

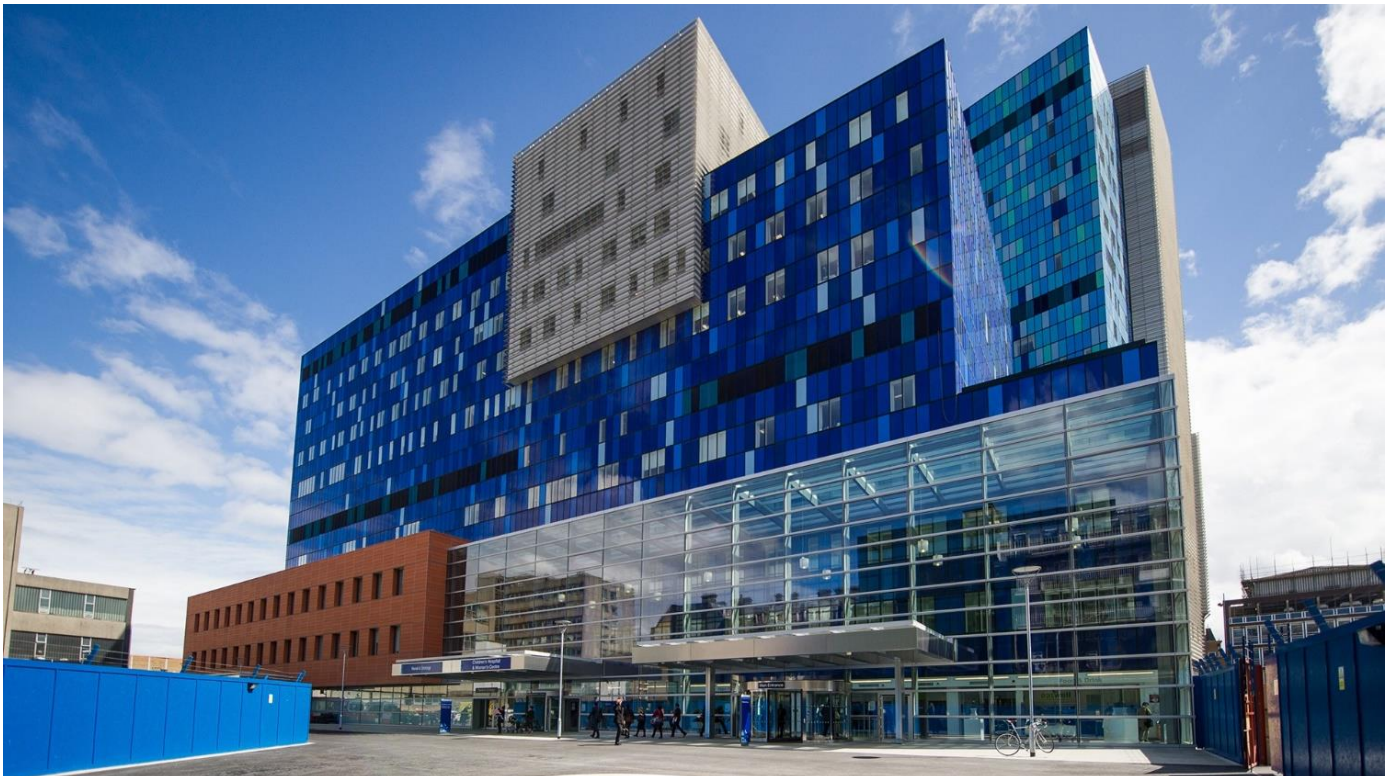


healthwatch
Tower Hamlets

Trends Analysis Report

Royal London Hospital

April - Sept 2017





Acute Care Trends Analysis Report

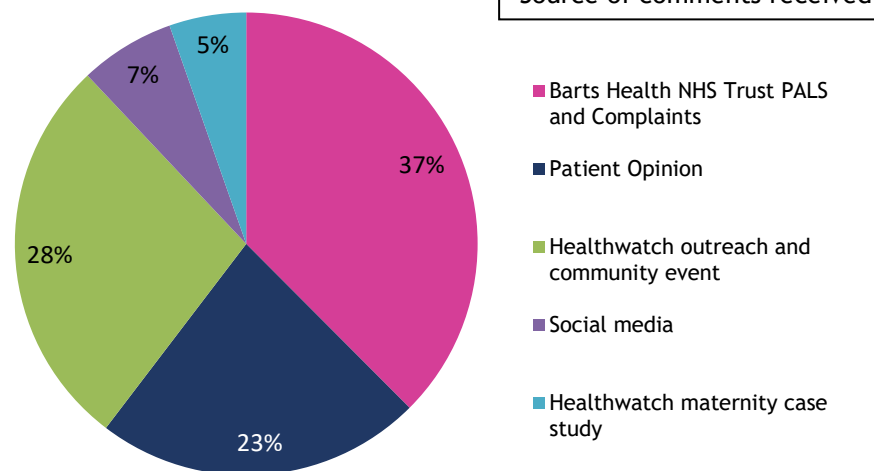
Royal London Hospital

ABOUT THIS REPORT

Healthwatch Tower Hamlets has analysed the experience of people who used the services offered by the Royal London Hospital over two quarters (April to September 2017).

This report particularly aims to track and evaluate any changes in patient experience, compared with our previous report covering the previous four quarters (April 2016-March 2017).

Between **April and September 2017**, we collected and analysed comments from a total of **740** hospital service users in Tower Hamlets, identifying a total of **1850** issues.



DISCLAIMER:

Please note that comments obtained from these sources may not be representative of all service users experiences or opinions. As our data includes PALS, complaints and online reviews, it might be slanted towards a more negative view than the average patient's experience.

This report will now be circulated to the commissioners and providers of Tower Hamlets maternity services and the people responsible for their management or scrutiny. See <http://www.healthwatchtowerhamlets.co.uk/about-us/whatwedo/> for more info on how we make your voice count.

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In a nutshell:



- Compared with our previous report (April 2016 to March 2017), patients are more likely to feel that they receive **good support** at the Royal London Hospital.
- Patient opinion of **community services** offered by the Royal London has dramatically improved; opinion of the **discharge process** has improved slightly; patient opinions of all other aspects of the care pathway have stayed broadly the same.
- Certain wards and departments receive more positive comments from patients than previously (diabetic medicine; ultrasound; paediatrics; acute care; ear, nose & throat). Others, on the other hand, are viewed less favourably than in our previous report (surgical clinic, urology, cancer services).
- Transport delays and no-shows continue to be an issue negatively affecting patient opinion.
- Patients feel that Drivers providing transport have little understanding of their needs.
- Admin issues have an important negative impact on patient opinions across all stages of the care pathway. People have received inaccurate booking information, inaccurate/ incomplete patient records or have failed to be notified of cancelled appointments. Some patients report their referrals from other healthcare providers have been lost or delayed.
- Where patients are faced with delays or cancellation in receiving care, or have experienced admin errors, the attitude of frontline staff can have an important impact (positive or negative) on patient opinion of the service overall.
- Some patients reportedly miss out on important specialist appointments or testing because of admin errors or lost referrals; and some report inaccurate or incomplete patient records. These can lead to significant risks for patients' health and well-being.
- Most patients have a positive view of the quality of clinical treatment at the Royal London Hospital and perceive doctors as trustworthy and competent. However, the level of trust that patients have in their clinicians varies from one case to another. There is some distrust between some patients and medical professionals diagnosing and treating them, which is related to service user's dissatisfaction with the level of advice and information they receive. Some patients feel that their concerns are being dismissed, that they are kept in the dark about their diagnosis and treatment, or that they are not offered relevant testing; and a small number claim to have been misdiagnosed or to have received improper treatment/ medication. Offering detailed advice and explanation is very important for reassuring patients that they are receiving the best treatment for their condition.



In a nutshell:

- Long waiting lists are made worse by last minute cancellations. This issue is especially affecting the surgical clinic, where elective procedures are routinely postponed or cancelled as emergency appointments are prioritised. Some surgical patients report having their surgical procedures cancelled repeatedly; or going nil by mouth for extended periods of time with no certainty they would receive the procedure.
- Most patients perceive nurses at the Royal London as caring and compassionate; but many experience a lack of support because the service is reportedly very busy.
- Some people report that nursing staffing on wards during the night are less professional and compassionate than during the day.
- There are reports of patients being discharged despite not being well enough to leave the hospital, and of patients being discharged without a care package in place despite needing one.
- Community maternity services (including community midwives, health visitors, antenatal classes) are praised by service users and seen as an important asset to new and expectant parents.

What we have learned

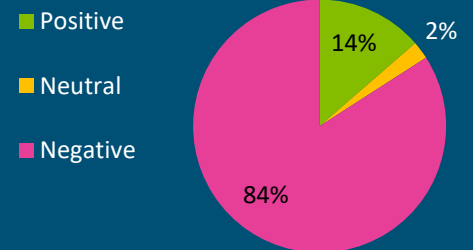
Transport

- ❖ Delays in transport and no-shows continue to be a serious issue, putting patients' well-being at risk and impacting negatively on patient opinion.
- ❖ Transport for discharged patients leaving the hospital appears to be particularly affected by severe delays.
- ❖ Vulnerable patients suffering from severe chronic illness (such as cancer, kidney failure, Alzheimer's or physical disabilities) are the most severely impacted by the poor quality of transport.
- ❖ Drivers appear not to have a good awareness of patients' needs; some of them have reportedly behaved in an unprofessional manner.
- ❖ Appointment cancellations that patients are not informed of in a timely manner cause them to incur needless travel costs.

Recommendations

- ✓ Monitor, review and investigate providers of transport to enforce standards of punctuality, reliability and professional behaviour.
- ✓ Offer extensive training to all transport staff on assisting people with special needs; particularly around ensuring the safety of people with learning disabilities, Alzheimer's, physical disabilities or mobility issues, as well as people who have recently undergone major surgery).
- ✓ Conduct an investigation to identify the cause of delays upon discharge.

LOCAL PEOPLE'S VOICE



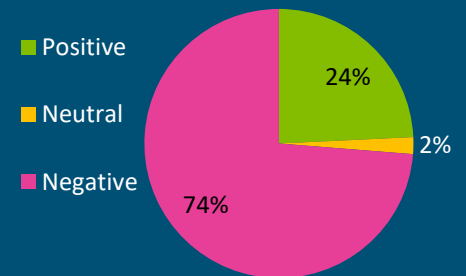
- Ambulance personnel were absolutely fantastic. When I arrived the staff were quick, efficient and friendly. Thank you from the bottom of my heart.
- A mum came said the transport always collect her on time in her house to come for appointment, but when she books the transport to come back, it is taking so long- around 1 hour/30 minutes.
- The waiting at the discharge lounge was really long, I had to wait nearly one hour [for my transport]”.
- Oncology patient says the driver assigned was unhelpful and refused to offer her a wheelchair or help her in/out of vehicle despite her having just recently undergone surgery.
- Transport failed to pick up patient for her appointment so the patient missed her appointment. The daughter had to then accompany the patient to A&E where they spent 6/7 hours

What we have learned

Reception

- ❖ Admin issues and a general lack of communication constitute the main reason for patient dissatisfaction with reception services at the Royal London.
- ❖ The appointment booking system is adversely impacted by admin issues; people have received inaccurate booking information or have failed to be notified of cancelled appointments.
- ❖ Cancellations by patients have also failed to be registered, causing patients to be flagged as DNA (did not attend).
- ❖ Many frontline staff members are perceived as competent, polite and supportive; although some patients report rude or unprofessional behaviour on their part.
- ❖ Where patients are faced with delays or cancellation in receiving care, or have experienced admin errors, the attitude of frontline staff can have an important impact on patient opinion of the service overall. Staff members who attempt to remedy the situation received praise, while those who do not, or consider it not their responsibility are criticised.
- ❖ Communication within the hospital can be inefficient, leading to delays in receiving care or unnecessary waiting times for patients. There have been cases of relevant tests not being ordered or inaccurate patient records being passed on. Some patients have reportedly failed to receive their records or other medical correspondence

LOCAL PEOPLE'S VOICE



- “Great service from A&E on Friday morning. The staff were helpful and made sure I got seen too quickly. Was in and out within an hour. Really impressed.”
- “Our four-year-old daughter was recently treated as a day case in paediatric ENT. Once referred by the GP we were faced with a long wait for the initial appointment, however there was a very understanding and kind member of staff at the central appointments who explained us to keep ringing and ask for cancellations which we did. We managed to get an appointment within two weeks”.
- There was a long wait in A&E (6 hours) but it was a very good service otherwise. It's not very welcoming when you come in though and you seem to have to shout personal information to someone behind the glass again and again.”

What we have learned

Reception (continued)

- ❖ There were also reports of patients in the waiting room not being registered or called.
- ❖ Referral requests from other health professionals have reportedly been lost or delayed; this can potentially put patients' health at risk; particularly for patients with severe chronic conditions, such as cancer.
- ❖ During the summer, temperature in waiting rooms can be quite high, which may make already long waiting times particularly uncomfortable, especially for people who feel unwell.
- ❖ The A&E waiting area may not be suitable for patients unable to sit in regular chairs or stand.
- ❖ The lifts reportedly get overcrowded; people who need to use them (disabled or too unwell to take the stairs) are forced to wait for a long time, sometimes delaying appointments.
- ❖ Opinion about the level of hygiene in the hospital is mixed, with multiple patients reporting unsanitary toilets.

LOCAL PEOPLE'S VOICE

- “After waiting several months for my appointment, I arrived on the department to be told that central appointments service had cancelled it the week after it was made! The staff could not have been more helpful - the receptionist called the service and, after being unable to sort out the situation then, spoke to another member of the team. This nurse was fantastic in explaining the situation and did their best to rectify the situation which resulted in me being able to be seen 90 mins after my appt should have been.
- “They called to give me a Saturday appointment for an ultrasound I had already done- I called them back to let them know, and they take you from pillar to post until I finally got to speak to them. They send out double appointments for the same thing in error- this happens a lot. The new SMS reminders are helpful though.”

What we have learned

Reception

Recommendations

- ✓ Train frontline staff members in communicating with patients in a reassuring, professional manner. Identify, celebrate and share examples of good practice.
- ✓ Include in training commonly occurring scenarios, to ensure consistency in service (ex: what to do if a patient shows up with an appointment letter, but no appointment in the system; how to announce a cancellation etc.)
- ✓ Ensure patients are promptly informed of any delays or cancellations to the service.
- ✓ Ensure all cancellations or re-bookings by patients are promptly and accurately logged.
- ✓ Simplify and streamline admin systems to reduce the likelihood of errors.
- ✓ Visibly post instructions for the general public around the lifts, encouraging everyone able to take the stairs to do so, in order to keep the lift free for those who need it more (doctors on an emergency, people too unwell to walk, disabled people).

LOCAL PEOPLE'S VOICE

- “I turn up for my son's appointment with letter but we are not on the 'system'. He has an op in October 2016, follow up cancelled, waiting for appointment. My dermatology appointment just cancelled, always around holiday times as well. Is this how the NHS cut costs?”
- “I've been calling the Hepatology and Gastro clinics for WEEKS regarding my 16cm Hepatic Adenoma - a huge tumour recently discovered on my liver. It's rare and could be cancerous. If it ruptures, it could kill me. I've left messages and called countless times with no avail, chasing up a referral which was made on April 11th and hasn't been followed up since. Meanwhile, I'm putting up with the discomfort that caused its discovery in the first place - and putting my life on hold for surgery that hasn't even been discussed yet.”
- “There was no air con on, stifling hot with so many people, making people physically sick with the heat and smell. Waste of the NHS money, waste of my time”

What we have learned

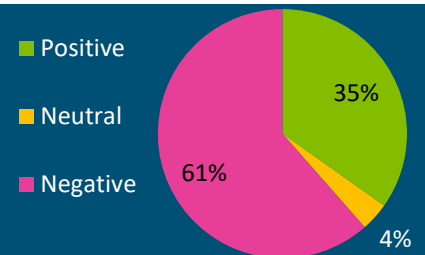
Diagnosis & testing

- ❖ Admin errors have an important negative impact on service provision. Some patients reportedly miss out on important specialist appointments or testing because of admin errors or lost referrals; and some report inaccurate or incomplete patient record. These can lead to significant risks for patients' health and well-being.
- ❖ There is some distrust between some patients and medical professionals diagnosing them. Some patients feel that their concerns are being dismissed, or that they are not offered relevant testing; and a small number claim to have been misdiagnosed.
- ❖ While a small number of patients report rude or unprofessional treatment from frontline staff, most patients give positive feedback on staff attitude and do not see frontline staff as responsible for admin mishaps.

Recommendations

- ✓ Conduct further research into comments received (primarily through PALS and complaints) from patients claiming to have been dismissed, misdiagnosed or denied relevant procedures, to identify the source of the problem.
- ✓ Communicate clearly with patients in order to provide reassurance that their cases are taken seriously and that they are receiving appropriate treatment.
- ✓ Evaluate, simplify and streamline admin procedures to prevent errors.
- ✓ Publish materials explaining in layman's terms what steps are being taken to improve admin and make the diagnosis procedure more straightforward.

LOCAL PEOPLE'S VOICE



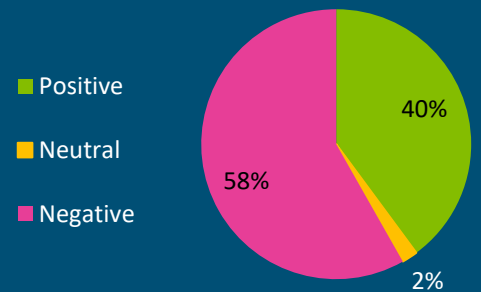
- 🗨️ Visited A&E yesterday with my dad after him suffering chest pains on the way to work... he was seen in minutes, hooked up to the ECG, given blood tests informed every step of the way as to his treatment. This hospital is by far the best we have been to, they truly do an amazing job at saving lives on a daily basis. Massive thank you to doctors and registrar in assessment area.
- 🗨️ A mum came to the hospital with her son and she said is happy with the pathologist, she was really kind and care the only thing she was really upset is the waiting time, it was too long.
- 🗨️ Complaint received from GP surgery - Patient not happy that a laboratory result was entered on the patient's record in error.
- 🗨️ [Patient who filed a complaint] would also like to know why after a number of imaging procedures, it was not picked up that her kidney was attached to her bowel.

What we have learned

Clinical treatment

- ❖ Patients at the Royal London Hospital have had a fairly inconsistent experience: while some speak very highly of the services they receive, others report very negative experiences.
- ❖ A warm, friendly attitude has an important positive impact on patient opinion. Patients express gratitude to doctors who showed outstanding compassion in crisis situations.
- ❖ Most patients have a positive view of the quality of service provision and perceive doctors at the Royal London as trustworthy and competent. However, the level of trust that patients have in their clinicians varies from one case to another.
- ❖ More patients are dissatisfied than satisfied with the level of advice and information they receive, and a worrying number feel that their health concerns are being dismissed or that they can't make choices about their care. This includes patients stating that they have received improper medication or insufficient pain relief. While we are not in a position to make a judgement on the quality of any individual medical act, at the very least this is an indicator of distrust between patients and consultants.
- ❖ A small number of patients reported having their concerns dismissed only to have their symptoms worsen or to receive a diagnosis from elsewhere.
- ❖ Offering detailed advice and explanation is very important for reassuring patients that they are receiving the best treatment for their condition. Doctors who inform their patients of the reasons for a chosen course of treatment and empower them to make informed choices for their care are more trusted by patients.

LOCAL PEOPLE'S VOICE



- 🗣️ This time 2 years ago, though I never realised it then, I was seriously unwell. My inflammation was, according to doctors "really nasty". Fast forward to now and I've never felt so well. For the past year or so I, for the first time since diagnosis, have ZERO inflammation. I don't feel the fatigue I used to have, I don't have those embarrassing moments anymore and as a result I'm super chilled about life. I owe a thanks to the NHS, and especially the staff at Royal London Hospital.
- 🗣️ My child was transferred to Royal London from UCH with a broken neck vertebra. The care he received from all the staff was superb and we thank the nurses, care staff and surgical team for their brilliant work in treating our son. He was discharged 9 days after arrival, well on the road to recovery, and we cannot fault the professionalism and support of the entire staff during his time at the hospital.

What we have learned

Clinical treatment (continued)

- ❖ Some patients also claim that they have received physical injuries or damage to their property as a result of improper medical procedures or negligence.
- ❖ A small number of persons report receiving insufficient pain relief.
- ❖ Communication between medical professionals, both within the hospital and with other medical care providers is perceived as problematic by some (this includes reports of contradictory information received from two different professionals, doctors not being aware of important information from the patient's notes, or medical records being improperly circulated).
- ❖ Some patients are faced with a long waiting list for appointments (sometimes with no information as to when they would receive an appointment; this situation is worsened by frequent cancellations or rescheduling.
- ❖ Cancellations particularly affect affecting the surgical clinic, where elective procedures are routinely postponed or cancelled as emergency appointments are prioritised. Some surgical patients report having their surgical procedures cancelled repeatedly; or going nil by mouth for extended periods of time with no certainty they would receive the procedure.
- ❖ Apart from a generally busy service, among the causes of cancellations or long waits, we have identified: a lack of hospital beds, admin errors, loss or delay of referrals. The effects of the 'WannaCry' cyber-attack in May 2016 have also been felt by patients.

LOCAL PEOPLE'S VOICE

- Hospital experience has been very positive because doctors and other staff are friendly and hospital is very clean
- I came for an appointment for surgical, the staff have been really good, the doctor has also been kind, they explain everything to me, I am really happy about the procedure and this hospital is good- better than others I have been.
- I was referred to Vascular Surgery at the Royal London as a complex case for an open replacement of my abdominal aorta - a major, life-threatening operation. I cannot fault the care and professionalism of the vascular surgery team and the ITU staff - they are among the best in the business and I would trust my life to them again in a heartbeat. Their professionalism, passion and commitment to what they do shines through and they achieve a high standard of excellence. The contrast when I eventually arrived on Ward 13C to recover was therefore very disappointing. I spent my time on 13C afraid that the obvious lack of care and cleanliness would undo all the fantastic work of the surgeons and ITU. Ward 13C has a problem with basic standards of cleanliness and patient care.

What we have learned

Clinical treatment

Recommendations

- ✓ Conduct further research into comments received (primarily through PALS and complaints) from patients claiming to have received improper treatment or suffering injury during treatment, to identify the source of the problem.
- ✓ Train and support medical staff work in partnership with patients and communicate in a way that fosters trust. This may include:
 - Discussing and explaining the reasons for a diagnosis or course of treatment, including acknowledging that the diagnosis process is not always straightforward and may be based off elimination/adjusted in the future.
 - Reassuring patients that their symptoms are taken seriously and encouraging them to return if they have any concerns (particularly if discharged without a prescribed course of treatment).
 - Signposting patients to reliable online resources such as NHS Choices for further information.
 - Addressing misconceptions that patients may have about their health in a sensitive and non-patronising way, educating them to discern between trustworthy and untrustworthy sources of information.
 - Explaining to patients the reason for offering one method of pain relief and not another, in accordance with NICE guidelines.
- ✓ When multiple professionals oversee the care of one patient, ensure the information they give is consistent. Disagreement between medical professionals regarding the appropriateness of a referral should not necessarily be discussed with patients. When such a discussion is necessary, offer clear, detailed explanations

LOCAL PEOPLE'S VOICE

- I have had excellent care here in the past but this week I saw a consultant for my epilepsy who was belittling and spoke at me rather than to me, interrupting me with a barrage of words. They didn't recognise that I wanted choice in my care, were dismissive of my concerns, and both my partner and myself were shocked at their attitude.
- My wife was referred to the Royal London Hospital [from Homerton]. We had a young lad asking us questions and when we said where are all the notes and test results he said the hospital that referred my wife Homerton hospital hadn't sent them over!! What a total waste of time, my wife seriously ill waited months for this appointment, I took a day off work without pay to take her by train all the way to London for nothing. I rang Homerton hospital they said it is the fault of The Royal London for not requesting the notes. I rang The Royal London Hospital today and spoke to A. in PALS and she said it was the fault of Homerton Hospital for not sending them. Absolutely disgusted in the attitude of the Royal London Hospital and the national health service in my wife's treatment!

What we have learned

Clinical treatment

Recommendations (continued)

- ✓ Review and improve staff communication and admin systems, in order to:
 - Reduce the numbers of delays and cancellation caused by planning and admin errors.
 - Ensure all members of the team treating a patient have relevant, complete and up to date information about their condition and treatment.
 - Protect patient confidentiality and avoid disclosing of confidential information to any unauthorised parties.
- ✓ Consider separating elective care from emergency pressures in the surgical clinic, through the use of dedicated beds, theatres and staff. Creating an 'emergency team', linked with a 'surgeon of the week', (as proposed in the Royal College of Surgeons' briefing paper "Separating emergency and elective surgical care: Recommendations for practice") is a good method of providing dedicated and supervised training in all aspects of emergency and elective care.
- ✓ Review and improve contingency plans to prevent loss of patient data and appointments in the event of a cyber attack or any other malfunction of admin systems; to the extent to which it is possible, make some specifics regarding the existence of these plans public to provide reassurance to patients.

LOCAL PEOPLE'S VOICE

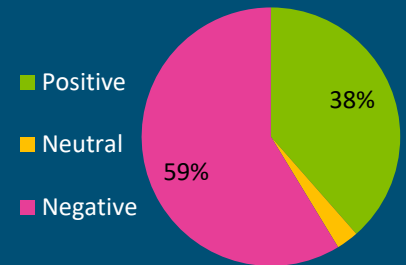
- Very caring, helpful and understanding support teams in an impressive hospital. But I chose to go elsewhere, because I found the attitude and organisation of the actual orthopaedic surgery team unsatisfactory. On 3 visits over 8 months I saw 3 different people and got 3 different stories, ranging from a senior consultant saying 'no op for you for at least 5 years' to a registrar describing a modern uncemented THR due within a month. No good explanation for the different proposals. I felt I had no confidence about who would do the op, what materials they would use, and what determined that decision. The initial 'brush-off' meant an avoidable extra 3 months of already severe pain. I have no doubt that the surgeons are all top-notch; the problem seems to be the lack of transparency (old-fashioned attitude to patients) and an unapproachable departmental structure.
- Father expresses his concerns that his daughter's appointment was cancelled, and he was informed with just one days' notice. He finds it totally unacceptable that they are now having to wait in excess of 9 months.

What we have learned

Clinical nursing

- ❖ While a minority report rude or unprofessional treatment, most patients perceive nurses at the Royal London as caring and compassionate. Some nurses are praised for going the extra mile to provide outstanding care or emotional support.
- ❖ Patients perceive the service as busy and over-stretched; this can cause them to experience a lack of support.
- ❖ As consultants have limited time, nurses (particularly consultant nurse specialists) play an important role in communicating with patients regarding their diagnosis, treatment and hospital stay. While some nurses receive positive feedback for offering advice and information, many people feel that they are kept in the dark about their care and what to expect while at the hospital.
- ❖ Triage nurses in A&E work in a particularly fast-paced environment. Some patients praise them for their efficiency, while others have found the triage process to be rushed/ superficial and triage nurses dismissive.
- ❖ Some people report that nurses staffing wards during the night are less professional and compassionate than during that day.
- ❖ Patients are dissatisfied with the food served in the hospital; they don't find enough choices to be available. Furthermore, some patients report missing out on meals because of admin errors or not having their meals brought to them, despite of the fact that they are not in a condition to walk.
- ❖ There are reported cases of medical neglect or injury caused by improper procedures (some involving mishandled infection risk), and of patient's property being lost or damaged.

LOCAL PEOPLE'S VOICE



- ❖ I would like to thank each and every member of the team within the ENT day care centre whom were involved in assisting my child and all children who attended ENT today. I would like to thank one nurse in particular, they are one of the best nurses I have come across, they have been an absolute gem, very empathetic, and professional, and my daughter thinks they are the best. I hope other wards can adopt similar work ethics. We have a great NHS service and great nurses and doctors and all staff who work day in day out.
- ❖ I would like to particularly mention the midwives working in the labour department. They have shown the great professionalism and extremely helpful and encouraging during the labour process. This is truly exceptional and hat off to them!!!

What we have learned

Clinical nursing

Recommendations

- ✓ Conduct further research into comments received (primarily through PALS and complaints) regarding lack of support and proper accommodations on hospital wards, as well as property loss and infection risk, to identify the source of these issues and prevent similar incidents in the future.
- ✓ Use online resources (such as NHS Choices) to inform patients of what to expect from their hospital stay. This could include:
 - Including links or printed handouts in appointment letters.
 - Making tablets or interactive screens available in waiting rooms.
- ✓ Carry out further research to identify the root cause of difference in patient experience between daytime and overnight. Review staffing rota to ensure experienced, senior staff are available during the day and night and to identify any staff morale issues that may impact patient experience. Identify, share and celebrate examples of good practice.
- ✓ Improve food service to ensure patients are not prevented from receiving their meals by mobility issues, and that they are able to sit and eat comfortably.
- ✓ Make use of printed menus (visibly displayed and distributed to patients) to inform patients of the full range of food choices available, and of each meal's suitability for various dietary requirements (ex: vegetarian, low salt etc.)

LOCAL PEOPLE'S VOICE

- In due to gastric pain and had to stay to be monitored, overall everyone was nice but when it came to being informed about what was happening nobody had a clue; they left us in the room just waiting around, not telling us what was happening or what will happen.
- I was admitted after breaking my leg. The treatment on the ward was good, attentive but on many occasions the nurses seem too busy to respond.
- The nursing staff from the sister down all seemed to have a chip on their shoulder. Just pressing the call button, you could be kept waiting for an hour.
- When supper was ordered I wasn't told to go out and get our food. Hospital staff expect [someone who just gave birth] to start walking up and about as if she's super woman!?! Then I had to ask for water- when it finally arrived I was told to get the water myself from the pantry! Absolutely horrendous!

What we have learned

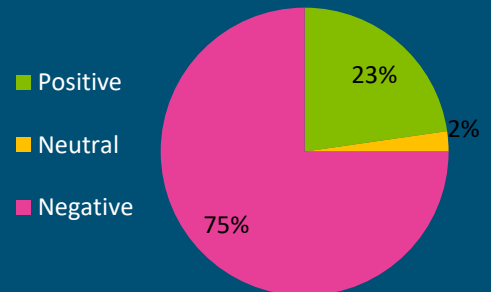
Discharge

- ❖ Preparing discharge papers can take a certain amount of time. While standard waiting times may be acceptable, when this is complicated by a busy ward, delays in transport or admin errors, it can become impractically long.
- ❖ Because of long waiting times, some people choose or are forced to leave the hospital without their discharge papers or their medication.
- ❖ Some patients have received incorrect records or have experienced delays in receiving continued care, because of admin errors. Communication with GP, carers and community services post-discharge can be dysfunctional.
- ❖ Frontline staff are generally perceived as pleasant and personable.
- ❖ Discharge is an important occasion for staff to inform patients about follow-on and community care options.
- ❖ Some patients have reportedly been discharged while still in need of hospital care.

Recommendations

- ✓ Review, simplify and streamline admin procedures for preparing discharge papers, in order to avoid errors and unnecessary delays.
- ✓ Communicate with patients about what the discharge process entails and what to expect.

LOCAL PEOPLE'S VOICE



- The discharge nurse went through everything [community midwife, health visitors] with me, she discussed information on the red book with me- what appointments will I be getting and she put everything together in an envelope for me. She was very helpful.
- I wouldn't want to talk badly about I, 'cause there were nice people; there was a nice nurse. But she basically said she was too busy. I really wanted to go home, I had been there too long. We didn't get our papers, we were able to leave... Not our choice, but we had to leave without the paperwork. They hadn't done the paperwork because they were too busy, so my boyfriend went back the following day.
- Despite my son having an unstable temperature, extreme drowsiness and being unable to sit or walk without crying in pain, the doctor discharged him against my wishes and against the advice of the nurses.

What we have learned

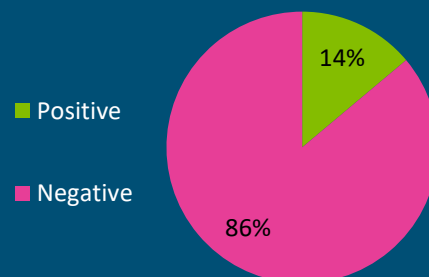
Follow-on

- ❖ Patients have had negative experiences with booking follow-in appointments after hospital admissions; they report long waiting lists and unnecessary delays caused by admin errors.
- ❖ Multiple patients with serious conditions report being discharged after surgery or other complex procedures without a care package, despite needing one.
- ❖ Some patients praise the guidance they receive regarding continuing their care outside of the hospital (at home and in the community):

Recommendations

- ✓ Assess the health and social care needs of all patients admitted to hospital with complex needs, in accordance with NICE guidelines.
- ✓ Make health and social care assessments accessible to hospital- and community-based multidisciplinary teams, subject to information governance protocols.
- ✓ Improve communication between discharge coordinators and community-based health and social care practitioners.
- ✓ As recommended by NICE guidelines, discharge coordinators should arrange follow-up care. They should identify practitioners (from primary health, community health, social care, housing and the voluntary sector) and family members who will provide support when the person is discharged and record their details in the discharge plan.
- ✓ Make this process transparent; offer detailed explanations when patients are assessed to need less support than they would have expected, including signposting to other sources of support.

LOCAL PEOPLE'S VOICE



- Son has been coming since birth for a skin condition, treatment is going well, need to visit hospital on a regular basis, for pre-booked appointments. Doctors are very helpful, explain follow-up very well.
- Patient fractured his spine in 2 places and also had a slipped disc whilst in was abroad and attended A&E 5 weeks ago. He was told an appointment will be made for him however even with the AIRS involvement there is still no appointment. His father also visited the department to obtain an appointment yet still there is no appointment.
- Have not received any postnatal care since birth. Please avoid this hospital at all costs. On the phone to the midwife team right now whilst writing this review and they keep transferring him from dept to dept with no luck.

What we have learned

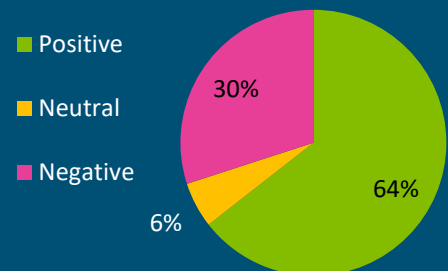
Community services

- ❖ Community services are an important source of support and advice/information; they are perceived as being of high quality.
- ❖ Community midwives and health visitors provide new mothers with useful information. Generally, they are perceived as warm, friendly and helpful. In some cases, however, they may need extra training in sensitively phrasing their concerns and advice. A small minority raised concerns about community midwives' competence and the quality of advice they give.
- ❖ Some users have raised concerns about midwives not arriving promptly for appointments, cancelling appointments at a short notice or not setting specific enough appointment times.
- ❖ Antenatal classes at the Royal London Hospital are praised by service users, who found them useful. More information on common birth complications and procedures could be added.

Recommendations

- ✓ Offer community midwives training in providing information and advice in a non-judgemental, reassuring manner, to avoid offending new mothers or causing needless worry.
- ✓ Improve booking and admin systems to allow health visitors to offer more specific visit times and keep a realistic schedule.
- ✓ Include info about common birth/ postnatal complications and procedures in antenatal classes. Signpost to reliable online resources such as NHS choices for further reading.

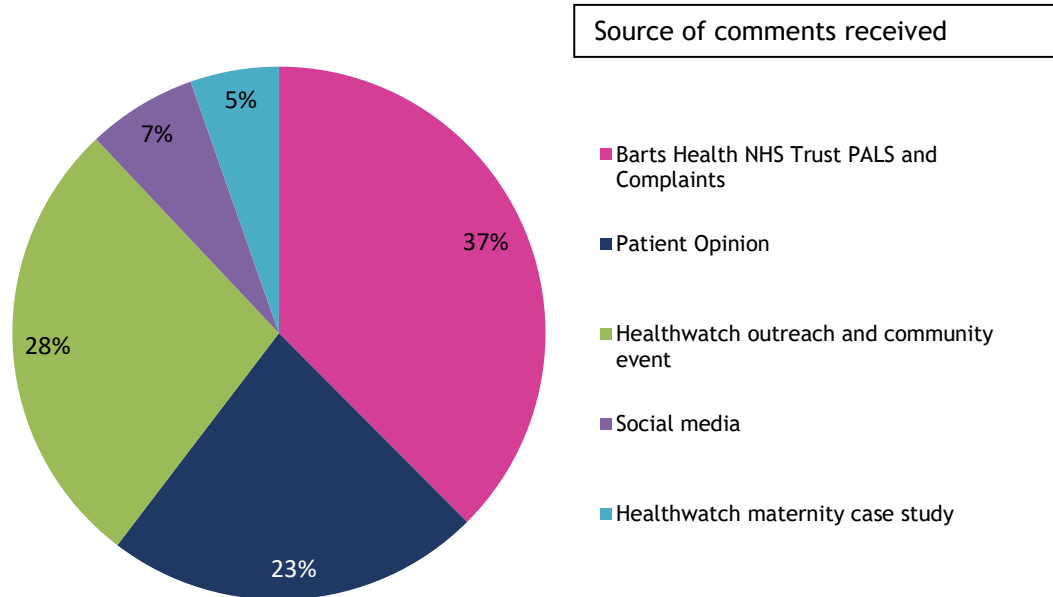
LOCAL PEOPLE'S VOICE



- ❖ “I saw a community midwife on Thursday. They contacted me straight away through mobile and they told me when they were gonna come. I had information about them from a leaflet.
- ❖ They were friendly and very helpful and they made me comfortable. They asked me how I was; they asked how I was healing down there, I told them I had natural birth with no tearing or anything.”
- ❖ “Amazing, wouldn't have got through early days without her”
- ❖ “Home visit [from midwife] was very reassuring”
- ❖ One of them was punctual, but another said “Oh, I'll be there between 10 and 4.” I asked, “Can you be a bit more specific?” and she said “No I can't, I've got admin in the morning, so I don't know what time I'm gonna be there”.

Data collection

Between **April and September 2017**, we collected and analysed comments from a total of **740** hospital service users in Tower Hamlets, identifying a total of **1850** issues.



We collected comments in a variety of ways:

- ❖ We analysed data submitted by patients online through Patient Opinion, social media channels (Facebook and Twitter) as well as through the Barts Health NHS Trust PALS and Complaints system.
- ❖ We engaged directly with service users one on one at the Royal London Hospital, at community venues and our own community events.

We have also conducted a case study following two Tower Hamlets residents who gave birth at the **Lotus Centre** in the summer of 2017, which has been published as part of our October 2017 Maternity Trends Analysis Report.

Data coding

Service user comments have been coded using a nationally recognised coding matrix, which applies issue, care pathway location, and (positive, neutral or negative) sentiment.

Quality assurance of coding is ensured through the Healthwatch Tower Hamlets Patient Experience Panel, a team of service users and volunteers based in the local community, who meet regularly to code all comments received by Healthwatch together.

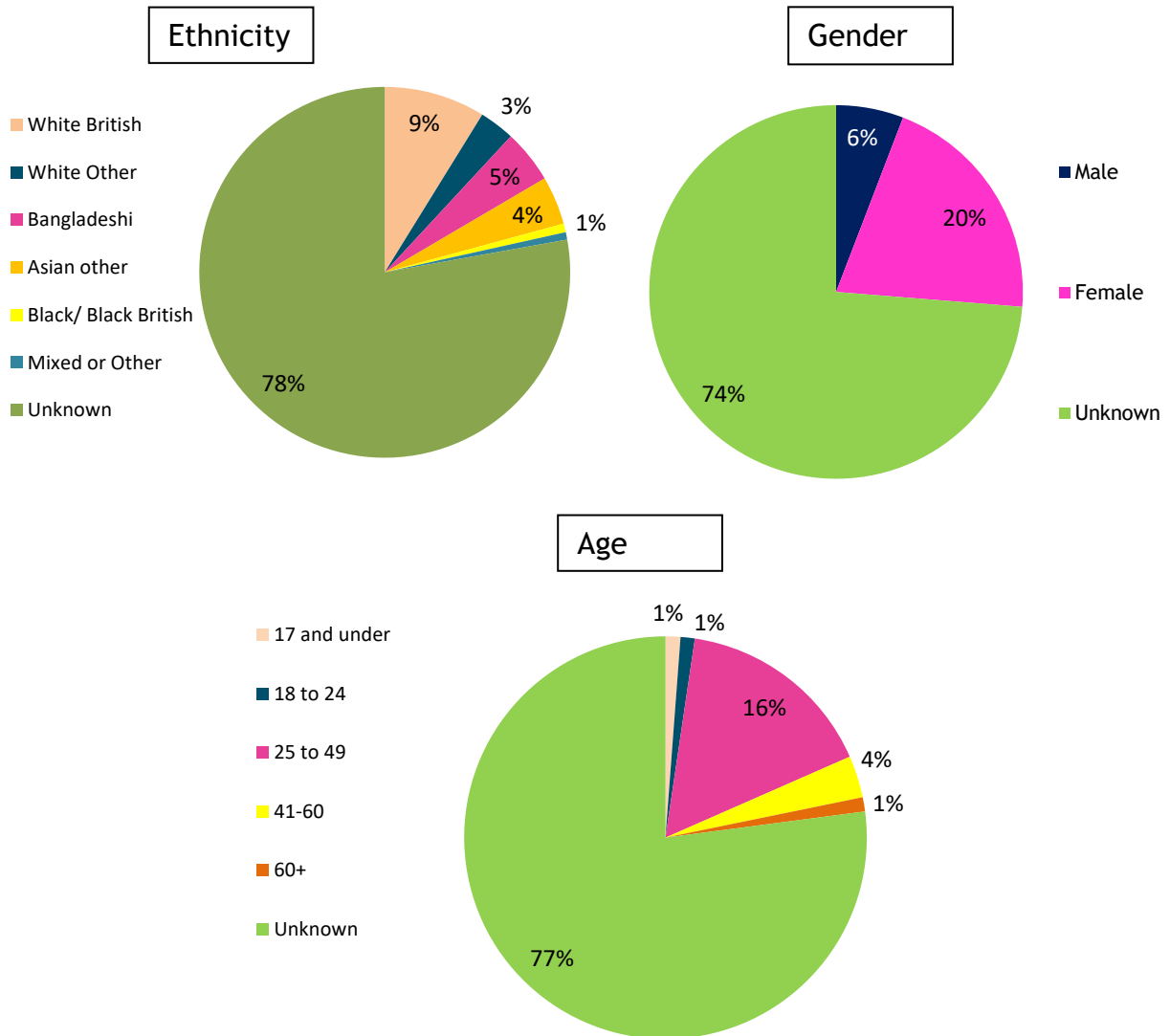
The Care Pathway

Care Pathway locations cover:

- ❖ Transport (ability to get to-and-from services)
- ❖ Reception (reception services including back-office)
- ❖ Diagnosis/Testing (diagnosis of condition, including testing and scans)
- ❖ Clinical Treatment (treatment received by trained clinicians)
- ❖ Clinical Nursing (care received by trained nurses)
- ❖ Discharge (discharge from a service)
- ❖ Follow On (supplementary services following discharge, including care packages)
- ❖ Community (community based services, such as social care, district nursing and community mental health).

SERVICE USERS DEMOGRAPHICS

As many comments receive come from anonymous reviews and complaints, demographic data is unavailable for a majority of service users. However, those for whom we have been able to record demographic data appear to be broadly representative of the borough's population. The larger number of women is explainable by our focus on maternity services.

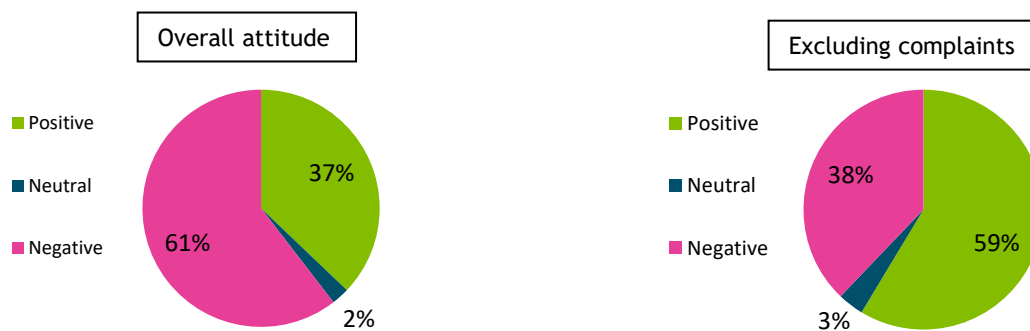


Our insights

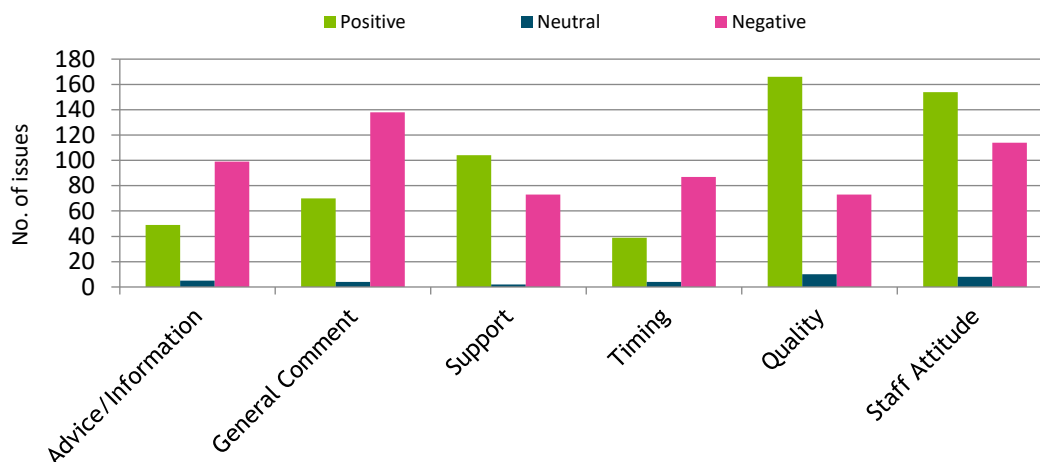
TOP OVERALL TRENDS

According to the comments, sentiment about the hospital is **61% negative**; a slight improvement from **68% negative** on the previous report.

It is noteworthy, however that 37% of our data has been sourced from Barts Health NHS Trust Complaints, which imparts a bias towards users who gave negative feedback. Attitude by service users *excluding complaints* is **59% positive**, a slight improvement from **52% positive** on the previous report.

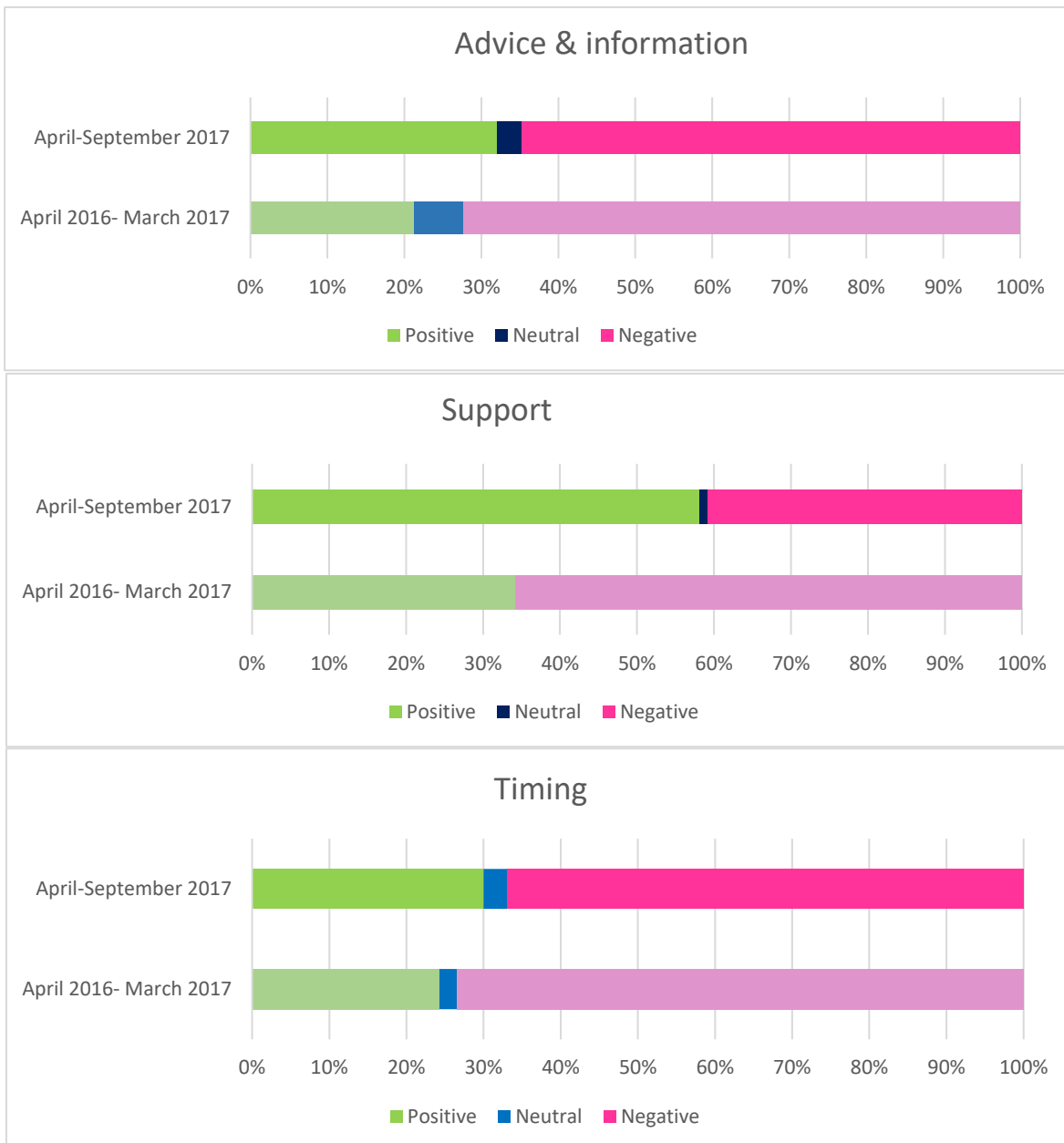


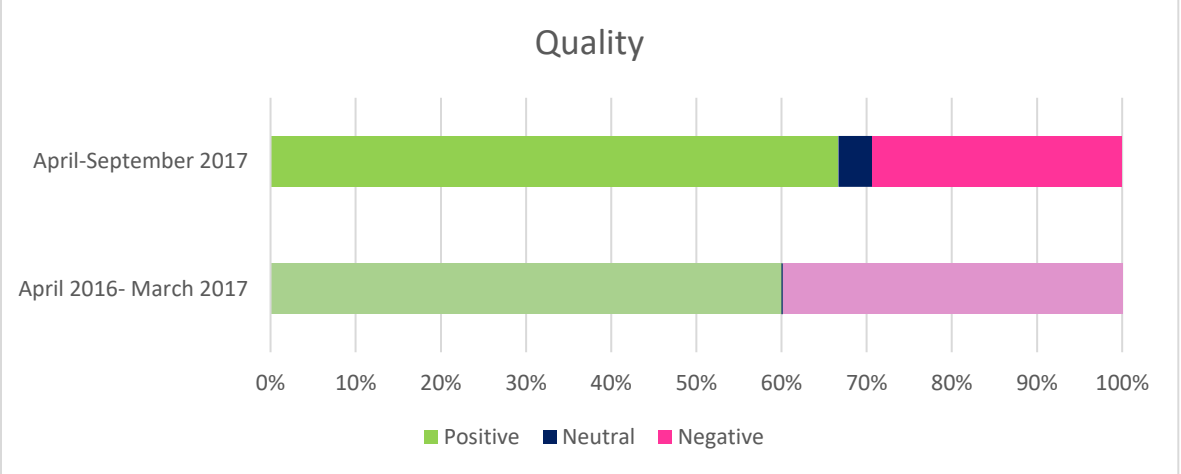
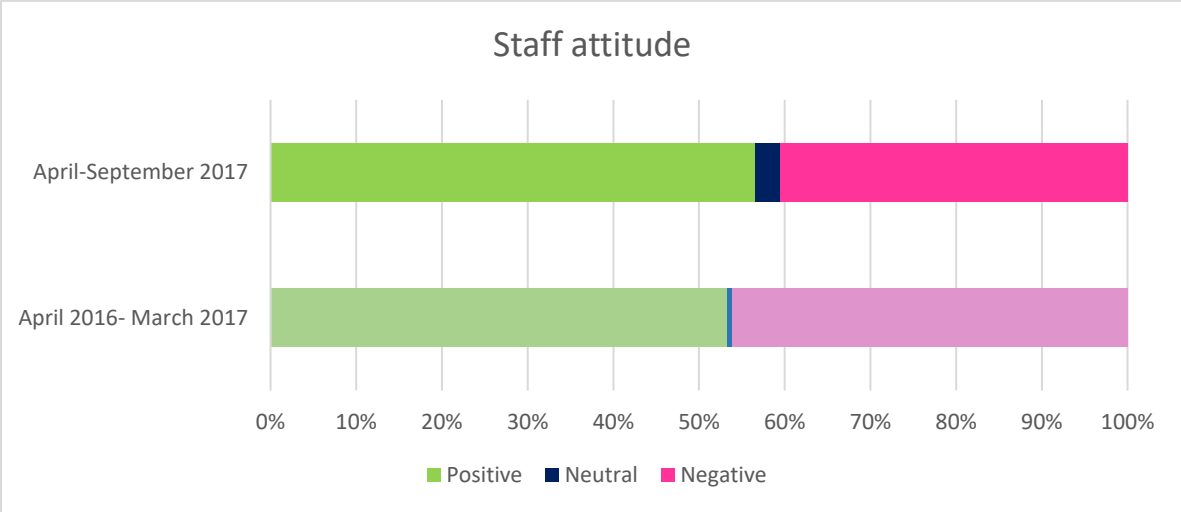
The most discussed issues are *quality, staff attitude, support, timing* and *advice/information*. Service users are broadly satisfied with the quality of service provided by the hospital; opinion of staff attitude and support is also leaning positive. On the other hand, patients are dissatisfied with the level of advice/information they receive and with long waiting times.



Compared with our previous report (April 2016 to March 2017):

- ❖ Sentiment about advice and information has **improved slightly** (but remains negative).
- ❖ Sentiment about support has **improved significantly**.
- ❖ Sentiment about timing has **stayed broadly the same**.
- ❖ Sentiment about the quality of service provision has **improved slightly**.
- ❖ Sentiment about staff attitude overall has **stayed broadly the same**. (to come back & see how that holds for reception/doctors/nurses)

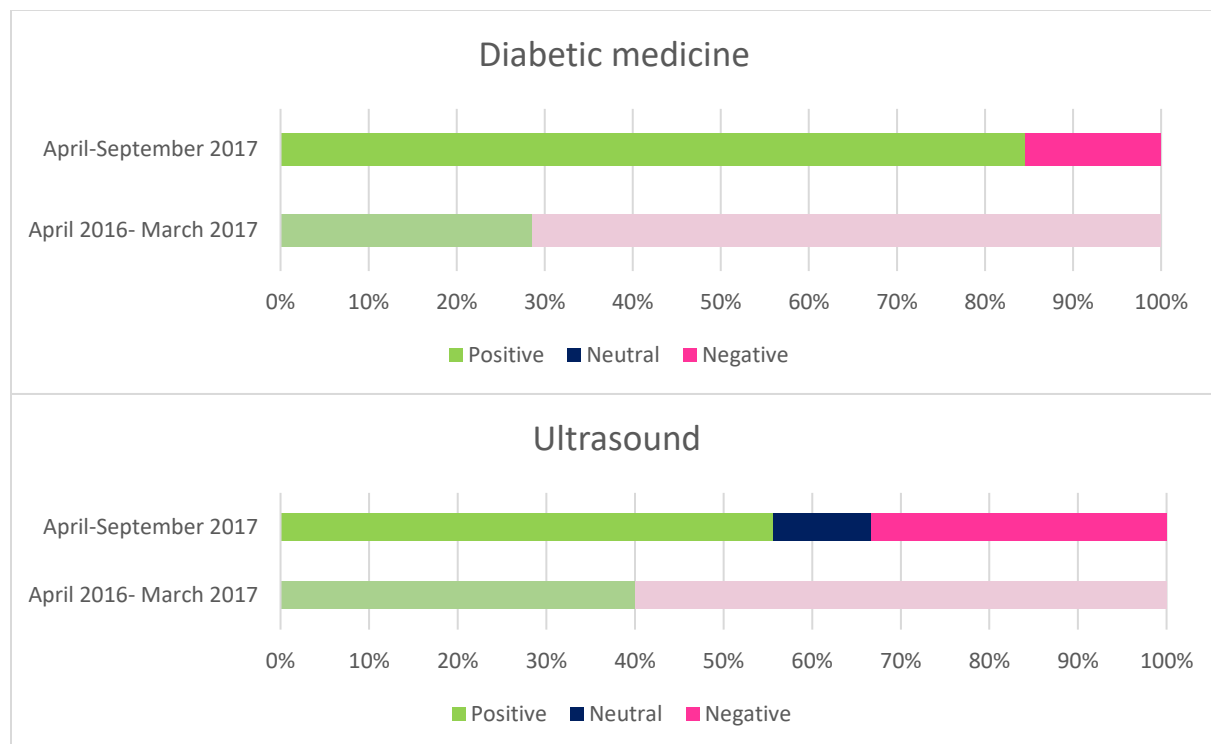


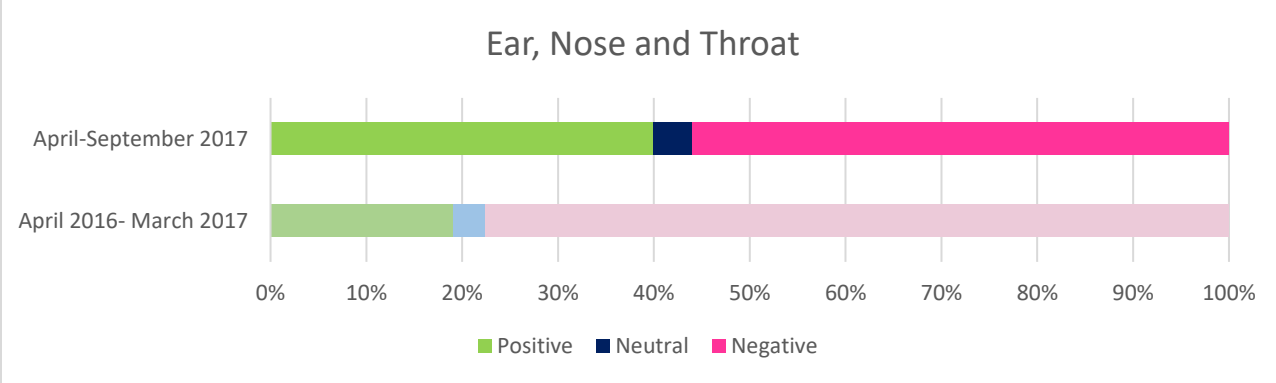
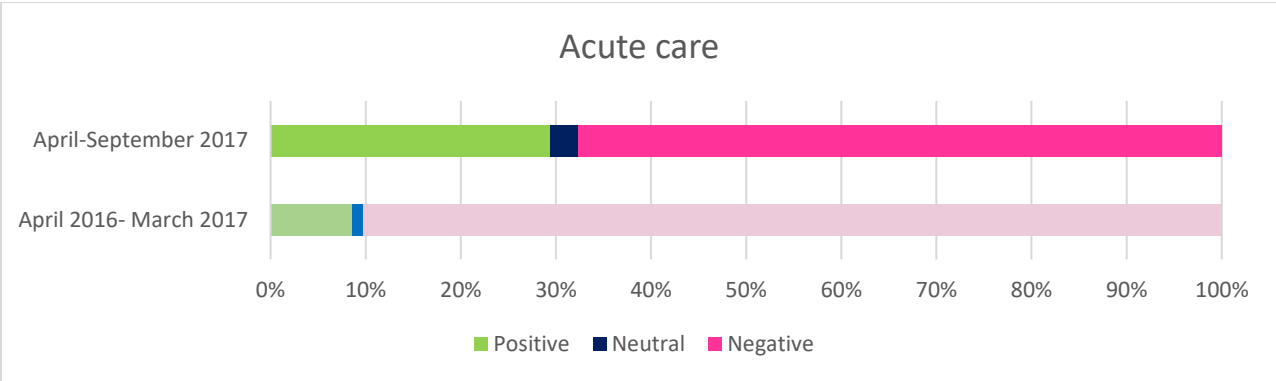
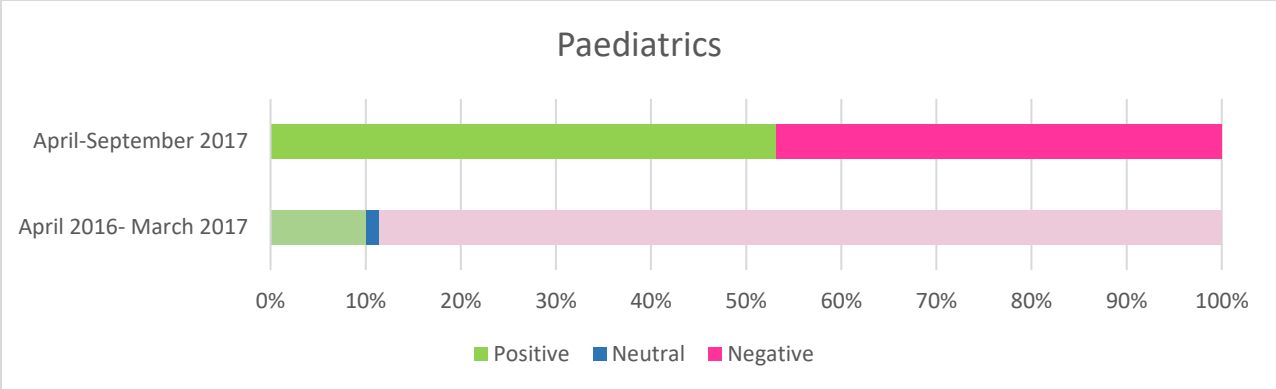


Services receiving the most comments are: *Maternity, Accidents& Emergency, Surgical Clinic and Paediatrics.*

Ranking of departments and services, according to patients' sentiment
Overwhelmingly positive (less than 20% negative comments): <i>Community breastfeeding support, Lotus Birthing Centre, Diabetic Medicine</i>
Broadly positive (21% to 40% negative comments): <i>Ophthalmology, Phlebotomy, Ultrasound</i>
Leaning positive (41% to 50% negative comments): <i>Community Nursing (including district nurses, health visitors, community midwives), Paediatrics, Accidents and Emergency, Urology</i>
Leaning negative (51% to 60% negative comments): <i>Dermatology, Radiography, Ear Nose& Throat, Neurology, General Outpatients</i>
Broadly negative (61% to 80% negative): <i>Gastroenterology, Maternity (excluding Lotus Birthing Centre and community services), Acute care, Orthopaedics, Renal Medicine, Surgical clinic, Fracture clinic, Physiotherapy</i>
Overwhelmingly negative (81%+ negative comments): <i>Dentistry, Gynaecology, General Inpatients, Cardiology, Cancer Services</i>

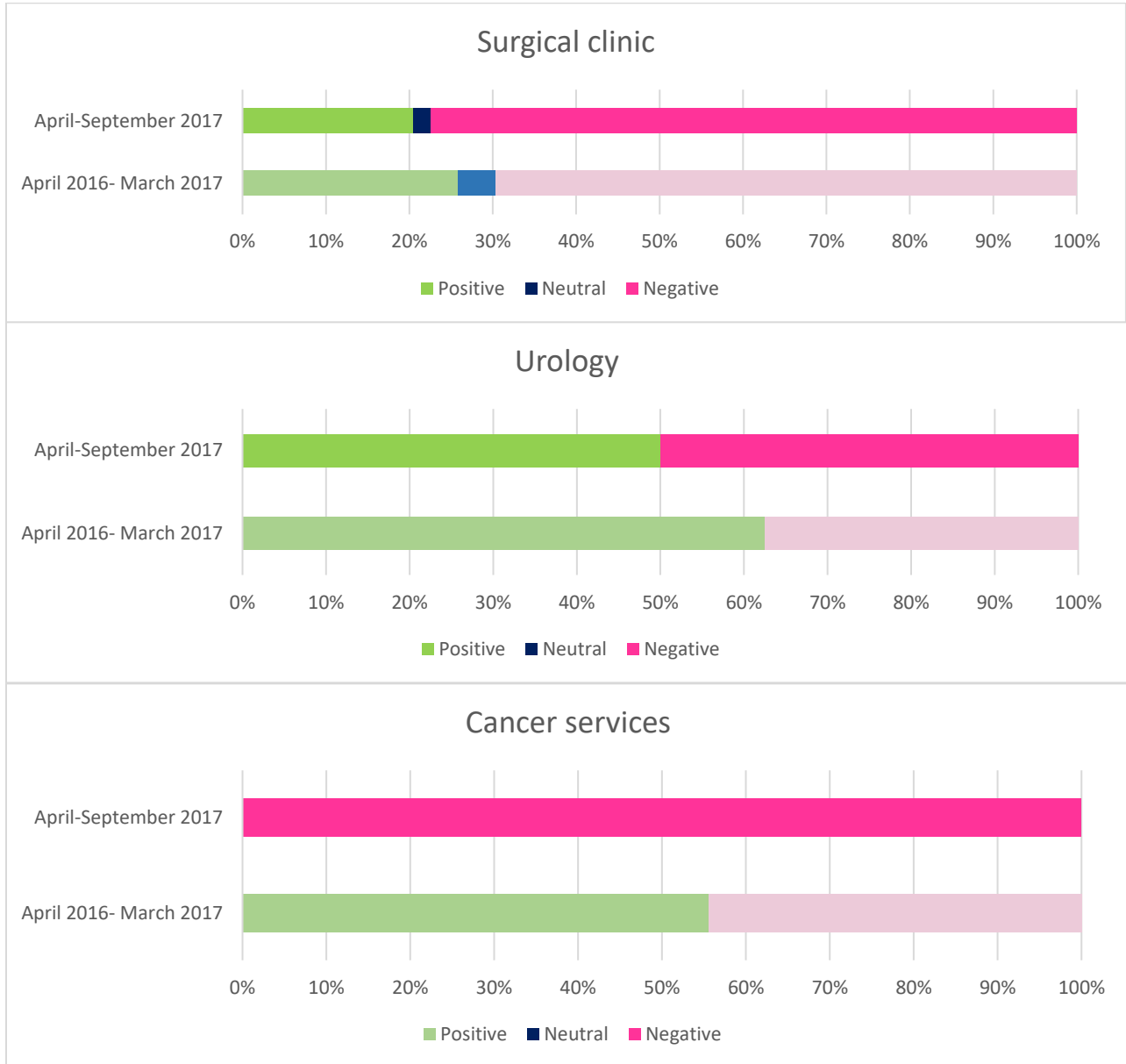
For some departments, patient opinion has improved since our previous report:





“I would like to thank all staff at 7D for taking amazing care of my three-month-old daughter, they were angels who came to my daughter’s aid. The paediatrician, nurses, surgical unit and member of staff who received us at night made the whole situation better. My daughter is in great condition and we left the hospital very impressed.”

For others, most notably cancer services, patient opinion has declined:

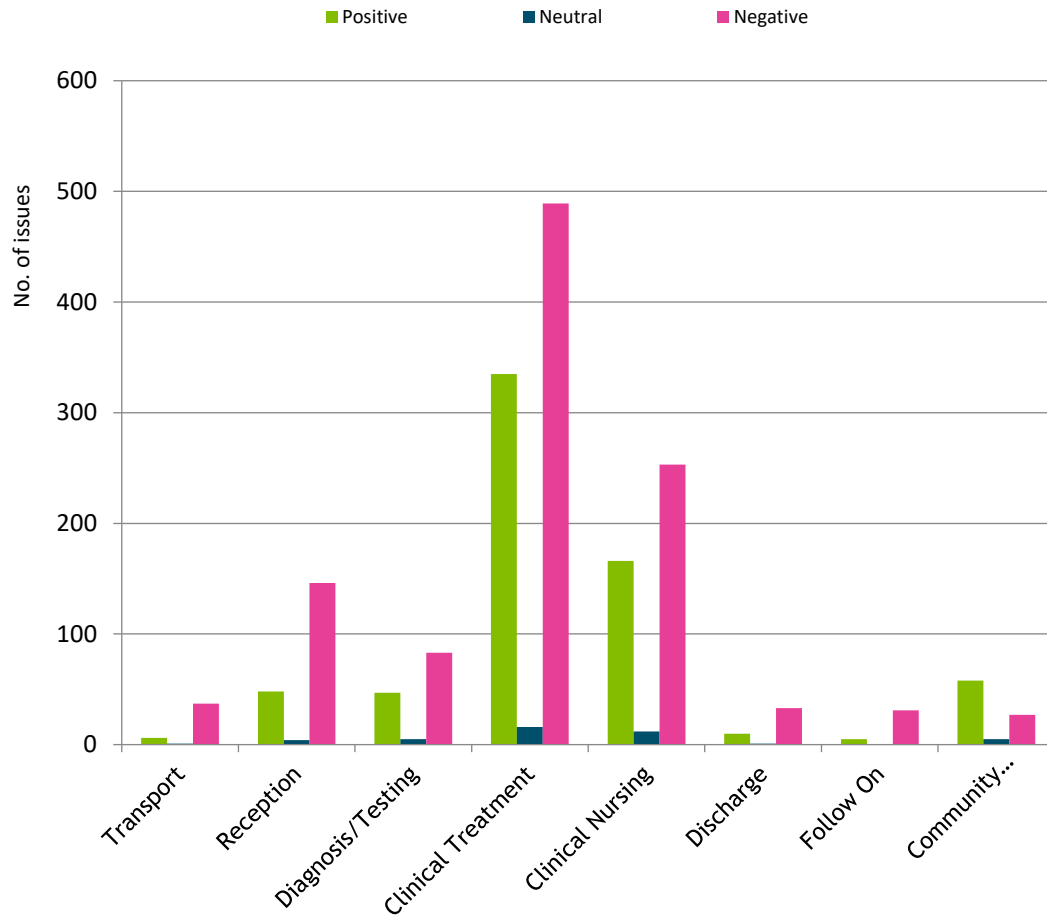


“My wife had a serious cancer operation on 20th March this year. No after care has been provided by the Royal London other than a request that she should be returned to the Royal London hospital for a medical review. A shameful, shameful situation from a NHS hospital - no after care other than that provided by a son and husband on a 24 hour basis, both under medical care ourselves.”



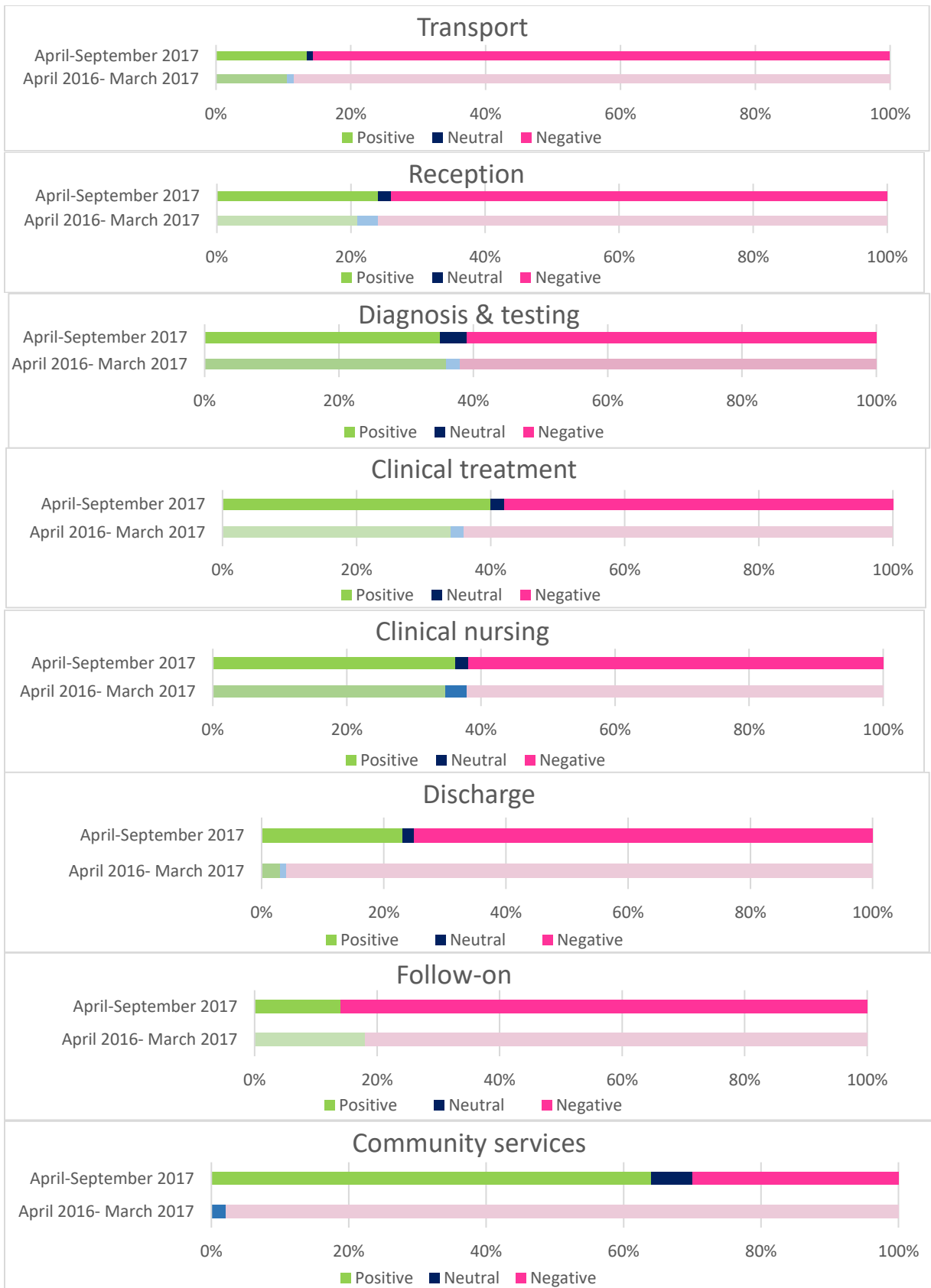
THE CARE PATHWAY- A SERVICE USER'S JOURNEY

Clinical Treatment and *Clinical Nursing* are the most discussed aspects; and attitude about both is *leaning negative*. The only aspect of the care pathway where positive comments outweigh negative ones is *Community Services*



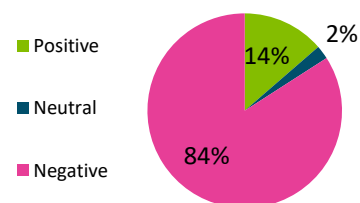
Compared with our previous trends analysis report (April 2016 to March 2017):

- ❖ Sentiment about **discharge from hospital** has **improved slightly** (but remains negative).
- ❖ Sentiment about **community services** has **improved dramatically**.
- ❖ Sentiment about all other aspects of the care pathway has **stayed broadly the same**.

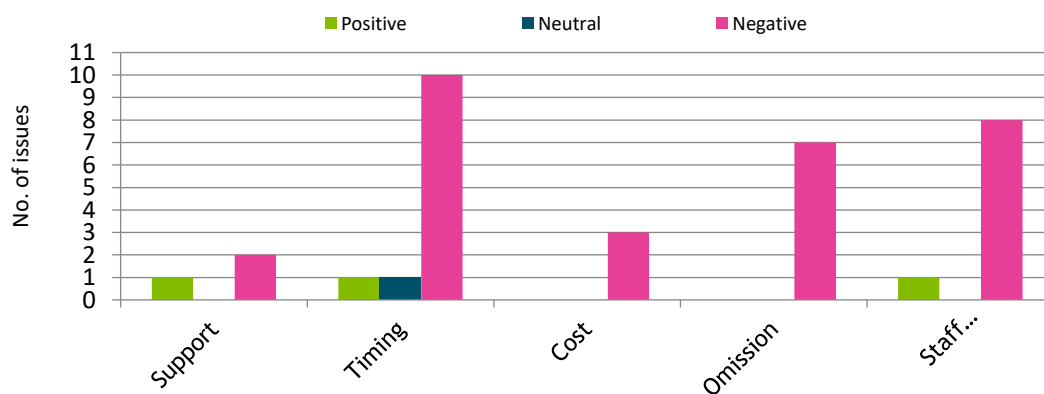


TRANSPORT

Overall sentiment about transport is **84% negative**. Booked hospital transport services arriving with severe delays or not arriving at all and unprofessional behaviour of drivers common grievances. Multiple patients report being forced to pay for their own transport as a result of services being delayed.



Additionally, appointment cancellations that patients are not informed of in a timely manner cause them to incur travel costs.



Delays in transport are a serious issue.

- Transport was late picking up the patient. When she raised this, the driver replied that "she has not been waiting that long"
- Transport delay inbound and outbound.
- Patient complained that transport delayed in picking her up for her appointment on four occasions.
- Complaint from patient's son in law about delay in outward bound journey .Patient who should have been dropped off first was taken on a longer route and given reason that it was to avoid traffic.

Transport for discharged patients seems to be particularly affected:

- The waiting at the discharge lounge was really long; I had to wait nearly one hour [for my transport].
- A mum said the transport always collect her on time in her house to come for her appointment, but the only issue is when she books the transport to come back it is taking so long- around 1 hour/30 minutes.
- Complainant not happy that her father was discharged to the discharge lounge and experienced delays in medication then received somebody else's medication that he took for 4 days.

Some patients report patients failing to show up at all. This poses a risk to patients' safety and well-being.

- *Transport failed to pick up patient and this is not the first time.*
- *Transport failed to pick up patient for her appointment, so the patient missed her appointment. The daughter had to then accompany the patient to A&E where they spent 6/7 hours.*
- *Email received regarding complainant not happy with the transport that did not turn up for the patient which resulted in a patient fall.*
- *Patient not happy with transport, patient was due for dialysis and transport did not turn up.*
- *Patient complaint about transport failing to pick him up on time during the weekend*

Because of the poor quality of transport, some patients need to pay privately for taxis:

- *Patient would like redress for a taxi that he paid due to the transport he was on broke down.*

Appointment cancellations that patients are not informed of in a timely manner cause them to incur needless travel costs.

- *Patient attended for dermatology appointment but on arrival was told doctor on annual leave. Was told a letter had been sent out to patient. Patient denies receiving this. She was later given another appointment through the secretary. Patient would like her travel money refunded*
- *Patient was due to arrive for a procedure and was told the bed for her overnight stay was confirmed. On arrival she was told no bed was available, so the procedure would not be taking place. Travelled from Chesterfield and is also a cancer patient. Is not happy at bearing the cost of the unnecessary journey*

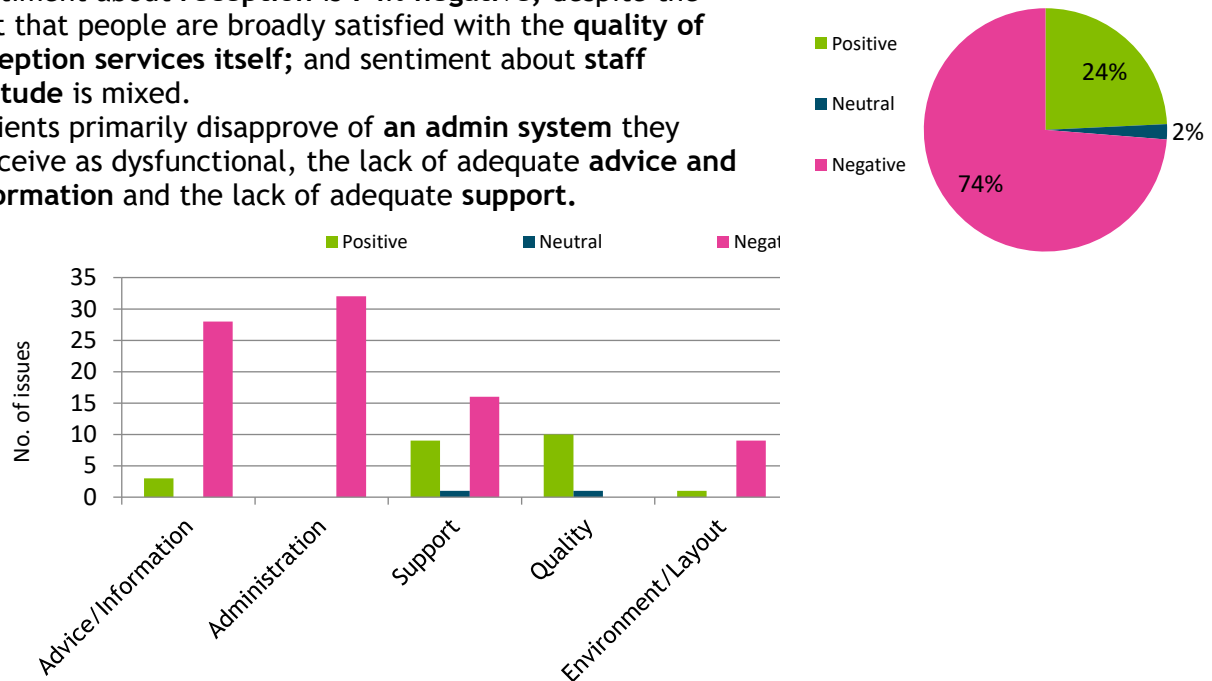
Drivers appear not to have a good awareness of patients' needs; some of them have reportedly behaved in an unprofessional manner.

- *Oncology patient says the driver assigned was unhelpful and refused to offer her a wheelchair or help her in/out of vehicle despite her having just recently undergone surgery.*
- *Ambulance driver made inappropriate comments about patient's weight before and after the journey to hospital. Driver refused to strap patient the wheelchair resulting in patient crashing into the back window. Patient noticed driver kept looking down and asked if driver had dropped satnav, as she could give directions to hospital and driver responded that she was checking her messages. Driver was unable to assist patient into the hospital as she had a broken hand and left patient in the middle of the road in her wheelchair for 20 minutes. Patient had to ring helpdesk for assistance. Patient head driver making inappropriate remarks about her weight again in front of other people.*
- *Transport arrive at a distance from the patient home. When patient enquired, the driver became abusive.*
- *Received complaint from ERS. Drivers were very unhelpful and unsupportive in getting the patient to his the appropriate department on stretcher.*
- *Patient's daughter not happy with transport team they are rude and even though the patient is a bariatric patient and they are told this when booking they still turn up and refuse to take patient with excuses as the chair or the ambulance this is also from booking transport asking daughter how much does the patient weighs.*

RECEPTION

Sentiment about reception is 74% negative, despite the fact that people are broadly satisfied with the **quality of reception services itself**; and sentiment about **staff attitude** is mixed.

Patients primarily disapprove of **an admin system** they perceive as dysfunctional, the lack of adequate **advice and information** and the lack of adequate **support**.



The appointment booking system is adversely impacted by admin issues. Patients may, on some occasions, receive inaccurate booking information:

- They called to give me a Saturday appointment for an ultrasound I had already done- I called them back to let them know, and they take you from pillar to post until I finally got to speak to them. They send out double appointments for the same thing in error- this happens a lot.

Appointments have reportedly been double-booked or cancelled with no notice; or have failed to register on the system at all.

- *I turn up for my son's appointment with letter, but we are not on the 'system'. He has an op in October 2016, follow up cancelled, waiting for appointment. My dermatology appointment just cancelled, always around holiday times as well. Is this how the NHS cut costs?*
- *Patient had an appointment with the paediatrician and dietician on 4 April. On arrival they were informed the appointment had been cancelled back in March.*
- *Patient's mother is unhappy that her daughter's appointment was cancelled but the hospital failed to notify them of this change. Patient was eventually seen but the notes the doctor had was incomplete so "he didn't do much".*
- *Patient attended a clinic and was to expect a f/up appointment. Patient called, and was told it was cancelled. Called again later and was told his notes had been lost and he would have to start the process again*
- *Patient attended a clinic and was to expect a f/up appointment. Patient called, and was told it was cancelled. Called again later and was told his notes had been lost and he would have to start the process again*
- *Patient's father not happy that after waiting an hour was informed the patient's appointment double booked. There was no appointment for patient.*
- *Patient attended for dermatology appointment but on arrival was told doctor on annual leave. Was told a letter had been sent out to patient. Patient denies receiving this.*
- *I had an appointment at maternity, then when I came she said it was not in the system and I was really upset because I been wasting my time and is not fair to wait for another appointment.*
- *Patient had an appointment and when she turned up she found out there was no clinic. Patient did not receive any notification of clinic cancellation. She also experience unhelpful staff when she was trying to establish what had happened*

Cancellations by patients have also failed to be registered, causing patients to be flagged as DNA (did not attend):

- *Patient not happy that she cancelled her appointment on the 7 March 2017, then she received a letter stating that she has been DNA'd when she had rung the numbers and spoken to a person to cancel.*
- *Dental patient says she received her appointment over a year for her appointment but when she called to see if it was still valid, she was told it had been rescheduled and she had DNA'd. She did not receive that letter. She was then given another appointment and later had a scan. She received a letter for a f/up, for Sept 2017. Later received another saying she had again failed to show, and had been dismissed.*
- *Patient paid privately in order to be referred to RLH. She had 2 appointments but unable to make the third, patient called to cancel. She called twice to confirm this, and both times told the appointment had been cancelled and rescheduled 14/07/2017.*
- *Received letter saying she had dna'd and had now been discharged.*

Some patients have found staff members to be efficient and professional:

- *Great service from A&E on Friday morning. The staff were helpful and made sure I got seen too quickly. Was in and out within an hour. Really impressed.*
- *Staff in this department are some of the nicest people I have met. They are highly professional, very dedicated and passionate about their jobs. You can tell they absolutely love kids and want them to have a stress-free experience in the hospital throughout their stay. From the admission staff, to nurses, anaesthetist, surgeon play worker, they are really warm and wonderful.*
- *I am writing to praise the care my disabled daughter received yesterday at the Daycare unit. In addition to the superb quality of the restorative dental surgery she received, I was very pleased with the highly efficient organisation of the unit. All staff were very professional and kind from the moment we arrived until she recovered sufficiently to go home.*
- *Very good service. Staff were professional and explained things clearly.*
- *Serious pain, seen immediately, all fab, reception to clinicians.*

When faced with issues such as long waiting lists, cancellations or admin mistakes, some frontline staff members are praised forgoing the extra mile in attempting to remedy the situation.

- *Once referred by the GP we were faced with a long wait for the initial appointment, however there was a very understanding and kind member of staff at the central appointments who explained us to keep ringing and ask for cancellations which we did. We managed to get an appointment within two weeks.*
- *After waiting several months for my appointment, I arrived on the department to be told that central appointments service had cancelled it the week after it was made! The staff could not have been more helpful - the receptionist called the service and, after being unable to sort out the situation then, spoke to another member of the team. This nurse was fantastic in explaining the situation and did their best to rectify the situation which resulted in me being able to be seen 90mins after my appt should have been. The Dr was very quick and also incredibly helpful. Afterwards the nurse even checked back to make sure everything had been okay. They did a fantastic job of resolving a situation that wasn't their fault - thank you!*

Other patients have found staff to be rude and unhelpful. Where patients experienced delays in receiving care (cancellations, admin errors etc.) through no fault of frontline reception staff, an unhelpful attitude on their part was still perceived at making the issue worse:

- *All the people I have spoken to at The Royal London have been nothing but unhelpful and rude, from the switch board to the midwives.*
- *The receptionist and triage nurse were unbelievably rude.*
- *A+E department receptionist staff were very rude and aggressive towards patients. They don't have respect for patients. E.g. I was shorted out saying stand behind yellow. Too many staff behind keyboard and typing. No.*
- *Patient not happy with the delays in receiving an appointment also the rude staff when ringing the audiology department.*
- *Patient had an appointment with the paediatrician and dietician on 4 April. On arrival they were informed the appointment had been cancelled back in March. Parent found the receptionist to be indifferent and visibly did not care what had happened.*
- *Patient attended his appointment at RLH. After waiting a while, he was told his GP referral could not be found therefore the consultant will not be able to see him. Patient also complain about the poor attitude of staff at the reception and poor communication from staff*
- *Patient not happy with the rude staff when ringing to change their appointment.*

Communication within the hospital, between medical and admin staff, can be inefficient, leading to delays in receiving care or unnecessary waiting times for patients. There have been cases of relevant tests not being ordered or inaccurate patient records being passed on.

- *Daughter claims her mother was due to undergo a procedure, but bloods required had not been ordered. Therefore, surgery could not go ahead. On calling the next day to inform the department, she was told that the system suggested the surgery had in fact taken place.*
- *Complaint received from service patient not happy that information in letters to the patient GP is not correct*
- *Patient's wife not happy with the delays her husband has experienced with the IT issues and the poor communication with switchboard, poor communication with oncology which she feels has had an adverse effect on her husband's delayed treatment*

There were also reports of patients in the waiting room not being registered or called.

- *I arrived at A&E at 12.45pm. I was seen by the consultation nurse within 30 minutes and all was going well. Once the nurse had seen me, it took 1hr30min for the doctor to see me, and the doctor seemed to have no information on me and we had exactly the same conversation as I had had with the nurse. The nurse had told me I was going through for a CT scan, so I then waited 1hr30min for the doctor to then tell me the doctor was going to refer me for the CT. I then waited a further 2 hours for my CT scan. This is where the fun began - after my CT scan I was told to wait in the same area until my name was called. I seemed to be waiting a significantly longer time than others and had seen others come and go, although I am aware they prioritise, so I just assumed I was a low priority. A couple of times I did wander back round to the injuries doctors station, but each time no one seemed to show any interest to address me or answer any questions I might have. Eventually I texted my friend (who is a doctor in A&E at another hospital) who said CT head scans must be reported within 1 hour. I had been waiting for 2hr30min at this stage, so I went back round to the doctor's station at injuries and waited until someone was interested in helping me. The doctor I had initially seen was happily sitting there talking about their break. I had been there about 10 min before finally a friendly doctor came and asked me if I needed help. This doctor then couldn't find me on the system at all, so went round to other areas and asked on my behalf. Finally, the doctor told me that one of the head nurses had moved me to another area with my results, but no one had ever told me to go there and that area did not know they were expecting me. My results had been received within 20 minutes of me having my scan, but it took until I went and asked 2hr30min later for me to find out - who knows when I would have found out if I hadn't gone and asked.*
- *Mother says she attended an MRI appointment with her 5yr old son after being told to arrive by 7:30am. After several hours the child had not been seen. Approaching reception, she was told the department was busy. Several hours later, she was told that there had been a miscommunication, and the appointment would have to be rebooked.*

Referral requests from other health professionals have reportedly been lost or delayed; this can potentially put patients' health at risk:

- *My midwife referred to see the obstetrician 4 weeks ago to see the obstetrician to discuss having a caesarean section. Since I did not receive an appointment letter, I called the hospital 2 weeks later and was told that they received the referral but were deciding which obstetrician should see me. I waited for another week and called again. This time they told me there was no referral at all. My midwife did the referral again and 1 week later I called the hospital they are still staying there is no referral at all! My GP has sent three referrals. I spoke to the Royal London this morning and they told me their external email and fax systems have been down for weeks and they have not received my referrals. They refused to book me an appointment over the phone without the referral. My GP has told me that I have a high-risk pregnancy and I am on medication that apparently requires monitoring by a specialist team. I have not heard a peep from the Royal London about any of this.*
- *I've been calling the Hepatology and Gastro clinics for WEEKS regarding my 16cm Hepatic Adenoma - a huge tumour recently discovered on my liver. It's rare and could be cancerous. If it ruptures, it could kill me. I've left messages and called countless times with no avail, chasing up a referral which was made on April 11th and hasn't been followed up since. I've been told I'm looking at liver resection surgery, which is traumatic surgery that will take three months to recover from. I've still not received my referral and I'm getting tired of calling and calling. Meanwhile, I'm putting up with the discomfort that caused its discovery in the first place - and putting my life on hold for surgery that hasn't even been discussed yet.*
- *Patient would like to complain about the service they have recently received from Barts Health. Patient received a letter advising that the patient's referral was unsuccessful. The letter did not state which department it was from, nor did it specify why the service was unable to offer an appointment to the patient.*

Contacting the hospital by telephone can be difficult:

- *I have attempted to call the ENT department in RLH on numerous occasions throughout today and it has been near impossible to get through and speak to someone. On the one occasion I managed to get through to a staff member that picked up, they hung up on me as I proceeded to explain to them my query. Subsequent attempts to contact this department was pointless as they then proceeded to pick up the phone, leaving the receiver off the hook and then eventually hanging up. I appreciate that the department is busy. However, such rudeness should not be tolerated. Especially of an organisation who apparently prides themselves on customer/patient service. If you have an urgent or pressing matters.*
- *Spoke to many customer service, they didn't show any respect, one of them put me on hold without telling me, and transferred my call. The other ones keep transferring my call to other departments, and the last one, when I asked for the right number so I can call straight away the department I want, gave me a number very very quickly (fast) I didn't even had the time to write it or memorise it.. And hung up...*

Some patients have reportedly failed to receive their records or other medical correspondence:

- *Received an e-mail from a patient who is very unhappy about her care and treatment. She informed that since last August, she has not received her clinic letter.*
- *Patient attended the Behcet's clinic at RLH and was promised many things including a copy of comprehensive letter and the results of his DEXA Scan within weeks. None of these has happened and the patient feels that communication is certainly not as good as it should be for a national centre of excellence. He also feels disappointed to say the least that he has been left to suffer new and scary symptoms with little help from the numerous voicemail messages that have gone unanswered.*
- *Patient's mother not happy that no follow up care given, and the patient's medical records are nowhere to be found; family will be needing these for their upcoming court date.*
- *I had a bypass on the 8th of May 2017 at Barts Hospital. I was discharged on the 14th May. It will be nearly three weeks since the discharge that my GP and myself are waiting for the discharge summary. I have called several times to Barts Hospital each time I'm being transferred from one department to another. I would really appreciate if I can be helped in that respect so that I can receive the right treatment which is to follow after the surgery.*

Patients are often not informed of any estimate waiting times:

- *It's Royal London Hospital too. 1 hour and 5 mins after my appointment without being seen by doctor and any update, I went to staff to ask when I will be seen. I was told they have no information, and let me wait in front of closed security door for any random coming out nurse for help, while they did not appear to be busy at all. When I insisted there were no nurse coming out for a while as it was lunch time, the staff member raised her voice and stared at me, pretty scary.*

Information posted online is not always accurate:

- *Received a feedback form from a patient who attended the BSHC and was told the service was closed. He informed that the information on the website stated that the service was open till 4pm. He arrived at 3pm*

Some patients are broadly satisfied with the level of hygiene in the hospital.

- *I have been to Royal London on a number of occasions. Each time, the hospital has been clean, I have been seen punctually, and the staff have been polite if not friendly.*
- *Cleanliness and nurses are amazing, respectful and professional.*
- *@NHSBartsHealth If only every #NHS hospital was as good as the Royal London Hospital! Amazing staff, great care, spotlessly clean. Brilliant*

Others raise concerns around it (particularly regarding the cleanliness of toilets):

- *The toilet by the X-Ray and CT waiting area was filthy - the flush handle had come off the toilet, there was urine and paper towels all over the floor and there was no soap in the dispenser. When I reported this to the receptionist of this area, who was extremely uninterested and seemed insulted I had even said anything and just told me to take my seat.*
- *Emergency department, toilets are dirty.*
- *This person complained about the hospital- he said is really dirty and the toilets especially are so bad and they are not clean; he's also unhappy with the lift access, it's really crowded.*
- *[Photo of dirty Nappy on hospital floor] @NHSBartsHealth are you concerned a nappy was found on floor of Royal London Hospital? @SercoHealth #BartsStrike*
- *On visiting the Day care unit today I was shocked at the state of the toilets regards no hand wash or no hygiene gel. When asking staff on reception 'oh yes we will report it', well I left this area at 17 50pm having got there at 10 30am & they was not cleaned once. One reception staff was picking their nose & sneezing into hands them addressing patients; this is disgusting not once did they leave to clean their hands & when I reported this they had no hand gel either, I have reported this at the hospital today. Building unit 8 3rd floor.*

The A&E waiting area may not be suitable for patients unable to sit or stand:

- *I was sent to A and E with suspected sepsis by my GP. The receptionist and triage nurse were unbelievably rude. I repeatedly asked for somewhere to lie down as my blood pressure was very low and I felt very dizzy. I was met with looks of blank incomprehension and was told that I had to sit in a chair. At one point, a nurse said, "I'm sure other patients would like to lie down too". Total lack of compassion. So, I ended up lying down on the floor of a toilet to try and ease the dizziness instead.*

During the summer, temperature in waiting rooms can be quite high, which may make already long waiting times particularly uncomfortable, especially for people who feel unwell:

- *The hospital is too hot and there was not air at all. They need AC or a fan.*
- *There was no air con on, stifling hot with so many people, making people physically sick with the heat and smell. waste of the NHS money, waste of my time.*

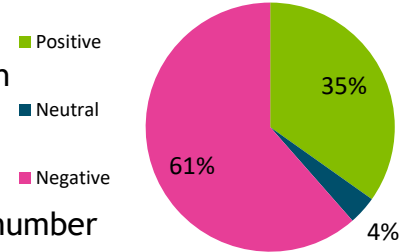
The elevator reportedly sometimes gets overcrowded:

- *[Patient's mother] is not happy because she been 10 minutes late at her appointment because she was waiting long time people give the space to get the lift with her daughter in the wheelchair; people are not aware people with disability had the priority. Please Beware.*

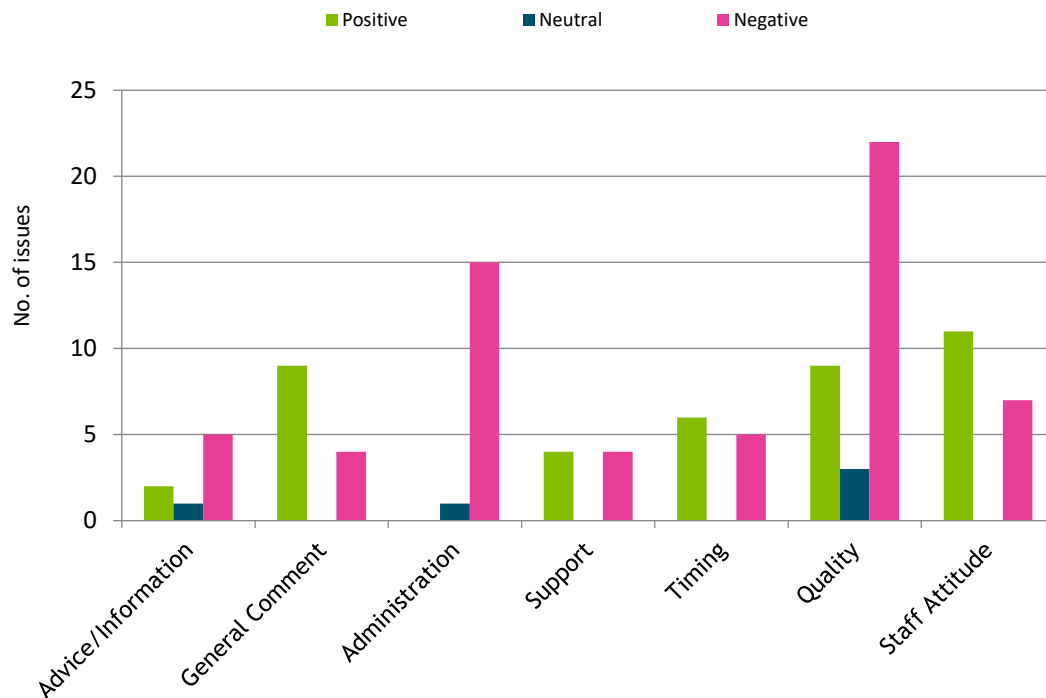
DIAGNOSIS AND TESTING

Sentiment about **diagnosis and testing** is **61% negative**.

Service users tend to be happy with the attitude of staff (such as nurses and sonographers), but unhappy with the quality of service; as some feel that their concerns have not been taken seriously. There are some patients who feel that they were wrongly not offered relevant testing, and even a small number who claim to have been misdiagnosed.



Admin issues have an important negative impact on the quality of service provision and, consequently, on patient opinion. Admin errors lead to inaccurate or incomplete patient records, as well as lost or missed appointments.



Some patients reportedly miss out on important specialist appointments or testing because of admin errors or lost referrals; this could pose a risk to patients' health.

- *Last year when I had a miscarriage they refused to see me, telling me I had to have three miscarriages before they would do blood tests (that I had already had done) to see if there was anything wrong (which we already knew there was, because we had already had the blood tests). It then took six months after my miscarriage to get an appointment to see the specialist. Twice I went to what I thought was my appointment (I even had an appointment letter) only to be told that my name was not in the system and the specialist apparently had forgotten to book me in.*
- *I have been waiting for 18 months for a follow up MRI and consultation and it seems the NHS sent me to a private clinic for the spinal injections and then while they wrote to my GP, nothing sent back to the NHS so I was just forgotten... meanwhile my problems have been getting worse. I am by no means one of the most needy or most desperate but I am in constant pain and getting worse with my symptoms and stumbling more often. I should have chased it up before but have had to complain several times before and didn't want to make a fuss...*
- *Complainant is concerned that she has neither she nor her GP have received results of a MRI taken 2016, and says she is still suffering from severe back pain and has not yet had a firm diagnosis or referral to a neurologist which was a possible suggestion. Patient was told to visit her GP to find out what the actual cause of her back pain was. On doing so, was told the GP was not aware.*

Admin errors also lead to inaccurate or incomplete patient records, which pose a further risk:

- *Complaint received from GP surgery - Patient not happy that a laboratory result was entered on the patient's record in error.*
- *Complainant not happy that her father came to an appointment and had tests done but it was for the son, as they both have same name but no date of birth was asked (Clinical Support Services, Imaging, X-Ray Dept)*
- *Our son was transferred to Royal London from UCH with a broken neck vertebra. The care he received from all the staff was superb and we thank the nurses, care staff and surgical team for their brilliant work in treating our son. There is one area which could be improved and that is the passing of information from one team to another. A few times during the stay one member of the staff would say something which showed that they were not aware of the latest situation (e.g. whether 'nil by mouth' status, advice on when to drink water and how much to drink, what x-rays were required). Had we not been there to clear up some of these misunderstandings then a mistake could have been made and it seems that a better system of knowledge sharing should be looked into. The staff have so many things to do that it would help them as well in their busy shifts if it was easier to see the status of each patient and their needs. We appreciate the severe time pressure which the staff operate under and anything which would reduce the burden on them - e.g. simpler communication channels - should be looked at.*

Some patients feel that their concerns have been dismissed or that they have been denied relevant testing; in some cases, this is backed by the judgement of their GP or a health professional from another hospital.

- *Patient was transferred by ambulance from BMI hospital to have an urgent scan carried -possible DVT. However, when she saw the doctor he down played any urgency and informed her due to budget cuts scans are not undertaken on weekends. She went back to the BMI hospital who carried out an urgent vengraph which detected two blood clots in her calf.*
- *Patient says she attended A&E at 16 weeks pregnant. Claims she was quite unwell with a high pulse, which she believes can indicate an infection. But says they did not perform a urine dipstick test. Patient sadly went on to lose her baby/ She is concerned that there was not scanning facilities over that weekend and not tests were done on her urine samples.*
- *Was in A&E with severe locomotor problems, kept for 12 hours being wheeled around/walking on my own although I recently underwent an operation, first they suspected I had a stroke, I was sent to the emergency treatment room, after which they kicked me off and decided I didn't have a stroke. Then I was kept for more tests which never happened only to be released at 2AM at night to go home.*
- *Patients who are referred by their GPs are not time wasters. Dismissing a patient's legitimate concerns on the basis that 'these things get better on their own' when your GP has sent you because it is outside of their expertise is not reasonable. Can I point out the NHS may be free at the point of delivery, but we pay for it and pay for the medical training of those who work in it. I doubt private patients paying at the point of delivery would tolerate such ill-mannered treatment.*
- *After waiting for a good hour [at the A&E], we were called inside by the assessment nurse who did not even check if we are the right person. With just a pulse check the triage nurse diagnosed my child to be suffering with urine infection (did not check the urine at all). Apart from the receptionist none bothered to ask us the reason for our visit or details of any other medical problem or even any allergy. Voluntarily I tried to explain the reason, but the nurse simply rushed us through and was very obviously keener on sending us away rather than listen to any concern. Even God would be lost for words to explain the magic how they diagnosed without knowing the reason or any other medical problem or checking up. I found this not only odd but very dangerous. Until the last minute of our stay none of the A&E nurses asked us the reason for our visit.*
- *Patient taken to paediatric A&E by her mother, and claims she was told she should not have taken her despite her child having both fainted and vomited, and was having problems opening her mouth. Patient discharged, but became ill on leaving. The receptionist assisted, and the patient was later seen by the site GP and admitted.*
- *Mother is concerned that despite multiple admissions to A&E with gastro related problems, he has not been deemed serious enough to be admitted and investigations carried out. Complainant mother, is worried about the effects on his schooling as the patient has taken a considerable amount of time out from studies. Challenges the diagnosis of anxiety being the cause.*
- *Patient has been admitted to RLH many times since September last year. In the last few months he has been admitted to the hospital on many occasions complaining of severe back pain. It is unclear if he had any investigations carried out with regard to the back pain. He was subsequently sent home still in pain. His last discharge from RLH was on 19/05/17 he was still in considerable pain. On the 29/05/17 he was admitted to the Newham General Hospital where he has been diagnosed with a hairline fracture in his spine. The patient's sister would like this looked into.*

Some patients report being discharged without receiving the results of tests carried out.

- *I was taken to the Royal London hospital after I collapsed in the street, the A&E staff were brilliant with my care, so helpful. I was taken to a medical ward, unfortunately I had another breathing attack and was transferred to critical care ward, I was checked by a camera and was informed my voice box showed a swelling and the voice box is breaking down and might have to consider a tracheoscopy. The next day, I had a MRI scan which confirmed a swelling at the back of my tongue and a narrowing of the airways the ward doctors advised this is the initial report and are waiting for the full report to be received. Later that evening I saw an ENT person who says there is nothing wrong and if I drink three pints of water a day I will not have any more of these attacks, their medical diagnosis was only based on the interim MRI which already showed I had some sort of problem as the full report was still not available. I was discharged the next day. How can this decision be to discharge me without the full findings of the MRI report being known? I was also experiencing loss of use in my neck, shoulder, arm and hand on the left side. The ward doctors said: let's see what the MRI shows, this could be a disc or nerve problem, but as I was discharged before the full MRI report I will never know what the problem is until I get a referral from my GP to a local hospital. I am sure the resuscitation team in the hospital who helped to keep me breathing would be happy to know for future reference that all they need to do is give a glass of water and everything will be fine, I have to say I did not know the R L H had started advising the use of eastern remedies as advised by this ENT consultant. I am disappointed with these doctors.*

In a small number of cases, patients report being misdiagnosed based on investigations carried out at the Royal London Hospital

- *[Patient who filed a complaint] would also like to know why after a number of imaging procedures, it was not picked up that her kidney was attached to her bowel.*
- *Complaint received Via AIRS - Patient not happy that she was told she had cancer then told she hasn't, poor communication and patient losing out on treatment day.*
- *Patient states that the doctor did not treat her properly and her diagnosis was incorrect. She is also unhappy with some of the doctor's communication which was perceived as being inappropriate.*
- *Patient attended A&E with abdominal pains. After waiting several hours she says for a scan, she was told she had an extrauterine pregnancy and to go home and come back within 2 days. She attended the next day with pain much worse and re-attended A&E, and diagnosed with a haemorrhage. Underwent surgery but was later told she had in fact had a miscarriage. Not happy with the misdiagnosis.*

Some patients are satisfied with the level of information and explanations they receive from consultants and other professionals:

- *[The sonographer] checked everything she needed to check, she was very thorough. She explained to me [what I was seeing] a little bit, but not in depth, she was focused on getting all the measurements and doing what she can getting ready the papers. I didn't feel anything negative towards them, [I found out] I was 16 weeks instead of 12 weeks; that was quite good [to know] how far I was, and I generally felt [it was an] enjoyable experience.*
- *My wife has suffered some symptoms, which require the continuous monitoring by seeing the doctors, midwives and conduct scan. We have been well notified for all the facts, issues and most recommended actions, and feel we are informed and taken well cared throughout the period. As a result of early water broken, we have been placed in observation for 1.5 days; the staffs are professional and friendly. During the induction period, we have once again been well given the information for step, consequences and so on.*

Others, on the other hand, feel that they did not receive sufficient explanations. This can foster a climate of distrust between patients and medical professionals:

- *Patient is concerned about his care management. He is complaining that his consultant is not communication effectively with him and therefore is not sure what his diagnosis is. He is still having pains in his legs however he has been asked to go for scan for his stomach.*
- *Patient recently underwent a partial leg amputation, and has been attending clinics regularly. Says he is concerned at the length of time it is taking for his wounds to heal and infections to clear, so he can be fitted with a prosthesis. Each time he is told it will heal with time, but patient does not think he is being care for appropriately*
- *Kidney replaced last 3 months. Now pain is in right side. Doctors said everything will be fine but she thinks that is not ok come to doctor today.*

Many patients are satisfied with the attitude of staff members, who are perceived as empathetic, kind and accommodating:

- *A mum came to the hospital with her son and she said she is happy with the pathologist, she was really kind and caring.*
- *A mum came to the hospital for first time to the phlebotomist with her son and the baby was panicking. The mum explained she wanted to hold him in her lap and the nurse said 'yes please, then the nurse took the blood really well, she was kind. The mum said she is happy and she wishes to have a good hospital near her.*
- *My sonographer was very thorough, and she wasn't rushing everything, taking it slowly. I heard from other mothers that their sonographers were rushed, but mine wasn't. She couldn't tell [at first] if it was a boy or girl, the head was down she couldn't see the sex of the baby, so she made me do things- she told me to move and the baby's legs were crossed at that time, that's way couldn't see the gender, so she can try to find out but she couldn't see it because the baby was in the wrong position, the head was down and the baby didn't move around, but eventually she saw it at the end and that was quite nice. Others may have just said, "Sorry, we can't see it", but she took the time to be helpful and friendly towards me to get into position which I thought it was quite nice.*
- *I was seen 11 June 2017 due to break in my arm. Everyone in the X-Ray department was extremely helpful and professional. A huge thank you to you all for everything, especially one member of staff.*
- *The ultrasound service is very professional, excellent and the staff are really good and helpful.*

- *Walked in Sunday morning with worries I was having Heart Attack number 2. I wasn't. Staff were helpful. Friendly. Did their best to check me out. And once told I was ok I was back out to continue my Weekend break.*

A smaller number report rude or unprofessional behaviour from staff members.

- *The patient is unhappy with her interactions with the receptionist in the Ultrasound Department and subsequent behaviour of the Radiologist. Who she found to be rude, abrupt and failed to give her tissue to "wipe her private area" after the scan. The Radiologist also asked her a very personal question which she feels was inappropriate and wants to know why this was asked*
- *Mum came with daughter for blood test and she said the lady become really grumpy she was not happy.*

Some patients are highly appreciative of being seen promptly:

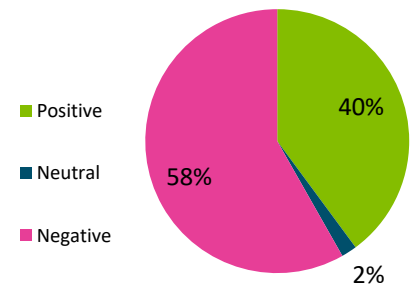
- *Visited A&E yesterday with my dad after him suffering chest pains on the way to work...what can I say he was seen in minutes, hooked up to the ECG given blood tests informed every step of the way as to his treatment. This hospital is by far the best we have been too they truly do an amazing job at saving lives on a daily basis. Massive thank you to the doctors and registrar in the assessment area.*
- *Came with one-year child, had pre booked appointment at the children section, the child has blood related issue. Parent are happy with timing, service, and advice on follow ups.*
- *[I had my first scan at 12 weeks at the Royal London Hospital]. It was good, they were very helpful. The waiting time wasn't long; only ten minutes.*

Others found the waiting time to be unreasonably long

- *A mum came to the hospital with her son and she said is happy with the pathologist, she was really kind and care the only thing she was really upset is the waiting time, it was too long.*
- *I got my hand caught in the door at home and fractured the bones in my fingers and hand. There was a long wait in A&E (6 hours) but it was a very good service otherwise.*

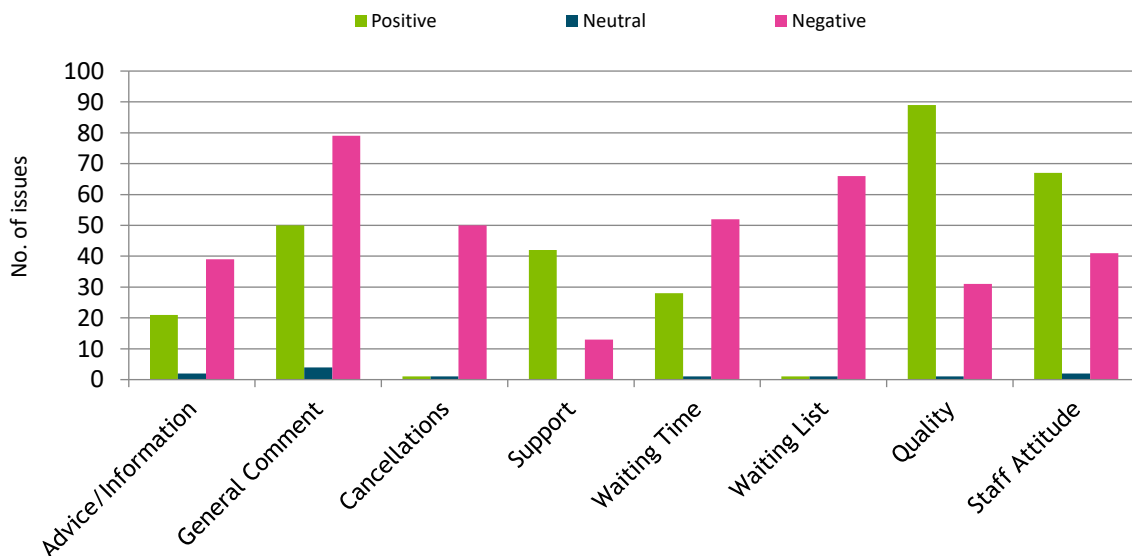
CLINICAL TREATMENT

Sentiment about **clinical treatment** is **58% negative**, despite the fact that patients are broadly satisfied with the **quality of service provision, the level of support they receive and the attitude of staff members.**



Long **waiting lists** combined with **cancellations** and insufficient **advice/information** are the main sources of discontent among patients.

Patients at the Royal London Hospital have had a fairly **inconsistent experience**: while some speak very highly of the services they receive, others report very negative experience. The **level of trust between patients and consultants** varies from patient to patient. Many believe that they are receiving a good service from trustworthy, competent and compassionate professionals. However, a worrying number of patients feel that their health concerns are being dismissed or that they are not empowered to make informed choices about their care. Generally, patients who feel listened to and who receive detailed information and explanations from their doctors trust that they are receiving good treatment more than those who feel “kept in the dark” about the reason for their treatment.



Most patients perceive doctors at the Royal London as trustworthy and competent. Offering detailed explanations of the patient's condition and treatment is crucial for building this relationship of trust:

- *I had my baby by emergency c section at the RL after baby's heart rate dropped and I wasn't dilating past 3cm. When I met the doctors, I could tell they were of the highest quality and I felt safe and confident. In recovering my baby was a bit sick, and because I'm strep b positive, they wasted no time in checking her, observing her and eventually admitting her to ICU. Which was upsetting, but we knew she was in the best hands possible! What a team of people! I'm crying as I write this, and no words can describe how lucky and honoured we felt for our baby to be looked after by them all. Not one stone was left unturned! Communication was excellent, and we never felt left in the dark or like we were waiting.*
- *I am writing to praise the care my disabled daughter received yesterday at the Daycare unit. In addition to the superb quality of the restorative dental surgery she received, I was very pleased with the highly efficient organisation of the unit. All staff were very professional and kind from the moment we arrived until she recovered sufficiently to go home. The consultants and anaesthetist explained the procedures and possible outcomes in clear detail, so that we were fully aware of any uncertainty.*
- *My father is under Dr (renal consultant). We are very pleased with the service we have received from them. Couldn't have wished for a better doctor to manage my father's dialysis. They always treat everyone with respect, very approachable and professional. My father has been unwell recently and Dr has supported us through this, they have excellent communication and really cares for their patients.*
- *The facial surgeon was top class and told my grandson everything they were doing at every stage and answered all of his concerns.*
- *I came for an appointment for surgical, the staff have been really good, the doctor has also been kind, they explain everything to me, I am really happy about the procedure and this hospital is good- better than others I have been.*
- *Very good and professional. They have the skills and they talk to you confidently and clearly which makes you feel they know what they are doing.*
- *Very good service. Staff were professional and explained things clearly.*
- *I cannot praise the service enough. Taken straight to the emergency assessment cubicle. Seen by a consultant immediately who ordered pain relief which the nurse gave immediately. Consultant called the on-call urology register and I was moved to a separate cubicle. On call urologist came within 5 mins and diagnosed me and explained treatment options (lovely caring doctor) and arranged for my admittance on 9E. In the morning the urology consultant came and further explained treatment and told me I needed surgery later on the day. Surgical staff were brilliant and caring.*
- *I have been attending the paediatric ophthalmology department at the royal London hospital for a number of years now. There have been times when I didn't have an appointment but needed to ask questions, doctors who have come to reception for other reasons have taken the time to speak to me and also deal with my issue promptly. They are one of the best departments I have come across where so many of the doctors show genuine care for the patients and I always feel happy to approach them with any concerns. We need more people like the ophthalmology team!! Thank you.*
- *Very good and professional. They have the skills and they talk to you confidently and clearly which makes you feel they know what they are doing.*

A friendly, warm, accommodating attitude on the part of staff members also has an important positive impact on patient experience. As many patients visit the hospital at stressful times in their lives, it is important to acknowledge their mental state and provide reassurance:

- *Hospital experience has been very positive because doctors and other staff are friendly and hospital is very clean*
- *Most recently I was at the A&E and the lovely smiles from the nurse and doctor made an otherwise miserable night a bit more bearable.*
- *I would like to thank each and every member of the team within the ENT day care centre whom were involved in assisting my child and all children who attended ENT today. Staff in this department are some of the nicest people I have met. They are highly professional, very dedicated and passionate about their jobs. You can tell they absolutely love kids and want them to have a stress-free experience in the hospital throughout their stay. From the admission staff, to nurses, anaesthetist, surgeon play worker, they are really warm and wonderful.*
- *[From the mother of a 4-year-old ENT patient] Thank you to the anaesthetist and the surgeon doctor, there were both incredibly caring, kind and patient centred as well as reassuring. Also, not to forget the play specialist, I was never sure about what their role was but actually proved invaluable when practicing 'blowing bubbles' into the breathing mask before surgery.*
- *The staff are very supportive, and they were exceptional, very patient with me with mixed emotions and they were very patient with me.*
- *The best thing was while in A&E the consultant came to see me to check how I was coping (from a mental health point of view). I really appreciated this.*

The quality of service provision is praised by many service users:

- *This time 2 years ago, though I never realised it then, I was seriously unwell. My inflammation was, according to doctors "really nasty". Fast forward to now and I've never felt so well. For the past year or so I, for the first time since diagnosis, have ZERO inflammation. I don't feel the fatigue I used to have, I don't have those embarrassing moments anymore and as a result I'm super chilled about life. I owe a thanks to the NHS, and especially the staff at Royal London Hospital. I feel lucky to get the £1000s of treatment I get for free!*
- *I am very pleased with the level of care I have received from the Consultant Neurosurgeon and the large team of people who dealt with me - I was a (very) short-notice admission, but I'm once again impressed with what the NHS provides under difficult circumstances whenever it can - access to some of the very best specialists available anywhere. Thanks to them I'm on the road to recovery.*
- *I broke all the bones in my arm and cannot express enough how great team were. Wait was a bit long, but I could see staff working hard juggling priorities. Thank you to everyone*
- *I was referred to Vascular Surgery at the Royal London as a complex case for an open replacement of my abdominal aorta - a major, life-threatening operation. I cannot fault the care and professionalism of the vascular surgery team and the ITU staff - they are among the best in the business and I would trust my life to them again in a heartbeat. Their professionalism, passion and commitment to what they do shines through and they achieve a high standard of excellence.*
- *All the staff are fantastic they saved my granddaughters life after an RTA, can't thank each and every one enough, God bless you all!*
- *Anyone that slams the NHS haven't experienced The Royal London Hospital - My mum's been in ICU for 2 weeks and had the best treatment #nhs*
- *Dad came with the disabled boy. He has been coming to this service for 7 years, found very satisfactory. Very happy.*
- *I experienced great care and treatment at the Royal London Hospital yesterday. Thank you all. #proudtobenhs*
- *I had to stay in ward 8c of the women's clinic after open surgery to remove a cyst. All the doctors, nurses and everyone who helped look after me were great and made my stay a lot easier! A big heartfelt thank you to them all.*
- *Mum had a baby, 0 months, she came on Thursday to operate on his stomach. She said the treatment is good and she is really happy. She is very happy with the hospital.*
- *My experience was really good; the team was first class after having a major operation on June. I look forward to regain full mobility.*
- *My son was run over... the amazing staff saved his life.*
- *Massive thanks to A&E @NHSBartsHealth Brilliant today for a colleague. Serious pain, seen immediately, all fab, reception to clinicians. Reply from patient: Absolutely....everyone was amazing thank you. I'm comforted knowing I'm in great hands @NHSBartsHealth #royallondonhospital.*
- *Really happy with everything, they took good care of her.*
- *She is coming with her child regularly for her check-up. Everything is good and she is very happy with their service.*
- *Son has been coming since birth for a skin condition, treatment is going well, need to visit hospital on a regular basis, for pre-booked appointments. Doctors are very helpful, explain follow-up very well.*
- *The husband stayed in the traumatology ward; his wife said the care was really good and they had no complaints about the treatment; it was really good and efficient.*
- *The service is very effective, supportive, motivating all good service, from coming to end.*
- *We have been lucky to have received marvellous care from start to finish.*

Some patients express gratitude to doctors who showed outstanding compassion and offered support in crisis situations:

- *All the staff at the Royal London Hospital were very helpful and extremely courteous and professional. Kind words, conversations started to get to know us and help us feel welcome, bringing coffee and tea to Mom's bedside so we would not have to leave her, even to go 100' down the passageway, offering unoccupied beds in nearby rooms for brief rests so we would not have to leave her bedside. They were what every person in Medicine should strive to be. Unfortunately, we met all these extraordinary people in the worst way but they will be bright points of light in this dark memory for us and we love them all for it.*
- *My brother was admitted following a fall down the stairs at his home, he had an out of hospital cardiac arrest, and a large bleed on his brain. It was clear from the Drs and staff that he was not going to survive, a discussion was held with us his family re organ donation and we agreed with this, so out of a tragedy someone else could benefit. He was treated with dignity and respect in the Critical Care Unit and we as a family were allowed to spend as much time as we could whilst plans were in place for his organs to be donated. The Drs, Nurses and Transplant staff were excellent and kept us informed every step of the way, they have a difficult job but do it with sensitivity.*
- *Our son was transferred to Royal London from UCH with a broken neck vertebra. The care he received from all the staff was superb and we thank the nurses, care staff and surgical team for their brilliant work in treating our son. He was discharged 9 days after arrival, well on the road to recovery, and we cannot fault the professionalism and support of the entire staff during his time at the hospital.*
- *I have been attending the paediatric ophthalmology department at the royal London hospital for a number of years now. I can only applaud the service the doctors at the department provide. I have been at a number of departments with my daughter, but this is the one department that has shown genuine care for the patients.*
- *Their professionalism is on point, when communicating with me (the parent) they have shown respect even at times when I have been frustrated about my daughter's symptoms they provide assurances and do everything in their power to make sure both parent and child are happy.*
- *I would like to thank all staff at 7D for taking amazing care of my three month old daughter; they were angels who came to my daughter's aid. The paediatrician, nurses, surgical unit and member of staff who received us at night made the whole situation better.*
- *I feel overwhelmed by the professionalism and care given by the staff on ward 12e. When I had non-stop vomiting a few weeks ago, the last thing I expected was that it was caused by a cyst on the brain. The staff at Homerton suspected this and rushed me to Royal London for emergency treatment, surgery and recovery. I was on the ward for 10 days in total and weirdly, look back on this time with nostalgia. It's because I was so well looked after. The nurses and night nurses worked so hard, they really hid the fact that the NHS is in crisis. The Consultant and surgeons were fantastic and the various students who came round were sweet and very respectful. I feel very lucky to be alive and, despite the discomfort caused by what happened, I think I'll always look back on my time in the ward with fondness. Thank you!*
- *I received treatment for cervical cancer last year and am currently attending follow up appointments. This has inevitably been an anxiety-inducing time, however, support from the staff has given me much peace of mind throughout. I feel as though both professionals take my concerns seriously and respond with thorough diligence. I would like to extend my thanks to both, along with the rest of the gynae-oncology team. I appreciate you are extremely busy and so appreciate you making time for me.*

Some patients, however, report rude or dismissive treatment from doctors. Medical professionals who receive negative feedback are perceived as not giving patients information, or as failing to address patients' concerns.

- *I have had excellent care here in the past but this week I saw a consultant for my epilepsy who was belittling and spoke at me rather than to me, interrupting me with a barrage of words. They didn't recognise that I wanted choice in my care, were dismissive of my concerns, and both my partner and myself were shocked at their attitude.*
- *Son claims when voicing his concerns about his father's condition, he was not listened to. He believes his father was having a heart attack and says his opinion was dismissed*
- *Patient says he attended A&E with symptoms he had suffered previously, and tried to convince the clinicians that he required further investigation. He states he was told to go home and apply cream.*
- *Patient sent a concern e-mail regarding his outpatient appointment. Patient informed that he attended his appointment however the consultant did not take time to review his medical history which is of great concern as such he will seek a second opinion. If things are not right, he will pursue clinical negligence.*
- *Dad came with little daughter. She broke her right hand. She had a 2nd app in a year time. Dad is not happy she had been discharged although the daughter's hand is bent. Doctors says it will all be ok when she became an adult. Dad is not convinced.*
- *Consultant's lack of empathy and urgency - you very rarely see an update from your visit or of your history on the system, they talk to you like you're stupid!*
- *Patients who are referred by their GPs are not time wasters. Dismissing a patient's legitimate concerns on the basis that 'these things get better on their own' when your GP has sent you because it is outside of their expertise is not reasonable. Can I point out the NHS may be free at the point of delivery but we pay for it and pay for the medical training of those who work in it. I doubt private patients paying at the point of delivery would tolerate such ill-mannered treatment.*
- *Mother complaint about the attitude of a consultant toward her and the patient. She felt the consultant was not patient and did not provide any assurance to them concerning surgery.*
- *Patient not happy with the appointment with the Neurology Epilepsy team, feels that the doctor did not want to answer patients questions or concerns regarding their condition*

A small number of patients report having their concerns dismissed only to have their symptoms worsen or to receive a diagnosis from elsewhere:

- *Patient taken to paediatric A&E by her mother, and claims she was told she should not have taken her despite her child having both fainted and vomited, and was having problems opening her mouth. Patient discharged, but became ill on leaving. The receptionist assisted, and the patient was later seen by the site GP and admitted.*
- *Patient has been admitted to RLH many times since September last year. In the last few months he has been admitted to the hospital on many occasions complaining of severe back pain. It is unclear if he had any investigations carried out with regard to the back pain. He was subsequently sent home still in pain. His last discharge from RLH was on 19/05/17 he was still in considerable pain. [Subsequently] he was admitted to the Newham General Hospital where he has been diagnosed with a hairline fracture in his spine. The patient's sister would like this looked into.*
- *Complainant claims to have visited A&E on a number of occasions, with abdominal pains, but was not acknowledged as being urgent. Patient attended private clinic he says, and was diagnosed as having appendicitis. He later had the procedure done but says the delay caused his appendix to burst.*
- *Patient attended A&E with abdominal pains. After waiting several hours she says for a scan, she was told she had an extrauterine pregnancy and to go home and come back within 2 days. She attended the next day with pain much worse and re-attended A&E, and diagnosed with a haemorrhage. Underwent surgery but was later told she had in fact had a miscarriage*

A small number of patients claim they have receive insufficient pain relief:

- *Patient admitted with 'T-bone fracture after a fall, claims to have been initially given inadequate pain relief. When she eventually found 'slight' relief, she states a doctor visited her and told her 'they needed to get her out of the hospital as soon as possible'. She is not happy with that statement.*
- *I got my hand caught in the door at home and fractured the bones in my fingers and hand. There was a long wait in A&E (6 hours) but it was a very good service otherwise. You do get to see a nurse (or some kind of health professional) quite quickly and they assess you. They didn't offer me any pain relief. I'm not sure if they do that.*

Some patients also claim that they have received physical injuries or damage to their property as a result of improper medical procedures or negligence

- *The consultant accidentally cut the patient's PEG tube and failed to repair it for a further and a half week causing the patient to get an infection and needing to go to ICU.*
- *Father of 2yr old is not happy with the attitude of the senior Dr who examined his son. Claims she forced an instrument into his ear causing it to bleed. The child was admitted, and another doctor called to look at his ear. The father claims this doctor did nothing.*
- *Received an e-mail from a patient family member with concerns regarding the patient care when attended her dialysis appointment. The family member informed that the staff attending to the patient did not screw in a pipe appropriately and caused an extensive bleeding from the patient's chest. Patient had to attend the RLH the following day and is in admission then.*
- *Complainant not happy with her daughter's care, drain was removed too early and the patient's lung collapsed.*
- *Received a complaint from a patient. She informed that on 23 Feb 2017 she attended the occupational health for a blood test as part of her induction to become a volunteer. The student nurse put the needle in her left arm and caused a bruise.*
- *Patient reported that she came in to have a procedure two years ago and her nerves were damaged. It took the neurology team to confirm this. She would like to know how this could have happened and why no one would listen to her when she said she was in pain during the procedure.*
- *Patient not happy with a procedure she had at the Royal London Hospital regarding her back which resulted in a misplaced screw in her spine.*

There are also some reports of medications being wrongly prescribed. While we do not assess the quality of any individual medical act, this may be indicative of distrust between patients and consultants:

- *Patient claims he was not treated with respect, and that his human rights were not 'upheld', or that the consultant was not aware of his diverse needs. Believes the unwarranted change in his medication, could have had a very serious outcome.*
- *Received an e-mail from an in-patient son with concerns regarding administering patient with overdose medication. The son informed that the patient has already a complicated medical history and is on a lot of medication and due to this unacceptable error, she has been prescribed an additional drug for acidity.*
- *Patient wants to formal complaint regarding wrong medication that was prescribed.*
- *Received from a patient daughter with concerns regarding poor treatment/lack of urgency care and medications changed in error.*
- *Complaint received from advocate regarding the care of a renal patient who believes he has been on antibiotics for so long, it has caused him mobility problems.*

Some patients report being dissatisfied about communications with medical professionals; patients and/or their carers sometimes feel that they are kept in the dark about their treatment. Some doctors have also been described as insensitive in communicating with patients, or as not empowering patients and carers to make care decisions for themselves:

- *Mother of paediatric patient is raising concerns, that since she met with the team regarding the care of her daughter, she is yet to receive notes of the meeting.*
- *As I was getting checked by the people, the man rudely misinterpreted what I was saying and said I don't understand anything when I clearly did. The people were highly disorganised and didn't know what they were doing as they were asking me about the situation when they should've known as I am only the patient. When I asked them for help they simply said, 'that's not our problem' when they should be the ones who are giving help and advice as that is their jobs!!!*
- *Family not happy with the care and treatment the patient received and the delays in updating the family regarding reports*
- *Renal patient underwent a procedure, and claims that she still has not fully understood what happened to result in her needing treatment in both ITU and HDU. On her follow up appointment, she claims the consultant was dismissive of her enquiries.*
- *[After a family member has been diagnosed with a stroke] it is with deepest regret and disbelief that I have to raise my unhappiness about the way the bad news has been passed over to me, the decisions taken by team, but responsibility passed over from one individual to another. Also, I am unhappy that as the sole close to the patient found to date, I was ignored in taking life changing decisions about the patient. It was not found anyone else next to kin up to date. Finally, the vocabulary used was brutal and insensitive....as for instance "active dying". It seems all had been left to be communicated a bit too late...as lack of communication predominated all throughout.*
- *Patient went for a procedure around 4pm, two family members remained on the hospital site for her return. Several hours later, after many calls and enquiries by the family both on site and at home, they were told she was in intensive care. Patient passed away a short while after arriving there. Family believe they were not properly kept informed. NOK was not contacted at all throughout, even after the death of the patient.*
- *Pre-op tests / assessments / education excellent. Dedicated ward for elective orthopaedic surgery. Very caring, helpful and understanding support teams in an impressive hospital. But I chose to go elsewhere, because I found the attitude and organisation of the actual orthopaedic surgery team unsatisfactory. On 3 visits over 8 months I saw 3 different people and got 3 different stories, ranging from a senior consultant saying 'no op for you for at least 5 years' to a registrar describing a modern uncemented THR due within a month. No good explanation for the different proposals, and while I was happy with the last meeting, the information was given by a new registrar who I couldn't subsequently find any info about on the internet. (Shame - they had a much better attitude, considering it perfectly reasonable to answer a patient's questions.) I felt I had no confidence about who would do the op, what materials they would use, and what determined that decision. The initial 'brush-off' meant an avoidable extra 3 months of already severe pain. I have no doubt that the surgeons are all top-notch; the problem seems to be the lack of transparency (old-fashioned attitude to patients) and an unapproachable departmental structure.*
- *Her son has been really ill for the past few months and they found out he had a heart condition-it is not good unfortunately he didn't receive the correct treatment for her son, they keep sending him from one place to other, she is frustrated because she can't explain herself properly because her English is not good and she is really scared something could happen to her son because he's not getting good treatment.*

Communication between medical professionals, both within the hospital and with other medical care providers can also be problematic:

- *[Patient's mother is] not satisfied with the care of her daughter under the gastro team, and would like clarification on communication between RLH and Broomfield Hospital.*
- *Patient attended A&E with an assault/ abuse and informed the department not to send any document to his GP for reasons that is personal. The clinicians wrote all her documents not to send any document to GP. Patient visited her GP and the document was there. Patient informed that now her life is a mess and would like to know who did this without her consent.*
- *My wife was referred to the Royal London Hospital [from Homerton]. We had a young lad asking us questions and when we said where are all the notes and test results he said the hospital that referred my wife Homerton hospital hadn't sent them over!! What a total waste of time, my wife seriously ill waited months for this appointment, I took a day off work without pay to take her by train all the way to London for nothing. I rang Homerton hospital they said it is the fault of The Royal London for not requesting the notes. I rang The Royal London Hospital today and spoke to A. in PALS and she said it was the fault of Homerton Hospital for not sending them. Absolutely disgusted in the attitude of the Royal London Hospital and the national health service in my wife's treatment!*
- *Mother of child who is known to GOSH, was admitted with abdominal pains and vomiting. Mother is concerned with the delay in contacting the team at GOSH and as well the lack of knowledge surrounding her care.*
- *Patient not happy with the poor communication between department which resulted in her treatment being delayed.*
- *Complete lack of communication between doctors, registrars and consultants!*
- *Parents of disabled child are very concerned and upset that although earlier advised they would receive a wheelchair for her, on being reviewed, not only did the two therapists disagree with one another, the parents were told to seek assistance from their local area therapy department.*

A small number of patients report their data being incorrectly recorded or mishandled, or their confidentiality being violated

- *Patient claims medical information has not been recorded correctly. His medical condition was disclosed to security staff and other patients. He was discharged without follow up care despite having serious medical conditions.*
- *Mother of a patient raised concerns regarding the patient consultant. She informed that the consultant gave information to a court which was contrary to what was supposed to be the correct information.*

Some patients are faced with a long waiting list for appointments:

- *Wonderful NHS staff but problems with coordination. I cannot praise the dedication and work of the staff enough. They care. They try. But the procedures are just awful and getting to see them-- and have them have sufficient time to actually see you and properly listen... That is hopeless. Needs proper funding for care as opposed to paying for the buildings etc.*
- *Patient contacted his MP with regards to the delay in getting a date for his surgery.*
- *Husband and wife not happy with the delays they are experiencing while under the Haematology clinic.*
- *Complainant not happy with the delays in care the patient is receiving under the paediatric surgery team at the Royal London hospital*
- *NHSE submitted a complaint on behalf of a dental hospital patient, who has issues with the length of time it has taken for her to have a surgical procedure on her jaw.*
- *So, last night my Hickman Line, my "lifeline" fractured under my skin. We're in RLH A&E and have been all day waiting for a bed to become available on a ward, hopefully the gastro/PN ward. I*

have to be admitted as I'm completely dependent on my line. They've booked me onto the interventional radiology list for tomorrow, hopefully in the morning they'll be able to change this line and I can go home at some point in the late afternoon or evening. Just my luck! At least I'm here and my team have done everything they can. I cannot fault them. They always work hard to get me home as quickly as possible. So, fingers crossed the new line will be changed and it won't be a traumatic one like last time. Hoping we can do an exchange over a guide wire and not need a new site or tunnel. Please keep fingers crossed. I hate asking but I'm just so desperate it'll go well, and I'll be home tomorrow with a working line.

- Patient not happy that he hasn't seen a doctor for nearly 3 months patient told he needs operation urgently

Patients don't always get information about how long they should expect waiting lists to be or when they would receive an appointment:

- My daughter has been referred to dermatology last year November at Royal London Hospital, since then I called them every month asking about appointment. All response I get is My daughter is still in the queue. It's been more than 6 months now, we are still waiting. Yesterday 30th may one of them from central appointment team gave me a 4-digit extension to call them directly. I have rung that extension for 20 time since yesterday but no results. (Message says number is unavailable). My daughter who is only 2 years and 7-month-old suffering from eczema for last 2 years. Her finger, palm and toe all been infected. She can't sleep for not more than 2 hours, she will wake up and itchy herself and make it worse. Every time we go to GP they just change her steroid. If this health service for the people, then I don't know when the service comes??? It's not only disappointment, it is stressful and kind of punishment from the NHS.
- They said I would have my section on Sunday 4th June then they took me in on Monday 5th June. They kept me in duration for two days and kept saying I will be taken in to have my c section.
- Patient fractured his spine in 2 places and also had a slipped disc whilst in was abroad and attended A&E 5 weeks ago. He was told an appointment will be made for him however even with the AIRS involvement there is still no appointment. His father also visited the department to obtain an appointment yet still there is no appointment.
- Patient was last seen in August 2016 and was told to expect a date for surgery a few weeks before he was due to come in. One year later, patient has heard nothing and has been forced to arrange for his procedure to be undertake elsewhere.

Multiple patients report having their appointments cancelled with little or no appropriate notice.

- The patient came to Royal hospital; "It's bad" he said, his parent became really upset because the keep changing his appointment and cancel is no good, they need to call all the time for new appointment.
- Patient's mother is unhappy that her daughter's appointment was cancelled but the hospital failed to notify them of this change.
- Feedback form received Via AIRS - patient wants to make formal complaint regarding his cancelations of appointments with the orthopaedic department at the Royal London Hospital.
- Father expresses his concerns that his daughter's appointment was cancelled, and he was informed with just one days' notice. He finds it totally unacceptable that they are now having to wait in excess of 9 months.
- Patient not happy with the ENT department after appointment cancelled twice even with the intervention of the PALS team
- Patient appointment was cancelled and rescheduled. Mother attended the next appointment with the patient and was prepped but was again cancelled. Mother is very distress as well as the patient because other patients who came before her were taken in and bed found for them

This issue is particularly affecting the surgical clinic, where elective procedures are routinely postponed or cancelled as emergency appointments are prioritised. Some patients report having their surgical procedures cancelled repeatedly. As all procedures involving general anaesthesia need to be performed on an empty stomach, patients awaiting surgery (including children, the elderly, or people in precarious health such as heart or cancer patients) may find themselves fasting for extended periods of time:

- *Complainant was preparing to undergo a surgical procedure, but claims after waiting for 8 hours not having had anything to eat or drink for over 10, her operation was cancelled with conflicting reasons to why. She had to request someone explain, the decision to reschedule.*
- *I have my appointments cancelled/rescheduled numerous times and been left waiting nearly a year for surgery. My surgery has been booked and cancelled twice - both within days off the surgery. I'm still waiting and have little hope they'll ever be able to perform it.*
- *Patient not happy with the cancelation of her [dental surgery] appointment at short notice.*
- *Patient mother e-mail with concerns regarding patient appointment. She informed that the patient appointment is changed without notification.*
- *Patient not happy that twice she has come up for her procedure and they have been cancelled.*
- *Patient's mother not happy that her daughter's appointment for the [Oral Maxillo-Facial Surgery & Dental surgery] day Unit has been cancelled 5 times.*
- *Emailed letter received from patient's son- not happy that his mother's operation had been cancelled twice and the second time while they were on the ward waiting.*
- *Patient not happy that her operation has been cancelled 3 times.*
- *Patient not happy that their operation has been cancelled and rescheduled four times.*
- *Patient not happy that she came in for procedure which was cancelled, and patient left for hours no communication from the team.*
- *Patient complain about the cancellation of his surgery. He reported early for the operation and 10 hours later he was told the surgery had been cancelled. The delay affected him emotionally physically and mentally.*
- *Complainant is unhappy that she has had several appointments for surgery cancelled. As she is self-employed, and had to cancel several client bookings resulting in a loss of several thousand pounds.*
- *Patient complain about her surgery been cancelled four times and the stress it has had on her.*
- *Complaint received from CEO's office after the son made initial contact to AIRS. No appointment made to date. Patient has been prepared for surgery 3 times and each time cancelled once while on her way to theatre. Complications from a cancer op has made this surgery quite difficult*
- *Patient not happy that her operation has been cancelled at the Royal London Hospital*

The issue of waiting lists is worsened by cancellations: if, after an already long wait, an appointment is cancelled at the last minute, the patient may be rescheduled for a date even further away in the future

- *I have my appointments cancelled/rescheduled numerous times and been left waiting nearly a year for surgery. My surgery has been booked and cancelled twice - both within days off the surgery. I'm still waiting and have little hope they'll ever be able to perform it. I've had other procedures here and not been happy with how I was treated post-operation*
- *For the third time now, the hospital have cancelled my surgery. It would seem impossible to receive treatment here - despite having waited over a year.*
- *Patient not happy her procedure was cancelled on the day; she has been waiting for over 6 months.*

The effects of the “Wanna Cry” cyber-attack have been felt by patients:

- *Patient is unhappy that her first appointment did not address her issue and was sent to have a CT Scan. The follow up appointment was cancelled due to IT failure and the next appointment offered is far too long.*
- *Patient not happy that they came for appointment on the 15 May 2017 and this was cancelled due to the cyber-attack and wasn't informed.*
- *Patient attended for a clinic appointment as directed by the website, claims that on arrival he was told his appointment had been cancelled, and staff had tried to call and inform. He would like to know how, if there were no systems running.*
- *Patient not happy that his procedure was cancelled once due to the cyber-attack and the second time at short notice as the surgeon had not turned up.*

Cancellations with no notification are sometimes caused by admin errors; some patients report being scheduled for times when consultants or equipment are not available, and some report not being appropriately recorded on the system:

- *My wife was referred to the Royal London Hospital to see a professor X who was going to tell us why she is in so much pain and what they can do to help her. The appointment was on Thursday 30th March 17 when we arrived we were told the professor was off that week???*
- *Renal patient attended for plasma exchange and associated treatment. He attended his confirmed appointment, but was told the consultant was not on site that day. Before leaving the patient personally spoke to staff on both wards to avoid the same problem on his next visit. On returning, patient was only able to undergo one procedure, as the supplies required for the next part of his treatment were not available.*
- *I had an appointment at maternity, then when I came she said it was not in the system and I was really upset because I been wasting my time and is not fear to wait for another appointment.*
- *CCT received a call from a very upset 19yr old who claims he fainted resulting in him breaking (fracturing) his ankle. He was told to present himself to the department at 7am which he duly did, was told that the operation would take place that morning, later on informed that it had been moved to pm, finally told not going to happen at all as he is not on the list.*
- *Patient attended for dermatology appointment but on arrival was told doctor on annual leave. Was told a letter had been sent out to patient. Patient denies receiving this. She was later given another appointment through the secretary. Patient would like her travel money refunded.*

Long waits and cancellations in the surgical clinic are also caused by a lack of hospital beds:

- *Complainant on behalf of his mother is concerned that she has now had her surgery date cancelled 4 times. She was advised that she did not have a UTI. Yet still given medication to treat it. Admitted for her procedure again and taken down to theatre, but as no HDU bed available, taken back up to ward. Patient was then again given medication, later received a call and was told to stop taking them.*
- *My poor mum and dad were up at 4 to get ready for my dad's operation which was due today at 07.30. They sat about waiting until 14.30 when my mum asked what's happening to be told "It's cancelled! we have no beds!" Why don't you have any beds? This operation was organised months ago. They've just got home at 17.00 exhausted and now have to wait another 2 weeks.*
- *Patient was due to arrive for a procedure and was told the bed for her overnight stay was confirmed. On arrival she was told no bed was available, so the procedure would not be taking place. Travelled from Chesterfield and is also a cancer patient. Is not happy at bearing the cost of the unnecessary journey.*

In some cases, patients who had been seen and diagnosed by consultants at the Royal London Hospital report long waits for follow-up appointments. This is causing patients stress and anxiety, has a detrimental effect on trust between patients and doctors and, in some cases, could pose a risk to patients' health:

- *Patient informed that she was referred to the colorectal department in January this year but the care she has received is far from what she had expected. Her condition is getting worse by the day and yet she has not received any follow up appointment.*
- *A mother came for a follow up appointment with her daughter in the allergy clinic and she said the treatment and the doctors were ok, but she was really upset because the next appointment for follow up is really far away, and they don't want to take that long for the next review.*

The issue of long waiting lists is made worse by the loss or delays of referrals:

- *Patient is unhappy with the delay she has encountered at the dental hospital. She stated that last year October she was referred to the orthodontic and was told she would be seen in 2 months' time. She chased this up after waiting and was told the referral was not received. She got another referral and hand dropped the letter off.*
- *Mother of child who is known to GOSH, was admitted with abdominal pains and vomiting. Mother is concerned with the delay in contacting the team at GOSH and as well the lack of knowledge surrounding her care.*
- *Received an e-mail from a patient who is very unhappy about her care and treatment. She informed that since last August, she has not received her clinic letter. She also remains unhappy about the lack of continuity of care after the departure of her consultant whom she has known for the past 29yrs.*
- *Patient is unhappy with the delay she has encountered at the dental hospital. She stated that last year October she was referred to the orthodontic and was told she would be seen in 2 months' time. She chased this up after waiting and was told the referral was not received. She got another referral and hand dropped the letter off. Since then she has not heard from the department, despite contacting them on the phone.*
- *It took so long for the patient to get an appointment from the initial referral; and after one month the patient found out that the EMG department did not receive the referral. Patient also came to find out that his appointment letter went to wrong address._*

Once in the hospital, patients can experience significant delays in being seen; this could be caused by equipment malfunctioning, admin issues or the service being busy beyond capacity.

- *Patient attended A&E and had to wait for 70 minutes without been called or acknowledged. He is a cancer patient and has not experienced this before.*
- *I bruised/fractured/broken my ribs (or at least I presume that is the issue) and have been in a lot of pain over the last few days and wanted to check that nothing more sinister has happened. It's very difficult to walk or even lay down. I called my local GP but they advised me to go to hospital as they have the scanning equipment. I walked into A+E at 9.30pm and still had not been seen at 2.30am. I inquired how much longer it would be and was told another hour. At this point I was exhausted and sitting in the waiting room was so painful, so I gave up and went home to sleep for a couple hours before I had to go to work. It looks they tried to call me at 4.10am, meaning that it would have been nearly 7 hours wait if I had stayed. I really don't think that sort of wait is acceptable. I know broken ribs aren't life threatening, but it would have been nice to have a professional opinion and not have to self-diagnose. I just hope that I have broken ribs and nothing worse.*
- *It took around 50 mins for the triage nurse to see me in A&E. I appreciate it was extremely busy with many people walking in, but it was long, especially since I was in a lot of pain.*
- *The appointment was delayed, the machine is not working, and they were disorganised. However, the Consultant was very good.*
- *I need to come three days a week for kidney dialysis. Happy with the services but sometimes I have to wait for long time.*
- *I came with my son to a pre-scheduled appointment. The waiting time was so long! But I'm happy with the service.*
- *He is so upset with their service. He came with his son, he had to wait one hour.*
- *She is really disappointed with their service, she had to wait for long but then they didn't provide proper treatment.*
- *She is really happy with their service, but she had to wait for 1 hour. Everything was good, only bad thing was the waiting time.*
- *Waiting times for outpatient appointments can drift way past the appointment time. If a patient is late 5 minutes they can be punished for it by not being seen, if the clinic is late then it's not a problem.*
- *After the two weeks [following a stay in the traumatology ward] the follow up appointment was good, only the waiting time was really long.*

Admin and planning errors could be a contributing cause of long waiting times:

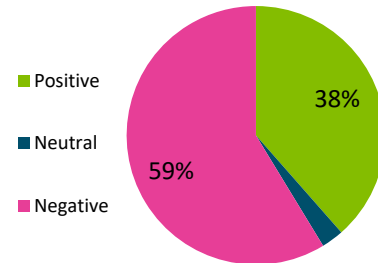
- *It feels like a mess every time I go there. The place always has an extremely long waiting time that could get up to 3 hours of wait. Cleanliness and nurses are amazing, respectful and professional. Organisationally, the place is a disappointment. I really hope the long waiting hours issue gets solved asap. Treatment wasn't really effective the first time which got me to go again and get the massive wait.*
- *The appointment was delayed, the machine is not working, and they were disorganised. However, the Consultant was very good.*

Other patients find waiting times acceptable. Outside of emergency situations, patients generally see waiting times of 10-15 minutes for booked appointments as reasonable.

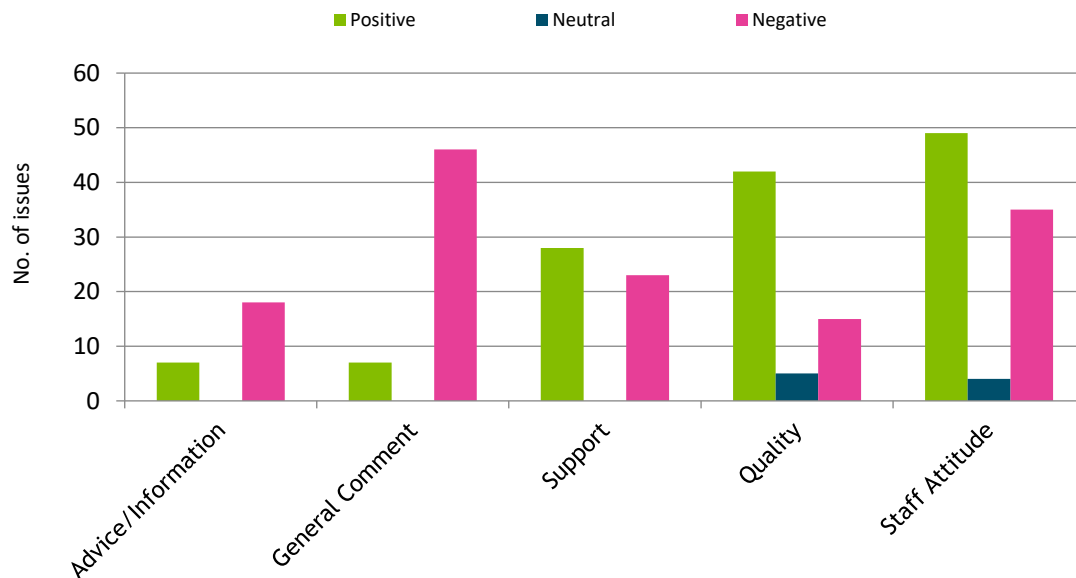
- *African mum came with her son to the hospital, she waited for 15 minutes to be seen. She was happy with the doctors and nurses.*
- *Mum and dad come for a follow-up appointment with their baby. They are happy with the service by the Doctors. Time waiting is ok.*
- *I recently visited the Royal London hospital as I was referred to it by my GP. The waiting hours is short and good.*
- *Great service from a and e and 6 on Friday morning. The staff were helpful and made sure I got seen too quickly. Was in and out within an hour. Really impressed.*
- *"Lovely experience in early morning A&E. I came in around 5 am in a Thursday morning, was seen and treated almost immediately, and out within the hour. Staff were all lovely and kind. I'd feared the worst, but it actually couldn't have been better.*
- *Not long waiting. Good care from the staff and kept well informed. For my child's appointment with special needs.*
- *She is really happy with the service; her appointment was on time. She is happy with the doctors and staff, the way they took care of her.*
- *So impressed with the service/staff and speed of my dental appointment at Royal London Hospital! Even with no computers! @NHSBartsHealth*
- *The timing was very good and effective, the staff where very supportive, assisting info. Over all very good.*

CLINICAL NURSING

Sentiment about **clinical nursing** is **58% negative**, despite the fact that patients are satisfied with the **quality of service provision** and sentiment about **staff attitude** is also leaning positive.



Patients' experiences of clinical nursing at the Royal London Hospital vary, from very positive to very negative. While a minority report rude or unprofessional treatment, most patients perceive nurses at the Royal London as caring and compassionate, but many also see the service as busy and over-stretched. When patients experience a lack of support, not all patients see frontline staff as responsible for it.



Some nurses are praised by service users for going the extra mile to provide outstanding care.

- *My son H. went into royal London ward 7D on 18th may. H. didn't sleep at night, but the nurse was there supporting me and helping me through those tough nights. For the 5 days we stayed these 3 amazing nurses achieved nothing more than fantastic support to all my family, I really could not have needed or wanted anything more from them. My son had an op that has already achieved more than we expected and aftercare he received was beyond my expectations, NHS gets negative comments all the time however, I have nothing but praise for this fantastic ward of staff.*
- *I would like to particularly mention the midwives working in the labour department. They have shown the great professionalism and extremely helpful and encouraging during the labour process. One midwife has even accompanied with my wife for some of the repairs, and the other midwife has helped to look after the new born baby. This is truly exceptional and hat off for them!!!*
- *The Nursing staff was amazing.... They never once showed signs of losing their kind demeanor even when confronted with less than kind words or deeds by patients and family. They were there for us in any way they could help and went far out of their way and far over the hospital requirements for helping us. Kind words, conversations started to get to know us and help us feel welcome, bringing coffee and tea to Mom's bedside so we would not have to leave her, even to go 100' down the passageway, offering unoccupied beds in nearby rooms for brief rests so we would not have to leave her bedside. They were what every person in Medicine should strive to be.*
- *I was on the ward for 10 days in total and weirdly, look back on this time with nostalgia. It's because I was so well looked after. The nurses and night nurses worked so hard, they really hid the fact that the NHS is in crisis.*
- *My child was born in a poor condition requiring care in the NICU. I was so impressed with the staff nurses and the care given to my child, and I will definitely recommend the NICU to anyone should anyone requires care at the NICU.*
- *I would like to thank each and every member of the team within the ENT day care centre whom were involved in assisting my child and all children who attended ENT today. I would like to thank one nurse in particular, they are one of the best nurses I have come across, they have been an absolute gem, very empathetic, and professional, and my daughter thinks they are the best. I hope other wards can adopt similar work ethics. We have a great NHS service and great nurses and doctors and all staff who work day in day out.*

Nurses who provide emotional reassurance to patients at stressful times are particularly appreciated:

- *I felt very emotional and worried when our daughter was given the sleeping gas but the nurse held my hand and said to me 'you are doing a good job mum' the nurse looked at me with care and at instance I knew she was in good hands. This was in the morning and we were home late afternoon that day. Her recovery took full 15 days with a lot of pain and a visit to the GP but now she is as good as new and now we can finally enjoy our summer. Her speech, appetite and even confidence are better than before surgery and there is no more tiredness in the mornings!*
- *Everything was fantastic - from the moment I arrived to the moment I left. I was so well supported during the birth by Zaara and Amanda. They were so calm and reassuring. I ended up staying two nights and had loads of support with breastfeeding which has really boosted my confidence. Thanks so much everyone!*

As consultants have limited time, nurses (and particularly consultant nurse specialists) play an important role in communicating with patients regarding their diagnosis, treatment and hospital stay. Some nurses receive positive feedback for offering patients advice and information.

- *[After an appointment has been severely delayed] This nurse was fantastic in explaining the situation and did their best to rectify the situation which resulted in me being able to be seen 90mins after my appt should have been. Afterwards the nurse even checked back to make sure everything had been okay. They did a fantastic job of resolving a situation that wasn't their fault - thank you!*
- *Our son was transferred to Royal London from UCH with a broken neck vertebra. The care he received from all the staff was superb and we thank the nurses, care staff and surgical team for their brilliant work in treating our son. It is important to note the really helpful role played by the Clinical Nurse Specialist - it was invaluable to speak with the specialist nurse about the treatments because the consultants don't always have sufficient time to cover all the issues which relatives may have about what is happening. The Clinical Nurse Specialist's presence was really helpful to us as parents and the importance of this should not be underestimated; knowing what is happening and having someone explain things clearly and patiently is a vital part of having good communication and such specialist nurses should be maintained as a highly useful part of the patient care teams.*

Some patients criticise nurses and midwives for not giving them appropriate advice/ information about their care and what to expect while at the hospital:

- *In due to gastric pain and had to stay to be monitored, overall everyone was nice but when it came to being informed about what was happening nobody had a clue; they left us in the room just waiting around, not telling us what was happening or what will happen.*
- *My father has been in hospital for weeks- very underweight, gangrene in foot. Possible operation tomorrow. When I visited I went to the station on Level 5 room 14 to speak to anyone on duty. Was told to speak to Sister. No one could give me or us any answers. We don't know what's happening with my father's treatment!!!!*
- *Lack of information is a major issue for me. Nobody can tell me why exactly I am here or how long I am likely to be here. This is very stressful with 6-day old baby. Discharge process is painfully long*

A minority of patients have said nurses behaved in a rude or unprofessional manner:

- *Hospital nurses are just extremely rude! No empathy or care at all. Disorganised service and lack of communication from the get go.*
- *Maternity patient was admitted due to possible difficulties with her delivery. During her labour the family claim the midwife assigned to look after them was very rude and unprofessional in her approach to the patient. She left the room when the patient requested pain relief, and showed no signs of being busy when the husband went to look for her to see why she was taking so long. Despite pleas for assistance the midwife ignored the patient when she said she felt ready to deliver. The baby was born without any assistance from staff.*
- *An in-patient sent a complaint letter from the ward. Patient complained about the lack of care/ compassion/empathy on the ward particularly from one nurse who made the patient cry at all times and even called the patient a "crying baby".*
- *Lack of care and attention from staff to the patient. When this was raised, staff shouted at mum. Also complained about mum to another staff.*

Triage nurses in A&E work in a particularly fast-paced environment. Some of them are praised by patients for their efficiency:

- *Triage nurse was caring and thorough.*
- *Within 5 mins of ambulance arrival was seen by triage nurse and placed in cubicle.*

Other patients have found the triage process to be rushed/ superficial and perceived triage nurses as dismissive:

- *We were visiting London this weekend and suddenly our daughter started crying with belly ache. Therefore, we attended Accident and Emergency unit at Royal London Hospital. After waiting for a good hour we were called inside by the assessment nurse who did not even check if we are the right person. With just a pulse check the triage nurse diagnosed my child to be suffering with urine infection (did not check the urine at all). Apart from the receptionist none bothered to ask us the reason for our visit or details of any other medical problem or even any allergy. Voluntarily I tried to explain the reason, but the nurse simply rushed us through and was very obviously more keen on sending us away rather than listen to any concern. Even God would be lost for words to explain the magic how they diagnosed without knowing the reason or any other medical problem or checking up. I found this not only odd but very dangerous. Until the last minute of our stay none of the A&E nurses asked us the reason for our visit.*
- *Went to the A&E dept Sunday night around ten with a suspected broken toe, I was told by the receptionist to sit down and a nurse would call me, when nurse saw me she asked what was wrong so I told her I suspected my toe was broken as I was in a lot of pain and it was black/blue, she didn't examine me, told me to tape it up, take painkillers and rest it, is this standard practice these days*

Because the service is often very busy and reportedly understaffed, patients do not always have access to appropriate accommodations and can experience a lack of support:

- *I was admitted to the Royal London (by ambulance) after breaking my leg. 3 days later I was fitted with a frame on my leg, stayed in for 5 days following the op, and regularly attend the fracture clinic since. The treatment on the ward was good, attentive but on many occasion the nurses seem too busy to respond.*
- *The midwife in charge was so terrible. I went to the floor three times because of my contraction pain but they never offered me a bed or a room to make myself comfortable. From 3pm to 9pm I was by the corridors. Also, they were trying to examine me while I was in pain, but I just told them to be off as it was already too much to me. This was my first pregnancy & I really got bad experience from them.*
- *Mother submitted complaint on behalf of her daughter who recently gave birth. Family very unhappy with the level of care the patient has received since admission. She was told to go home when she presented herself to the unit, on the onset of labour, but was told to go home as they were short of staff. Patient returned several hours later. Patient has been given conflicting information on several occasions, and is most concerned that her baby - due to what she believes was neglect, caught an infection.*
- *I went to the hospital as I had contractions and my water broke. Arriving at 10am in the morning, we only received a hospital room only by 9pm, during that time we had to wait in the hospital hallway. We understand that the nurses/Doctors did their best, converting unused room into a bed for us. Once we did get a room the service was quite acceptable.*
- *Patient was originally admitted in January with a neck injury. Requested a pillow and bedding. Patient claims she was made to stay on the ward for 3 days without bedding or a pillow. Two*

women were later admitted, requested pillows and were given some without hesitation. Complainant feels this was a race issue.

- I ended up giving birth on a trolley because a bed wasn't available, and I've been waiting for doctors, but doctors were busy with somebody else who was more urgent, and... I had just given birth, so I asked for some painkillers and they never came. My boyfriend went home, and he got the baby car seat and some warm clothes; it was a really cold hospital. He was the one who got me paracetamol that he bought], because there was no one to give me the drugs.
- Complainant would like to bring the difficulties encountered by ward staff trying to look after patients when 'understaffed'. On being transferred to Ward 9E, she claims although she had reported she was feeling unwell, she was left in a corridor where she fainted. Patient says she was lucky she had a friend with her. When admitted, she also is concerned she was made to wait over an hour for pain relief. Patient does however; commend all staff she came into contact with.
- Ward 9E (nightmare)"
- The nursing staff from the sister down all seemed to have a chip on their shoulder. Just pressing the call button, you could be kept waiting for an hour. If you asked a question you felt you were being a pest & got a very abrupt answer. My wife has been in 3 different wards at the London in the past month which have been fine. I could go on, but my advice would be if you are told you are to be admitted to Ward 9E--Do all you can to avoid.

Some people report that nurses staffing wards during the night are less professional and compassionate than those staffing the same wards during that day.

- Day nurses are really nice here (night nurses not so nice).
- I had my baby on Tuesday 18th at the royal London hospital. My midwife who delivered my baby was very nice and helpful. But after they finished with me it was downhill from there. The night staff were rude, unfriendly and not compassion to my situation as it was my first baby and to be honest I had no idea what to do and how to start the breastfeeding process. I was put in a ward where I continuously asked staff for help with feeding the baby. All they kept saying was the will be a person who goes around that can help me. By this is I've been sitting there for 2 hours and my baby hasn't had anything. When I asked the midwife on duty to help me they just said there is a class in the morning that can help you just give him the bottle. I was confused as they should at least show me the basics as I'm sure they are trained.
- The midwife who cared for me when I was in labour was great. The moment I got sent to the recovery rooms it just went downhill from there. I had to share a room with another woman. I had to ask her to buzz for a nurse to attend to my help. I asked for some assistance to get some pain killers it's now 00.59 in the morning and no one here yet- I asked 3 hours prior to that.

Patients are dissatisfied with the quality and quantity of food served in the hospital; they don't find enough choices to be available:

- The food service is not good, there is not enough food, for example the cottage pie I had I wanted more. There are more facilities, there should be more choice of food.
- Although staff and services are great, food is not designed for children. And it's like adult food for all.
- They are very nice; the nurses treat me very nice and they help me with my shower and everything. But the food menu is not good. The food menu need to be changed.
- Patient's mother not happy with the food given to her son as he has dietary requirements and he can only eat puree food.
- The food menu is the same as everyday morning and evening.
- New mum was not given choice to take food: if yogurt taken no fruit and vice-versa. The nurse was very rude, didn't allow to keep belonging or home cook food to keep by bed side.

When food is served to inpatients, some report not having their meals brought to them, despite of the fact that they are not in a condition to walk.

- *When supper was ordered I wasn't told to go out and get our food. It's absolutely disgusting to know for a woman who has given birth the hospital staff expect that woman to start walking up and about as if she's super woman!?! Then I had to ask for water- when it finally arrived I was told to get the water myself from the pantry! Absolutely horrendous!*

In some cases, patients miss out on food because of planning errors:

- *Patient complained about her partner not being provided with breakfast even though the room they paid for included breakfast.*
- *[My partner] had ordered food, but it never came, so he had to argue- "My wife just had a baby, you know, she needs to eat!". And my contractions had been quite long, I hadn't slept in three days... two nights; I was exhausted, and I could have really done with a meal without having to argue with someone about it. I just had some biscuits, and my boyfriend went to the shop to get some more food for us. So yeah... That was the only way to get paracetamol and food.*
- *Patient not happy with the way she was treated by staff after an operation at the Royal London Hospital. In addition to this she was disappointed that following her procedure at 8pm had not eaten since 7am that she was only offered bread. As a diabetic, this is totally unacceptable. Her family had to get her food.*

Some patients have raised concerns about the levels of cleanliness in the hospital:

- *I cannot fault the care and professionalism of the vascular surgery team and the ITU staff - they are among the best in the business and I would trust my life to them again in a heartbeat. The contrast when I eventually arrived on Ward 13C to recover was therefore very disappointing. I spent my time on 13C afraid that the obvious lack of care and cleanliness would undo all the fantastic work of the surgeons and ITU. Ward 13C has a problem with basic standards of cleanliness and patient care. To be fair, some staff on 13C are nevertheless shining examples of good practice. Among the most caring and efficient staff on the Ward are the meal service team. They also seem to be the only ones who notice things that need clearing up and take action to deal with it. With the exception of a few outstanding individuals at sister level, most of the nursing staff seem to think that maintaining cleanliness and order is not their job, neglecting issues, choosing an easy life and waiting around to be told what to do. From the number of auditors and infection control nurses I saw, I think management knows there is a problem on Ward 13C. It's a staffing and attitude issue.*
- *A Wife stayed with her husband in the hospital and she is not happy with the service about cleaning because during her 2 1/2 months floor was really filthy and dirty.*
- *The royal London hospital is filthy during the #BartsStrike! @SercoHealth haven't mopped floor 13F in 4 days! @NHSBartsHealth this ok?*

A number of patients report cases of medical neglect or injury caused by improper procedures. In multiple cases, the neglected patient suffered from an infection, posing a risk to their own health and that of people they came into contact with:

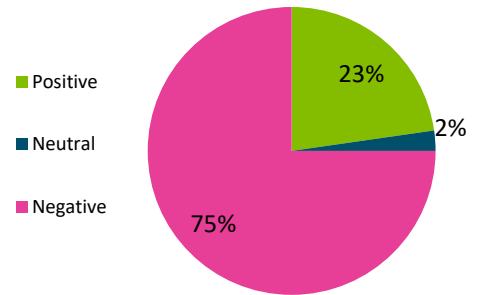
- *Mother of current inpatient claims to be extremely concerned about the nursing care her daughter is receiving. Patient has a wound which according to the mother has become infected. On visiting the patient, she noticed a large amount of green pus, and requested the attending nurse take a look. She was informed that the nurse had not seen it but had read about it in the 'notes'. Mother also claims that a cannula was inserted, but not correctly causing the patient to experience a burning sensation.*
- *Patient is not happy with the care and treatment both her and her baby received while in the care of the maternity unit at RLH. Claims midwives were rude and uncaring disappearing for long periods without informing them. The patient was diagnosed as having sepsis.*
- *The complainant raised concerns regarding lack of communication/ infection control and failure to advise family of the infection contracted by the patient.*
- *Son is querying the level of care and knowledge provided to his mother while an inpatient in RLH, as well as the source of infection she acquired.*
- *Patient claims to have sustained broken tooth, damage to a mobile phone, contamination by caffeine of her food and not having received anything to eat for several days. As well as being made to sit in her own urine.*
- *Sunday night I had to visit A&E because of fecal impaction and urinary retention and this involved inserting a catheter. Rather than return home with the catheter I had it removed recognising the risk of the urinary retention continuing. This was not the case as I have no problem urinating except that this is very painful - I suspect that the catheter was removed badly damaging my urethra - possibly because the nurse was displeased with me asking for the catheter being removed in the hospital rather than later at home. To reiterate, I have no problem passing urine but will have to see my GP because of the severe pain when I do so. Further, I suspect that part of the problem is that I am in my mid-seventies and hence seen as non-compos mentis!*

There have also been complaints about patients' personal property being lost or destroyed:

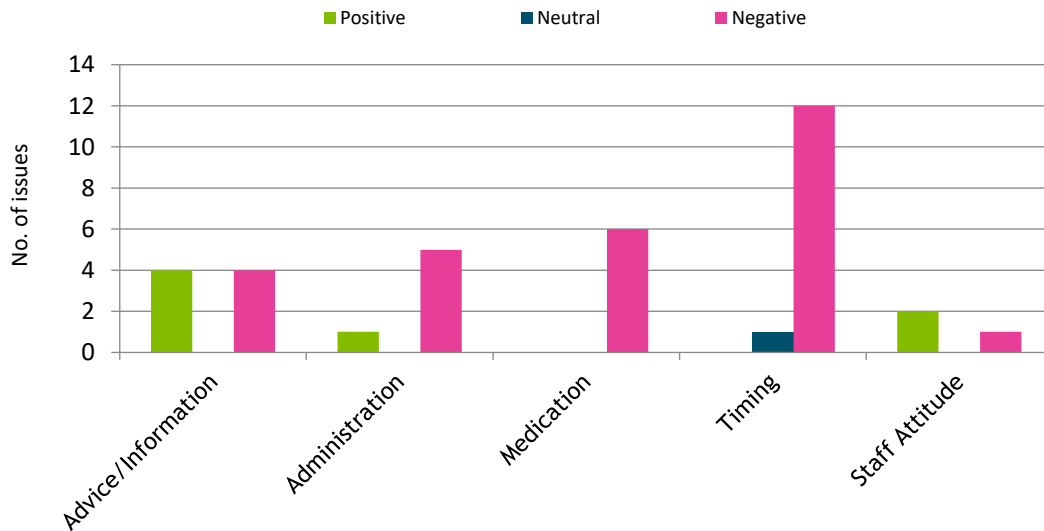
- *Patient wants to make formal complaint regarding her concern on finding dentures in the patient toilet bag and the nursing care provided on ward 12C, at the Royal London Hospital.*
- *Recent patient arrived with two new items for her new born. says the bed was cleaned and the items, removed and left near a sink. On her return to her bed both items had vanished. She believes either taken by another patient or sent to laundry. She would like these items returned or replaced.*
- *Patient not happy that a nurse took the patient's earrings when the patient went for emergency C-Section and they were never returned.*
- *Patient's niece not happy with the lack of care her aunt received on 12c ward, the patient's dentures were lost and the poor attitude of sister on ward.*
- *Patient was admitted to hospital and his glasses have been lost. Patient's wife has already spoken to the ward staff and they cannot locate the items. Patient explained that the glasses were customised for his needs and needs them back.*

DISCHARGE

Sentiment about **discharge is 75% negative.** Patients find the discharge process frustratingly long; and frequent admin errors (such as misfiled patient records or wrong medication) prescription have an important negative impact on patient experience.



Discharge represents an important opportunity for medical professionals to give patients information about follow-on care and community services relevant to their condition. The extent to which such information is appropriately provided varies, with some patients more satisfied than others about the levels of advice and information they receive.



Preparing discharge papers can take a certain amount of time. While standard waiting times may be acceptable, when this is complicated by a busy ward, delays in transport or admin errors, it can become impractically long.

- *Discharge papers took 20 minutes. That was ok and quite reasonable.*
- *The nurse told us they were just too busy...I really wanted to go home, I had been there too long. I was healthy and fit to go home after the labour, but we stayed in overnight in a cold room. So, the discharge wasn't great.*
- *Patient not happy with the delays he experienced while in the discharge lounge waiting for his medication.*
- *Patient not happy with the delays she experienced with the pharmacy waiting for medication while being discharged.*

Because of long waiting times, some people choose or are forced to leave the hospital without their discharge papers or their medication.

- *We didn't get our papers, we were able to leave... Not our choice, but we had to leave without the paperwork. They hadn't done the paperwork because they were too busy, so my boyfriend went back the following day.*
- *Received a complaint from a patient son with concerns relating to patient early discharged without medication made ready.*

Some patients feel that they are appropriately informed about the reason for discharge waiting times, but some do not.

- *The person dealing with them did explain to me why it would take this long.*
- *There is no point crying wolf to the media about shortage of beds when midwives take more than 3 hours just to discharge a patient and won't even update the patient on the process or how long it will take. The hospital should clearly publish its discharge policy for transparency and accountability to taxpayers and ensure that KPIs are met effectively in this regard instead of fobbing both outgoing patients who are kept endlessly waiting and incoming patients who have to sit in pain along corridors waiting for beds that are already freed up.*

Communication with GP, carers and community services post-discharge can be dysfunctional:

- *[After not being contacted by community midwives, as a new mother], I called my local centre who told me that no one notified them that I was discharged. So, if I didn't call the centre I would not be visited and my baby would not have been checked.*
- *I was discharged on the 14th May. It will be nearly three weeks since the discharge that my GP and myself are waiting for the discharge summary.*
- *Patient's daughter not happy regarding the lack of communication in relation to the discharge plan with the patient, family and GP.*

Some patients have received incorrect records or have experienced delays in receiving continued care, because of admin errors.

- *Patient's husband submitted an on-line form with concerns regarding discharge without medication.*
- *Complainant not happy that her father was discharged to the discharge lounge and experienced delays in medication, then received somebody else's medication, that he took for 4 days.*
- *Patient admitted for procedure, and is not happy the with care post op by nursing staff including the false information entered onto his drug chart and notes. The pharmacy took too long in dispensing his TTO's and spoke rudely to his partner who went to see if they could pick them up personally to save time. Only after over 9 hours after being 'discharged' to the discharge lounge did the patient get his medication. On returning home, he found out there was a child safeguarding message on his d/c summary. He had previously requested this be moved via AIRS.*

At discharge, patients receive guidance about follow-on care and any other relevant services:

- *I've been discharged with clear follow up and appointment in 2 weeks with consultant to discuss thing's further.*
- *Came with the boy who has knee bone problem for last two years. The boy was discharged with clear indications on what to do if any further complications.*
- *The discharge nurse went through everything [community midwife, health visitors] with me, she discussed information on the red book with me- what appointments will I be getting, and she put everything together in an envelope for me. She was very helpful.*
- *The discharge nurse was actually really thorough with the services that were available to me. She also said, "You may get baby blues, because hormones, but if it doesn't pass let us know". She was quite thorough. I did find the leaflets useful.*

Frontline staff are generally perceived as pleasant and personable:

- *There were nice people; there was a nice nurse.*
- *Compliment regarding discharge nurses.*
- *I was helped by a very nice doctor who discharged me.*

Patient, carers and families are not always informed in a timely fashion about discharge.

- *Wife is unhappy with discharge arrangements for her husband after a surgical procedure. She claims as she was not told the night before when she has visited.*
- *[Parents staying in hospital with their newborn admitted to the neonatal unit] state 5 days later they were told they were being discharged within 15 mins as the manager had quite a few people coming in who were in labour.*

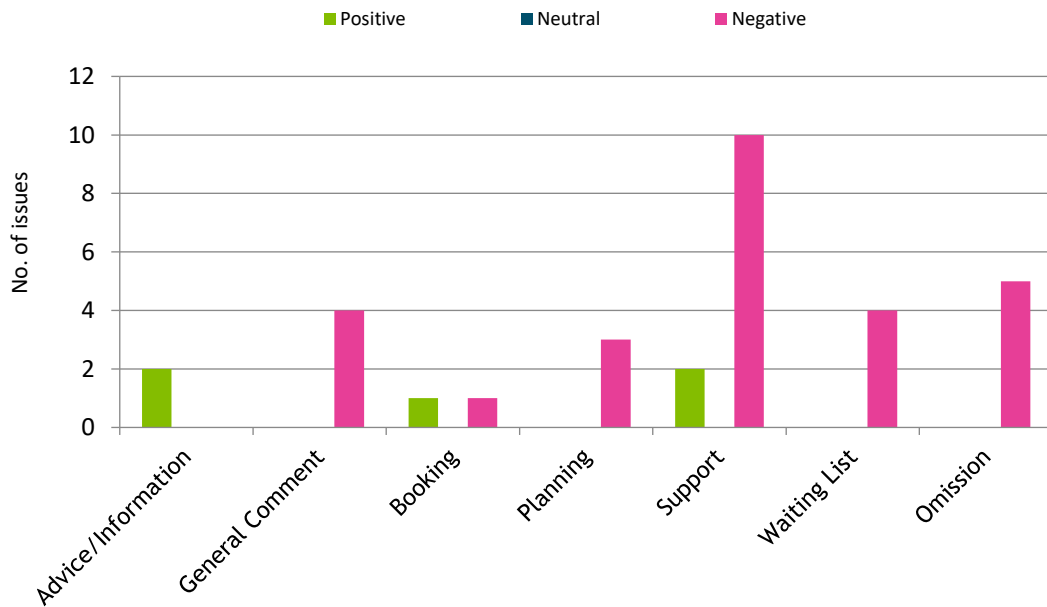
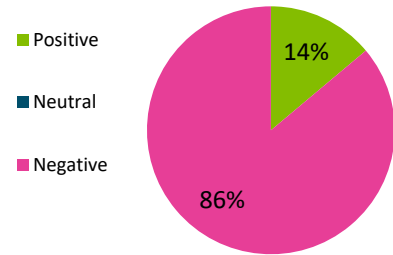
Some patients have reportedly been discharged while still in need of hospital care:

- *Patient attended the minor injuries at RLH after a fall. Had an x-ray, was advised by the radiographer that she had a chipped bone (patient translates this to fracture). On returning to the department, she claims the nurse told her everything was fine and she could go home. Received a call the next day from the department saying on review, the x-rays showed more damage than was at first thought. She was to return to her local hospital where it was found she had a torn ligament and fracture.*
- *Son has submitted complaint on behalf of his mother who was discharged from our care after a fall. He was assured she had been undergoing in-patient therapy, and would not be discharged until she could 'get around'. The son is very concerned that shortly before discharge, he received a call asking if a stretcher could pass through the hall.*
- *Patient not happy with the lack of care and treatment as an inpatient at the Royal London Hospital the team tried to discharge patient and was later found to have a hip fracture that was not picked up while an inpatient.*
- *My son had an endoscopy and colonoscopy with biopsies performed yesterday at 5pm. This morning despite my son having an unstable temperature, extreme drowsiness and being unable to sit or walk without crying in pain, he has told me I HAVE to take him home and discharged him against my wishes and against the advice of the nurses.*

FOLLOW-ON

Overall sentiment about **follow-on** is **86% negative**. Most patients are dissatisfied and feel unsupported because of the lack of care continuity.

On the other hand, some patients are reportedly happy with the advice they receive from doctor and nurses about continuing their care at home and in the community.



Chronic patients praise the guidance they receive regarding continuing their care outside of the hospital (at home and in the community):

- *Mum came little boy who has lung problem. She is coming for last 5 years twice a year. Happy with the service and follow up explanation and guidance.*
- *Son has been coming since birth for a skin condition, treatment is going well, need to visit hospital on a regular basis, for pre-booked appointments. Doctors are very helpful, explain follow-up very well.*

Some people report negative experiences with booking follow-in appointments after hospital admissions; they report long waiting lists and unnecessary delays caused by admin errors.

- *Patient fractured his spine in 2 places and also had a slipped disc whilst in was abroad and attended A&E 5 weeks ago. He was told an appointment will be made for him however even with the AIRS involvement there is still no appointment. His father also visited the department to obtain an appointment yet still there is no appointment.*
- *Patient not given a follow up appointment after investigation despite several chaser calls. This resulted in patient going back to GP and being referred again. Patient arrived for appointment and was informed appointment had been rescheduled.*
- *Complainant states she was made to wait too long (4months) for a follow up appointment, instead of 6 weeks as she was told. She should also have been referred to Physio, patient says this has not happened as no appointment received*
- *Patient informed that she was referred to the colorectal department in January this year but the care she has received is far from what she had expected. Her condition is getting worse by the day and, yet she has not received any follow up appointment.*
- *Patient not given a follow up appointment after investigation despite several chaser calls. This resulted in patient going back to GP and being referred again. Patient arrived for appointment and was informed appointment had been rescheduled. Patient finds the above unacceptable, stressful and a waste of time.*

Multiple patients with serious conditions report being discharged after surgery or other complex procedures without a care package, despite needing one:

- *My wife had a serious cancer operation on 20th March this year. Apparently clinically successful, but that is all. Since the operation, no after care has been provided by the Royal London other than a request that she should be returned to the Royal London hospital for a medical review on the 5th May. Albeit that my wife has been confined to her bed at home since her operation; with extreme difficulty with washing and toiletries. At the present it would seem difficult for her to return to the hospital for her review on the 5th May. Oh yes, she did receive a telephone call asking if she could project the review to an earlier date - no question being made at the time of the call as to my wife's condition. A shameful shameful situation from a NHS hospital - no after care other than that provided by a son and husband on a 24 hour basis, both under medical care ourselves.*
- *Patient not happy about his treatment and lack of aftercare provided when he came into hospital for a procedure at the Royal London Hospital.*
- *Have not received any postnatal care since birth. Please avoid this hospital at all costs. On the phone to the midwife team right now whilst writing this review and they keep transferring him from dept to dept with no luck.*
- *Patient's daughter not happy that her father was sent home without a care package*
- *[Upon her husband being discharged, patient's wife] states there were no proper community nursing plans in place.*
- *He was discharged without follow up care despite having serious medical conditions.*
- *Complaint received from site - patient not happy that she has not received any aftercare after her procedure and with the information written in a letter to her GP.*

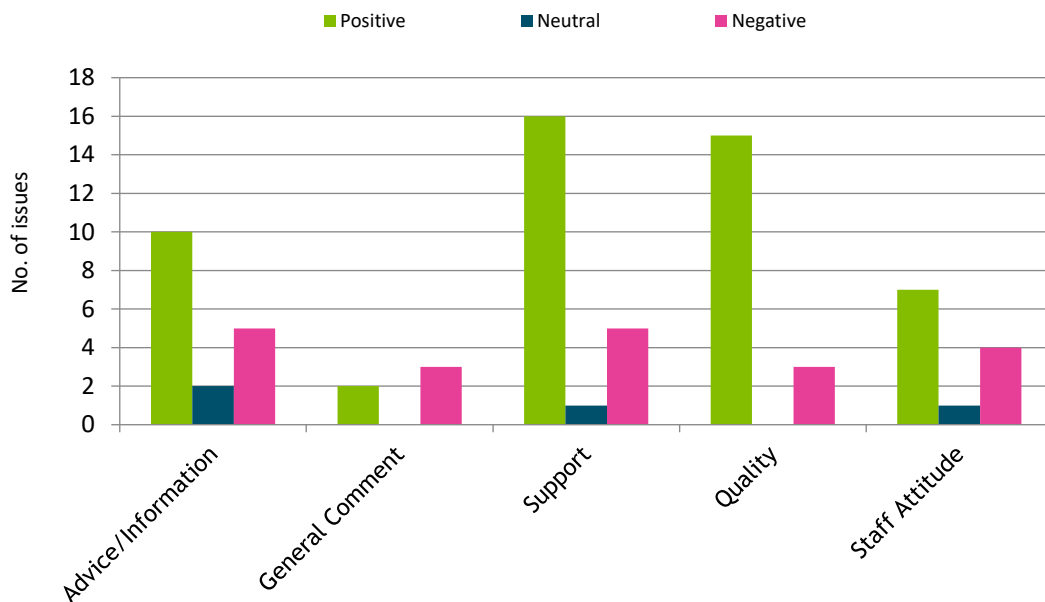
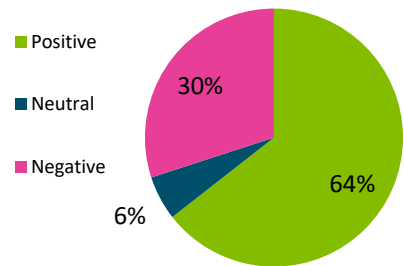
COMMUNITY CARE

Overall, sentiment about **community care** is **64% positive**.

The vast majority of comments refer to **community maternity services** provided by the hospital, including community midwives, health visitors and antenatal classes.

Public perception of these services is broadly positive; they are seen as an important resource for new parents.

They are seen as an important source of **support** and **advice/information** for new parents; and they are perceived as being of **high quality**.



Generally, community midwives and health visitors are perceived as warm, friendly and helpful. In some cases, however, they may need extra training in sensitively phrasing their concerns and advice when talking to new mothers.

- *I saw a community midwife on Thursday. They contacted me straight away through mobile and they told me when they were gonna come. I had information about them from a leaflet. They were friendly and very helpful and they made me comfortable. They asked me how I was; they asked how I was healing down there, I told them I had natural birth with no tearing or anything.*
- *Three out of four appointments I didn't find that helpful... They haven't really asked me about my health, it did seem a tick-box exercise and I'm now thinking they didn't realise that I had a low pap-a & this is why my baby was underweight anyway... it was [to be expected], not a personal thing, but one of them in particular made me feel... she was like "OK, priorities: feeding!" Pretty assertive person! I was like "Obviously, my priority is feeding my son". The health visitor was really good in giving me information about things like children's centre, whereas the midwife was checking mostly on my health. [I wasn't too happy with] the first visits from the community midwife, they didn't see the big picture of [my baby being born with low papp-a] so they made me feel like I was incompetent or inadequate. In hot weather, he was struggling to feed because he was hot and he was asleep all the time and I was putting cold flannels on him... I was doing the best I could and the midwives were like "Priorities: feed your son!" They just weren't very sensitive. But they got better once they got the whole picture. They didn't seem to know he was underweight because he was born with low papp-a.*

Postnatal midwives usually provide useful information for new mothers.

- *Fantastic service, the health visitors were amazing and answered loads of questions we had. We had a visit from the local midwife (Grace from the ocean centre, wonderful lady) a few days after getting home. She answered all of my questions and recommended lots of local services.*

Most service users are happy with the quality of Royal London Hospital community midwifery services. A small minority report concerns about their competence or the quality of advice they are receiving.

- *Very helpful and well organised*
- *Well organised, came to my home.*
- *Antenatal and postnatal treatments care are excellent.*
- *Home visit [from midwife] was very reassuring*
- *Amazing, wouldn't have got through early days without her*
- *The main HV at our surgery is excellent. I have been given some questionable advice by some of the others, one told me to stop breastfeeding my daughter at 4 months for no reason (I ignored her). Another gave me a lecture about letting my daughter eat the pips in watermelons.*
- *[My son] wasn't weighed at discharge or on the first visit, only on the second visit. He only lost 8% of his weight during the first week- and the midwives were like "He lost a massive amount of weight!". The midwife didn't know how to use the scales very well, you'd think in their profession they should know about kilograms and pounds... That was really frustrating. It would have been nice to have a benchmark instead of "he lost a massive amount of weight!"*

Some service users have raised concerns about community midwives not arriving promptly for appointments, cancelling appointments at a short notice or not setting specific enough appointment times.

- *I see a midwife most weeks and I've seen the health visitor once. One of them was punctual, but another lady said "Oh, I'll be there between 10 and 4." I asked, "Can you be a bit more specific?" and she said "No I can't, I've got admin in the morning, so I don't know what time I'm gonna be there". I said, "Just let me know when you're leaving the hospital", it's just... maximum, absolute maximum an hour from the Royal London Hospital, but you can do it in half an hour. That's such a weird amount of time, I said to her a few times "I can't believe you don't tell us time more specifically". She wouldn't give any specific indication unless prompted.*
- *I arranged for a home visit for Monday so my sutures can be removed, baby weighed and have new-born blood spot. 2pm Monday still no sign, I phoned them and was informed I would receive a visit. 4pm midwife phones unable to visit today as attended and emergency home birth and their shift had now ended, no sorry or how are you recovering, how is your baby, any problems. Emergency home birth is not my problem, make alternative arrangements, midwifery care is 24/7, 365 days a year. I told the midwife of the initial problems I'd had trying to arrange a community midwife visit and that I had not been seen since being discharged from hospital. I told them of my concerns about my sutures needing to be removed and baby weighed and new-born blood spot. All they said was the blood spot can be performed up to day 8. I told them they were missing the point completely, that I had not been seen since being discharged.*
- *Still waiting for my health visitor to get back to me she always puts me off.*

Antenatal classes at the Royal London Hospital are praised by service users, who found them useful. More information on common birth complications and procedures could be added.

- *The antenatal classes [at the RLH] are brilliant. It's very thorough and they are the ones who said, "Question your care and be assertive with your care". When I went in to the assessment, Sunday morning, [2cm dilated], the doctor really wanted me on my back and I was like "No". The antenatal classes taught me to be assertive with medical professionals and it paid dividends to be able to say, "I want to have my baby on my knees, I don't want to be lying on my back". I think where women fall short is when the doctor says, "Do this!" and they're like "OK". For that the antenatal classes were the best thing. The classes were taught by midwives, and breastfeeding support did the breastfeeding class. I went to all of them, they're all free and you meet people there.*
- *I liked that the breastfeeding support [class] was very informative. The antenatal class was very informative too albeit too long. I had had a one-day NHS birth preparation class on a Sunday. It was very good but didn't explain what would happen in the event of an induction in the labour ward and I think it would have been helpful to have gone through this. I also went to an NHS breastfeeding workshop before birth. It was helpful but could be improved by stating more clearly that breastfeeding is natural but often doesn't come naturally to you or your baby but don't worry there is lots of support there on the ward! Also would help for them to explain that babies lose weight in the first few days before your milk comes in and if this is more than 10% of birthweight the hospital will keep you in to help support breastfeeding. It would have been useful to know when packing that we might be in hospital for up to 7 nights (as my baby did lose 9.9% of his birthweight) rather than being given the impression that most people are only in for one night (from the people on the ward with us that was unusual)!*

What Happens Next

Under the Health and Social Care Act 2012 Healthwatch Tower Hamlets has a statutory duty to:

1. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

In line with these duties a copy of this report will now be circulated to the following organisations.

- ❖ Barts Health NHS Trust;
- ❖ Tower Hamlets Clinical Commissioning Group - Clinical Quality Review Meeting;
- ❖ Tower Hamlets Health Scrutiny Sub Committee;
- ❖ Tower Hamlets Health and Wellbeing Board;
- ❖ The Care Quality Commission;
- ❖ Healthwatch England.