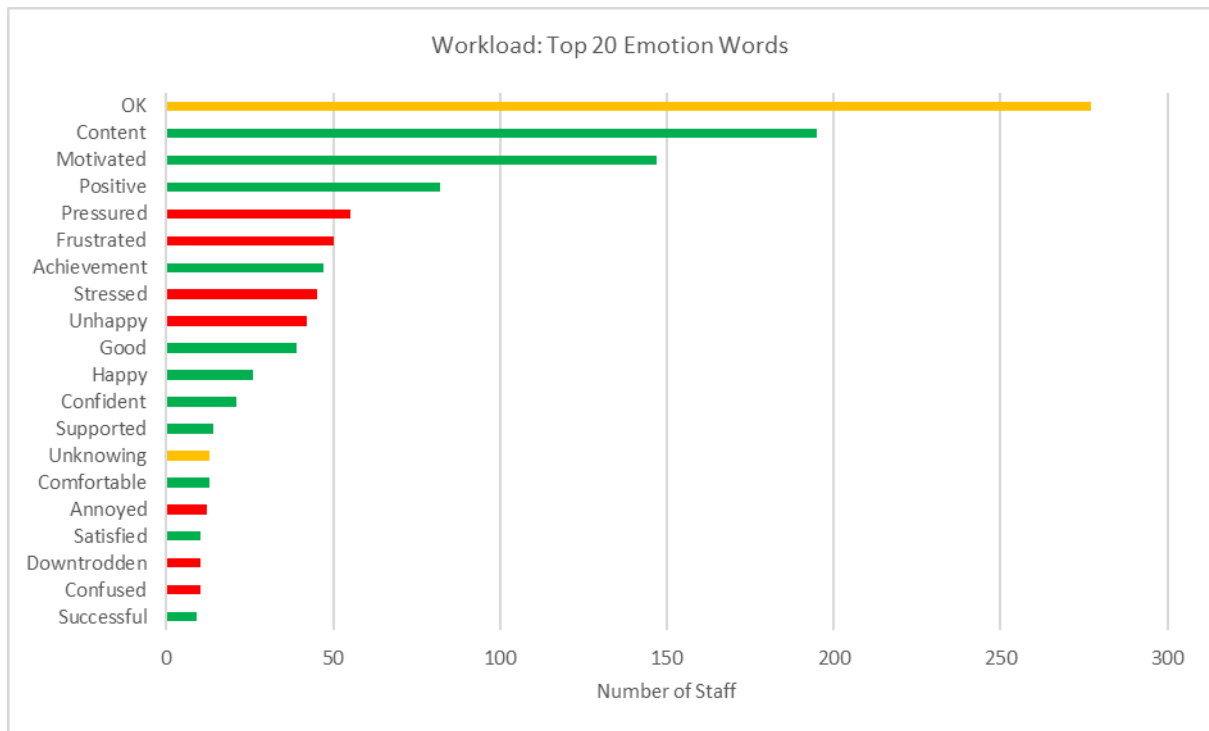


Figure 10: The top 20 emotional words selected to describe the participant's experience at the "workload" touchpoint

Themes Identified

A number of themes were pulled out of the free text comments and can be seen below.

- **Variable Workload:** While some staff feel pressured by the workload and would like to see a reduction in the number of patients booked per day, other staff feel the workload is not sufficient, leaving them with nothing to do.
- **Too Much Admin:** Staff feel they have too much admin work, which takes away from seeing patients and clinical duties.
- **Good Teamwork:** Teamwork was frequently mentioned as a positive among CDC staff, who enjoy working with friendly and supportive colleagues.
- **Isolation:** Some staff feel isolated due to lone working or lack of support. Having at least one other person working at the same time would help to alleviate the feeling of isolation and prevent loneliness among staff.
- **Meal Breaks:** While a 30-minute meal break was generally considered sufficient, many staff reported that they could not take their full allocated time due to clinic overruns or having to use the time to catch up on work.
- **Absence of Clear Management:** Some staff would like to see a greater presence from Management within the CDC, as some staff struggle to reach them when in need of support.
- **Staff Room:** The staff rooms available to staff provided a mixed reaction with some feeling the spaces were pleasant and spacious and others feeling the room was too far away, run down and not big enough for the increased number of staff.

Improvement Ideas Suggested by CDC Staff

At each touchpoint, staff were asked to suggest ideas that would improve their experience. The improvement ideas for each touchpoint are summarised below, having been themed into the most popular suggestions.

- **Workload and Staffing:**
 - Increase staffing levels and distribute workload fairly.
 - Reduce patient bookings to manageable levels.
 - Allocate dedicated time for admin tasks and breaks.
- **Facilities and Resources:**
 - Upgrade equipment, IT, and staff room amenities.
 - Temperature control and improve access to refreshments/drinking water.
- **Management and Communication:**
 - Enhance leadership visibility and accessibility.
 - Foster clear communication, consult staff and follow up on feedback.
- **Patient Care and Processes:**
 - Adjust appointment durations to patient needs.
 - Streamline processes to reduce duplication and improve efficiency.
- **Teamwork and Training:**
 - Promote teamwork through activities and regular meetings.
 - Provide equal access to training and upskilling opportunities.
- **Accessibility and Safety:**
 - Improve transport links, parking, and bike storage.
 - Enhance security within and around the workplace.
- **Digitalisation:**
 - Implement digital tools for scheduling, comms, and admin tasks.
- **Flexibility and Work-Life Balance:**
 - Offer flexible working options and shorter shifts.
 - Ensure fair and protected break times during shifts.
- **Health and Wellbeing:**
 - Provide longer breaks, outdoor spaces, and better staff areas

For the complete list of improvement ideas, see Appendix 3

Supplementary Questions

In addition to the emotional mapping questions, four additional questions were asked by the CDC national team. The four additional questions are;

1. Do you believe patient safety is better or worse in a CDC when compared to an acute setting?
2. Are training and development opportunities available to you sufficient to retain you as a CDC employee?
3. Is the CDC a good place to work?
4. Would you recommend working at a CDC to others?

Answers to the first question asking staff to compare patient safety in a CDC to an acute setting can be seen in Figure 11. Most staff felt that patient safety was neither better nor worse in a CDC. Some staff mentioned concerns about the lack of a crash team onsite or additional clinical staff to assist them if something went wrong. These factors negatively impacted on patient safety for staff.

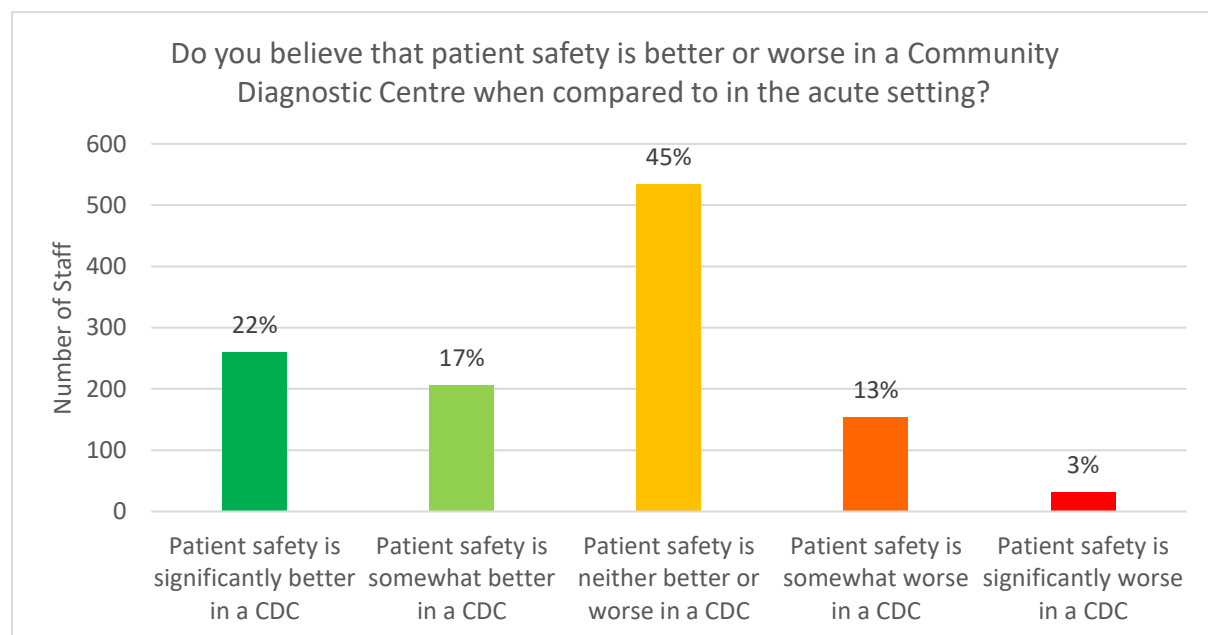


Figure 11: Chart showing staff responses when asked whether patient safety is better or worse in a CDC compared to an acute setting

Most staff felt the training and development opportunities available while working in a CDC were sufficient (Figure 12). Where staff felt the opportunities were insufficient, they cited the lack of variety in clinical practice, preventing the development of new skills. Some staff mentioned that the CDC was a good place to work for people at the end of their careers, who do not need to gain new skills.

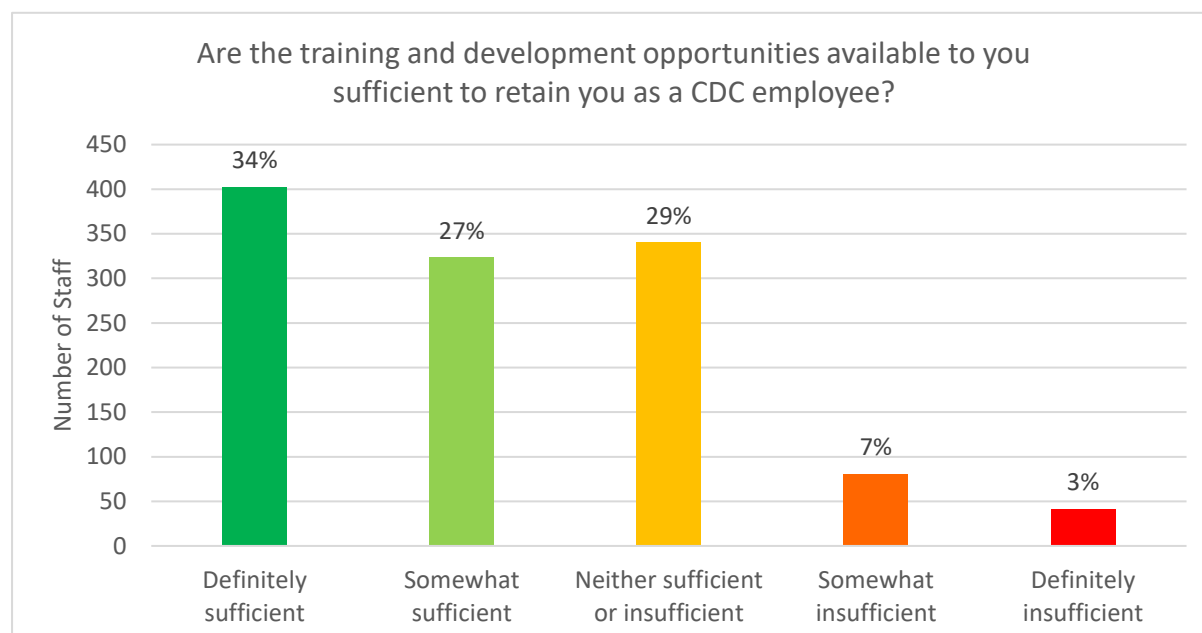


Figure 12: Chart showing staff responses when asked whether the training and development opportunities available were sufficient to retain you as a CDC employee

The CDC was considered a good place to work by 83% of responders (Figure 13). Staff referenced the nice environment, parking and ability to take their time with patient interactions as making the CDC a good place to work.

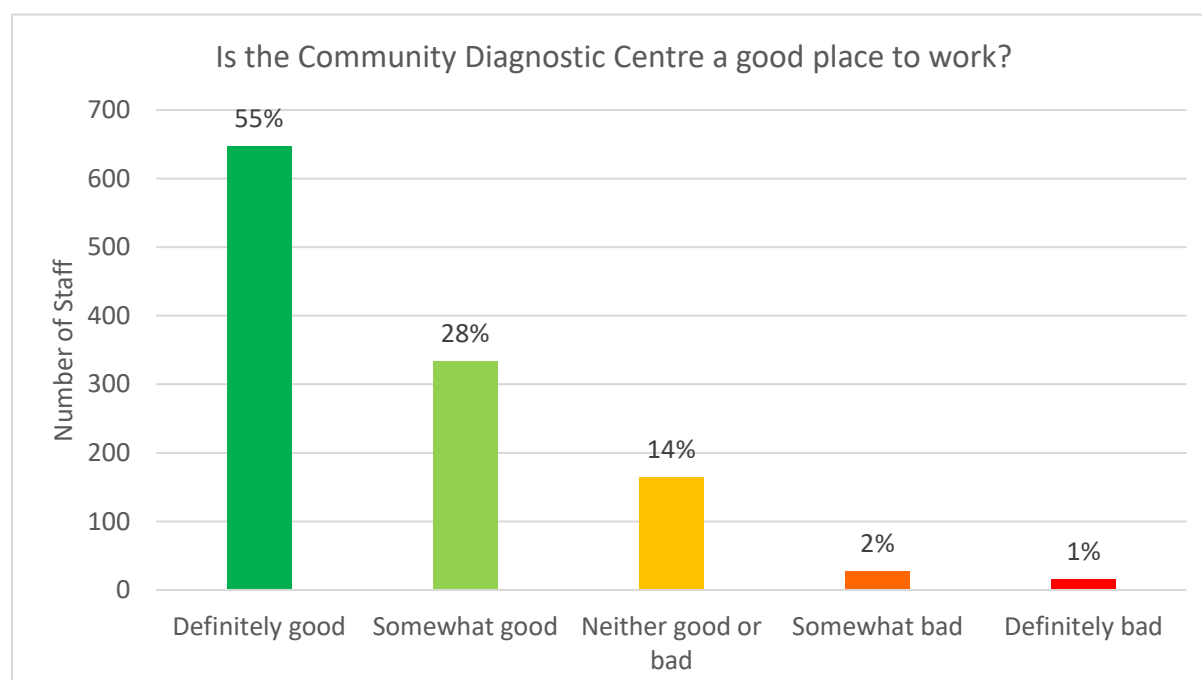


Figure 13: Chart showing staff responses when asked whether the CDC is a good place to work

When asked if they would recommend working at a CDC to others, 80% said they would (Figure 14). Only 5% of staff would not recommend the CDC as a place to work.

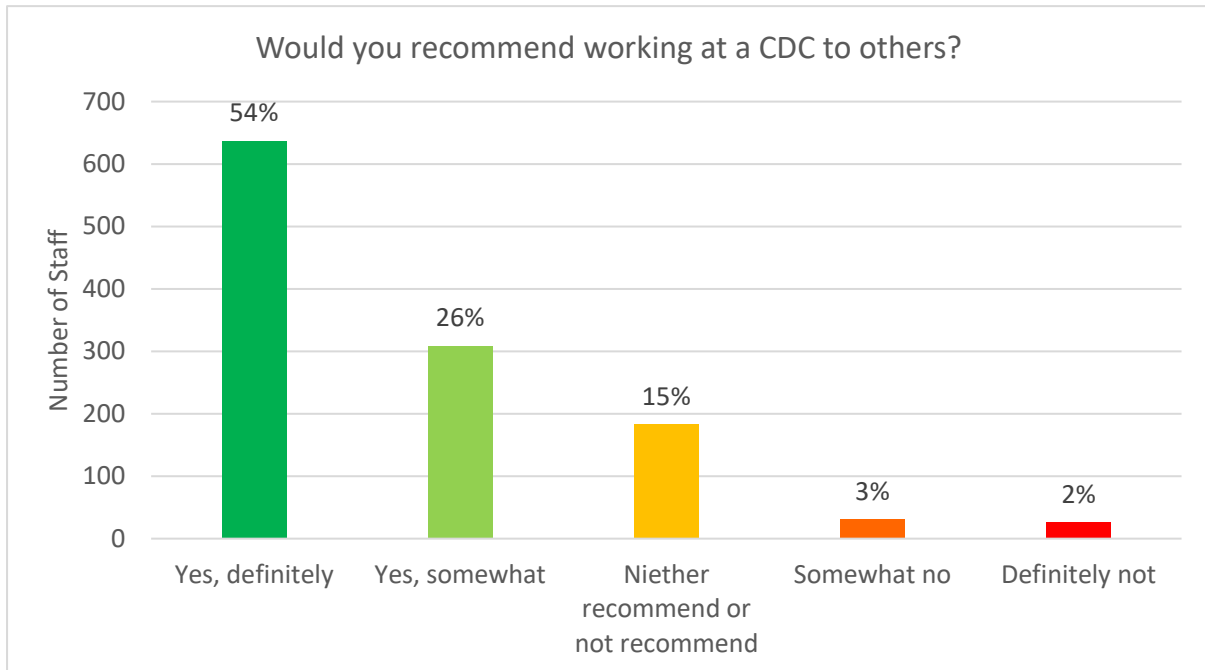


Figure 14: Chart showing staff responses when asked whether they would recommend the CDC as a place to work

Overall themes

- **Pleasant and Bright Environment:** Many staff referenced the nice and new environment of the CDCs which was pleasant to work in.
- **Booking:** The booking of patients caused a negative emotion for staff, with too many patients being booked in a day, patient need not being considered when booking and inconsistent booking; meaning staff vary between being busy and too quiet.
- **Meal Breaks:** Due to the high workload, staff are sometimes unable to take a full meal break as they are using the time to catch up on patients or admin work.
- **Teamwork:** Staff reported positivity around teamwork and enjoyed spending time with colleagues.
- **Unclear Management:** Some staff feel unsupported by management who are difficult to get ahold of when needed and often not present on site.
- **Lack of Food and Drink Availability:** Drinking water and food options are not always available onsite, requiring staff to rely on bottled water or travel offsite to buy lunch.
- **Rushed Patient Interactions:** Due to the pressure to see more patients, staff feel their interactions with patients are rushed to prevent falling behind. They feel unable to give extra time to patients who need it.

Conclusion

It is important that healthcare staff feel empowered to discuss and make recommendations on how their daily working life can be improved. The NHS can use an EBD approach to work collaboratively with their employees to achieve this. Emotional mapping gives staff the opportunity to co-design with leadership teams to identify what impacts their working day and to agree on effective improvements that can be implemented.

Recommended Next Steps

- Work with staff to improve the scheduling of patients – understand what patients need a longer booking, what time the last patient can be booked for staff to leave on time and how patients can be booked to ensure all staff get adequate meal breaks.
- Identify areas of best practice around digitalisation and share this learning across all CDCs.
- Review the provision of drinking water across all CDCs.
- Access to Management and support is an area for improvement.
- Standardise CDC facilities for staff and patients.
- Each CDC to review their individual Staff Wellbeing reports to identify and test improvement ideas.
- Repeat the study in 6-12 months to see whether the changes have led to improvements in staff wellbeing.

For more information on the use of this Staff Wellbeing EBD tool please contact:
networksinfo@elect.nhs.uk

Appendices

Appendix 1 - format of online questionnaire

4. Getting ready for work

Please select the emoji that best describes your typical feeling about the working day ahead *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

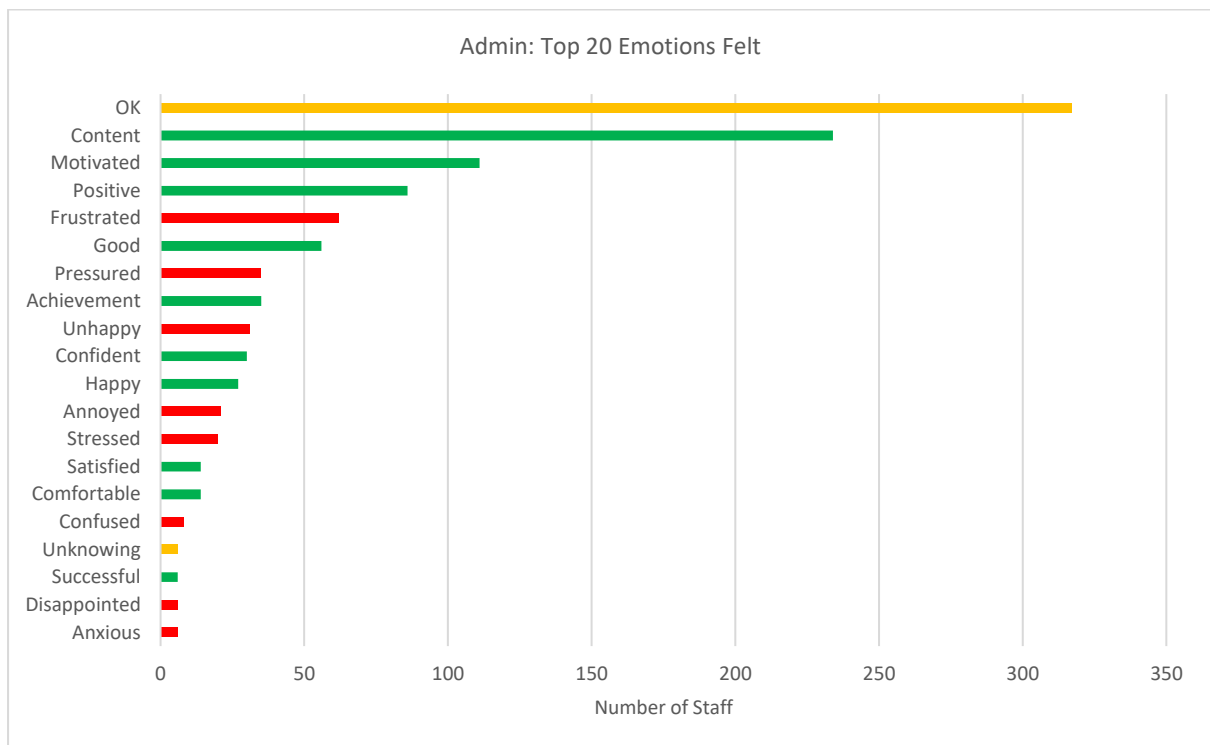
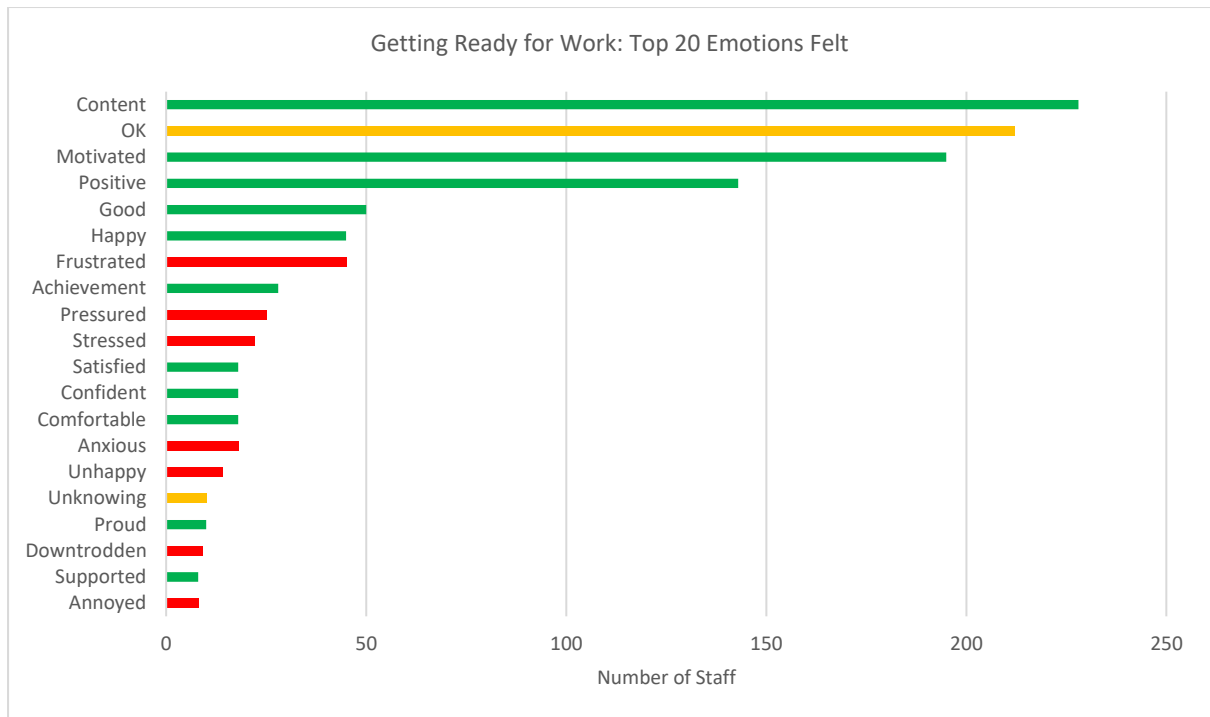
Select your answer

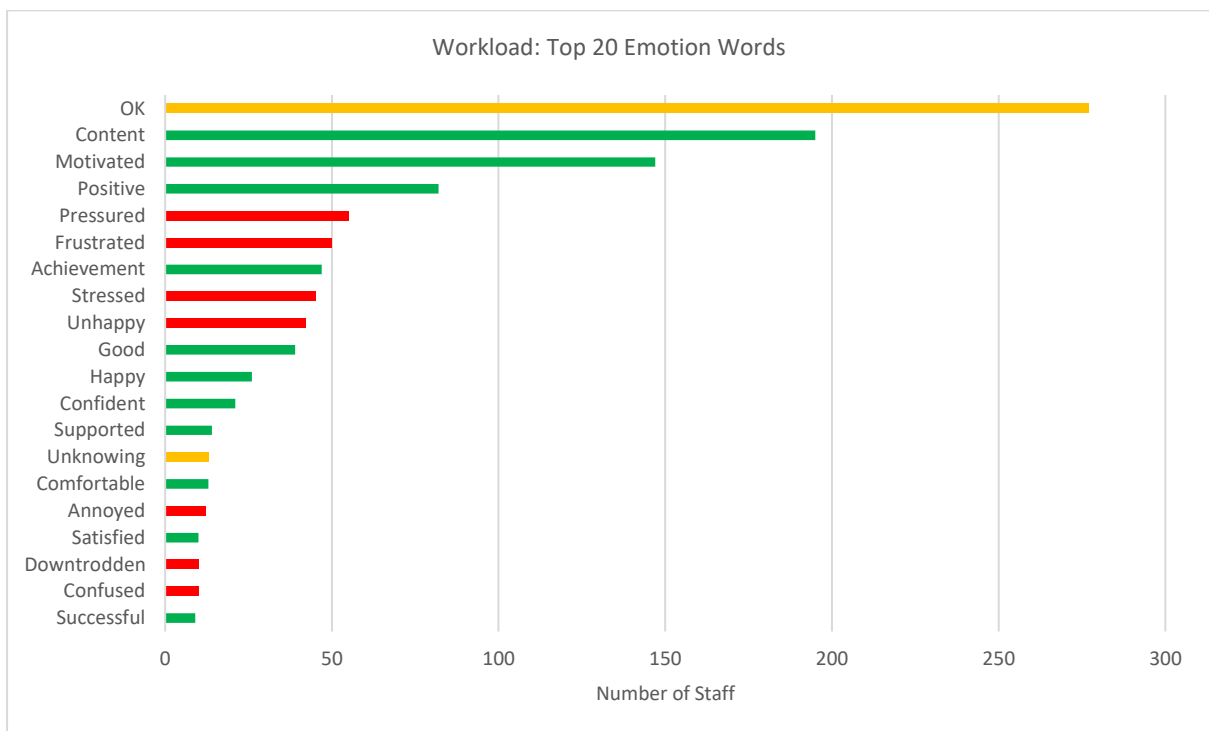
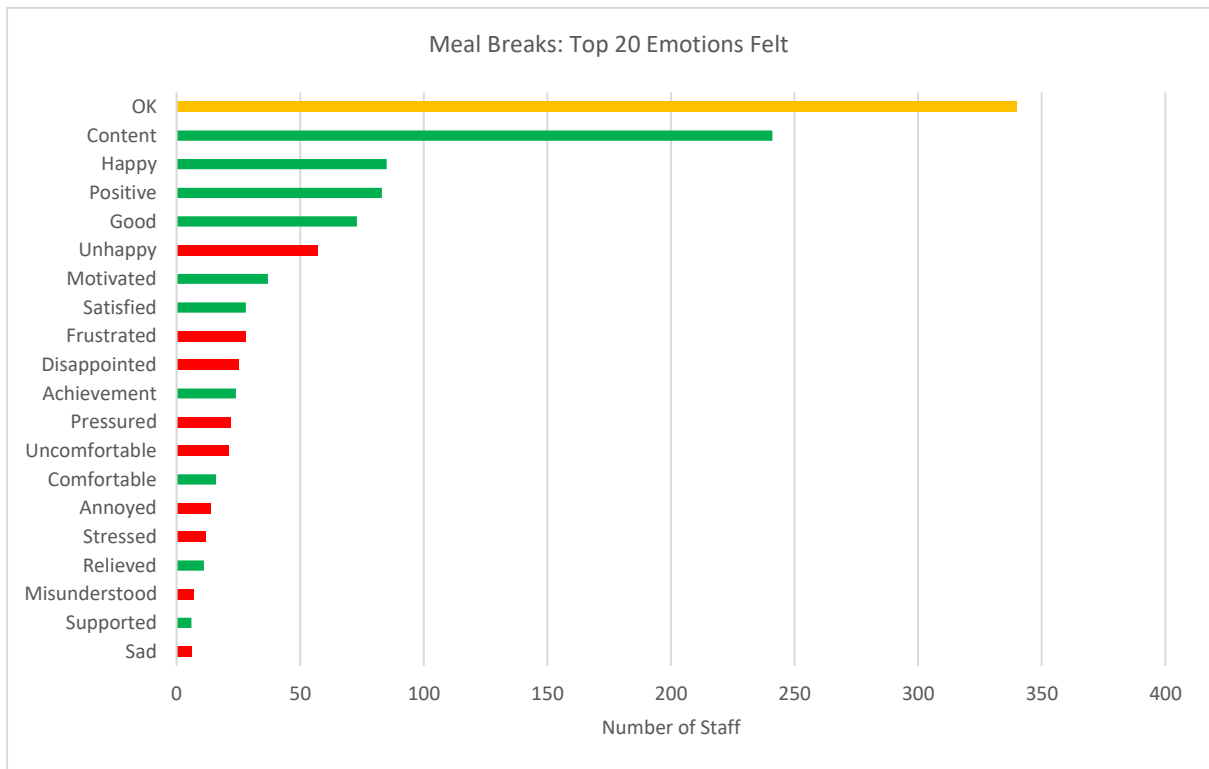


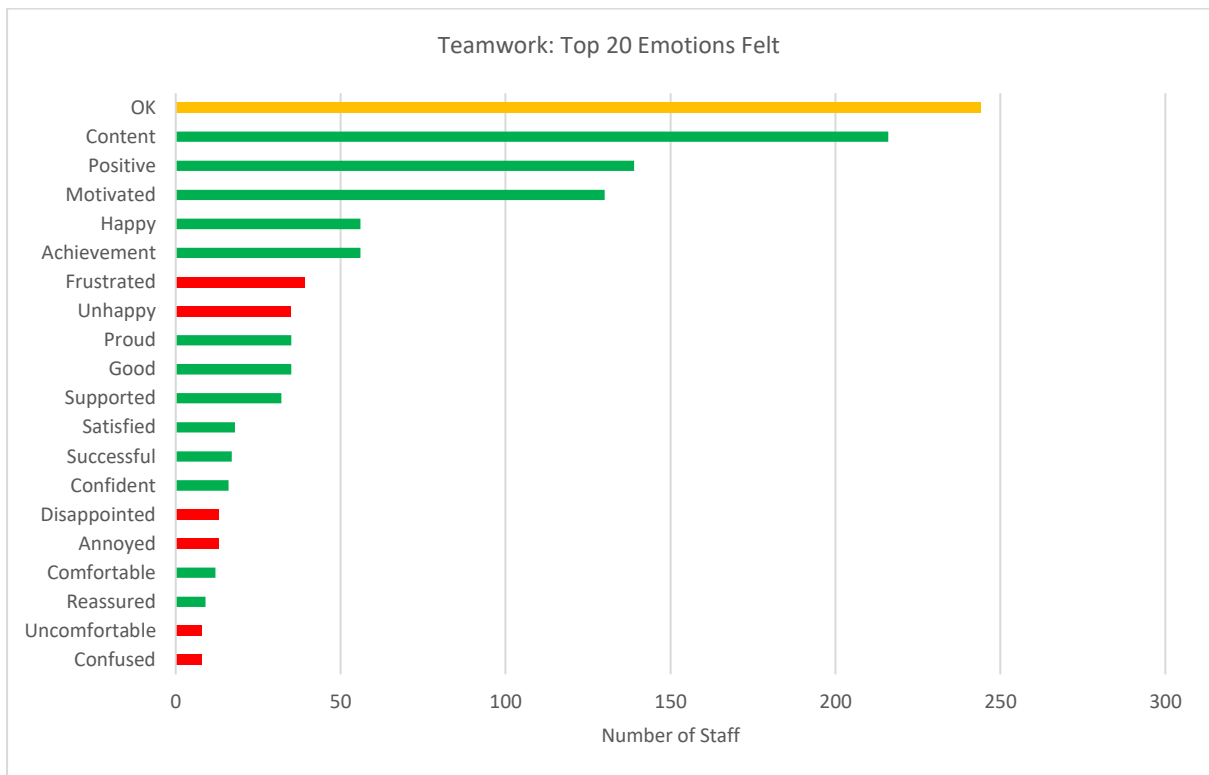
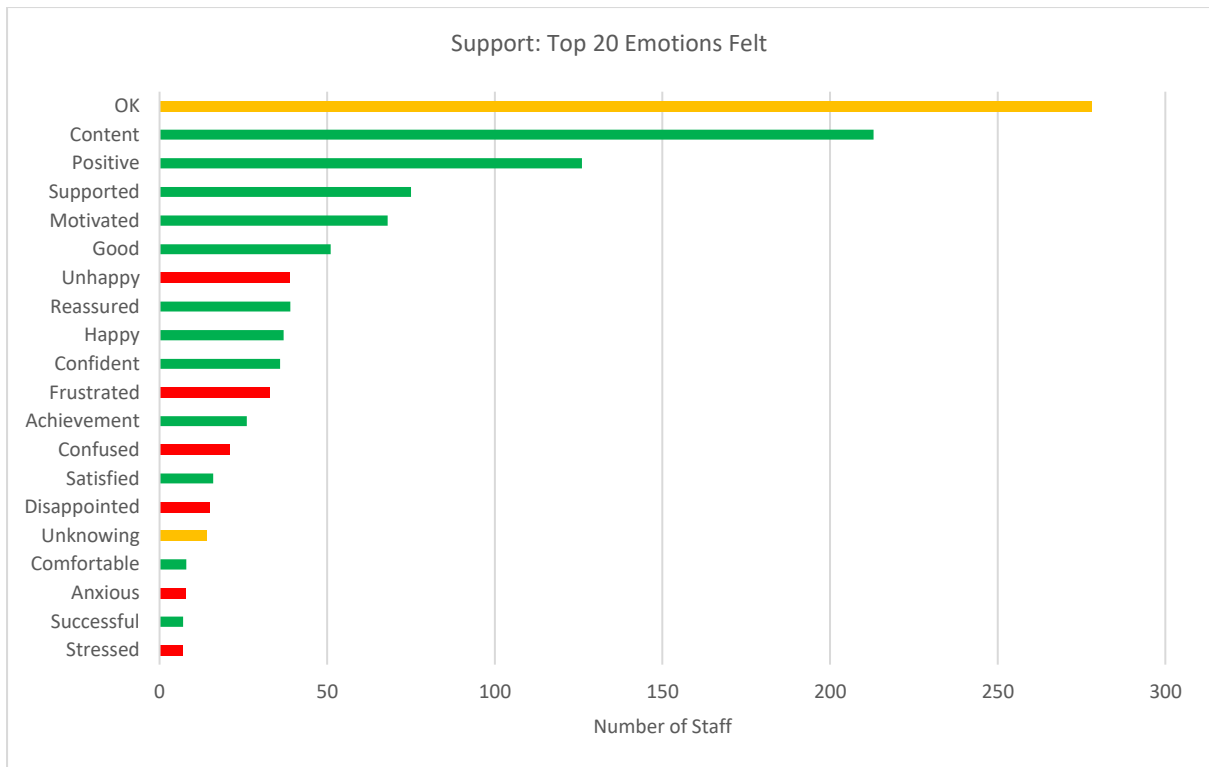
7. Please provide any other thoughts or feedback on your experience at this touchpoint:

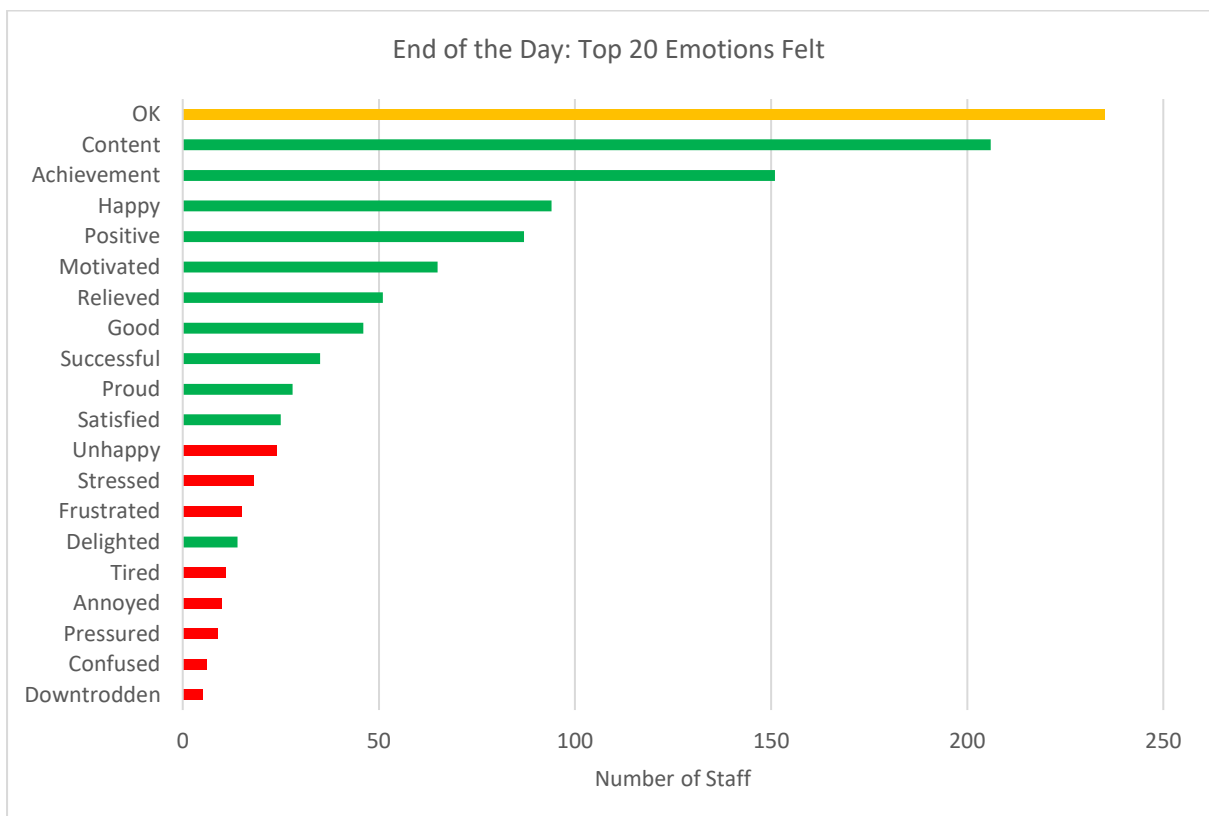
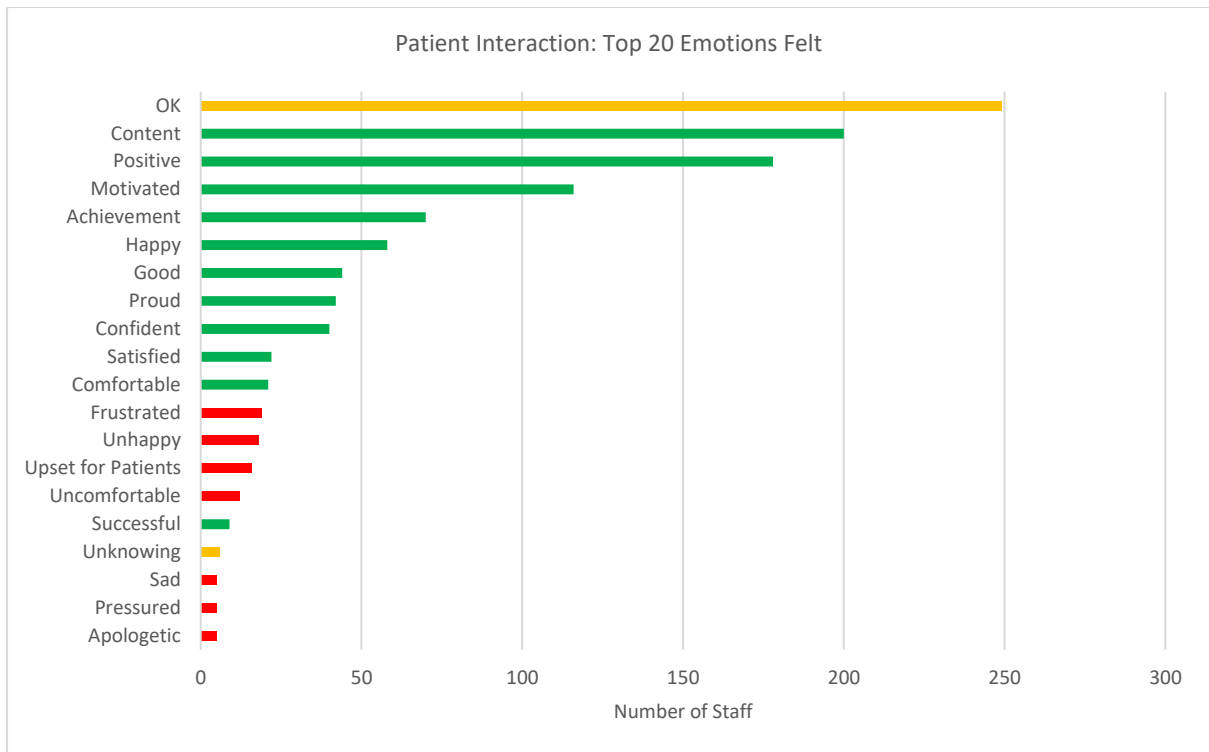
Enter your answer

Appendix 2 – Emotion word graphs for all touchpoints









Appendix 3 –

Full List of Improvement Ideas

Getting ready for work

- 1) **Increase staffing levels:** Lots of staff reference the need to employ more staff to reduce the workload pressure, provide cover for holidays/sickness, and allow breaks to be covered during the day.
- 2) **Reduce workload** – A high workload has been causing pressure for staff, with too many patients booked in a day. Reducing the number of patients booked allows more time to be spent with patients, allows for patients who arrive late, and means equipment can be prepared.
- 3) **Improve transport links and parking** – Getting to work was an issue for many staff, due to poor parking availability and insufficient transport links. Some staff mention using a shuttle service, but this is not always available, and the timetables often don't work for staff. Some staff would also like the option to cycle to work, but there is nowhere to safely store a bike.
- 4) **Increase pay** – Increased pay would improve staff's experience, with some feeling the responsibility outweighs the financial reward.
- 5) **Better communication with management** – Improved communication was commonly cited as an improvement for staff experience, particularly with management. Having a full-time manager on the ground is important to staff, but not always the case. Some staff feel management don't currently listen to or act on their concerns.
- 6) **Improve refreshments** – A lack of safe drinking water in some CDCs causes a reliance on bottled water, however is not always available. Providing water coolers would prevent the need for bottled water and ensure water availability. The options available for staff to get food are also sometimes limited, with canteen opening hours not matching staff break times. Providing free refreshments such as tea/coffee and milk was also suggested as an improvement.
- 7) **Better resources/equipment** – Increasing the amount of reliably working equipment available to staff was suggested, particularly by those working in sleep studies. Staff also report issues with Wi-Fi which could be improved.
- 8) **Better temperature control** – Staff report poor temperature control within the CDC, either due to no air con or air con set too cold. This was particularly an issue where staff worked in rooms without windows, as there was no way to cool down the room.
- 9) **More suitable staff room** – Multiple staff referenced a need to improve staff changing facilities, with the current provisions often not being large enough for the number of staff. This was particularly an issue for staff working in vans, who also mentioned having no access to a toilet for some of their working days.
- 10) **Flexible working** – While some staff liked the hours of work at the CDC, many felt the hours were too long and antisocial for those with families. Reducing the hours or late shifts worked and giving staff an option to work from home were ideas suggested to improve staff experience.

Admin Tasks

- 1) **Allocate time for admin** – The main idea that would improve staff's experience of admin is to ensure sufficient time to complete admin on top of their other workload. The clinical workload pressures often mean admin isn't prioritised, resulting in any time spent doing admin feeling rushed and stressful.

- 2) **Reduce email traffic** – With limited time available to spend doing admin, reducing the number of emails received by staff would help reduce the admin burden. Lots of emails are felt to be irrelevant to the receiver, so reducing the amount of “reply all” emails may help with this.
- 3) **Digitalise where possible** – Relying on digitalisation rather than paper-based or manual processes was a common theme for improvement. Some options suggested to utilise digital technology were self-check-in for patients, text/email booking reminders, a better website enabling patients to book appointments online, and going paperless e.g. paperless referrals. Going paperless would also reduce duplication and the need for storing paper notes which staff say they do not have the space for.
- 4) **More staff** – Increasing the number of staff to help deal with the high workload would enable staff to spend sufficient time doing admin work. Employing more admin staff was also suggested, so clinical staff could delegate administrative duties to designated admin staff, allowing them to spend more time with patients. Clinical staff are sometimes relied upon to check-in patients but feel a designated receptionist would help by alleviating this additional pressure. Where receptionists are available, ensuring they are present 7 days a week would improve staff’s experience when working at weekends.
- 5) **Improve resources available** – Access to computers and sufficient WiFi connection were improvement ideas frequently raised by staff. Computers are often old and slow, causing frustration for staff. Availability of a printer was also suggested by multiple staff, due to the reliance on paper-based admin. Finally, staff request sufficient stationary e.g. staplers, cellotape, hole punch, and scissors.
- 6) **Reduce duplication of work** – Some staff report having to repeat work multiple times, for example submitting data in multiple formats or getting requests from the regional team for information which has already been submitted. Streamlining work to avoid duplication would help reduce staff’s frustration around duplication.

Meal Breaks

- 1) **Better options to get food onsite** – Lots of staff mentioned dissatisfaction with the current food options available. While some staff had no option to buy food onsite, others felt the options were unhealthy and didn’t always cater for different dietary requirements (halal/vegetarian/gluten-free). Having to leave the site to buy food takes time out of an already short meal break. When options are available to buy food, staff felt these options were expensive and they should be offered staff discount. Some staff also requested extended opening hours for current options, as they often close in the early afternoons and are not open at weekends.
- 2) **Schedule time for lunch breaks** – With the current high workload, staff are often unable to take their full lunch break due to clinical or admin work spilling over into their break time. Some staff felt unable to take a break at all. This is particularly problematic for staff working alone at weekends, as there is no one to cover breaks. One solution offered was to close the CDC for a set period to enable all staff to take a break without interruption from patients. Another is to schedule in break times when booking patients, to ensure all staff get their meal break protected.
- 3) **Improve the staff room** – With an increased number of staff, CDC staff rooms are feeling cramped and don’t allow all staff to sit comfortably together. Tables and chairs could do with updating, and facilities such as a microwave, toaster, and coffee machine were requested. Some staff didn’t have access to a staff room and had to eat lunch in their clinic rooms, which was uncomfortable for staff when patients arrived early and they couldn’t take their full break.

- 4) **Outside space** – Staff requested benches be placed outside to enable them to sit outside when the weather is nice. This is particularly important for staff working in CDCs with no windows, as they would like some time to get fresh air and sunlight.
- 5) **Longer and more regular breaks** - With staff working up to 13 hours a day, one half hour break is felt not to be sufficient. Having an hour break, with the option for more regular breaks throughout the day was suggested to improve staff wellbeing.
- 6) **Availability of water** – Multiple staff requested a water fountain or cooler to be available for staff as well as patients, due to no drinking water in the CDC.

Workload

- 1) **More staff** – Lots of responses suggested increasing the staffing levels would improve their experience regarding workload. Additional staff requested included clinical staff and administrative staff.
- 2) **Consider patient needs when booking appointments** – Assigning all patients the same length of appointment despite differences in age/mobility/history causes the list to run behind when patients need a longer appointment. Assigning patients a longer appointment time would prevent the need for staff to rush patients who may require more time to be seen.
- 3) **Reduce the number of patients booked in a day** – Lots of staff referred to the number of patients being booked in a day as too high, often feeling that management only cares about the targets rather than the patients. With a full list, there is no time to catch up when running behind due to a patient needing more time. Reducing the number of patients booked by just 1 could allow staff some catch-up time when needed and reduce the pressure they feel.
- 4) **Book enough patients to fill the list** – Some staff commented that their CDC was too quiet and that they would appreciate more patients being booked in to keep them busy.
- 5) **Consistency with booking patients** – The number of patients booked into the CDC can vary greatly day by day, with some days feeling rushed to see everyone, while others are quiet with long gaps of no patients. Not knowing what they would be coming into that day was causing some stress amongst staff.
- 6) **Better planning of appointments** – Lots of ideas were suggested to improve the scheduling of appointments including booking a series of scans for the same body part together, protecting meal breaks, block booking, avoid booking same-day appointments before speaking to staff, and staggering longer appointments throughout the day. Clinical staff are frustrated when they don't feel these recommendations are listened to by the admin staff.
- 7) **Fairer workload distribution** – Some staff felt that the current workload was not fairly distributed amongst their colleagues. This often led to feelings that they were doing a larger amount of work than others, reducing staff morale.
- 8) **Training** – Ensure all staff are trained to an adequate level for the demand, preventing an issue arising where staff ability is not matched to workload requirements.

Support

- 1) **Improve availability of management** – The availability of Management was very varied with some saying they had no management at all, while others said management was difficult to get hold of. Some staff only had management availability at certain times, but had no support at other times such as weekends.

- 2) **Management to be on-site at all times** – Lots of staff said they would like to see a manager on-site at all times. Some managers have never been to the CDC, and it is felt that they don't understand how the CDC works.
- 3) **Clearer management/support structures** – Staff were unsure who to go to for support, with multiple managers that can change daily. Sometimes there was no known manager at the CDC.
- 4) **Contact list to get support** – To know who to contact when in need of support, staff suggested a contact list be created listing who to contact and when.
- 5) **More team meetings** – Staff would appreciate more regular meetings to allow them to discuss areas of concern and for managers to check in with the team.
- 6) **Availability of medical backup** – In addition to more access to management, staff also requested more access to clinical support. Having more senior clinicians available to support staff and give advice would improve staff's wellbeing.

Teamwork

- 1) **Encourage teamwork** – Promote team working amongst CDC colleagues, working towards a common goal. This could be done via team building activities, training days, or more regular team meetings to catch up with one another.
- 2) **Fairer sharing of the workload** – Lots of staff felt some colleagues didn't pull their weight, which was negatively impacting morale and team working. Ensuring a fairer spread of work across colleagues was suggested to increase teamwork.
- 3) **Training** – More training was suggested by some staff to improve team working, but also ensuring all staff have equal opportunities to train. Establish that the skill mix among staff on duty is adequate for the service need and that they are all trained on the routines and documentation required.
- 4) **Improve communication** – Staff suggested increased communication would improve teamwork. Communication can be difficult due to staff being so busy and this is particularly true for communication across departments. Consulting staff before decisions are made, which affect their working lives, was requested along with ensuring everyone's opinion is listened to.
- 5) **More staff** – Increasing staff levels was suggested to share the workload and reduce the pressures on staff. A stretched workforce made teamwork difficult.
- 6) **Reduce lone working** – Lots of staff reported working alone and therefore didn't have a sense of teamwork. This led to some staff feeling isolated. Reducing lone working, or ensuring lone workers still feel part of a team was suggested to improve their experience at this touchpoint.

Patient Interaction

- 1) **Improve communication with patients prior to appointment** – Staff reported that patients often arrive uninformed and not prepared for their appointment. Improving communication prior to arrival would allow patients to understand what they can expect from the appointment, and what they need to do to prepare, e.g. fast. This information is often sent out via letter, but the key information should be made clearer to patients. Letters could also be accompanied by telephone/text communications.
- 2) **Longer time to spend with patients** – Allowing staff to spend more time with patients would improve their experience during patient interactions by preventing them from feeling rushed. Patient interaction is a key part of why people work for the NHS, but staff feel the short appointment times are impacting this negatively.

- 3) **Improve wayfinding** – Patients struggling to find the CDC/department causes them to arrive late and disgruntled. By improving the signage and instructions on the appointment letter, patient's arrival to the CDC should go more smoothly.
- 4) **More staff** – increased staffing levels were requested to improve patient interactions, particularly reception staff. Having a receptionist to check in patients would prevent confusion when the patient arrives, and support with appointment booking.

End of the Day

- 1) **Reduce workload** – The high workload lots of staff are currently facing means staff leave work feeling over-tired and stressed. This is especially true when staff are unable to complete all of their work and have to leave it for the next day. The high workload also causes clinics to overrun, meaning staff are late leaving. Staff will sometimes stay late to help out their colleagues who still have work to do, but this overtime is unpaid unless it meets the 30-minute threshold.
- 2) **Leave a free slot at the end of the day** – An empty slot at the end of the day can be used when patients are overrunning, and to clean down/restock at the end of the day. Currently, patients are often overrun and there is cleaning to be done, meaning that staff are leaving late.
- 3) **Prevent patients turning up near to closing time** – Patients often turn up close to closing time, which is particularly problematic for patients with mobility issues. Avoiding booking patients near to closing time, only booking patients without additional issues, or informing patients not to arrive late in the day was proposed to help. Communicating a cut-off time for referrals with other departments would also prevent CDC staff from waiting for late-coming referrals.
- 4) **Ability to leave when the work is complete** – Staff requested that once the last patient has been seen and everything is sorted and ready for the next day, they can leave the CDC. Currently, there can be a long wait after the final patient before the staff are allowed to leave.
- 5) **Improve security** – Some CDC staff reported being left in the building after the rest of the staff go home, which lead to them feeling vulnerable. This should not be happening and is being checked. However, staff suggested having security at the entrance, installing security cameras and swipe card access, and ensuring more than one member of staff is always present would help improve feelings of security. Security in the car park was also raised, which could do with more lighting and security cameras.

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