

healthwatch

Tower Hamlets



Acute Care Trends Analysis Report: Royal London Hospital 2016-2017



Acute Care Trends Analysis
Report
Royal London Hospital

This report examines important aspects of the service provided at the Royal London Hospital (RLH).

ABOUT THIS REPORT

We have coded and analysed a total of 4134 issues, from 1633 service users; collected between April 2016 and March 2017.

From our first appointment the I felt part of the care plan, with the doctor, taking time to listen to my issues and concerns and advising on the best course of action to help rid me of this illness.

The staff at the Royal London Hospital are friendly and very professional. Unfortunately, I cannot say the same for systems and procedure.

When discharged, it is tiring waiting for over an hour at the Discharge Lounge for medication and transportation, with no one giving you any useful information or answer why everything is taking so long.

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What we have learned, in a nutshell

- ❖ Over the 2016-2017 financial year, service users have been **broadly dissatisfied** with services received at the Royal London Hospital; there is, however, evidence that patients' perception of the RLH is improving, particularly in relation with *clinical treatment and clinical nursing*.
- ❖ Generally, clinical treatment at the RLH is perceived as *high quality, but difficult to access*. Long waiting lists before receiving an appointment, long waiting times and unexpected cancellations are the main subjects of discontent among patients.
- ❖ Service users appear to take a somewhat positive view of service *quality*, while opinions about *staff attitude* are mixed (service users are most pleased with the attitude of *doctors* and least pleased with the attitude of *reception staff*).
- ❖ On the other hand, there is a negative sentiment about *advice/information, timing and support*, as well as *waiting list, staffing levels and environment/layout*. This could suggest that service users see the Royal London Hospital as a provider of high quality services by mostly competent medical professionals, but also as overstretched, disorganised and difficult to access.
- ❖ Errors in *admin, planning and communication* (such as appointments being sent to the wrong address, improperly recorded data, test results not being promptly sent to GPs) have an important negative impact on all aspects of service provision.
- ❖ The important of *effective, supportive and compassionate communication* with patients is another emergent theme. Patients satisfied with their care describe doctors, nurses and receptionists as *helpful, confident in offering detailed explanations and caring*. Particularly at stressful times associated with illness, it is important for patients to understand the process of receiving health care and what to expect from their hospital visit.
- ❖ Data also suggests a lack of consistency in perceived quality of services, where some patients have a much better experience than others. *Urology and Speech therapy* patients are the most satisfied; while users of *Obstetrics and Gynecology, Sexual health, Cardiology, Orthopedics, Care of the elderly, Pediatrics, Acute care, Gastroenterology, Pathology and Hospital transport services* are the least satisfied.

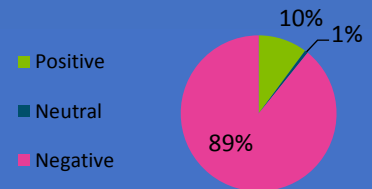
What we have learned: Transport

- ❖ There is overwhelming dissatisfaction with hospital transport services: booked hospital transport arriving with severe delays, planning errors resulting in unsuitable transport arrangements being made, unprofessional behavior of drivers and a general lack of support are common grievances.
- ❖ Multiple patients report missing appointments or being forced to pay for their own transport as a result of unreliable transport services.
- ❖ Communication with patients regarding the transport service is often inaccurate; patients are not informed accurately about the time transport services would take. This lack of transparency causes frustration and prevents patients from making alternative arrangements.
- ❖ Patients are dissatisfied with the insufficient disabled parking spaces at the hospital and with parking charges
- ❖ Patients are generally satisfied with the ambulance service; they perceive paramedics as dedicated, professional and efficient.

Our suggestions

- ❖ As the RLH has presently contracted a different company for transport services, monitor, review and investigate contracted providers of transport to enforce standards of punctuality, reliability and professional behaviour.
- ❖ Systematically collect satisfaction data from patients using transport services to properly assess user experience; consider patient feedback in extending contracts with transport providers.
- ❖ Identify examples of good practice in high-performing departments and organize cross-department “experience exchange” trainings to improve consistency of care.
- ❖ Increase disabled and accessible parking space.
- ❖ Consider lowering or dropping parking charges, at least for some categories of patients (ex: those attending regular treatment session for long term illnesses such as cancer).

What service users are saying:



“The transport is rubbish [...]always 30mins late.”

“What a nightmare parking is. Just a couple of disabled bays which of course were already taken, and no stopping or permit holders only in all adjoining roads.”

[COMPLAINT] ERS Medical call center staff listed May and Not April for a patient’s transport date. Patient has not been picked up 7 times by ERS Medical for various appointments.

[COMPLAINT] Patient had to cancel an operation due to transport sending four women instead of men. They tried to take patient down the inside set of 13 stairs. They got down two steps and then took him back. They went to their ambulances and then came back and said that they were sorry, but they could not take him to hospital. They said they were afraid they could drop him.

[COMPLAINT] The driver was rude to the patient, he was loud and kept shouting. He drove through small bumpy shortcuts; patient has a bad back. When patient complained to him he started shouting.

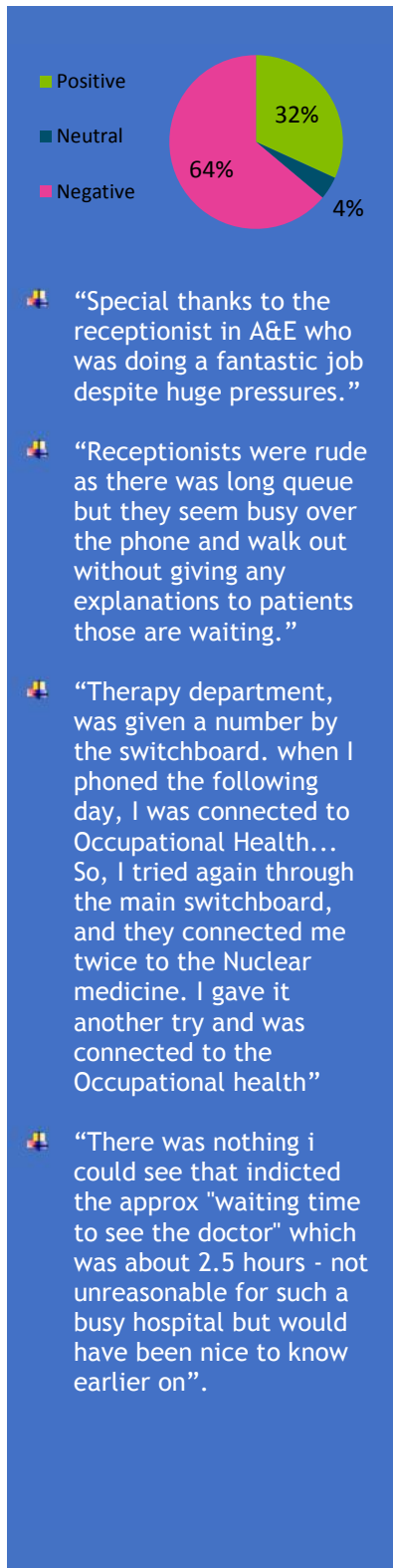
What we have learned: Reception

- ❖ Sentiment about the attitude of reception staff is mixed: Reception staff receiving positive comments are described as helpful, pleasant and efficient. Those who receive negative comments are unhelpful, rude and fail to offer appropriate support, or discourage patients from asking for the advice/information they need.
- ❖ Staff shortages affect service provision; they are noted by both those happy with staff attitude and those who are not. Patients who are satisfied with the attitude of reception staff tend to be more understanding about waiting times.
- ❖ Service users attempting to contact the hospital by telephone experience difficulties.
- ❖ Admin errors cause problems for many service users: referrals fail to go through, letters are sent to wrong addresses, patients are directed to wrong departments.
- ❖ There is little transparency and advice/information on waiting times and triage, especially in departments such as A&E or maternity, where people may need urgent care; or in the surgical clinic, where people undergoing treatment may end up fasting for an unnecessarily long time before their surgery.
- ❖ Hospital staff have reportedly failed to adhere by the Trust Chaperone Policy or to inform patients and carers about it
- ❖ Some patients find the layout of the hospital to be difficult and confusing to navigate; some have found doors and lifts to be difficult to use, especially for the elderly or disabled.
- ❖ Some patients have raised concerns about the layout and ventilation of waiting areas, uncomfortable seating and lack of reading/entertainment materials in waiting areas.

Our suggestions

- ❖ Improve admin systems to provide future errors; especially where there is a risk of breaching patient confidentiality (ex: by sending private medical information to the wrong person).
- ❖ Monitor, evaluate and improve the telephone system
- ❖ Train reception staff in answering frequently asked questions confidently, promptly and accurately; including basic estimations of waiting times.
- ❖ Offer customer service/ empathetic communication training to staff members to ensure a consistently good service
- ❖ Ensure staff are aware of the Trust Chaperone Policy and that hospital layout allows it to be applied consistently.
- ❖ Display maps and signs visibly to guide patients through the hospital; as well as instructions on operating the lift & other equipment.
- ❖ Consider offering materials such as newspapers, magazines and donated books to patients waiting to be seen, particularly in departments with long waiting times such as A&E. Use this opportunity to provide and disseminate literature on health promotion from the NHS or health charities.

What service users are saying:



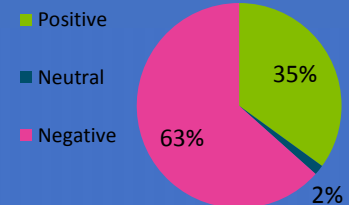
What we have learned: Diagnosis and testing

- ❖ Undergoing diagnosis/ testing procedures is a stressful time for patients; it is highly important for medical professionals to take this into account when communicating with patients.
- ❖ Receiving detailed explanations before, during and after procedures goes a long way in assuaging patients' fears. Staff members receiving positive comments are knowledgeable and compassionate; they offer patients detailed explanations and help them feel safe.
- ❖ Some, though not all, patients have found waiting lists for appointments unacceptably long; delays in diagnosis and testing can interfere with their receiving treatment promptly. It could also be the case that patients have a limited understanding of priority/ triage procedures.
- ❖ Poor standards of admin work drastically impact the quality of service provision. There are cases of patients not being informed promptly about their booking for tests and also reports of last minute booking cancellations without appropriate notice.
- ❖ There have also been some cases of patients being misdiagnosed or receiving inaccurate test results.

Our suggestions

- ❖ Improve admin systems to provide future errors and unnecessary delays in appointments and receiving test results; improve communication with GP surgeries.
- ❖ Ensure consultants always explain to patients what to expect before testing procedures; as well as what results mean and what the next steps in treatment are.
- ❖ Improve transparency of how appointments are prioritized according to urgency; explain clearly to patients what their level of urgency is.

What service users are saying:



- 👤 “I have received NO communications from the antenatal department about when my scans are to be. For the 12 week scan I rang and after a number of attempts managed to get through and find out when it was. For my 20 week scan I have rung day after day, the phone is never answered and I have no idea when my scan is to be. I am now nineteen and a half weeks.”
- 👤 “Can anybody please tell me where the hell is the letter this urologist was to send me and my Gp? It is impossible to get through by phone I have been trying for days!”
- 👤 “I am just leaving after having a hearing examination and tests done in my right ear. My consultation went well, the doctor was thorough and explained to me clearly what may be the problem [...]and told me I would be needing more treatment immediately. I am pleased with the doctor who saw me, he put my mind at ease and free of worries and fears.”
- 👤 Complainant not happy the A&E paed department when the patient attended at the Royal London Hospital and a fracture was missed in the patient leg.

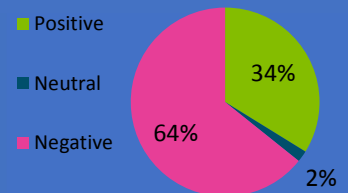
What we have learned: Clinical treatment

- ❖ Generally, clinical treatment at the RLH is perceived as *high quality, but difficult to access*. Long waiting lists before receiving an appointment, long waiting times and unexpected cancellations are main subjects of discontent.
- ❖ Many patients take a strongly positive view of the quality of care provided by the RLH & hold doctors in high esteem.
- ❖ Doctors are perceived as highly knowledgeable and competent. Patients appreciate receiving detailed, easy to understand explanations about their conditions. This appears to happen somewhat consistently (albeit not universally!) and should be encouraged as an example of good practice.
- ❖ Medical professionals who receive positive feedback, communicate well with patients, make them feel at ease and ensure communication with GPs is efficient. They give patients choices and empower them to feel in control of their treatment. Those who receive negative feedback are unfriendly, rushed, don't listen to patients and don't offer explanations.
- ❖ Because of administration/planning errors at an organisational level, despite doctors' efforts, patients do not always receive the full information they need.
- ❖ Communications between hospital consultants and GPs, or between departments within the hospital, is sometimes lacking.
- ❖ Cancellations are an important reason for patients' discontent; particularly for patients due to undergo surgery who have fasted for a long time for it. Patients are not always properly informed of last minute cancellations.
- ❖ Waiting times are causing frustration for many patients, particularly those fasting before surgery. Some feel that they are not being informed about expected waiting times appropriately.
- ❖ Admin and communication errors have a negative impact on the provision of care, including increasing waiting time and the number of cancellations. There were a few recorded instances of doctors failing to check important information (such as allergies) before prescribing medicine.
- ❖ In some cases, doctors reportedly failed to take patients' physical pain into account or to take necessary pain management measures over the course of treatment. This includes some reports of patients suffering from painful surgical procedures with improper anesthetic.
- ❖ There were a few recorded instances of lack of support or possible neglect by doctors, as well as a few cases of doctors and healthcare assistants allegedly behaving unprofessionally.

Our suggestions

- ❖ Identify examples of good practice in doctor-patient communication and ensure all medical professionals are confident giving patients easy to understand information about their condition and treatment; ensure patients understand their treatment and are able to meaningfully give informed consent.
- ❖ Ensure patients have a sense of control over their treatment and take their feedback into account; particularly in relation to pain management. Ensure patients feel that their concerns are listened to and taken into account.
- ❖ Ensure any exchange of relevant information between medical professionals (both within the hospital and with 3rd parties such as GPs) happens promptly and accurately; particularly, ensure patient records are complete and that letters to GPs are sent in a timely fashion.
- ❖ Take measures to reduce waiting times for nil by mouth surgery patients, particularly children and the elderly.
- ❖ Improve admin systems to reduce waiting times, avoid cancellations and medical errors.

What service users are saying:



- “From our first appointment the I felt part of the care plan, with the doctor, taking time to listen to my issues and concerns and advising on the best course of action to help rid me of this illness. At all stages of my treatment staff were polite, took the time to inform me of what is happening and were very professional.”
- “I came to hospital as my son had his tummy ache but doctor only did blood test without giving me any explanation and didn't prescribe any medication. Doctor told me that he will contact me within 5 days but didn't hear from them as waited 2 weeks long”.
- “I came in for an operation which the hospital had been trying to schedule since 10 months ago [...] I after lying for 5 hours in a bed waiting to go into surgery I was told that the operation had been cancelled and they did not have the available theatre to do it that day. The way this was handled was very poor. I was given another date and exactly the same thing happened again, I am now awaiting a 3rd date when I may if I'm lucky get my operation.”

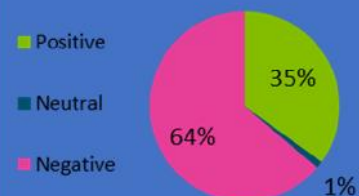
What we have learned: Clinical nursing

- ❖ Service users are broadly satisfied with the quality of nursing care they receive; while sentiment about staff attitude is mixed. Lack of support, inadequate advice/information and the general running of the ward are the main subjects of patient dissatisfaction.
- ❖ Patients perceive wards at the RLH as overstretched, over-booked and short-staffed. Some wards (particularly Maternity and paediatrics) are over-stretched and over-booked; to the extent that booked patients may not be admitted, for lack of beds.
- ❖ Partly because of wards being over-stretched/ running over capacity and general under-staffing, many patients report a general lack of support; in some cases, to the extent that it could pose a risk to patients' safety.
- ❖ Some patients and carers are generally unhappy with the level of communication they receive from nursing staff about their own care/ care of their family members.
- ❖ A newly-implemented initiative from December 2016, where nurses give surgical clinic outpatients information in the morning regarding what to expect from their appointments is broadly popular with patients. However, a lot of information that could have been previously sent by post with the appointment letter is imparted in a very short time span, which some find difficult to follow.
- ❖ Nurses and midwives who receive positive feedback give patients advice and reassurance; they are described as "caring" and "polite". Patients in their care feel empowered to make decisions about their care. On the other hand, the ones receiving negative feedback are un-empathetic and make patients feel dismissed/ not taken seriously. Patients under their care don't feel in control of their own treatment.
- ❖ Staff working night shifts receive more negative comments than staff working day shifts, with some service users commenting specifically upon the contrast.
- ❖ Student midwives receive particularly positive comments
- ❖ Some patient comments suggest that waiting times have improved compared to previous years; there is still a significant number of patients unhappy with them.
- ❖ There are some reports of delays in getting necessary medication or painkillers
- ❖ There have been reported cases of records of medication taken by patients being inaccurate; patients' property being misplaced; and patients signposted or admitted to the wrong ward.
- ❖ Levels of hygiene on wards are inconsistent, with some patients reporting potentially hazardous hygiene issues while others declare themselves positively impressed by cleanliness.
- ❖ Some patients complain about the lack of diversity in hospital food, including difficulties for people with special dietary needs.

Our suggestions

- ❖ Research and evaluate shift scheduling practices to understand and address the difference in quality of care between day and night shifts (do less trained nurses take more night shifts? Morale issue caused by inflexible scheduling?)
- ❖ Maintain the surgical clinic morning information initiative, and consider extending to other services as appropriate. In addition, also consider enclosing "what to expect" information leaflets with booking letters.
- ❖ Provide easy to access and understand dietary information about the food served (incl: allergens, salt content, risk of interaction with medicine)
- ❖ Provide better choice of food, particularly taking into account health-related dietary needs.

What service users are saying:



- ❖ "I knew I was in safe hands, was aware of how gentle people were and I am so grateful for the professionalism, kindness and care i received."
- ❖ "The nurse is great but unfortunately cannot deal with my husband all the time, the staff on the wards 9e and 9f don't seem to be aware of many things the patients need.[...] Hubby has mobility problems and needs help getting from chair to bed etc but has fallen twice but no one can tell me anything."
- ❖ "My mother has been in hospital here at Royal London for two days now. She is really unwell and has complained about the nurses not answering the bell quick enough when she calls for attention. And when my mother complains of serve pains, the nurses won't give here any pain killers, because the doctor has not prescribed it, but the doctors are all gone home for the night when my mother is usually in pain. This is very stressful for us all."

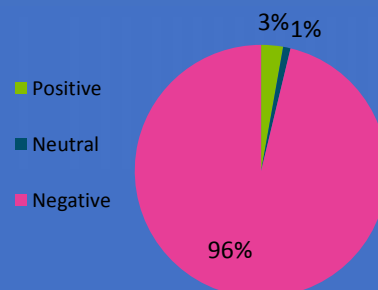
What we have learned: Discharge

- ❖ There have been cases of patients discharged while still at risk or unwell, without an appropriate care package. In some cases, this has resulted in significant risks to their health and well-being, as well as hospital re-admission.
- ❖ Some patients have been discharged without needed medication or equipment.
- ❖ Discharge papers have been misfiled, misplaced or completed wrongly.
- ❖ Patients report unreasonably long waiting times to be discharged. Communication with patients and family members regarding the discharge process and its expected duration is poor, according to patients.
- ❖ Patients are unsatisfied with the level of information they receive on follow-on and continuing care.
- ❖ Some patients have been discharged at inappropriate time, without taking their needs into consideration

Our suggestions

- ❖ Whenever possible, avoid discharging patients at unsociable hours, especially if they do not have transport arrangements in place.
- ❖ Improve admin systems to speed up the discharge process and ensure consistent accuracy.
- ❖ Ensure vulnerable patients at risk of relapses are discharged only with an appropriate follow-on care package.

What service users are saying:



- [New mother- maternity ward] “I was all packed and ready to go and had brought a family member over to help us take our belongings and we were waiting for hours but they just wouldn't finish writing the discharge letter. Every time I inquired at the desk I was responded to by angry midwives. In the end I got sick of waiting in the waiting area for hours so I left, and just then a midwife phoned and I told them I've left. They told me to get back here in a stern tone, so I went back and they threatened me with the police because apparently I had "stolen" my baby from the hospital and ran off without permission.”
- “Discharge was straightforward, all the medication, and materials for GP nurse to remove the stitches and the follow up appointments I would need. Only fly in the ointment was the discharging doctor who I needed to get a sick note from who refused to backdate it to the date of operation meaning I will need to apply for leave, who only signed me off for 2 weeks rather than 6 weeks the operation commonly needs.”
- Patient was discharged without blood thinning medication or support stocking and now he is been treated for blood clots on his lungs and pneumonia.

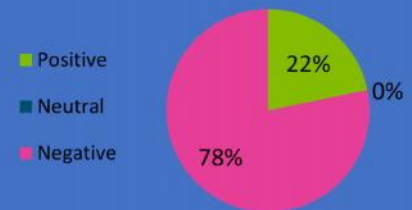
What we have learned: Follow-on

- ❖ Many users are unhappy with the support they receive following discharge from hospital, and find it to be lacking
- ❖ A notable exception is the RAID service for mental health, praised by service users for its efficiency in referring patients to GPs, talking therapies and community care.
- ❖ Some patients have had delays in receiving follow-up appointments; some also found it difficult to contact the hospital if they had persistent or concerning symptoms after discharge.
- ❖ There have been cases where the responsibility of follow up care has been passed on to GP's without suitable arrangements

Our suggestions

- ❖ Work with community health services, local and national charities to create a signposting service/ library of resources; pass on leaflets and materials on relevant services to patients (ex: information about Macmillan Support to cancer patients, about Mind to mental health users etc.)
- ❖ Identify examples of good practice with the RAID service and use them to share experience/ train professionals in other departments.

What service users are saying:



“My sister has been hospitalised for the past two months. She hasn't been bathed and is very uncomfortable. She is emotionally stressed and the nurses have said she is ready to go home. Her social worker hasn't organised a care package for her and is never available. The social worker is never available and there is a dispute over who will be paying for the services she receives. They say the equipment needed isn't suitable for her but I've told her mattress and bed has been delivered. I don't know what to do, I've taken two days off to sort this out and bring her home.”

“The RAID team was very helpful, they made an appointment for me to see my GP (gave me a letter) and also referred me for Talking Therapies in Waltham Forest, they also gave my details to Waltham Forest Crisis Team. The Waltham Forest Crisis Team have also been very helpful; they rang me twice when I was home to see how I was getting along”.

“Why was there no after care explained [for a discharged ophthalmology patient]just to put eye drops in “

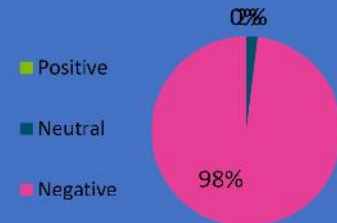
What we have learned: Community care

- ❖ Generally, service users are unhappy with community services provided by the RLH.
- ❖ *Community midwives and district nurses* in particular, are described by service users as unreliable, careless and difficult to contact.
- ❖ The mental health service sometimes fails to contact patients
- ❖ District nurses and community midwives are reported to be late for appointments
- ❖ Because of lack of communication/ admin errors, patients could be put at risk (for example, receiving the same medication twice from different nurses). There does not seem to be a culture of apologizing for mistakes or trying to make amends.

Our suggestions

- ❖ Survey patients receiving community care from district nurses, midwives or other services, in order to better assess the service
- ❖ Ensure admin records are accurate, filed correctly and passed on between nurses, to avoid errors and delays in care
- ❖ Take measures to ensure nurses and midwives turn up on time
- ❖ Improve the community care referral and booking system; give patients upon discharge better information about their community care options.

What service users are saying:



- ❖ “Midwife came with another student? maternity support worker? Neither of them washed their hands as they came into our house, the blood spot test was performed very badly leaving my baby crying and her blood being all over the card. The midwife didn't check my blood pressure, pulse or even if my uterus was involuting. Just asked me few questions, then arrange next time to be seen in about 10days and they both left after probably 15minutes of mostly scribbling on the paper.”
- ❖ “This lady is registered blind and disabled and has community nurses visit in the morning before 10am daily to administer insulin and provide a catheter service three or four times a week. In more recent weeks the visits from the nurses have been more erratic. Some turn up, some don't turn up at all, some turn up late if I can get a message to phone through. As a result of this breakdown in service, Mrs S is not going out, missing meals because of indefinitely waiting in, prone to urine infections and toilet accidents when the catheter isn't done and is becoming increasingly anxious worrying about eating without insulin and increasingly stressed.”

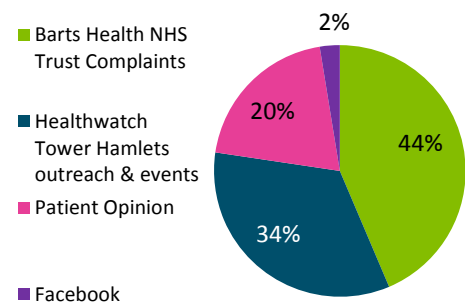
Methodology

Data collection

Between April 1 2016 and March 31 2017, we have collected and analysed comments from a total of 1633 hospital service users in Tower Hamlets who gave feedback on their experience with the Royal London Hospital, identifying a total of 4134 issues.

We have collected comments in a variety of ways:

- ❖ Our volunteers engaged directly, face-to-face, with patients at the RLH, asking for their feedback on the services they had received
- ❖ We coded patients' comments published on Patient Opinion, as well as through social media channels (Facebook).
- ❖ We also coded complaints submitted to Barts Health by patients.



The 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.

The Care Pathway

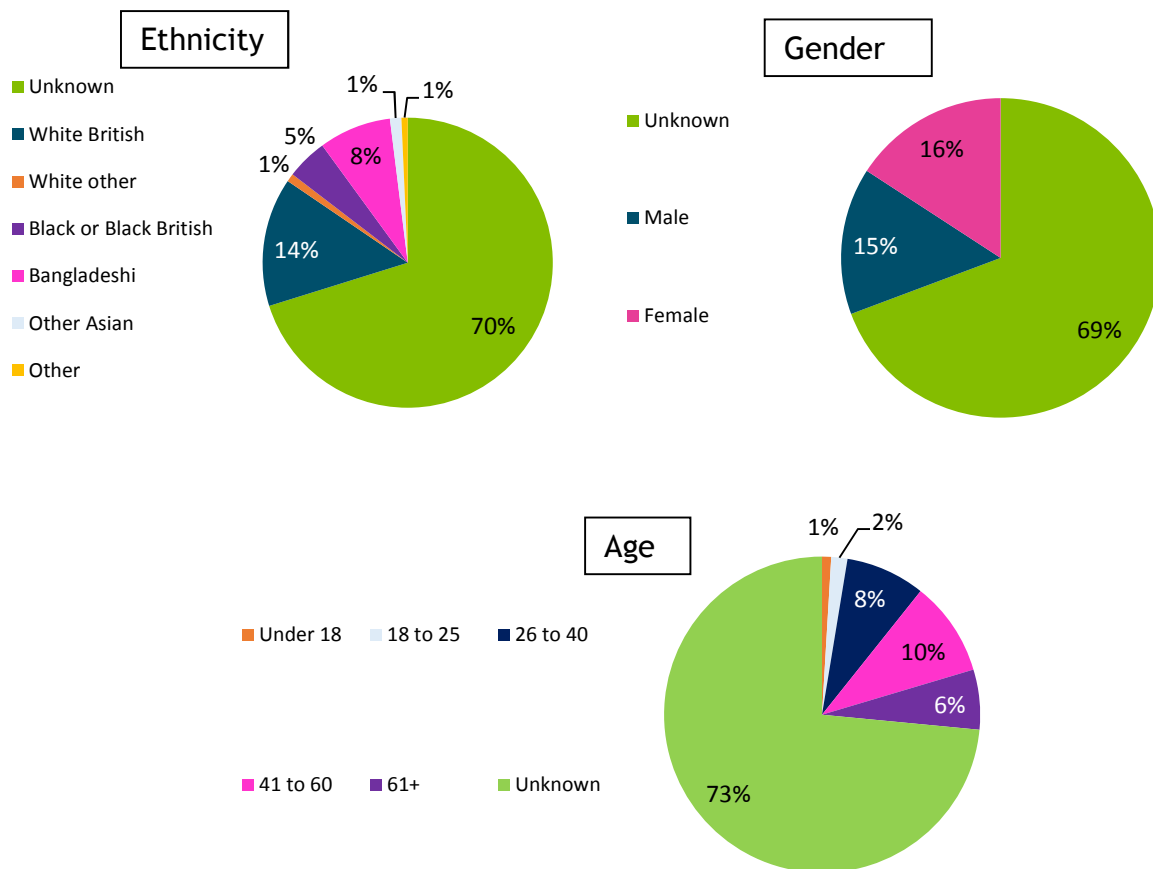
Care Pathway locations cover:

- ❖ 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).

Quality assurance of coding is ensured through the Healthwatch Tower Hamlets Patient Experience Panel.

Respondents' demographic profile

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.

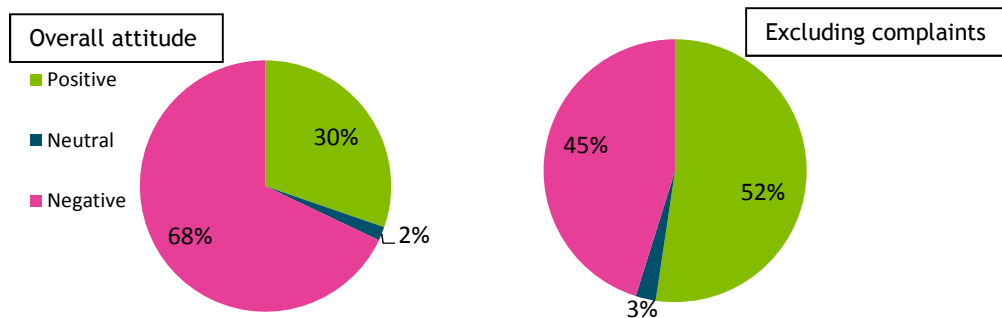


Our insights

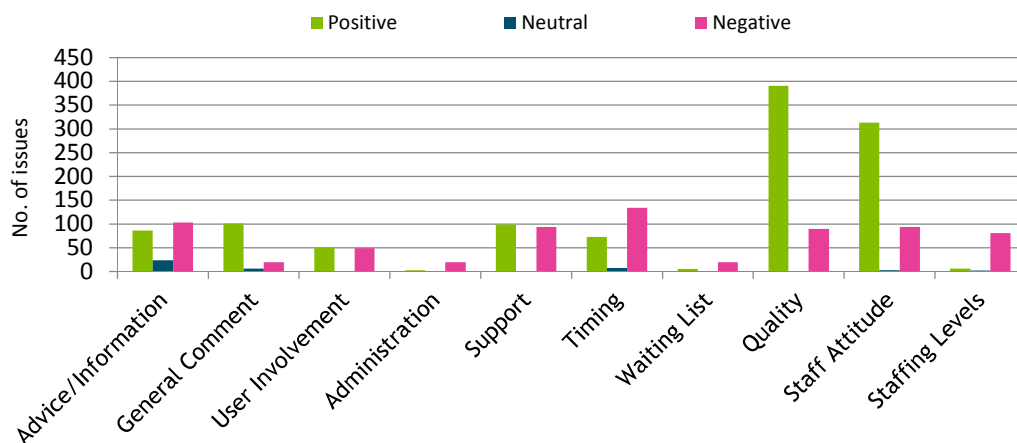
TOP OVERALL TRENDS

According to the comments, sentiment about the hospital is **68% negative**.

It is noteworthy, however that 44% 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 mixed (52% positive).

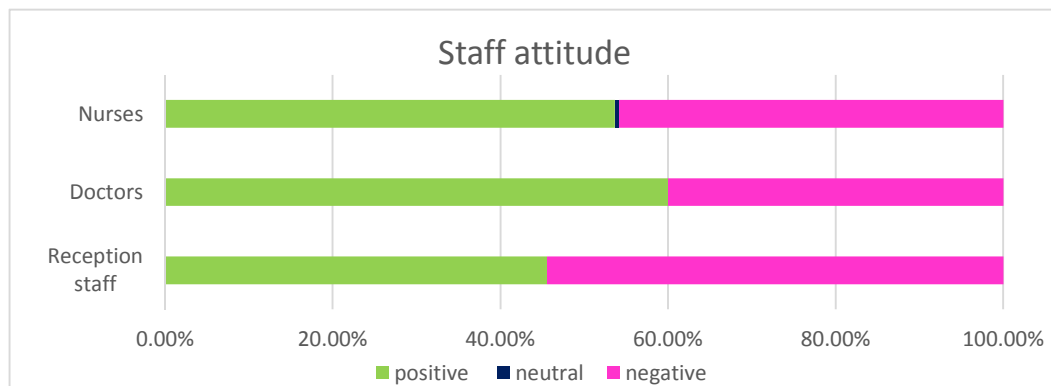


The most discussed issues are *quality, staff attitude, advice/information, timing* and *support*. Service users appear to take a somewhat positive view of service *quality*, while opinions about *staff attitudes* are mixed. On the other hand, there is a negative sentiment about *advice/information, timing* and *support*, as well as *waiting list, staffing levels* and *environment/layout*.



This could suggest that service users see the Royal London Hospital as a provider of high quality services by mostly competent medical professionals, but also as overstretched, badly ran, disorganised and difficult access. It also suggests an inconsistency of service, where some patients have a much better experience than others.

In terms of staff attitude, service users are most pleased with the attitude of *doctors* and least pleased with the attitude of *reception staff*.



It could be the case that there is a higher expectation of nurses and receptionists than of doctors to engage in the emotional labour of reassuring and comforting patients in crisis or distress; which they do not consistently live up to. It could also be that doctors are more confident offering reassurance and detailed explanations on their area of expertise.

Services receiving the most comments are: *Accidents and Emergency, Maternity, Surgical Clinic, General Outpatients and Neurology*.

Best and worst departments, according to patients' sentiment
Broadly positive (less than 40% negative comments): <i>Urology, Speech therapy</i>
Leaning positive (40% to 45% negative comments): <i>Phlebotomy, Cancer services, Radiography, Dermatology.</i>
Leaning negative (50% to 60% negative comments): <i>A&E, general inpatients, ultrasound</i>
Broadly negative (61% to 80% negative): <i>Neurology, Maternity, Pain clinic, Fracture clinic, Ophthalmology, Renal clinic, Surgical clinic, Diabetic medicine, General Outpatients, Ear, nose& throat, Audiology</i>
Overwhelmingly negative (80%+ negative comments): <i>Obstetrics and Gynecology, Sexual health, Cardiology, Orthopedics, Care of the elderly, Pediatrics, Acute care, Gastroenterology, Pathology, Hospital transport services</i>

What service users are saying



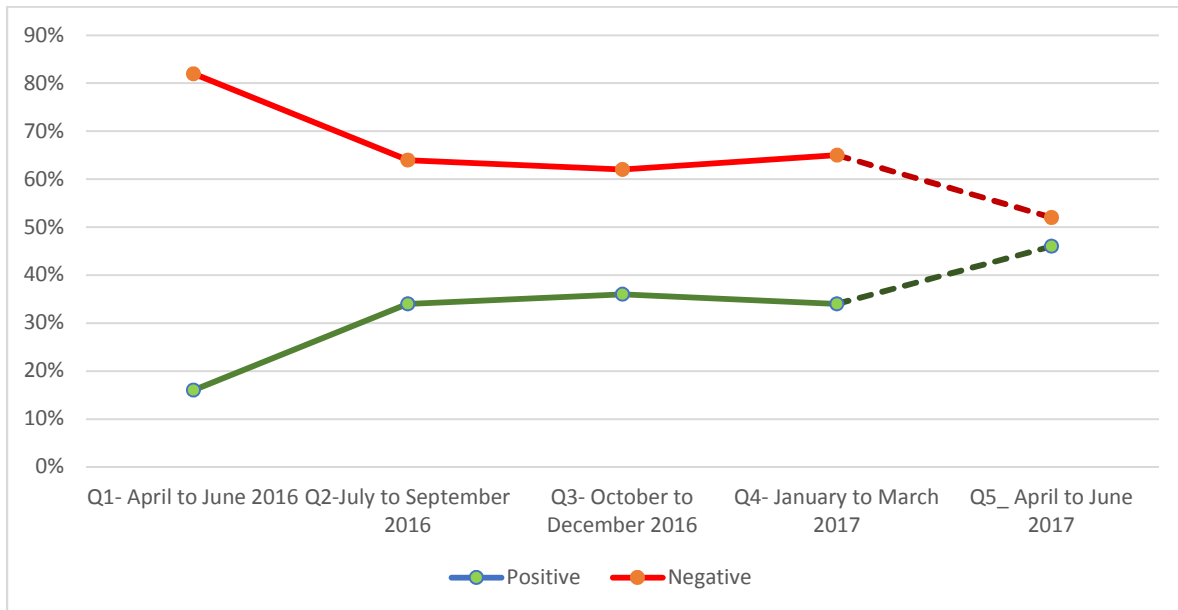
I was at the hospital yesterday for a day surgery. Everyone - from the reception desk in the waiting area on level 3 through to the all of the nurses under Sister Unity in the admissions ward, right through to the anaesthiologist and the surgeon was great (including the two staff members in the surgery prep room).
(Urology Department)

Nurse prescribed wrong medication for my child who is at children hospital for 5 days. The consultant shouted openly to the nurse after finding the wrong medication which seems unprofessional to me and I didn't received any apology from them for this mistake.

(Paediatrics department)



There is overall improvement in public sentiment about the provision of hospital services at the Royal London. Improvements are shown between Quarter 1 (April to June 2016) and Quarter 2 (July to September) ; as well as between the end of the 2016-2017 financial year and the following quarter (April to June 2017). Attitude towards the RLH stayed broadly the same between June 2016 and March 2017.

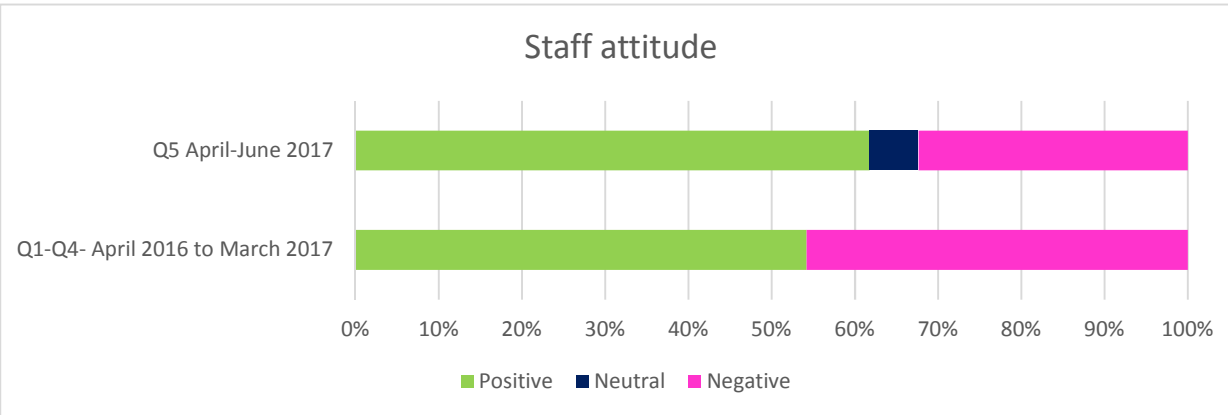
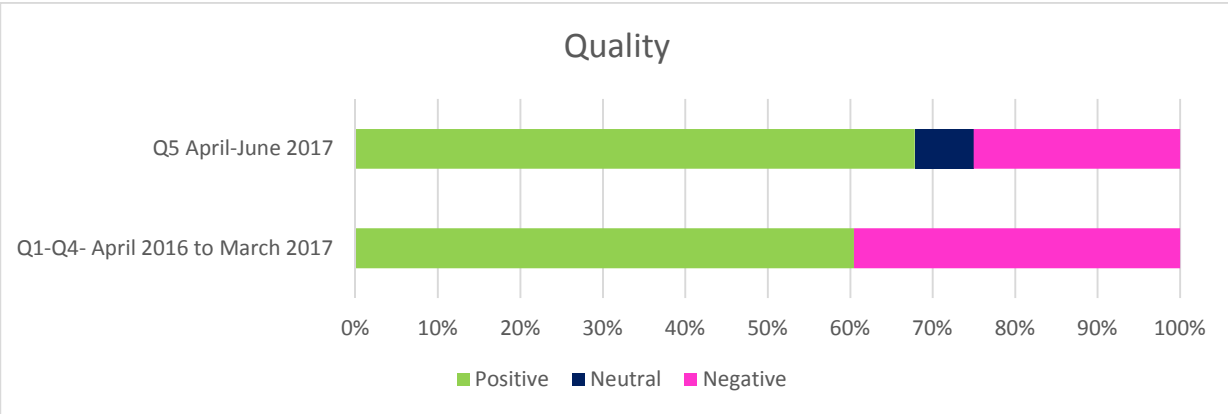
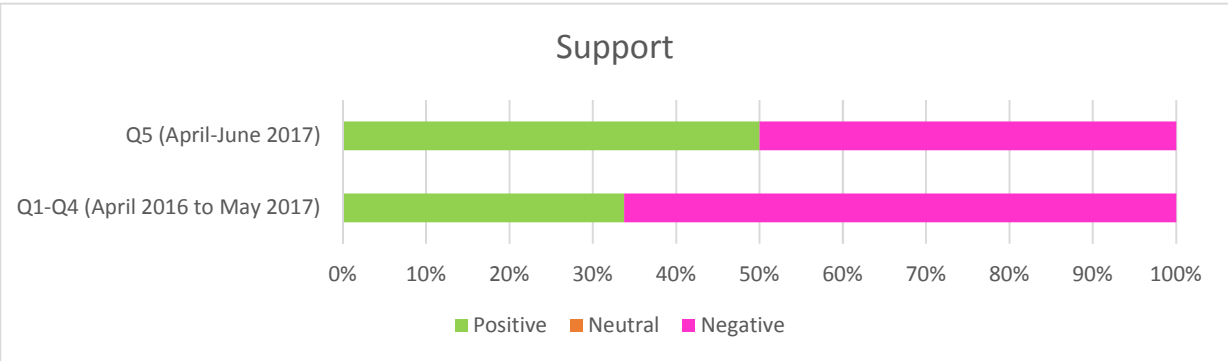
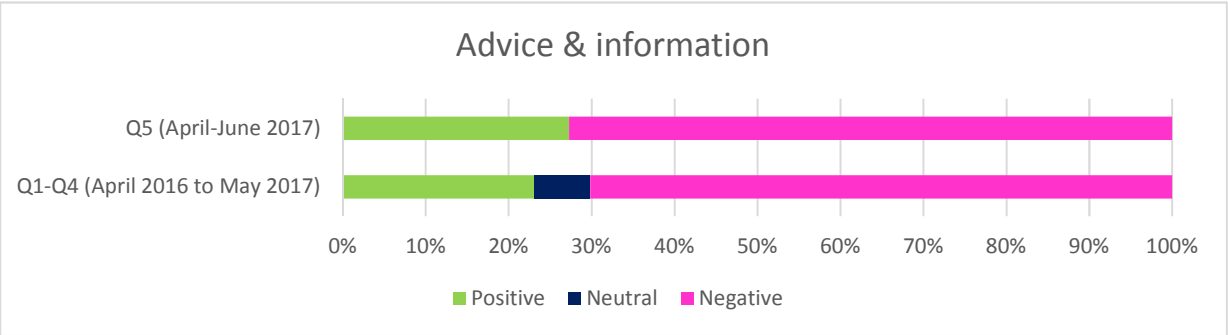


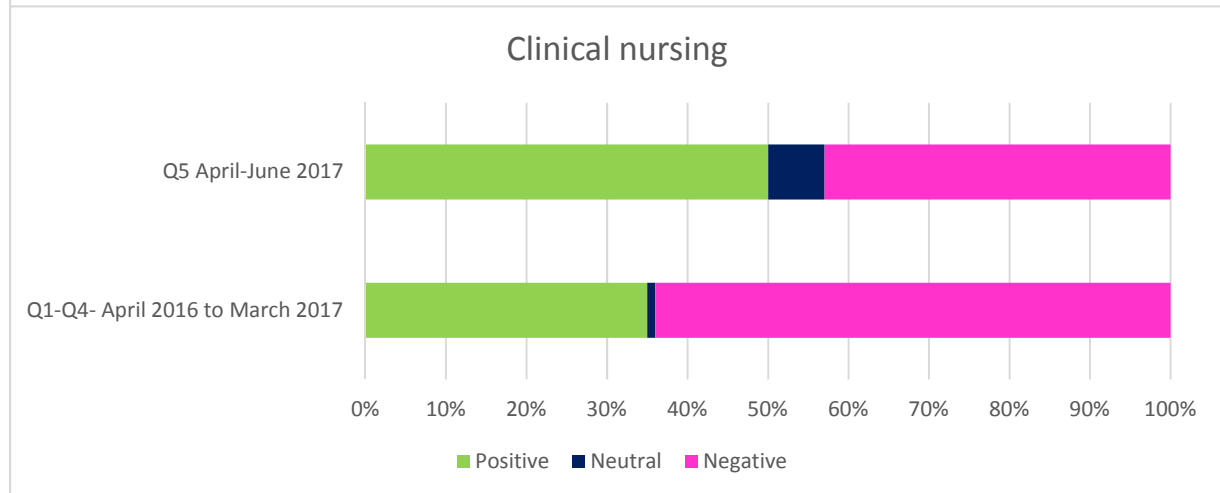
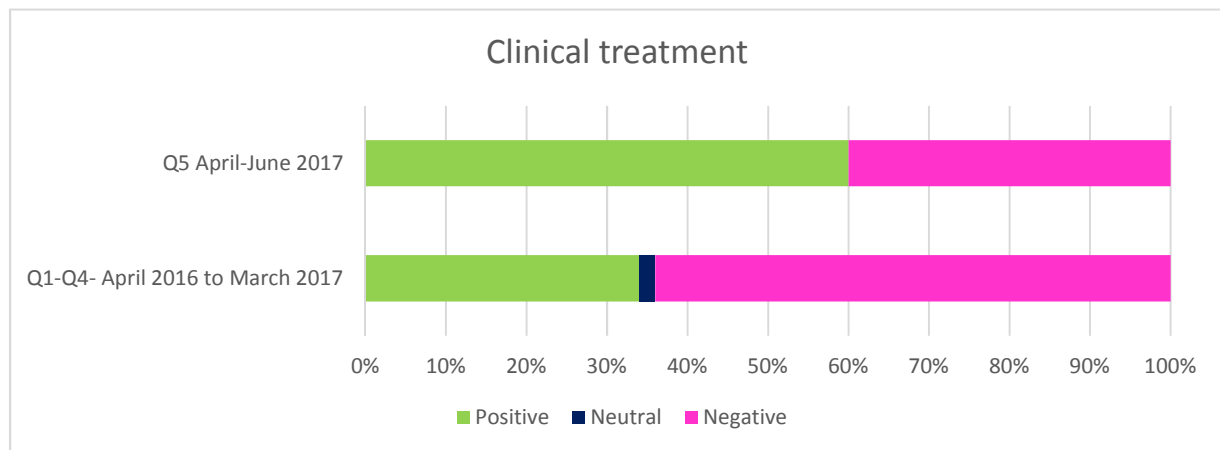
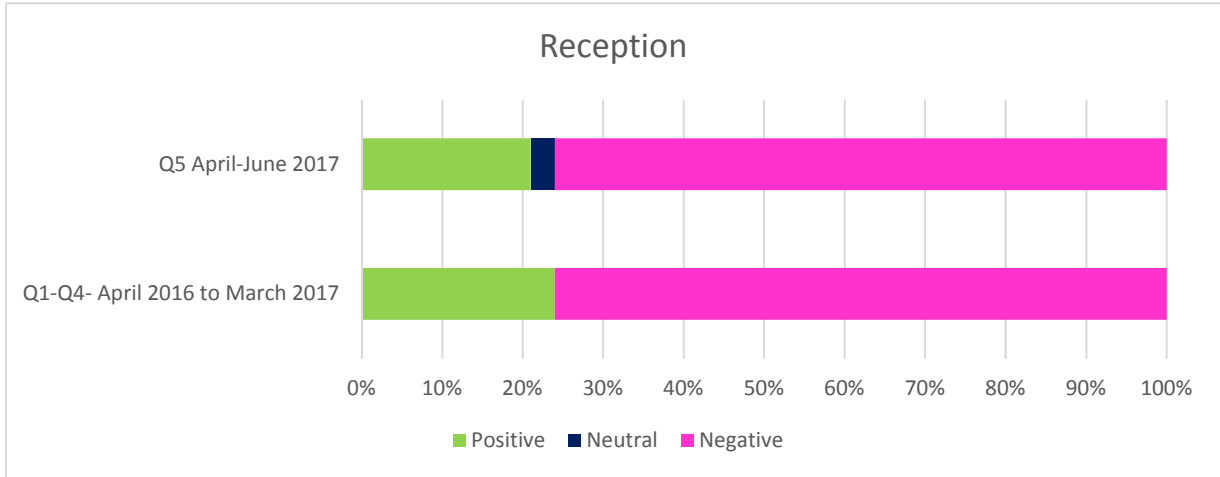
THE 5TH QUARTER- APRIL- JUNE 2017

Between April and June 2017, overall sentiment about services provided by the RLH has been 52% negative.

In terms of the most brought up issues, there are noticeable improvements in **quality** of care, levels of **support** and **staff attitudes**, while **advice & Information** remained about the same. Sentiment about **reception** remained broadly unchanged. Sentiment about **clinical treatment and nursing** improved considerably.

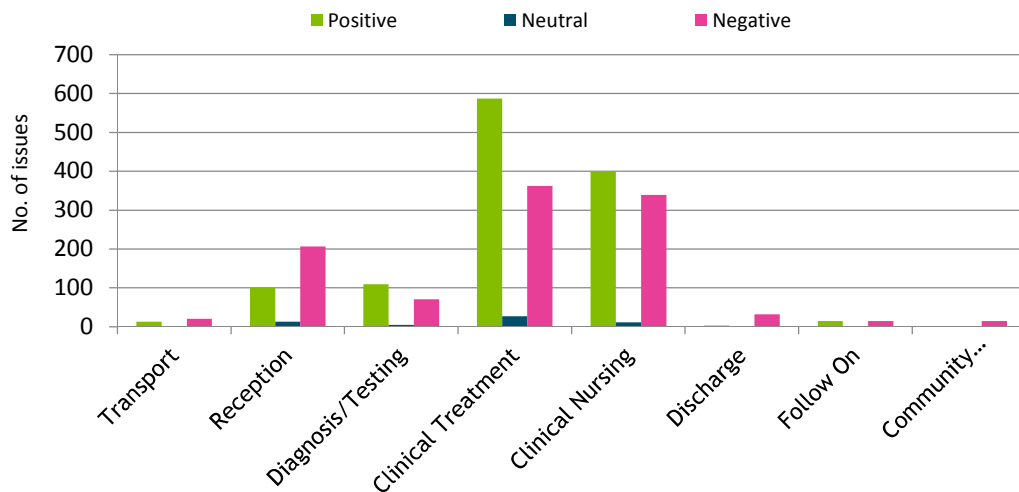
This could suggest that the measures implemented by RLH, particularly around maternity services, may have been highly successful in *improving medical staff's empathetic communication and support skills*, but less so in addressing the admin and planning issues impacting on service provision.



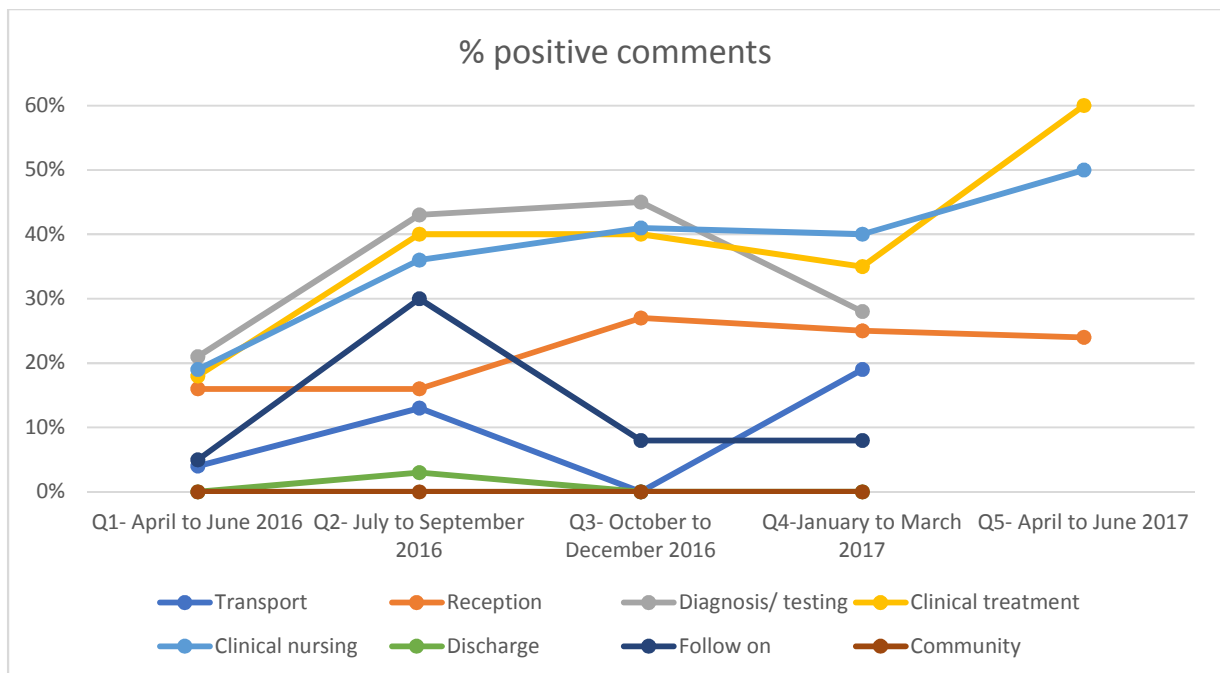


THE CARE PATHWAY- A SERVICE USER'S JOURNEY

Clinical treatment and clinical nursing are the most discussed aspects; public dissatisfaction with RLH services is apparent at all levels of the care pathway.

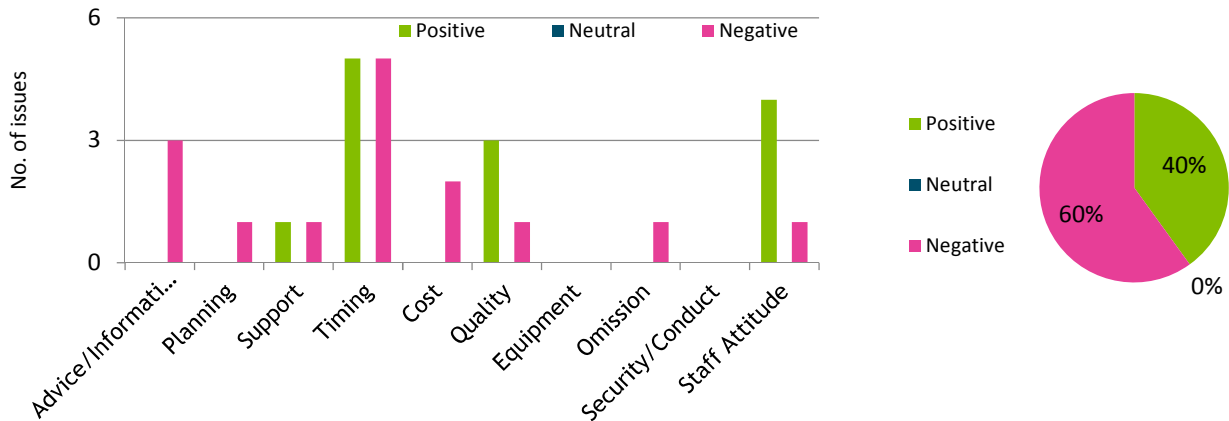


However, over time, the perception of *clinical nursing* and *clinical treatment* appears to be improving, and there are also more modest improvements in the perception of *reception services*.



TRANSPORT

Overall sentiment about transport is **89% negative**. Booked hospital transport services arriving with severe delays, planning errors resulting in unsuitable transport arrangements being made, unprofessional behavior of drivers and a general lack of support are common grievances. Multiple patients report missing appointments or being forced to pay for their own transport as a result of services being delayed.



The small number of *positive comments receive* refer to the ambulance service/ paramedics or medical professionals assisting service users with finding their own transport, rather than to the non-emergency hospital transport service. They also tend to come from people who are satisfied with hospital services overall. The perception of ambulance services is drastically different from that of non-emergency hospital transport services, particularly in terms of staff attitude and quality. Ambulance staff are perceived as professional, polite and efficient.

- “Ambulance service is good as arrived within 10 minutes after call”
- “Everyone I met from the Paramedics through to the Nurses and Doctors were extremely polite, helpful and efficient.”
- Ambulance, doctors and nurses amazing behaviour!
- Nurses, doctors and ambulance driver done a fantastic job.

There are multiple complaints about hospital transport failing to show up, in some cases repeatedly:

- ERS Medical call center staff listed May and Not April for his transport date, hence no pick up. Patient has not been picked up 7 times by ERS Medical for various appointments.

There have also been cases of patients not being able to be picked up by booked transport services due to errors in planning or admin:

- Patient not happy that she has missed several appointments due to transport not bringing the right equipment, this is the sixteenth failed attempt
- Complainant not happy that patient had to cancel an operation due to transport sending four women when it should have been four men. They tried to take patient down the inside set of 13 stairs. They got down two steps and then took him back to his bedroom. They went to their ambulances and then came back and said that they were sorry, but they could not take him to hospital. They said they were afraid they could drop him and in the interest of his safety, they were not going to try to get him down the stairs.
- Carer for patient, is very unhappy that despite twice calling to confirm correct address details were available for her client, the transport drivers, twice attended the incorrect address, causing the patient to miss his dental appointment which he waited a very long time for.
- Arrived late to collect father who is registered blind and requires wheelchair. No wheelchair provided but father transported home and dumped on his doorstep. Son lives 3 hours away. Neighbours had to intervene re father's care.
- The ambulance turned up without oxygen as requested and the driver stated another ambulance would collect him but this did not happen.
- Patient not happy with the driver from transport that took her home after dialysis from the Royal London Hospital.
- The driver was on his phone the whole journey until the accident in Tottenham Hill. Patient alleges that he only put the phone down when the person he ran into came to speak to him. She also alleges that the traffic lights were red and everyone had stopped but the ambulance driver didn't stop probably because his attention was divided.

Severe delays are reported by patients and carers. Sometimes, patients end up missing important appointments or being subjected to long waiting times because of delays in the transport service.

- Complainant's daughter had been told by the ward that transport had been booked for her mother around 11:30am. Complainant is very unhappy that her mother arrived home at 21:00 as 1) the wrong type of crew had been sent. 2) The second driver went home. On call district nurse had to be called out, arriving after 1am as she had missed her carers. Daughter very unhappy as her mother lives on her own.
- "The transport is rubbish and no good [...] always 30mins late."
- Complainant expresses her dissatisfaction with the patient transport services, as she is never on time for an appointment, and after her last appointment, she waited for around 6 hours for transport home. Patient said she once broke down in the lobby and porter called transport, but she still had to wait another two hours. Complainant says this is mainly at RLH.
- Patient not happy with the delays from transport which meant he was late arriving for his treatment and also he was refused and told that he had to go to the inpatient lounge and which he did wait for over 3 hours

Particularly, patients discharged from hospital and entitled to use the transport service report long waiting times:

- “I have been in admission for three days was discharged today. [...] Now I am waiting for the transport to take me home and I have been waiting for over [...] forty minutes, and no one is giving any explanations for my waiting [...] explanation for long waiting times would be helpful.”
- “I have been discharged and will be going home now. I have been waiting for hospital transport for almost an hour and no one is explaining or telling me why it is taking so long.”
- Patient has been collected late from 2 hospitals on the last 3 occasions. On one occasion, the wait was over 10 hours long. On 13 September the patient had to get a cab home, which she cannot afford as transport was so late.
- Patient had to wait 4 hours for a return journey. Due to the delay, he had to go without food

Communication with patients regarding the transport service is often inaccurate; patients are not informed accurately about the time transport services would take. This lack of transparency causes frustration and prevents patients from making alternative arrangements.

- Complainant had 9am appointment for her 12 year old son. Called booking department at 0830 to find out where her transport was, and was told they were having difficulties trying to contact control. Later made contact to be told that the vehicle had broken down. Patient had to book private taxi at a cost of £12.
- Patient [with severe dementia and physical disabilities] was made to wait 7 hours before being picked up despite repeatedly being told that the driver was on his way. When the driver arrived, he was very apologetic, explaining that he had started only 1hr before.
- Patient waited for nearly for 4 hours for the transport then was phoned saying that the driver hasn't turned up to work. The patient phoned up around 8 and was told the transport was on its way, then phoned up at 9 and dispatch said the driver wasn't at work [...] The transport is always late and she isn't informed if it is going to be late.
- Patient waiting on transport for 11:30 appointment. Each time the controller was called he was given excuses. Patient eventually missed out on a special consultation to speak with regards to his amputation.

Drivers of the hospital transport service and reception staff dealing with transport booking have on some occasions reportedly had an unprofessional behavior or attitude:

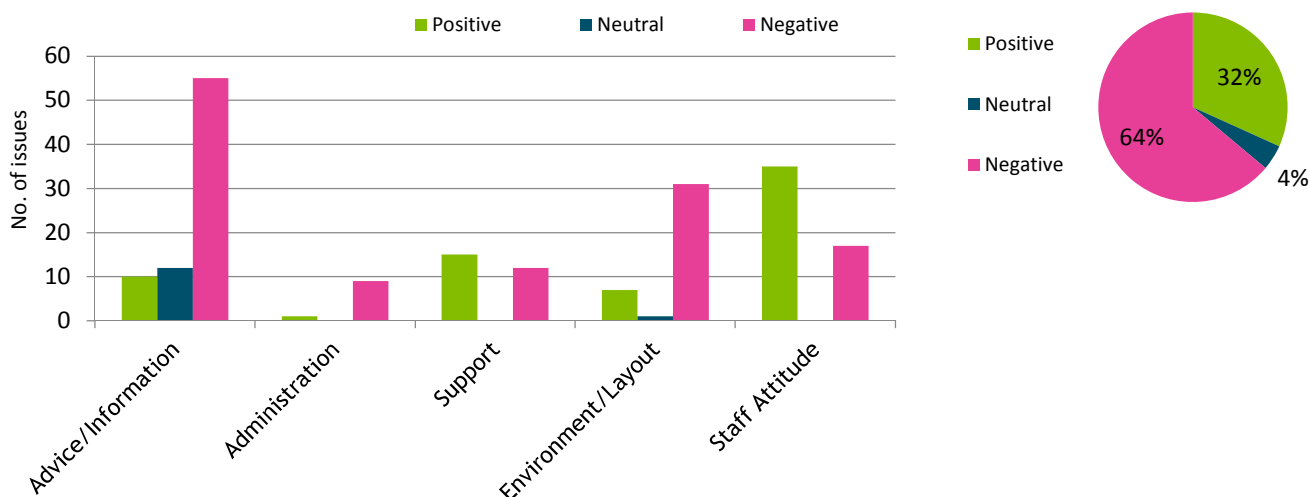
- “The man managing the transports desk can be a little rude [...] previously the transports driver stopped and popped into the supermarket for 20mins.”
- Driver's attitude towards a renal patient was not acceptable
- Patient and her carer both complain about the poor attitude and lack of care of the driver who picked them up for the patient appointment.
- Patient wants to make complaint about one of the drivers from Addison Lee that picked the patient up on 2nd September 16, from his home to take patient to the hospital for their regular dialysis session at the Royal London Hospital. The driver was rude to the patient, he was loud and kept shouting. He drove through small bumpy short cuts and patient has a bad back. When patient complained to him he started shouting at the patient.
- Complainant not happy with the transport at the Royal London Hospital who came to pick patient up and driver was rude, disrespectful and aggressive manner. Patient was left to find the MRI department when driver should have escorted them there

Disabled parking spaces are insufficient and difficult to access; patients are dissatisfied with parking charges.

- RLH should please provide more affordable and easily accessible car park for patients and visitors to the hospital.
- “No lift at Whitechapel station so with a wheelchair user that also not an option. No choice but to get cabs or use the car, which I did, and what a nightmare parking is. Just a couple of disabled bays which of course were already taken, and no stopping or permit holders only in all adjoining roads.”
- “Disability parking could improve “
- The reception areas are unnecessarily vast and could have served a useful purpose, such as parking space for the disabled.

RECEPTION

Overall sentiment about reception is **64% negative**. Opinion about the *attitude of reception staff* is mixed, however there is dissatisfaction about the unsatisfactory level of *advice/information*, the poor *administration* and the uncomfortable *environment/layout*.



Reception staff receiving positive comments are described as helpful, pleasant and efficient; they make patients feel like they matter and their concerns are taken seriously. The service they offer is personal, with a human touch.

- “Reception staff were helpful, and difficulties with addresses were sorted quickly and hassle free.”
- “The staff was really good and helpful”.
- “The staffs care about patient”
- “Lovely, professional, good-humored staff (reception, nurses, and doctor)”
- “The staff were very professional, efficient and compassionate at the same time.”
- “My experience after a spell in A&E was of a fantastically clean and well run hospital. Busy yes - but all managed with reassuring calm and competence.”
- “A caring, kind. professional service provided...Having arrived at the A&E department on Friday 30/09/2016, the service i received from everyone I came into contact with, I salute and thank you all.”
- “The staff at the reception were quick and helpful, and I was seen rather quickly.”
- “I was at the hospital yesterday for a day surgery. Everyone - from the reception desk in the waiting area on level 3 through to the all of the nurses under Sister Unity in the admissions ward, right through to the anesthesiologist and the surgeon was great (including the two staff members in the surgery prep room).All the way through the day, everyone introduced themselves and listened to what I was saying about past procedures and what I felt worked and what didn't. Can't recommend them all highly enough. The admissions staff in particular were especially wonderful and I just wish I'd been in a better state to get all their names.”
- “I attended this hospital with a fractured clavicle. The care was excellent. The A&E staff were amazing - so kind and caring and efficient. Special thanks to the receptionist in A&E who was doing a fantastic job despite huge pressures.”

Patients who are satisfied with the attitude of reception staff and perceive them as friendly/ professional also tend to be more understanding in relation to waiting times.

- “I am truly grateful to all the staff for the high quality of care I am given each time I have an appointment at this hospital. Occasionally I find I may have to wait a few minutes passed my appointment time, but this does not bother me at all.”
- “I felt we were dealt with in a timely fashion and they were good at prioritising the most important cases (ours wasn't one of them but we didn't mind waiting a bit).”

On the other hand, staff members who receive negative comments are unhelpful, rude and fail to offer appropriate support, or discourage patients from asking for the advice/ information they need.

- GP patient called to get copy of letter for her patient, and claims the secretary she has named, told her that if the GP could not explain why she only wants the letter now, she will not be sending it. GP is very unhappy with the appalling attitude of this secretary, and wants the issue of her poor attitude dealt with immediately.
- “During my booking appointment, the midwife who booked me in was complaining more that another person was supposed to do book me in and because they were late they had to do it. They probably repeated this thrice and told the whole story to another midwife who entered during the appointment. With the result that they didn't have the chance to finish the questions and marked stuff on random in my questionnaire.”
- “Receptionists were rude as there was long queue but they seem busy over the phone and walk out without giving any explanations to patients those are waiting.”
- Received call from the mother who was very upset having just had a conversation with the secretary of the consultant treating her son.
- The mother says the secretary was off hand, dismissive and treated as if she had no right to make enquiries. Due to the complex issues with her, she has cause to speak with staff on a regular basis. The stated to CCT that she now does not want to make contact. She would like there to be another point of contact for her when she needs to call.
- Received a complaint e-mail from a patient who informed that she has been trying to contact a department without success. When she used other means to reach the department, she was told that she was bullying staff and also been aggressive. She asked for the complaint department and was told there was no such thing, then her appointment was taken from her.
- I went in for my first appointment yesterday, I stood in the queue to get checked in for my appointment, receptionist saw me waiting but was too busy discussing what to have for lunch with their colleagues. When I did finally get to tell the receptionist I have an appointment another patient came and started talking and the receptionist was helping her with her query and I was still waiting to get checked in for my appointment.
- “Some of the reception staff in there are so unbelievably rude. I've never experienced such degrading and sarcastic staff in any hospital before”.
- Patient not happy with the dental receptionist on the ground floor of the Dental Hospital at the Royal London Hospital. This is the second time the patient has encountered this problem, the first was the receptionist failed to inform anyone that the patient was there. Receptionist was rude and had an aggressive attitude, lacked appropriate communication skills, patient was just asking for directions.

There have been cases of patients being directed to the wrong department or receiving appointments on the wrong date:

- “Therapy department, was given a number by the switchboard. when I phoned the following day, I was connected to Occupational Health... So, I tried again through the main switchboard, and they connected me twice to the Nuclear medicine. I gave it another try and was connected to the Occupational health. So, I tried to find the telephone number on line, and although I could find the Occupational Therapy department, there was no phone number. I think that this is totally unacceptable, and If I were to give you a star rating, it would be minus”
- “My Wife went to A&E, they done initial assessment and put her in the wrong place while her name was called out somewhere else.”
- “Appointment letter says ring Central Appointments to re-arrange cardiac appointment. Line busy over 20 times so abandoned it. Main switchboard connected me but Central Appointments then says it doesn't do cardiac appointments and gave an alternative number. This was out of date. Eventually found a very helpful secretary who resolved problem. Careless admin reflects badly on hospital. Medical staff would not be so careless.”
- Complainant attended for an appointment, on presenting herself she was told the appointment was for the next week. Complainant has appointment card confirming the date she attended.
- Patient was referred to Gynaecology clinic- letter clearly states she has urinary symptoms/stress incontinence. Unfortunately, she was booked in for a menstrual disorders clinic for some unknown reason. Patient now has to wait for another appointment to be seen in the right clinic.
- Received an e-mail from a father who attended an appointment with his daughter. When they arrived, they found out that the patient was not not the appointment system and besides, the consultant did not hold clinic on that day.
- Patient booked into the wrongly clinic resulting in her having a wasted journey and time. She now has to wait until November 2016

There are reports of appointment letters being sent too late or missing; inaccurate letters being sent, or letters sent to the wrong address. This can have particularly unfortunate consequences for some patients (ex: a young unmarried woman receiving a pregnancy appointment in error caused conflict with her family; a child's appointment including address was sent in error to his abusive father, who did not have custody; finding out the address of child and his mother, he contacted and harassed them)

- Complainant had dental appointment she says after waiting some time. She received a letter dated 27th March for her appointment 12 April, post marked 11 April. Called department, they told her she 'may' receive another date. Patient says this appointment was to replace a previous one she was not notified of.
- "Terrible - avoid Gynaecology department at all. Had an appointment 4 months ago. Still waiting for the letter to be written following the appointment. (This should have taken one week) As a consequence no further treatment can start and I am left in pain. Have contacted the hospital multiple times and no one will get back to me. Even the PALS team are not providing guidance. Wish I had been seen at another hospital. Such terrible treatment of a patient. Avoid this place at all costs."
- Patient letter was sent to a wrong address and the patient is very unhappy. Requested for an incident to be raised and response sent to her.
- Patient concerned that he received a DNA letter for an appointment he attended. patient has not received his haematology report.
- Patient claims to have received multiple appointments over the telephone from the Gynae scheduling department with no follow up letter giving location details. Claims that this is causing her to be late, as she has to try and locate the clinic.
- [Patient who suffered a miscarriage is] requesting more compassion, for patients as she was put through to an antenatal clinic instead of reception, when she had clearly lost her baby, and an appointment was still on the system that she was reminded of, for a pregnancy glucose test.
- [A patient received a letter and a text to attend an appointment. Travelled from Southampton and when she arrived, she was told the clinic was closed and that the doctor was not available therefore she will have to be re-booked for another appointment. Patient asked why she was not informed previously and was told they tried to contact her in the morning. Patient feels this is unacceptable, however the receptionist kept telling her "it was not her fault and there is nothing she can do to help. It took a doctor passing by who intervened and offered assistance which the patient was well pleased.
- Complainant says she received mail for another patient attached to her own pre-op advise letter.
- Received call from distressed mother who explained her child was on child protection register, and had moved to another address which was not to be disclosed to the father of the child. Information is apparently well known to Bart's staff. Caller stated that the child's father had been sent an appointment letter with details of the child's appointment. Father has now made contact of the mother, which is causing problems.

Service users attempting to contact the hospital by telephone experience difficulties in receiving the information they need, or find it difficult/impossible to get in touch:

- Patient received a letter from the ante-natal department which had wrong information. when she tried to contact the department to find out why, she was pushed from pillar to post. Finally when she managed to get through to the admin person from ante-natal, she informed that there has been an error and that letters were been sent incorrectly. When asked for the complaint procedure, the admin was unable to furnish her with the details and tried to prevent the patient from making a complaint. this upset the patient who wants to raise this a formal complaint.
- Patient not happy that he has tried numerous times to contact the central appointments team to change an appointment even emails [...] Patient [who] rang Central Appointments Choose and Book Line [was] initially told no appointments were available and the patient should phone the hospital. The hospital told patient they could not help and told the patient to phone the Central Appointments Choose and Book Line.
- Patient raises concern that her dermatology appointment was canceled and despite her numerous efforts trying to contact the service in order to arrange a new appointment she has been unsuccessful. Patient has now resorted to private treatment
- “Been on the phone over an hour to book an emergency appointment but no one answers the phone. Keep being put through to appointment lines who can't help, then told to call Barts who don't answer the phones either, service is absolutely disgraceful and I'll be making a formal complaint.”
- “I Have been calling the antenatal clinic all morning, the number is always busy or out of order, I need my scan appointment letter so I can show it to my manager. (That's all I need a letter, which won't even take two minutes to print and send). When I did eventually get through to the clinic, the receptionist answered the phone and disconnected the call straight away. I called back again straight away and the receptionist answered and transferred my call to someone else, that person also answered and disconnected the call straight away. It is really frustrating that they are first point of contact for antenatal patients and they can't be bothered to answer the phones and when they do they disconnect the calls straight away. Only during lunch time phone rings but no one hardly answers.”
- “Hi, I have been trying to get in touch with relevant contact at Dermatology department, however have been unable to get in touch with anyone despite the ongoing calling and being held on hold. The longest I could stay waiting was 13 unanswered minutes. When trying to get in touch with RLH main switchboard all 3 times I was either transferred to the same number that I already confirmed to the team wasn't working, or was cut off half sentence before transferred to the same number again - I believe it's quite unpleasant behaviour and doesn't help hospital stuff which otherwise has been great. Hope no one has to experience this frustration and I have been the only unlucky one.”
- Patient complain about the difficulty accessing a particular service. She also complain about staff putting the phone down on her even before she could say anything.
- Received complaint from a patient who informed that staff from CAD put the telephone down on him while speaking. when he asked to speak to the manager, he was put through to a supervisor. He feels he was not listen to.

Communication between GP's and hospital consultants is being made more difficult because of the hospital's admin issues:

- Paediatric neurologist sent wrote letter of referral typed 02/03/2016, GP received it 24/03/2016. GP is concerned at the length of time a letter, with an action, has taken to reach them.
- Neurology - Pt has been referred to neurology for change in migraine symptoms, last clinic letter discharged her but explicitly stated to rerefer if any change in symptoms. Pt received an appointment but had a phone call cancelling from RLH a week before with no explanation but told to return to GP for explanation as we will receive - no such communication has been received.
- Complainant had NUH referral to RLH for obs & gynae. Called when she had not been given an appointment, and was told no referral received, He doctor referred again, she still received no appt. Patient eventually attended RLH with paper work and notes. Was told she would receive call from department with appointment. No communication received

There is little transparency and advice/information on waiting times and triage, especially in departments such as A&E or maternity, where people may need urgent care; or in the surgical clinic, where people undergoing treatment may end up fasting for an unnecessarily long amount of time before their surgery. This increases frustration for patients already unhappy with long waiting times.

- The staff in the theatre waiting area seemed helpful and friendly towards patients, however it appears they are not actively informing patients about what is expected to happen throughout the day
- "The only tiny issue was there was nothing i could see that indicted the approx "waiting time to see the doctor" which was about 2.5 hours - not unreasonable for such a busy hospital but would have been nice to know earlier on".
- "Was left sitting in the waiting room for over 2 1/2 hours, while over an hour promised that I am next to be seen"
- Patients mother not happy with the delays in surgery, her baby had not eaten or drunk for over 13 hours. Why was they told to come in the morning when they operation wasn't till the afternoon and why didn't the receptionist state their appointment was not until the afternoon, this information was only given after repeatedly going up to find out how long it would be.
- [Carer of cancer patient undergoing surgery]: They should inform carers of surgery times [...] The department needs to give patients and carers sufficient information about the day before arriving for appointments, we have no idea of what is expected.
- "All the patients that we spoke with thought that their appointment time was at 7am, every one mentioned that the appointment letter sent does not make it clear that all patients are invited to attend at 7am as standard procedure and that is not their actual operation time (this was a huge grievance for most patients)".
- "I had to wait long for my 9:30 appointment and called at 11:20 but there was no explanation from staff that why they are running late"
- "It would be nicer if staff inform patients why they are waiting over an hour and when they will be seen. And those patients on no food or drink requirements need to be seen on time please".
- There is a two hour wait at the hand clinic always. For the last two years and this is not acceptable. We need information, management to be well coordinated. Suggested Improvements: Appointment waiting times have to change for the better. Patients are having to sit at reception and get bored and frustrated waiting for hours before seeing the consultant.
- I must say this new hospital looks big but inside don't feel that they are more organised. Due to not having enough theatre they keep changing surgeries dates. Consultant comes with silly excuses (improper communications between the neurosurgeon)

Hospital staff have reportedly failed to adhere by the Trust Chaperone Policy or to inform patients and carers about it:

- I don't know when the operation is going to be, they said I can't go in, seems like I won't be able to support my wife. They should at least let one person go in...I don't have a clue what is going on really...she could be sitting inside on her own for hours...they said operation could last 30 minutes or 4 hours...what do I do in the meantime...if you travelled from far, you can't just go back home...
- [Enter and view report] Another grievance seemed to be patients not being informed that their family members can't accompany them in the theatre waiting area. It also seemed that the 'Chaperone Policy' of the Trust is not being adhered too by the staff as carers were told that they could not accompany the patient. Carers seemed upset that they could not provide moral support to their loved ones and were not made aware of operation times.
- There was a 'Chaperone Policy' displayed in the waiting area (see picture on), however this policy was not adhered to as staff informed family members that they are not allowed to accompany patients in the theatre areas. The Matron mentioned that the main reason for not allowing family members to accompany patients to the theatre waiting area is mainly due to the 'lack of space' there.

Some patients find the layout of the hospital to be difficult and confusing to navigate. Reception and security staff often give people directions.

- "More display signpost would be helpful to navigate inside the hospital"
- "I am lost here in this big hospital. Please can you kindly direct me to PALS"
- "I am lost in this big hospital and help me to get into maternity department as my daughter had a baby born"
- "RLH is too big and need to put enough signs that no can get lost"
- "I'm not sure how to find my way the hospital. Do they have people to show how you get to the ward you need to? It used to be a lot simpler but now it's all become very diffiuclt to find anything."
- "My overall experience was good today Suggested Improvements: need to improve the mapping area to get around well"
- The signage directing patients to the 'day surgery' was not clear. [Enter and View] Representative feel that photocopied blue tacked notices are not acceptable, it did not seem very professional.
- X was looking for the fracture clinic at the RLH and couldn't find it. She had an appointment and didn't know how to get there.
- Difficult to find (Lift 9 - 8th Floor and then you need to be buzzed in..) but helpful staff at reception.
- "Suggested Improvements: would like to see more signposting in hospital"
- "Faced difficult to navigate within the building as signs aren't very clear."
- "I am lost as this is my second visit to this hospital. I was looking for the lifts for more than 10minutes, luckily the reception in the front directed me to the lifts."
- "The signs in the hospital are not clear as people/service users are not aware of the lifts and seem to be lost. The signs need to be more visible and clear. More information will also be good such as voice recognition as people with partial sight may find it hard."

Some patients have suggested some reading material be offered in the waiting area for patients waiting for a long time

- “Suggested Improvements: literature need to provide at waiting area”
- “Everyone at A & E are fine but felt bored due to waiting and no entertainment like TV or magazines are available. Anyone can be bored easily without the entertainments. Suggested Improvements: entertainments such as TV and reading journals needed in A & E waiting area”
- “Waiting time is 2 hours which is frustrating. Suggested Improvements: entertainment such as TV, magazines and newspapers are needed at waiting area”

Staff shortages affect provision of services

- “I came here at 6.30am, there were no reception staff on the main reception area, the security guard was very helpful...if you are asking patients to come in at 7am, then you need to ensure staff start work earlier.”
- “I am not in a good state as my daughter passed away and came here to see her body. It needed £1 to get a wheel chair and had to wait 30 minutes to get a porter to help me. There is no person available even to talk”

Some patients have found doors and lifts to be difficult to use, especially for elderly or disabled people

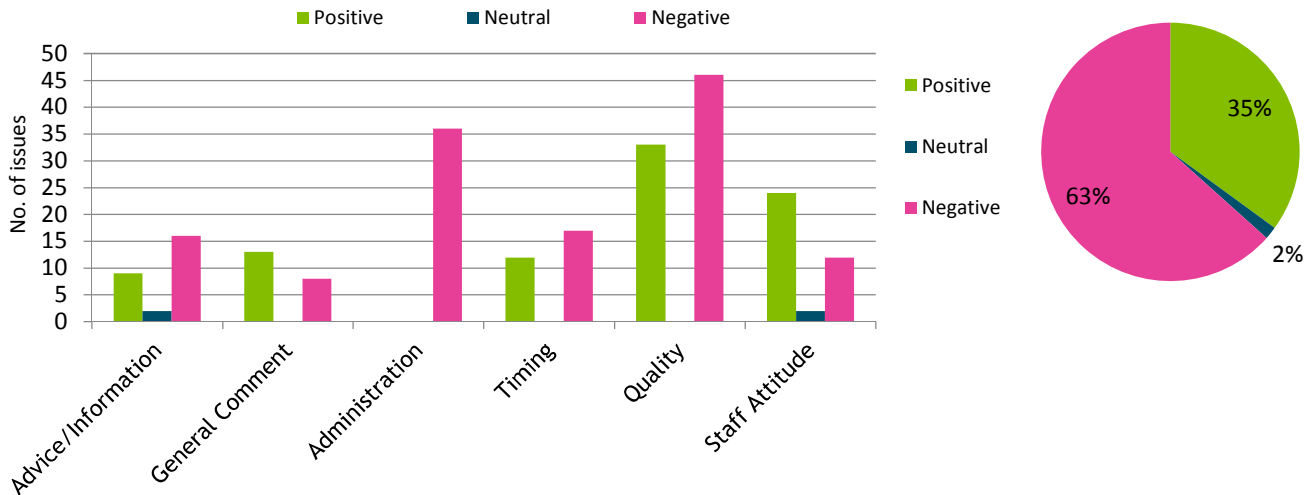
- “The lift is very hard to use and some people say they don’t know how to use them.”
- “Found staffs were very professional and lift overcrowded Suggested Improvements: lifts needed to be more accessible”
- “The royal London hospital has some swing doors that are not helpful if you have crutches. They can swing back in your face and whack you.”
- “More help for old people = double doors are heavy”

Some patients have raised concerns about the layout and ventilation of waiting areas, as well as uncomfortable seating.

- “found A&E service great, caring, dedicated and committed but needed better ventilation”
- “needed to reduce staff salary and open more windows for better ventilation”
- [Enter and view] Representative feel that the lights in the waiting room are glaring.
- Waiting area is not ideal for people in mental health crisis [according to Enter and View representative].
- Inside the assessment room, one of the doors ‘rattled’, [enter and view] representative feel this could be very annoying for somebody that is going through a crisis.
- “Stuck in a corridor on the most uncomfortable hard plastic chair [...] Was told to sit and wait up to 10 hours”
- There were no instructions on how to use the beds/chairs in theatre waiting area.

DIAGNOSIS AND TESTING

Overall sentiment about Diagnosis and Testing is **64% negative**. Service users are broadly satisfied with staff attitude, but dissatisfied with the poor level of admin; loss of test results or failure to communicate relevant test results to GP's have been common complaints.



Some patients have found waiting lists for appointments unacceptably long; delays in diagnosis and testing can interfere with their receiving treatment promptly:

- Complainant has been waiting for 4 months in order to receive a referral for a specialised smear test. Complainant says she has been waiting for a letter to be approved by the consultant since May. Patient is unable to proceed with any other treatment until her smear test results come back clear.
- I am on a two week referral for an abnormality that found on my spine, this was back in March, it is now coming to May. [...] I went to see a Consultant [...] I had to wait 2 hours to see them and it turned out to be a pointless meeting. They basically just read my MRI results which I had already known as my GP had discussed it and it stated clearly I needed a bone scan. All of which could have been arranged without my presence a wasteful appointment that could have been used on someone who had a worse condition. The purpose of this meeting was to arrange my bone scan which the Consultant didn't do. 2 hours wasted, 1 day taken off work. [...] I came two weeks later to have my full consultation, after another 2 hour wait I learn the Consultant didn't book my bone scan and yet again I have learnt nothing new of my condition.

This is, however, not universal; some patients report satisfaction with being seen promptly. It could be the case that patients have a limited understanding of priority/triage procedures.

- The clinicians were highly competent, reassuring and caring. They arranged tests quickly and efficiently, many such as my CT scan, taking place almost immediately after initial diagnosis. In some cases, the doctors came to check up on me even after their (long) shifts had finished.
- My girlfriend had an X-Ray two days ago at RLH. The staff were calm and caring. Waiting time was good too.
- First appt was excellent, only 10min late. Consultant thorough, professional, kind, caring the list goes on. Everything you need at the time. All staff, both medical and non medical were excellent. Tests arranged immediately, pre op assessment more thorough and helpful than previous hospital, ecg dept. ,ct scan dept ,blood test dept all deserve praise. It's no good having an all singing and dancing facility if it doesn't deliver the goods. Well RLH, you certainly did!

Admin errors affect the booking process and waste patients' time; there are cases of patients not being informed promptly about their booking for tests and also reports of last minute booking cancellations without appropriate notice.

- I have received NO communications from the antenatal department about when my scans are to be. For the 12 week scan I rang and after a number of attempts managed to get through and find out when it was. For my 20 week scan I have rung day after day, the phone is never answered and I have no idea when my scan is to be. I am now nineteen and a half weeks.
- Patient e-mailed her complaint. She informed that her first appointment was cancelled without notification. She only discovered this while on route to the hospital. She attended the second appointment, only to be told her x-rays results have not been viewed by the Medical team so in essence the 2 appointments had been wasted. It cost her £70 in cab plus loss of day's earnings.
- Patient is unhappy with the delay in her follow-up appointment. She is waiting to know results to test which she has had 5 months ago. She also complains about her appointment being cancelled last minute. She is still waiting for a diagnosis.
- Received a complaint letter from PALS. Patient attended his appointment to discuss his blood test result however there was no report on the blood test. The doctor chased it up and nearly an hour later, it was reported that the blood samples have been damaged.

There have been cases of patients being misdiagnosed or receiving inaccurate test results:

- Faecal calprotectin results for this patient- two different results for same day received
- Complainant not happy the A&E paed's department when the patient attended at the Royal London Hospital and a fracture was missed in the patient leg.
- Complainant presented to A&E with what was later diagnosed as appendicitis. Patient asked if it could burst and was informed that this could happen. Patient was admitted to a ward, where the pain increasingly became worse. At some stage the patient states he was being given pain relief, but eventually told he had reached the ceiling. He was also told that there was no doctor available to see him. It later became evident that the patient was in severe pain, and a doctor was called. The doctor recognised that the appendix had burst, prescribed liquid pain relief and apparently had theatre prepared. Patient underwent surgery where it was found his appendix was in fact burst, and had apparently caused 'quite a mess'. Patient believes he was not assessed thoroughly in A&E, states that if he had been assigned any nurse but the one he had, they would have fought his corner and he would not have had to endure the trauma and agony he did on that night.
- Complainant attended A&E at RLH, with what his GP suspected was pneumonia and pleurisy. On examination, the doctor told stated that he had musculoskeletal soreness. Patient says he requested an x-ray which was denied, and he was discharged. Complainant was no better so attended a walk in centre, where he was admitted with what turned out to be severe MRSA related pneumonia
- Patient son raises concern about the outcome of brain surgery carried out at the RLH which led to patient having further invasive surgery which could have been avoided had there been sooner diagnosis that air bubbles were caused by the initial surgery. Family report that the patient has suffered as a consequence of the surgery

Some patients report their test results missing; or letters from specialists with important diagnosis issues are not sent to GPs. This poses a health risk to patients.

- "Never received my GTT results."
- "Can anybody please tell me where the hell is the letter this urologist was to send me and my Gp regarding my health issue? It is impossible to get through by phone I have been trying for days!"
- GP patient had bloods taken at the Surgery, but says no results are available on lablink. She called and was told the results are there. GP would like this issue sorted.
- Ultrasound scan result sent to wrong practice
- Complainant requested copies of DEXA scans dating back to 2012, she states she was told these had been sent to her GP. GP claims only to have received 1
- Patient had a chest x-ray for his chest pain and was advised the result will be shared with his GP within 1-2 weeks. Patient contacted his GP who advised that the results have not been received.
- [From a GP]: "received fax on 27th April stating above had 'UTI' and needed antibiotics. no urine result enclosed. I checked cyberlink- result was finalised on 13.4- 14 DAYS PRIOR !!! and had not been actioned by midwife till fax today. In early pregnancy UTI increases risk of miscarriage- so significant event that waited 14 days to fax us- also why should GP be actioning a test arranged by secondary care. according to LMC the result is owned by the requesting health professional and should be actioned by them in appropriate time scale"
- Complainant had blood test 26 10 2015-suspecting Lyme disease, was told she would be contacted if the results proved positive. No communication received. Patient attends each month (approx) for Iron infusion, so requested her consultant to check. Was informed that some of the results had indeed come back positive. Complainant would like an explanation as to why she was not called.
- Complainant very unhappy that she has had several blood samples lost. Patient has a severe phobia of needles, and each time she has been made to attend, has been very traumatic for her.
- Complainant is not happy not having received blood test results from 2015, until 25/08/2016. Patient has now been informed that her results are showing several irregularities regarding her health.

Staff members receiving positive comments are knowledgeable and compassionate; they offer patients detailed explanations and help them feel safe.

- I was very impressed with the service I received when I went for my 12 week scan at the Royal London Hospital. All of my appointments were on time and every member of staff I met was friendly and knowledgeable. I actually fainted when I had my blood taken and the team were amazing, ensuring that I was alright. I can't thank them enough for their help and support.
- I am just leaving after having a hearing examination and tests done in my right ear. My consultation went well, the doctor was thorough and explained to me clearly what may be the problem with my right ear, and had an internal examination of my ear done, and told me I would be needing more treatment immediately. I am pleased with the doctor who saw me, he put my mind at ease and free of worries and fears.
- Can't fault the care I received today in A and E they arranged eye tests and MRI scan all staff were very approachable many thanks to all that helped me

There are, however, cases of consultants, nurses or technicians behaving unprofessionally or showing a lack of empathy to patients:

- Complainant attended for ophthalmology appointment and says she was not happy with the attitude of the clinician who saw him. He claims she received a call in his presence, and proceeded to discuss another patient.
- I am here at RLH for a scan, as I am pregnant and my doctor has referred me here for more internal investigation. The scan was not comfortable and the staff did not do much to help me relax. Suggested Improvements: Staff should show more empathy and listen more to their patients' needs
- I came here for my blood test but doctors commented on my obesity but overall experience was good.
- About two years ago I was booked in for a colonoscopy at the Royal London Hospital. As I could not find anybody to accompany me on this occasion, I was not given any sedation but only nitrous oxide during the procedure. Prior to the procedure itself I was accompanied to the examination room by the consultant, who told me to "keep quiet" during the examination before we had even entered the room. I felt this was very rude, condescending and unfair as I felt I was already being labelled as an uncooperative person before we had even started. But then it got worse. As I was not sedated, I found the procedure extremely distressing and could not tolerate it. I gave vent to my distress by using expletives that the consultant did not approve of. I must say that there is a vast difference between deliberately swearing at somebody and a spontaneous expression of emotional and physical distress which is the state that I was in. By not allowing me to express myself, the consultant made my distress worse. The place is not a place of worship it is a hospital, and surely the consultant should realise that in the real world people do swear when they are hurt or distressed and do not mean to cause offence by doing so. It seems to me that by trying to control my access to the language the consultant was imposing their belief system on me, at a time and place that was quite inappropriate. I found the consultant's attitude prissy condescending insensitive and lacking cultural awareness. The person concerned seemed to have difficulty communicating with people

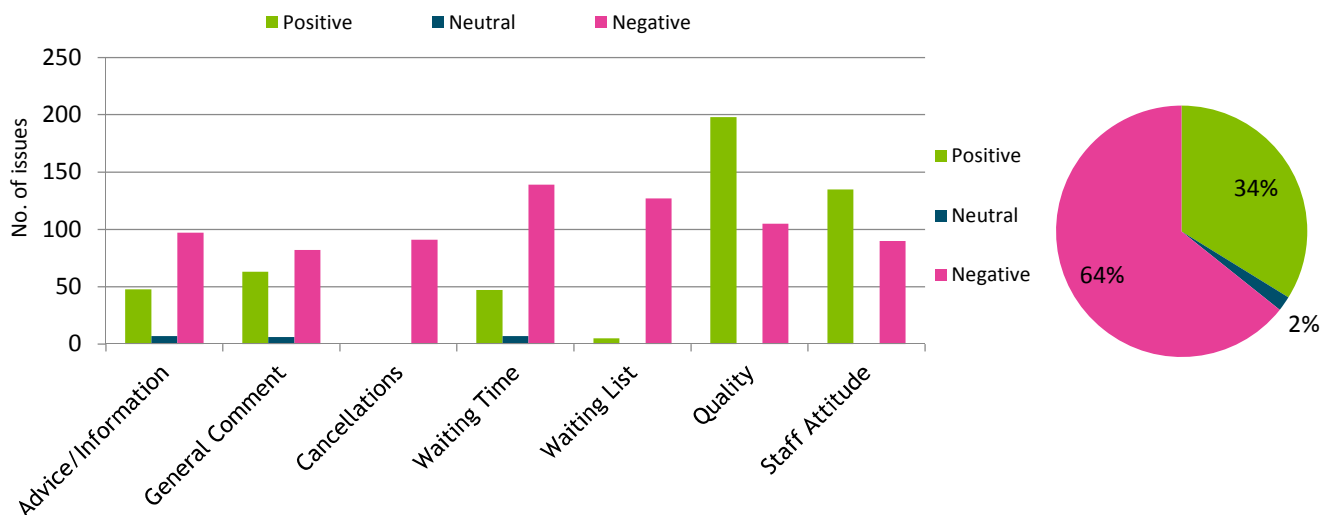
Patients don't always receive complete and accurate information about what testing procedures entail:

- They arranged an emergency bone scan [...] and didn't inform me at all of the procedure [...] At the emergency bone scan I learnt I am not allowed to be near kids or pregnant ladies and shouldn't go to work. This surprised as no one informed me that the procedure will take up the whole day
- The consultant was a bit rough and did not tell me it would be cold and painful pressing the scan stick into my belly that is already hurting. I felt very uncomfortable. I was happy when the examination was finally over. It would be nice if doctors and specialist explain the examination and what to expect not to frighten and agitate their patients.

CLINICAL TREATMENT

Overall sentiment about Clinical Treatment is **64% negative**. Service users are broadly satisfied with the quality of their treatment and the attitude of doctors. Doctors are perceived as highly knowledgeable and competent. Patients appreciate receiving detailed, easy to understand explanations about their conditions and treatment. This appears to happen somewhat consistently (albeit not universally!) and should be encouraged as an example of good practice. However, because of administration and planning errors at an organisational level, despite doctors' best efforts, patients do not always receive the full information they need in an efficient way.

Generally, clinical treatment at the RLH is perceived as *high quality, but difficult to access*. Long waiting lists before receiving an appointment, long waiting times and unexpected cancellations are the main subjects of discontent among patients.



Many patients take a strongly positive view of the quality of care provided by the RLH & hold medical professionals in high esteem

- An brilliant hospital, providing london air ambulance on their rooftop, saving my life after being stabbed 20times.. was in induced coma for ten days at royal london, if it was not for doctors and nurses efforts I would definitely not be here today writing this down... thank you
- To say the team has been amazing is an understatement. From our first appointment the I felt part of the care plan, with the doctor, taking time to listen to my issues and concerns and advising on the best course of action to help rid me of this illness. At all stages of my treatment staff were polite, took the time to inform me of what is happening and were very professional.
- My consultant saved my life! For that i am grateful!! The staff from the cleaners to the nurses and all, were exceptional! I have had the best medical care in NY, private insurance. Nothing compares to these staff. They know exactly what they are doing. Thank you for giving my daughter back her mother and allowing my life to bounce back! Brilliant hospital, love them!
- Overall the RAID service seems like an extremely invaluable service, the two patients that gave feedback though the service was 'lifesaving' as they felt it made a significant difference to helping them to deal with the feelings they experienced in their crisis situation.

Medical professionals who receive positive feedback give detailed explanations, communicate well with patients, make them feel at ease and ensure communication with GPs is efficient. They give patients choices about their care and empower them to feel in control of their treatment.

- The doctor who saw Mum wrote a very comprehensive letter for her to take to her own GP (we were visiting London for the weekend) , they would have arranged further tests immediately if she had lived in the area.
- Attended A&E with broken ankle. The staff were amazing. Everybody from doctors, nurses, porters etc were very friendly, very professional. I was well informed, treated with respect& empathy.
- I underwent an elected C - Section at the London Hospital lead by a truly amazing team [...] both me and my partner were included and consulted throughout the procedure and the entire team within theatre were fantastic as my partner was able to cut our baby's cord and was told by the team what they were doing when baby had been delivered and was being checked over. My doctor made this experience even more special and remarkable for us when we were given the opportunity to see our baby girl being brought into the world, they did in a very careful way so that all we saw given the circumstances was the baby being delivered and that something we will never forget and are forever grateful for. As a result of high standard of care received my recovery was great and I was discharged home the following day and since this time me and baby have gone from strength to strength.
- My surgeon was excellent explaining the potential difficulties of my less than straightforward operation, and the surgery though long went well. I was touched they came in on their day off to see how I was and reassure me that the operation had gone well.
- I was transferred from Barkantine birth center to the Royal London just after my baby was born for a post natal surgery. I was nicely surprised about how the midwives, nurses, surgeons and doctors cared about me. They all clearly explained what will happen to me during and after the surgery.
- Excellent care whilst my stepfather was admitted. I was very impressed with both doctors and nurses keeping me well informed both at the ward and home.
- I was treated with extreme courtesy on every visit to RLH. In September 2015 I was introduced to the professor of pancreatic surgery, who diligently explained all the test results, and naturally their recommendations. Within days, I was admitted to RLH for Whipple's Procedure operation on Tuesday October 6th 2015. This operation took 9 hours eventually finished at 00:15 hrs, where the surgeon telephoned my daughter informed her of the operation, and that she could now go to bed! This surgeon and their team have been outstanding. Never have I had the pleasure of meeting such a highly skilled, yet extremely humble person
- Explanations from doctors, quality of treatment and care are good. I am generally happy.
- I had a son last year at Royal London Hospital. The maternity care I received was very good. The doctors communicated clearly and well to me about my care and treatment.
- I injured my arm and needed the sling. The doctor was kind and polite and communicated with me clearly and nicely.
- Received excellent service at Fracture clinic as seen by doctor straight way and got good explanation of my treatment and after care
- Staff attitude is very good and they speak to patients very politely and its easy to understand what they are explaining regarding your treatment.
- attended barts royal London hospital today and just wanted to say how brilliant my junior doctor was and the staff in the neurology ward today. I was so scared about having my lumbar puncture done but the staff and the doctor made me feel so at ease. They spoke to me the whole way through which made me feel so much better, they were so friendly and the procedure was relatively pain free and went smoothly so they did a brilliant job. My local hospital is southend and in comparison I thought the doctors and nurses today at royal London were excellent. Clean ward, brilliant staff. Great service. Thankyou.
- My GP was not happy with the look of [my foot post-surgery] and sent me to the Royal London [...] Three orthopedic specialists (one of whom was a trainee doctor), took a great deal of time and care to help me. They were incredibly careful and amazingly polite, and took time to explain things to me and give me valuable advice.

Those who receive negative feedback are unfriendly, rushed, don't listen to patients and don't offer explanations.

- Been here since Saturday, seen 1 doctor after calling the department myself, feel ignored and helpless - no communication. Left in a 'holding' bay for more than 3 days - no idea what is going on or what comes next. This is obviously the modern NHS
- Patient's fiancée raises concern about the treatment patient has received from ENT department post surgery. The complainant reports that there were no post-op care instructions given and the procedure was not clearly explained.
- Patient's mother unhappy with the lack of empathy shown by staff relating to her 3-year-old daughter and the lack of communication to the complainant. Why was no empathy shown? Why did no one explain what was going on and when she would be seen for surgery?
- Patient informed that he was brought in by ambulance as he backed out and fell with blood from his legs. He was seen by a doctor and a registrar who were both rude and dismissive. He was told to go home as there was virus in the hospital. When he enquires about this from a staff nurse, she informed that there was no virus and that he was told this because he always attends the department. Patient feels he has been lied to. He was also told to receive an injection without informing what it was for. He therefore declined.
- Complainant concerned that her care/treatment with Neurosurgery service is not as clear and open as it should be. Concerned that Neurology and Neurosurgery appear to have clinical opinions which contradict as to whether surgery is suitable for the complainant. Does not have good rapport with the Neurosurgeon at RLH and feels that he is defensive and is stressed during clinic appointments. Clinics run late which adds to stress to the patient too.
- Someone I care very much for was in your care recently having attempted to hurt herself. We thought that she would get the support and care that she needed to get back to being her again; instead all she received was a stomach full of drugs and patronising indifference from a squad of staff that clearly didn't want to be there. She was then released (6 days later), without her next of kin being informed, with a brand new prescription of the same drugs that she had overdosed on just 8 days previous. You released someone that was clearly not right yet, with the pill equivalent of a loaded gun, and didn't even inform her next of kin. Needless to say she took another overdose c.6 hours after being released, collapsing on the bank of the Thames. Fortunately we had already informed the MET that this might happen and a search party managed to find her. There were no checks carried out into the environment that she was being released into. Worse than that, we told you that this was an issue. And you ignored us. You refused to listen to us when we tried to give you the information you would need to help her. I can accept that people make mistakes, but to knowingly and intentionally refuse information, which results in someone that we care about being hurt, is unacceptable.
- Mother is not happy with the recent clinic consultation her son had with the gastro clinician. She believes his manner was rude and of dis-interest. She also claims he appeared to have no knowledge of the patient's condition, and failed to take her concerns regarding the pain her child suffers - dismissive.
- Consultants are always in a rush and with the phone at all times. Prescribed without testing and checking which was just for 5/6 minutes long.
- I came to hospital once as my son had his tummy ache but doctor only did blood test without giving me any explanation and didn't prescribe any medication for that. Doctor told me that he will contact me within 5 days but didn't hear from them as waited 2 weeks long.
- My dad had an ear operation recently, but he was so frustrated as the doctor kept changing his medication after the operation. My dad felt the doctor did not know what he was doing. My dad asked for a change of doctor, and his hearing improved a lot. Suggested Improvements: Patients should be given a voice and the opportunity to have a second opinion when requested

There were a few recorded instances of lack of support or possible neglect by doctors:

- I went to A&E here because I found myself in agonising pain and unable to walk or stand due to an unknown long term condition which suddenly got worse. When I was seen by the doctor, I was told that I had no business being in A&E. When I asked why, I was then told that how could I expect to be discharged if I couldn't walk. I responded by saying that I could be discharged when I was treated for whatever was causing my pain. The doctor said that was not their job to treat me. I said that I had got worse because my own local hospital had been slow dealing with me and the pain had got worse. The doctor said that kind of thing happens on the NHS and it is completely acceptable. I felt like I was treated like a nuisance and a fraud yet I was in agonising pain and very frightened. If any of the medical staff had bothered to ask me what the level of pain was, it would have been a 10. Instead they just gave me codeine, a walking stick and sent me on my way without even bothering to find out why a 23 year old was in so much that I was unable to walk
- pt sent to a&e by gp, very unwell and acutely confused, concerns re fracture or shouler dislocation, pt sent home, admitted via private consultant review next day, with septic shoulder, not appropriate sent home
- Daughter of deceased patient raises concerns over the treatment of her mother while an inpatient at RLH. Complainant states her mother was admitted with a broken hip, developed an infection, gangrene, and later septicaemia, eventually dying. Daughter says that on pointing out the gangrene, she was informed it was bruising from her mother kicking the bed. Daughter raises serious concerns about her lack of care and misdiagnosis.
- Complainant attended A&E, but claims doctors failed to diagnose his symptoms accurately, discharging him where he sought medical treatment in his own country, later undergoing surgery to drain an abscess.
- Patient was scheduled to have a procedure done at RLH. When he arrived, he asked staff to explain the procedure to him as he was unsure what he was suppose tp have. none of the staff was able to provide him with the information he needed therefore he left without having the procedure.
- Complaint not happy with the care and treatment they have received at the Royal London Hospital, patient had brain aneurysm stent put in and no blood thinners given and patient suffered a stroke.

There were also some alleged instances of doctors and healthcare assistants behaving unprofessionally.

- Current oncology patient attended a gynae appointment, and says she was approached by HCA who began to give very unwelcome advice regarding foods to consume, and faith. Complainant not only believes this to be inappropriate, but as a non believer, highly offensive. Complainant has stressed that she would like her and any other like-minded staff to undergo retraining.
- "Nurse prescribed wrong medication for my child who is at children hospital since 5 days. The consultant shouted openly to the nurse after found the wrong medication which seems unprofessional to me and didn't received any apology from them for this mistakes. I had no choice to come here as it is nearer to my home and had no fund to go to private"

There are some reports of patients suffering from painful surgical procedures with improper anaesthetic

- Patient remains unhappy with the Vascular Surgery carried out in June 2015. She states that a 'drain was not inserted as it should have been following the operation' which resulted in her returning to hospital via A&E as her lungs collapsed. She also raises concern that adequate anaesthetic was not provided during that procedure carried out in July 2015 at the RLH and that she could feel the pain during the procedure.
- Father of 14 yr old was advised to attend for an urgent plastic surgery appointment, with regards to an injured fingernail. The surgeon requested an Gray which was performed. On review it was discovered that damage had in fact occurred only to the artificial nail. The surgeon proceeded to remove this after administering some anaesthesia. It became apparent that it was not enough, yet the surgeon continued for sometime despite the screams from the child, and requests from the parents for more anaesthetic, she did eventually request more. A more senior doctor entered and said to administer more yet he himself attempted the removal again causing distress to the child.
- Patient remains unhappy with the T&O procedure carried out while patient could still feel pain on the knee and despite bringing this to the attention of the doctor, the doctor carried on with the procedure causing great pain. The patient states that the pain is much worse following the procedure
- Complainant attended Ward 3D at RLH -29.03.2016, to undergo a procedure in which a probe was inserted in her nose. Patient claims the person performing this was very rough, and used unecessary force. Patient was about to return home, when she claims she experienced severe bleeding from her 'nostrils, mouth and eyes'. She was helped back to A & E, her nose packed and sent on her way. Patient says she was just outside her front door when this happened again. An ambulance took her to WX where she said in contrast the Dr there was very gentle and handled her expertly. She states she was later informed the Dr who had performed the original op at RLH, had damaged a vessel.

Communications between hospital consultants and GPs, or between departments within the hospital, is sometimes lacking, or insufficiently prompt.

- Why didn't the doctor introduce himself when he opened the door to greet patient straight away? Why did it take so long for the GP to receive letters from the Royal London?
- Patient not happy that they have had to wait over three months for a consultation letter to be sent to the and his GP.
- Received a complaint via the CEO'S Office. patient daughter contacted the CEO with regards to patient care management within the organisation. 1. the neurosurgery team not communicating with the patient GP concerning medication and dosage to prepare patient for procedure 2.request for patient test results have not been action and the department failing to communicate with the family patient appointment at WCH been postponed
- Patient wishing to make a formal complaint about delay in the orthopaedic team referring patient to physio also about delay in treatment.

Admin errors have a negative impact on the quality of care provided:

- I have recently reviewed the care I received prior to, and following a laparoscopy on June 22nd about which I could find no fault. Sadly, my follow-up appt failed dismally. I was not called until one hour after my 9.30am appt, the doctor did not introduce themselves and I found the doctor somewhat sarcastic and difficult to deal with. Unfortunately, my medical notes were not to hand which didn't help the situation and I ended up terminating the interview. It was a complete and utter waste of time.
- Complainant not happy that she had brought the patient in for a procedure, which was cancelled due to the patient being over eighteen, the patient had been booked under pediatrics.
- Complainant was due to undergo reconstructive surgery, which was cancelled due to the implant not being delivered. Surgery was rescheduled, but again did not take place. Complainant says she is mentally and emotionally distressed, and would like effective communication and a date for her surgery.
- mother called to cancelled an appointment which was not needed and maintained another appointment for RLH. When she attended the other appointment at the RLH she was told that appointment has been cancelled and she would need to go back to her GP for another referral for her child. mother feels the appointment team member she spoke to earlier cancelled the wrong appointment and is not very happy at all
- Patient not happy that other patients notes has been placed into his medical records causing delay on receiving his operation

There were a few recorded instances of doctors failing to check important information before prescribing medicine:

- Patient remains unhappy that despite informing the clinician that he had a nut allergy, the clinician continued to prescribe him an ointment that contained peanut oil. Patient would like reimbursement as it the clinician should not have prescribed the ointment
- Patient is unhappy with the clinical management of her condition. She states that the doctor did not adequately check her medical history which resulted in her prescribing an antibiotic which she is resistant to. Patient feels this has caused a delay in her overall treatment.

Cancellations are an important reason for patients' discontent; particularly for patients due to undergo surgery who have fasted for a long time for it.

- I came in for an operation which the hospital had been trying to schedule since last July (10 months ago), I finally got my date and after lying for 5 hours in a bed waiting to go into surgery I was told that the operation had been cancelled and they did not have the available theatre to do it that day. The way this was handled was very poor. I was given another date and exactly the same thing happened again, I am now awaiting a 3rd date when I may if I'm lucky get my operation. Each of the previous 2 days I was told I was first in the queue for an operation and I am now being reassured that on the hospital's third attempt I will be first in the queue again. The way this has been handled and the lack of information on the day is a disgrace.
- Patient had surgery and Once they got to Ward 6B on time, she was offered a bed, was asked to change her clothes and be ready for the procedure that day. We were seen by nurses and doctors to explain what was going to take place. However, at around 5pm they were informed by a nurse that her appointment has to be cancelled. They were later informed by the surgeon that because of delays caused by ALL the patients she worked on that day meant that they had to cancel that last person which was the patient. It goes without saying that the father was very frustrated and upset by this. Patient went without any food or water the whole day and father lost a day-off work. Not to mention all the waiting around and uncertainty, missed his Friday congregational prayer, the patient lost her last day of Easter holiday to spend with her family. Patient was made to fast the whole day up to 5pm! This is unreasonable, unacceptable and he is seeking compensation for loss of earning and all the stress and hardship the patient was put through as well as himself
- Patients daughter raises concern about the multiple cancellation of planned surgery and concern about the lack of consideration by the process for patients with dementia. daughter has no complaints about the staff whom she found very helpful and understanding
- Waited over a year for my appointment that kept getting cancelled. Had an appointment for July which just got cancelled. Absolutely ridiculous.

There have been cases where patients have not been properly informed of last minute cancellations

- Complainant not happy that they attended for an appointment for their child and the appointment was cancelled and wasn't notified of this.
- Complainant referred under 2ww, attended for 4:40pm dermatology appointment, after waiting a while, enquired of the delay. Nurse informed her the doctor had left, but had no idea when/where. Patient was not seen that day. Complainant called the next working day but was told she did not know if an appointment will be/has been made.
- Patient had his surgery cancelled after waiting for six hours on the ward.
- Complainant attended for appointment, but told it had been cancelled.
- Complainant not happy with the Royal London Hospital, they brought their daughter up for surgery and it had been cancelled due to the surgeon being on holiday. Why wasn't the complainant informed that the surgery had been cancelled? Why was there no communication from the service that the consultant was on holiday
- Patient not happy that this is his second time his surgery has been cancelled, patient went through all the process again. After a few hours consultant saw patient and went through the procedure and risk of the procedure. He also mentioned about the possibility of cancellation due to priority cases and he will find out if there is a HDU bed available or not. Then consultant came to my bed bay and told the patient that his surgery is being cancelled because the recovery patients are still waiting for beds. This is the second time my surgery has been cancelled. If you knew there will be cases on the day of my surgery, why did you book me as inpatient and made me wait for that long?

Lack of advice/information and of clear communication may cause further cancellations and delays

- Patient remains unhappy that he will now have two missed opportunities to have his surgery done. His surgery initially was cancelled because the surgeon was on call in A&E. His surgery had to be cancelled again as he was not advised that he needed to stop taking aspirin 5 days in advance. He was only told this information the day before when he had been chasing for this advice since the date was offered to him. He finds this unacceptable. Each cancellation has also disadvantaged him financially.
- Information sent was good, but as my daughter said we did not know about escorts policy or about the 'no food or drink' rule. This is my first visit here... but all my appointments before have been good, the staff been also very good.

Booking often takes an unexpectedly long time. Delays in receiving treatment can lead to worse outcomes for patients:

- Received a letter from a patient who is very unhappy about the delay in getting an appointment with the dental department.
- Patient daughter remain unhappy with the delay in getting an appointment for the patient with the neuro team at RLH.
- Hospital appointments take long to be booked. especially when you are being referred by GP's.
- Patient was referred via two week wait on the 08.04.16 for suspected Brain & CNS Cancer. Patient had not received an appointment so we called on the 18.04.16- 10 Days Later and was told that the consultant has asked to be referred towards Dr K at Queens Square for Neurology. The patient was not seen and neither we were informed had we not chased this up and patients treatment is getting delayed due to lack of communication from their department
- Patients father not happy with treatment and care his son is receiving under the Royal London Hospital. Why the delay in receiving the brace, patients curvature has gotten worse Why are they still waiting for botox to be done. Why is the consultant unreachable, complainant has tried to contact the consultant and secretary

Waiting times are causing frustration for many patients. Some feel that they are not being informed about this aspect appropriately:

- The doctors here are really nice and easy to talk to, but the waiting to get seen is terrible. It really can't be so difficult to give appointments at times that can be kept. There are notices around that say be prepared for your appointment to last two hours, this simply means that you will wait two hours to be seen!
- Doctors and nurses are providing excellent care to patients. They explain clearly about your treatment and illness. Needs to improve waiting times. Waiting times are very long time to book yourself in. Then you have to wait along time to see the doctor to explain things to you.
- Very busy waiting times are very long. I had to wait between 5-6 hours to be seen by a doctor. The treatment was excellent and explained well. Please improve waiting times, there needs to be more doctors and nurses. More reception staff should be employed to deal with patients and taking their details to pass to doctors.
- We called the ambulance to A&E from home as my mother was having serious difficulty breathing. The ambulance arrived barely after 10 minutes and my mother was rushed to RLH. On arriving at A&E, it took more than thirty minutes for my mother to be seen. It was a very tense thirty minutes waiting time for us, as we were scared our mother was suffering and anything may happen. Please, let emergency cases be treated with emergency care and priority at A&E.

Waiting times are particularly a problem for surgery patients, who need to fast an unduly long amount of time because of delays.

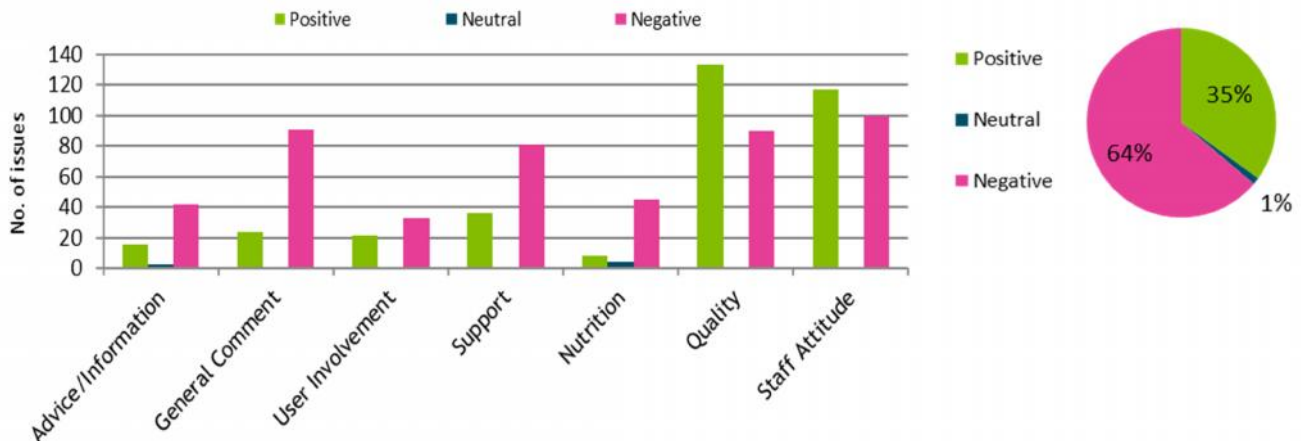
- My 23 year old daughter was referred for surgery, from the A and E department, 1 month ago for treatment of an external abscess. She was told to arrive at the surgery waiting room at 7.30am the next morning and that her surgery would be at 8am. She was obviously relieved that surgery would soon be over. She was told to drink or eat nothing from 7pm the night before. Unbelievably, she had to wait until 4pm to be taken to theatre. the only explanation she recieved for this was that she had been referred from A and E. Her partner took time off from work but had to work on his laptop in the waiting room. By 4pm, my daughter had a raging headache from being unable to drink any water.
- In February my little girl, 21 months old at the time, had an accident[...] which resulted in a partial amputation of her fingertip. We obviously rushed her to A&E, and although the immediate care that she received was good, (the cleaning and dressing of wound), the care that followed after that was awful. They said she needed a surgery and that they could do one that very day - and then kept her going hours without food for three days in a row - making her starve 3 whole days, as long as 10 hours, for a surgery which they could not confirm when they could carry out. Finally on the third day after watching my child screaming and crying for food, where she was starving for over 10 hours, I had no choice but to walk out of the hospital. No mother would sit and watch her child suffer like this for a surgery which wasn't certain. Staff at the reception said that we would apparently have to keep coming in every day with my daughter fasting, and wait until they could fit her in for a surgery. Do they expect me to watch my already suffering baby slowly die of starvation? I had to give her food, and obviously giving her food meant the operation won't be done. so I left the hospital. Over the weekends there was no call back from the hospital; they obviously didn't care. I sought alternative treatment taking her to the local walk in centre. Doctor there changed her dressing but advised we have no choice but to go back to the hospital since they said she will need a surgery. So the very next day we went back. I complained to the first nurse we saw (who was writing down the report) about the delay in surgery and the long hours my child had to starve, 3 days in a row, only to not receive any treatment or surgery. Nurse could see I was upset and highly stressed, but obviously took sides with the hospital staff and did not care to reassure me. Instead they said in an accusatory fashion that it's now too late for a surgery, implying that I'm to blame for walking out of the hospital, that I should have carried on waiting and watching my baby on her third day of starving to death. I don't know what they wrote on the notes about me after that, but attitude from the next 2 staff I saw was disgusting. The plastic surgeon told me coz the surgery could not be done, my daughter's nail would never grow back anymore, and her finger would always remain short. This person does not know how much anxiety they caused me with this false statement (as her finger is now fully healed and nail grown back), but I broke down immediately. The next nurse who did the dressing was high tempered and had disgusting behaviour, again accusing me of being an impatient person for walking out of surgery.
- Excellent assessment / admissions process with broken leg requiring surgery. However spent all day yesterday on the ward and now being told I'm not on the operating list for today. I'm in agony, and using up an NHS bed, why not operate today? I'm remaining Nil by mouth in case my mild protestations this morning can magic up the required surgery. [5 stars] Updated in comment: was admitted in the small hours of the Tuesday morning, operated on the Saturday morning and discharged on the Monday evening. It seemed difficult at the time but, looking back, it was the most marvellous treatment and I'm grateful to all the staff...
- Found everyone especially doctors at RLH have been good as referred here to Renal & Urology wards for tests but waiting time is 2 hours which is frustrating

Staff shortages and over-stretching are noticed by patients. Even some of those who express overwhelmingly positive views about the service have commented upon it:

- Came for follow up check at the fracture clinic today. Had to wait a long time to see the doctor. Doctors are very good with explaining the treatment and listen to what I had to say. More doctors and nurses are needed. PLEASE DO NOT CUT JUNIOR DOCTORS< WE NEED THEM!!
- Budget cuts are costing the NHS hospitals big time, because there are less staff, not enough money to manage the health services. Which will effect future generation.....Colourfully building, no sprit inside. It should be here for our help."
- Despite being ridiculously full on a Friday night (I've never seen it like that), as I was a priority they still managed to cannulate me within about 5 minutes of arriving (did not have to wait in the waiting room, got taken straight through), and take my bloods. Still had to wait a while to be seen by a doctor, but I wasn't in any danger, and they were very busy. However they made sure to check me over quickly when I arrived (as I could have been in danger). They work very well under pressure.
- Doctors and nurses are very good and deliver a great service. However the health care assistants seem few & overworked Suggested Improvements: Hospital needs more healthcare assistants
- Understaffed. dirty, rude staff. would never take my mum there again 'nearly killed my mum a few years ago

CLINICAL NURSING

Overall sentiment about Clinical Nursing is **64% negative**. Service users are broadly satisfied with the quality of nursing care they receive; while sentiment about staff attitude is mixed. Lack of support, inadequate advice/information, access to food and the general running of the ward are the main subjects of patient dissatisfaction.



Low levels of staffing are noticed by service users:

- The truth is Tower hamlets is swamped and the maternity ward is over subscribed. Two of the midwives we met at 0700 did not have a break, nor scrap of food til late afternoon.
- A&E Department needs more doctors and nurses. This is because they are always running very slow
- Doctors and nurses are good and deliver a great service. However the health care assistants seems few and over working.
- Government should fund more money into hospital as staffs here are over worked
- The nurses seem very busy, overworked and stressed.
- The nurse seems overly busy but they are trying their best.
- I found the nurses rude at times and it takes ages for them to answer calls [...]the nurses need to be more caring. Maybe they are overworked. In that case train and employ more nurses.

Some wards (particularly Maternity and paediatrics) are over-stretched and over-booked; to the extent that booked patients may not be admitted, for lack of beds.

- I gave birth here in March 2016. I had an appointment to be induced at 8am (I was already 40 +10). When I arrived, I was told that 'there were no more beds'. Shockingly, I was advised to 'go elsewhere' even though I had an appointment. I refused to leave as I was too scared to go to a random place 2 hours away as they had suggested, in the morning traffic. They finally made me go to random people throughout the day and finally gave me a bed at 7pm
- Complainant not happy that they brought their son to the Royal London A&E department, due to delays and no beds had to take patient back home without treatment. Patient has a trachy and ventilated
- Patient not happy with the lack of care she received at the Royal London Hospital in the maternity unit, patient was not admitted when her waters initially broke and both the patient and her baby had to receive IV antibiotics, post delivery, due to an infection.
- Year old child was referred to Max fax RLH after a fall. Complainant was told this could not be done that day due to staff and bed shortages. Father received a call the next day and asked to attend max fax, but later called to say this was cancelled, but they would get a call back. Complainant not happy with the level of care for a young child and fearful the delay in repairing will cause permanent scarring.

There are some reported cases of patients being admitted to the wrong ward

- Complainant, says she attended for glucose monitoring, but was admitted to MFU.
- [Neurology] Patient was transferred without medical notes, was sent to a ward which was totally unsuitable for the patient. Why there was not a planned move after a multi-disciplinary meeting to sort out care at home. The family felt that the patient had been dumped to make room without due care
- Complainant attended MFAU regarding concerns surrounding her pregnancy. Claims she was made to wait for over an hour, before being told nothing could be done as she was only 18 weeks pregnant. She was later told by a receptionist to go to the delivery suite, where she says she was seen quite promptly.

Partly because of wards being over-stretched/ running over capacity and general under-staffing, many patients report a general lack of support; in some cases to the extent that it could pose a risk to patients' safety.

- [Patient with overdue baby is advised that she should be induced] So at 12 noon I was told to go home get my hospital bag, have some food etc and be back at the ward for 4pm. I did exactly that, and then waited until midnight to get a bed - I totally understand its busy and some people were already in labour and they need to be prioritised but since my baby was happy it would have made more sense to send me home (my flat is across the road from the hospital) and then just called when a bed became available and I would have been there within 10 mins. It was then too busy for me to be induced so I spent the night in hospital and was induced at 7am and put on the monitor and left until 10. 3 hours of not seeing anyone and I do think I was forgotten. I was checked again at 7.30pm where I said I felt the need to push but was told I was only at 2cm but after much persistence I was checked again and was fully dilated and rushed to the delivery room and my son was born at 8.11pm.
- [Patient on maternity ward who didn't receive food for more than 24 hours] "My Mum was told I had not responded to a knock on my door from the person giving out food. This knock did not occur. Later she was told I should have collected my food from a trolley at the end of a corridor. How were we supposed to know that!? The person with said trolley was rude to my Mum when she went to collect this foo My Husband resorted to buying me food and drink."
- "The nurse is great but unfortunately cannot deal with my husband all the time, the staff on the wards 9e and 9F don't seem to be aware of many things the patients need. [...] Hubby has mobility problems and needs help getting from chair to bed etc but has fallen twice but no one can tell me anything."
- Complainant is not happy with her care while an inpatient at RLH. She claims that nursing (bank)staff were rude unhelpful and unprofessional, she only received care from the 'hardworking and rushed off their feet' HCA's. She was informed that her call bell was not working, but on pressing it found that it was. [...] Her family were not informed of 1) her whereabouts 2) of her recovery after her procedure. Complainant says she waited for long periods of time, on each occasion she required assistance or pain relief. Complainant says the nursing care was so poor, a doctor told her she should go home as her care would be better.
- Patient has recently had her second leg amputated, and says while an inpatient on Ward 13C with an upset stomach, she had cause to request a commode. She claims nursing staff took so long she had no choice but to soil herself. When the nurse arrived, she allegedly asked her if 'at home, would she lay in your own faeces?' Complainant believes the approach was unacceptable, and has left her very self-conscious.
- Patient raises various concerns about her stay in neo-natal unit at RLH. She states that she has request for pillows and was allowed only one as per hostital policy. the temp. in her room was very cold despite her raising concern about this. That she had to walk to the corridor to collect her food knowing that she had a cannula in her arm. patient requested to change her room but the request was not followed through.
- Deceased patients daughter complains about the inadequate nursing care and patient being left without buzzer. She state that her father was left in soiled pad leading to sores developing.

- Son of patient recently discharged from Ward 3E RLH, are upset at several events that took place regarding his father. As the stroke patient was being hoisted, he fell sustaining a 'large' bruise to his head. He was left alone against the orders of the family, again sustaining a fall. Patient was left in his own urine for around 2 hours, with his fresh clothes being placed on top of the wet bed.
- The nurses are nice and they really go out of their way to look after my mother and she is satisfied with her care. [...] Suggested Improvements: I think there could be more nurses on the ward because sometimes my mother is left till 10.30am to have her wash.
- Ward 14F- staff are not caring and are not seeing service users when alarm are beeped. Patient has fractured spine and has been left for 1hour, with upper body undressed and was also given water to bathe herself regardless of her condition and state.

There are some reports of delays in getting necessary medication or painkillers

- My mother has been in hospital here at Royal London for two days now. She is really unwell and has complained about the nurses not answering the bell quick enough when she calls for attention. And when my mother complains of severe pains, the nurses won't give her any pain killers, because the doctor has not prescribed it, but the doctors are all gone home for the night when my mother is usually in pain. This is very stressful for us all. Suggested Improvements: Nurses should be taught empathy and to be quick to answer their quick patients. And if nurses can not prescribe medications at emergencies, please some doctors should be available to come quickly to patients in severe pains or need of medical; attention.
- Waiting is too long as 5/6 wait for medication Suggested Improvements: need to be ready for collection of medicine after food

Some patients and carers are generally unhappy with the level of communication they receive from nursing staff about their own care/ care of their family members.

- Complainant on behalf of her mother, is not happy with the level of communication between staff in relation to her mother care. She is currently suffering with an array of ailments including, a fracture of the hip and shoulder, yet was initially being told she would be sent back to WX for rehab, but is now being told she is fit for discharge.
- Received an e-mail from a patient family with concerns about lack of communication between ward and the family
- [Patient's son complained about] nursing staff not informing him when asked, the progress his father was making.
- Received a letter from a grieving daughter. She is complaining about the lack of care/ lack of communication from the ward when the family visited that the patient was dying.

A newly-implemented initiative from December 2016, where nurses give surgical clinic outpatients information in the morning regarding what to expect from their appointments is broadly popular with patients. However, a lot of information that could have been previously sent by post with the appointment letter is imparted in a very short time span, which some find difficult to follow.

- The arrival process was a bit of a shock. I thought the appointment was at 7 am, I am here escorting my daughter. The information the nurse gave or what I heard of it was of help, but was too much given too fast.
- The Sister that gives information to patient/carers in the morning about the expectation of the day is a new initiative implemented by the Ward Matron, it appeared that patients appreciated this information and found it helpful, especially more so as they did not have this information prior to coming for the appointment (this was a huge grievance for most patients).
- “The nurse (sister in charge) speech was good, the information was useful and she was clear in what was said, she did mention that if anyone had any questions could speak to her afterward. Generally, it would be helpful to know what is happening, not sure what will happen next in terms of discharge.”
- At 7.15am the nurse in charge of the ward gave came out to the waiting area and spoke with all patients and carers (in a speech format), her task was to inform patients and carers about the expectations of today’s appointment. It seemed she gave a lot of information that the patients were not informed off prior to coming to this appointment e.g. carers role, chaperone policy, waiting times expectation, how the process would happen today, eating is not allowed in the waiting area, and that there is likelihood of an operation being cancelled due to an emergency so patients must be prepared for this. The information provided by the nurse seemed to be appreciated by patients and carers, and it appears that they were finally made aware of how things would be done today. From representative’s perspective, we felt that nurse gave a lot of information (information that should have been supplied before), and sometimes it was difficult to understand what she was saying, she was not loud enough and some of the information was said very quickly.

Nurses and midwives who receive positive feedback give patients advice and reassurance; they are described as “caring” and “polite”. Patients in their care feel empowered to make decisions about their care.

- [Nurses removing a patients’ sutures] “were incredibly careful and amazingly polite, and took time to explain things to me and give me valuable advice”.
- “My sister suffers from Dementia and was taken into this hospital for urgent surgery for a blocked bowel. We, her relatives, didn’t expect her to survive. However, she did survive which was due to the care and attention she received from Doctors and excellent nursing staff - in particular in ward C4 - intensive care.. As I live in London, communication is normally difficult with medical services outside the capital. However, the feedback from the staff about my sister was impeccable! It made me feel incredibly grateful and reassured. WELL DONE AND THANK YOU.”
- “I waited about 5 min to be taken in by the main nurse. They performed the colposcopy and biopsy with the aid of an assistant. Both were lovely and very thoughtful. The main nurse/doctor explained the procedure and possible results in details and was extremely nice and understanding.”
- “I was transferred from the Barkantine birth center to the Royal London just after my baby was born for a post natal surgery. I was nicely surprised about how the midwives, nurses, surgeons and doctors cared about me. They all clearly explained what will happen to me during and after the surgery.”
- “Excellent care whilst my stepfather was admitted. [...]Nursing staff appointed to him were well dedicated and caring
- I have had numerous operations at the hospital and have always found the treatment and care to be great. The nurses are caring the doctors give me all the information I need.
- I had a great experience here with my first baby in September 2015. I came in at 1cm dilated and was allowed to stay and gave birth 14 hours later. It would have been annoying to have to go home. The midwives held my hands, used the shower hose on me to relieve the pain, and put me in different positions. Towards the end my contractions were slowing but they kept me going and I did some squats which helped a lot. The stitching up after was painful but I was too high and elated to feel sad about it. It was nice having own room where partner can stay and midwives check up on you regularly. I stayed two extra nights. If you are considering a drug free birth or only using gas and air, then I would definitely recommend it.
- I knew I was in safe hands, was aware of how gentle people were and I am so grateful for the professionalism, kindness and care i received.
- The nursing staff were excellent, warm and friendly.
- I took my son the hospital as he had an accident and cut his chin. It needed to be stiched up. The nurses gave him a clean up and were fairly quick. The nurses gave good treatment and were playful with him.
- I was admitted on the 12th January with a suspected TIA. From the moment I arrived all the staff were very helpful, professional, caring, attentive and most importantly listened to what had happened.

On the other hand, the ones receiving negative feedback are un-empathetic and make patients feel dismissed/ not taken seriously. Patients under their care don't feel in control of their own treatment.

- When you press your 'panic button' it takes a really long time for anyone to come. My Husband had to go & tell several midwives that I was having alarming symptoms due to no-one coming when I pressed it. I was accused of having PND (3 days after I have given birth!?) and being addicted to gas & air (which had been given to me by a midwife because I was in a lot of pain caused by the drugs I had been given which had brought on strong contractions).
- The midwives at the labour ward and maternity ward are always so rude and snappy. They don't show any sympathy or compassion for labouring mums, and they are also very slow at administering pain relief. They just leave you screaming and writhing alone and in pain for hours. I had to literally beg like a screaming mad woman to be injected pethidine as midwives were reluctant to administer the drug because it would apparently make the baby drowsy so they seemed to be happy to see me wail in pain instead. The entonox (gas and air) they gave me was deliberately made weak so did not have any affect on me; it did not even make me feel dizzy, but then neither did pethidine work as it was all deliberately administered on extremely pathetic low doses. When I called for an epidural they dismissed it saying no-one is available to supervise me on an epidural..
- Patient not happy with the lack of care and communication after her procedure in the short stay ward by a nurse who lacked personal skills, attitude and professionalism that was looking after the patient at the Royal London Hospital.
- Complainant not happy that when her father attended a day case for Ophthalmology at the Royal London Hospital the nurse was rude and showed no empathy. Why did the nurse not introduce herself when she came into see patient and told daughter to leave rudely. Why did the nurse ask if the patient spoke English and why couldn't he put his own clothes on. Why was there no after care explained just to put eye drops in.
- The nurses were rude and unhelpful, lacked care and when husband asked for pain killers the nurse completely ignored him, patient walked out of hospital.
- My mum wants to go home because she is not well treated or cared for. She is always crying because the nurses do not care much for her. She is depressed but cannot leave as she is unwell. Suggested Improvements: Nurses need to treat patients with empathy.
- Patient - and nurse, is appalled at the treatment she received while an inpatient on Ward 8F. She claims she was berated, mocked and treated with disregard by senior members of staff when requesting medication. She requested assistance with her wound and was not listened to until she realised she probably had an infection. Relayed this info and was finally treated. Would not recommend Trust to family or friends

There is a small number of reports of nurses and midwives behaving unprofessionally:

- Parents not happy that their son was called a Bed blocker which they feel was used to make them feel guilty that their son was depriving someone else of care which was said very loudly which they found really upsetting and the poor lack of communication.
- Complainants have guardianship over a patient attending for a procedure. They claims that a nurse who was not assigned to them spoke loudly and out of turn in relation to their custody

Lack of support is particularly felt by in-patients from nursing staff working the night shift. Multiple patients report specifically higher levels of satisfaction with support and staff attitudes from day nurses than night nurses. This could be linked with less experienced/less trained staff being more likely to receive night shifts, with staff morale issues around an inflexible shift scheduling system or higher pressures on staff associated with night shifts.

- [Maternity inpatient staying in hospital overnight] I asked for water. I was told to get up, given a tiny beaker, walk halfway around the department and get it myself even though I was in utter pain and could barely walk properly. I didn't manage to get more water after that. You could have at least given me a large jug to last me the night? I asked for help to change the baby as the baby had peed all over the sheets and me - I was given none! I cried to myself. Shame on you - you night midwives!!! Next morning, luckily a student midwife came to check on me after the night shift had ended. The student midwife was nice, taught me how to manually express (Thanks to them I didn't give up on breastfeeding!), taught me to change the baby properly and helped me get water. I had severe blood loss after my labour and had chest and breathing problems so I was being monitored.
- Lots of midwives coming in & out doing very little, which disturbs you so often you can't get any rest.
- Patient claims he had cause to attend and was admitted to ward 3D. During the night he had to call as his says his bag burst. The patient says he was not given a buzzer, so had to call out. This he done several times. On the final time, the complainant says the nurse on duty screamed at him that he was disturbing other patients
- The night staff have forgottent wice now to give me my anti biotics which has slowed down my healing process due to their negligence. Some of the nurses sleep in the night and the patients are left on their own.
- They need to improve the foods and change all the rude night staff. When you ring the bell they don't care. They don't even come to check if you need anything or are ok.

A number of maternity patients report lack of support and empathy from midwives in the post-natal ward.

- After the labour, I was whisked off to the post-labour ward at 10pm. This was a place of my nightmares. I never felt more alone and sad in my entire life. I asked for help with the baby as no visitors were allowed. I didn't know how to breastfeed and I was clearly struggling to feed my baby. I was told a nursing midwife would come - they finally came and gave me a couple of syringes to 'squeeze some milk out' for the baby. They didn't even teach me how to use or do this! I didn't manage to feed the baby and worried that my baby would starve! I asked for water. I was told to get up, given a tiny beaker, walk halfway around the department and get it myself even though I was in utter pain and could barely walk properly. I didn't manage to get more water after that. You could have at least given me a large jug to last me the night? I asked for help to change the baby as the baby had peed all over the sheets and me - I was given none! I cried to myself. Shame on you - you night midwives!!! Next morning, luckily a student midwife came to check on me after the night shift had ended. The student midwife was nice, taught me how to manually express (Thanks to them I didn't give up on breastfeeding!), taught me to change the baby properly and helped me get water.
- From arriving at hospital in labour to the delivery I feel I was well cared for. The midwives were caring and I felt the team who delivered my baby by forceps were great! My post-natal care on the maternity ward however was terrible and had such a negative impact on myself for some time afterwards. As a first time mother everything was new and I felt very vulnerable, I was having real trouble breast-feeding and found that the midwives were dismissive of my concerns and any concerns in general. I left hospital unable to breastfeed.
- I had a c-section which was performed by a great team of doctors and theatre staff. It went very well. But the postnatal care was awful. I was put back on the labour ward afterwards where I was left in a room at the end of the ward. No obs or checks were performed on me or my baby for hours. Every time I pressed my bell I was told a midwife would come but no-one ever did. After 6 hours of this my mum complained to the ward sister who was then very rude to my mum and me. They told me I hadn't been neglected, despite the fact I'd had major surgery and no obs taken, no pain relief offered or baby checks done for over 5 hours! What?! Eventually I was moved to the postnatal ward. [...]On my second day I asked an HCA to change my bed sheet as it was soiled from sweat and vomit and my wound dressing was being removed. They refused because the soiling wasn't visible to their eye! And then had a go at me while I was breastfeeding. So upsetting. I don't expect an HCA to refuse a request to change a dirty bed sheet when I was paying £120 per night for the room. The midwives on the postnatal ward are clearly understaffed. As a healthcare professional myself I have great sympathy for staff on busy wards. However the midwives on these 2 wards were rude. They are very disorganized.

Student midwives receive notably positive comments, sometimes in contrast to regular midwives

- The whole experience [of giving birth at the RLH] all in all was stressful and worrying but my saving grace was the student midwife who looked after me when in the delivery room and delivered my son safely. If anyone has to give birth in the hospital my recommendation is to grab a student and not let them go - they will have more time to look after you.
- Patient not happy with the Maternity unit at the Royal London Hospital. Why was patient told to go home as the pain she was having was brackston hicks. Patient attended it was only due to a student midwife who checked the patient and saw the baby's head she had to run for other midwives.

Some patients are unhappy with waiting times.

- My daughter was booked in Mon 19/12/16 9AM. Was told to call the ward 930 to confirm, midwife told her to call back. She went to the ward 10AO put in her room 11AM and sat there for 9 hours till they changed shifts and that's when she got seen to. At 9PM.#
- Why was the patient waiting for almost 7 hrs for a planned admission.
- Found nurses in hospital are very friendly as had few conversation with them though had to wait a bit. Suggested Improvements: The waiting time needs to cut down

However, some report noticing improvements in waiting times.

- I was triaged by a Doctor within an hour who immediately diagnosed the problem and then waited under 2 hours for the treatment required which was carried out by a Dr and an advanced nurse practitioner who were both excellent.
- I was dreading going into A&E this morning, based on a visit 10 years ago, plus some of the comments here. However I'm happy to report it went better than expected. It wasn't long before I was seen, then I was shipped from doctor to test to nurse to test etc etc and I was discharged in under 2 hours, maybe even 90 mins. Everyone was friendly and helpful.
- The ambulance arrived in good time and I was seen within 40mins. That is satisfactory

Levels of hygiene on wards are inconsistent, with some patients reporting potentially hazardous hygiene issues while others declare themselves positively impressed by cleanliness.

- "The [maternity] ward is very dirty - there were bloody sanitary towels in the bin of the toilet in my room, as well as a jug of bloody water on top of the toilet. There was also a urine dip stick pot & dirty tissue. The floor was filthy, as could be seen by the state of the feet of my surgical stockings when I left. There were bits of cannulas/needles etc scattered about the room. I saw on the board they have a cleanliness rating of 61% which is shocking."
- The hospital wards are clean and the domestic services are high quality.
- The maternity unit is new and mostly very clean (apart from one clinic room in MFAU which had blood on a wall).
- I rated cleanliness 4 as there was a mark on the bedsheet, but I understand that many of marks don't come out and the most important I could see everything was washed, ironed, disinfected and I didn't ask to change it.
- Everywhere in the hospital is good and clean.
- Clean ward, brilliant staff. Great service. Thankyou.
- The bedsheets is not clean, some nurse work careless sloppy, irresponsible, especially of children wards.
- Father stated that the every time someone(domestic) visited the ward toilet and signed the chart without cleaning. Where the patient bed was located, it gave them unrestricted view of the door to the ward toilets so they were able to witness what went on.
- He also stated that on one occasion the domestic visit was so quick the light did not come on inside the room. when his son(the patient was discharged) he was advised that he had MRSA, and clearly, he feels the lack of cleanliness has contributed to this and wants to know why no action was taken to protect him and other patient.

There are some reports of medicine administered to inpatients being improperly recorded, posing a risk to their health and safety:

- On my third day I was handed a syringe of Tinzaparin by a midwife who assumed I'd been shown how to self inject it on previous days. When I told them I'd not had any previous injections apart from one which another midwife told me was MMR injection they were shocked and said my drug chart read that I'd been having Tinzaparin injections since my op and that there was no record of an MMR being given. The midwife who had given me the MMR and made these errors then came to my room where they were asked by the other midwife what I'd been given. The midwife initially argued with me, essentially calling me a liar and said they had previously given me Tinzaparin. Luckily my partner, who'd been there the whole time and witness to everything verified that they had not given me Tinzaparin but said it was MMR. Then the midwife begrudgingly admitted their mistakes but no apology was offered. They were very rude.
- Patient remains unhappy about nursing care on 9F and 9E. She alleges that nursing staff incorrectly documented that the injection had been administered on one occasions when this did not happen.

Some patients report dissatisfaction with hospital food, and some raise concerns about the unsuitability of food for those with special dietary needs, or lack of information about it:

- "I was [in the maternity ward] for 48 hrs during which time my Mum had to go and ask why I wasn't being given any food or drink. She was told 'I'll try and find some bread. Eventually I was brought a ready meal/'breakfast' (which included dry bread!) which was of such poor quality I had to leave most of it".
- "My husband is diabetic, and now a renal patient that should have special diets without certain foods, the catering is appalling, even the bread for sandwiches isn't nice, have to ask them constantly about things and get passed from one to the other".
- [Complainant] requires a special diet, but no efforts were made to provide it.
- Son is complaining that while an inpatient on Ward 9E, his father was not asked to choose from a menu, and had to have what was left.
- Food needs to be looked at the food tastes bland and theres no variety.
- Food not cooked properly and no variations/options to choose from the menue Suggested Improvements: food need to be cooked properly and have options to choose
- Found my room in nice condition and enjoyed the company of other patients and staffs while I was in patient for five days but didn't like the meal as different food came for which I was not ready for.
- Received a letter of concern from a patient.He complained about lack of care and would like his se to be treated with urgency as he is losing weight because he is unable to open his mouth to chew or swallow

A few patients, however, have noticed and commented upon improvements in the quality of food

- The quality of food improved as my dad used to complain about food before.

There are reports of the patients' property being misplaced while on wards

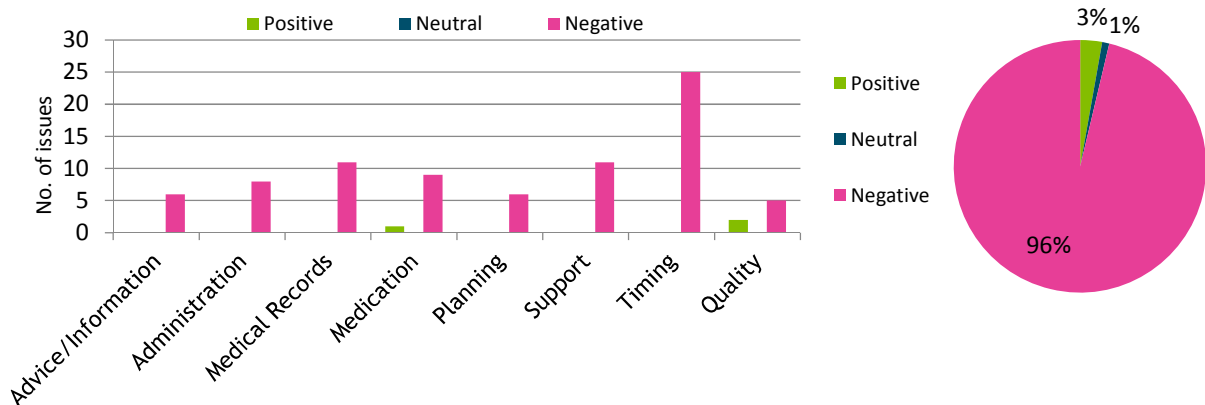
- Sister of the deceased would like to know how her brother's money (£300) went missing if it was locked in the safe as she had been told. Her brother was given a green slip (receipt), but this was not handed back to the family when his belongings were returned. This is the 2nd time money has gone missing from this patient on being admitted to RLH. This time the sister would like a full investigation, and return of the money
- complainant e-mail stating that her father, the patient was admitted on the ward last Oct. he had his dentures on the bed and when the nurses were changing his bed linen, his dentures were taken among the linen.
- Daughter is very unhappy with the care her father received while an inpatient on Ward 13C RLH. Upon speaking to the patient, he states his reading glasses to the value of £300+, as well as a magnifying glass have not been returned from Ward 13C. Patient wants these back urgently.
- The patient's teeth valued at around £550 have also gone missing despite a thorough search having taken place. Son says he was informed that they were in a cup and were probably thrown away.
- Grand daughter enquired about earrings that were removed from the patient prior to her procedure, but not returned

A small number of patients raise concerns about the lack of interpreters for patients who speak poor English

- I am here to visit my mum who has been admitted for two weeks. My mum is old and cannot speak English. We need to have more interpreters in the hospital.
- Translators are highly needed especially in Tower Hamlets with the majority of ethnic groups who do not speak English.
- When you're in hospitals doctors and nurses don't explain the treatment, how it's done and what's going on, because there is no translator available to speak to you in your own languages.

DISCHARGE

Overall sentiment about discharge is **96% negative**. Service users report long waiting times for discharge paperwork to be processed, errors in processing medical records, as well as a general lack of advice/information about what should happen next. Discharging people while still in an unsafe condition, without an appropriate follow-on care package is a serious risk and has been the subject of several complaints.



Processing of discharge papers is time-consuming and particularly frustrating for patients.

- [The midwife told my daughter, a new mother who just gave birth] she can go home this was 1pm my other daughter went to pick them up 19.32pm she was told she cant go as the midwife didn't finish her discharge papers. all this time wasting im sorry but im putting in a formal complaint.

Patients and their families often don't receive any kind of explanation about the discharge process or waiting times.

- [New mother- maternity ward] I was all packed and ready to go and had brought a family member over to help us take our belongings and we were waiting for hours but they just wouldn't finish writing the discharge letter. Every time I inquired at the desk I was responded to by angry midwives. In the end I got sick of waiting in the waiting area for hours so I left, and just then a midwife phoned and I told them I've left. They told me to get back here in a stern tone, so I went back and they threatened me with the police because apparently I had "stolen" my baby from the hospital and ran off without permission.
- My sister has been on admission for two weeks here at RLH, and she has been discharged to go home today. We have been waiting for over two hours at the Discharge Lounge to collect her medication, and no one has told us why we are waiting so long, and my sister is tired and hungry. This is not good at all. it would really be respectful, if staff here at the hospital can let their patients know what is happening and why they are waiting so long, rather than just ignoring us and leaving us in limbo.
- When discharged, it is tiring waiting for over an hour at the Discharge Lounge for medication and transportation, with no one giving you any useful information or answer why everything is taking so long.
- Patients husband complains that the midwife delayed discharging mum and baby from ward 8f as she had to go home. The husband report that he enquired about the baby being checked all day but this did not happen. He reports that the Midwives are not pro-active in their approach and one nurse refused to help patient
- Today I was told that my partner would be discharged. I had a conversation with a member of staff at about 2.30 pm about the facilities awaiting him at home, particularly as regards his nursing.

I was expecting to see my partner in the late afternoon or early evening. Instead it was not until 10 pm did I manage to ring the ward back on the number on my mobile left from the previous conversation I have just referred to. My attempt to get through to the ward through the switchboard was completely abortive. A pleasant nurse told me that he was going to be kept after all in the ward overnight because the discharge had been late in being completed. No one had thought to inform me of this at all. There seems to be no co-ordinated system whereby a relative can quickly find out about a patient without having to work really hard to get hold of someone.

Some patients have been discharged at inappropriate time, without taking their needs into consideration

- Parents of terminally ill patient, are extremely unhappy that he was discharged despite assurances this would not happen on Friday, due to lack of support over the weekend. Medication not labelled (expiry date), yet opened. Inappropriate transport vehicle and crew. Very poor communication.
- [After an emergency admission and spending one night in hospital, patient] says that he was not offered transport on discharge, but was told to make his own way home, with no appropriate outer clothing.

There have been cases of doctors not being able to provide the paperwork needed by patients

- [After a hip surgery] Discharge was straightforward, all the medication, and materials for GP nurse to remove the stitches and the follow up appointments I would need. Only fly in the ointment was the discharging doctor who I needed to get a sick note from who refused to backdate it to the date of operation meaning I will need to apply for leave, who only signed me off for 2 weeks rather than 6 weeks the operation commonly needs. When I queried it he told me I would have to ask my GP for a follow up sick note. It felt rather mean and means extra cost as I have to now send two sick notes by recorded mail, take up a GP appointment unnecessarily and if I don't get a GP appointment in time find a way to get work let me take leave in the middle of sick leave which they don't usually do

There were also cases of discharge papers completed inaccurately or patients receiving insufficient/ inaccurate information upon discharge.

- Complainant states that there is incorrect information contained in her discharge notes, which need to be amended as she is making claim for compensation and they will be taken into consideration
- Complaint letter sent to service - Complainant not happy with the information given by doctor to her daughter and information on a discharge summary/ clinic letter
- this patient had cholecystectomy on 5/3 and was supposed to be discharge with post op appointment for out patient , nothing is issued on discharge , Consulat secretary is very unhelpful asking us to speak with the nurse Sunday who is not in for another 5 days as the ward calrk has made a mistake and she can't do anything about it .Nurse is on leave and whoever take the other calls says she can't promise what she can do but will pass the message on .This is outrageous that we have to spen 30 minutes to call various people and still no appointment
- Recent gynaecology patient claims to have reminded staff that she was allergic to Penicillin and ibuprofen. However states that she was given the medication despite this and reacted accordingly. Also says she was not afforded this information on her discharge summary until she requested it, and that there were no notes available to the anaesthetist outlining her allergy.

Some patients have been discharged without the medication or equipment they needed

- Patient was discharged without blood thinning medication or support stocking and now he is been treated for blood clots on his lungs and pneumonia.
- Why did the self-discharge form have no information on there about what medication patient needed, St Thomas had to ring the Royal London to find out what medication the patient was on.
- Complaint highlights concern about vital medication not being included in the discharge summary this meant District nursing could not administer the blood thinning injections.
- Patient not happy with the delays they experienced when they were on the ward waiting for medication to be discharged home and then to find they have another patients medication

Some patients failed to receive their discharge summary:

- Patient has still not received the discharge summary that they should have received

There have been cases of patients discharged while still in an unsafe condition, without an appropriate follow-on care package; this can pose serious risks to their health and well-being:

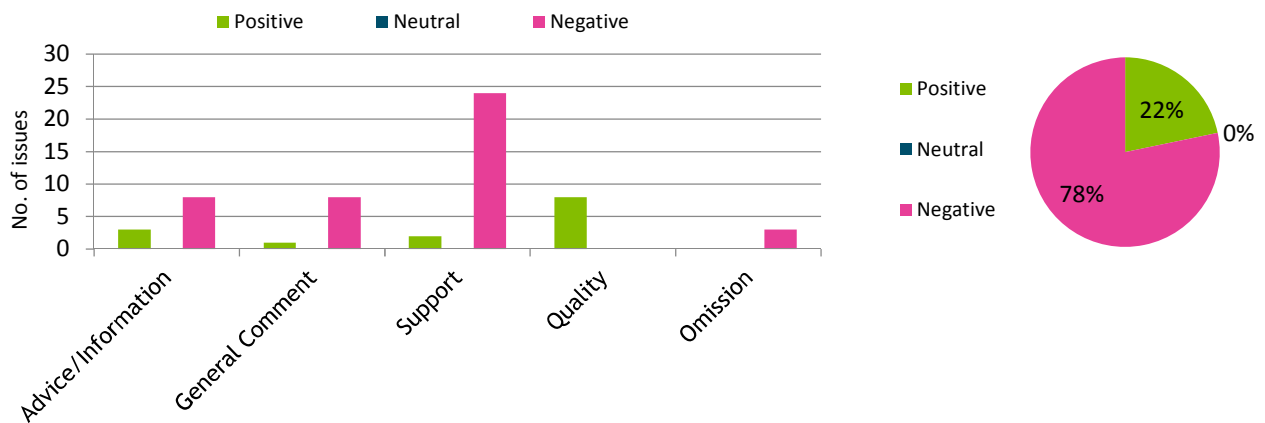
- Daughter of patient not happy that her father was discharged despite the family's reservations. Patient readmitted an hour later, the same evening after a fall.
- Daughter of vascular dementia patient is very angry that her mother was sent home without her care package being reinstated. Patient is an insulin dependant diabetic, as well as oxygenated at night. Patient was incidentally found by her district nurse the next morning having gone without food, in a freezing home and sitting in her urine soaked chair.
- Renal patient transferred from Queens for HD. patient then discharged . The patient had a fall 2 days after being discharged, and while the son was at work. Patient readmitted to Queens and currently in an induced coma. Family not happy that patient was discharged without adequate care in place
- Letter received from complainant regarding his wife's lack of aftercare under the royal London Hospital which resulted in the patient being discharged with septicaemia
- This hospital has discharged a patient not medically fit to be discharged. They have provided this patient with no care plan at all. They have failed to properly assess this patient. They have failed to provide support to enable this patient to be safe once discharged
- Patient was discharge without proper assessment and whilst in the lift collapsed. Immediately he had to be taken back to ward 10E much to the surprise of the nurses who had previously discharged him. His return to the ward prompted a nursing assistant to respond "he did not look ready to go home to me". .

Service users perceive the members of staff processing discharge papers as being rude, harsh and unsupportive

- After being discharged, I found out one of the prescribed medication was missing. Have called the ward, and been told to wait for a phone call from the hospital pharmacist. Two hours later, no call from the pharmacist, I called the ward again to have an update - Have been treated rudely for one of the nurses that when I asked their name they refused to say it and just gave the telephone to another nurse that kept talking on top of me, and even told me "Welcome to the NHS; you want medication go to your GP and deal with it" and simply hanged up the call.

FOLLOW ON

Overall sentiment about follow-on is 78% negative. Service users feel that they are insufficiently supported following hospital discharge.



Service users feel the support and advice they receive following discharge is insufficient.

- Patient is unhappy with the post-op (july 2015) follow-up care and advice. patient is further unhappy taht yet again her follow-up appoimtnet for ENT has been delayed again
- Why was there no after care explained [for a discharged ophthalmology patient]just to put eye drops in
- My maternity after care was very poor from the royal london hospital at Whitechapel. I was discharged and left without any advice or follow-up checking of me or my son. Suggested Improvements: There should be appropriate after care and follow-up medical and mental health checks of new mums
- My sister has been hospitalised for the past two months. She hasn't been bathed and is very uncomfortabl. She is emtioanlly stressed and the nurses have said she is ready to go home. Her social worker hasn't organised a care package for her and is nevr available.The social worker is never available and there is a dispute over who will be paying for the services she receives.They say the equipment neede isnt suitable for her but ive told her mattress and bed has been delivered.I dont know what to do, ive taken two days off to sort this out and bring her home.
- Complainant is very upset with the mismanaged discharge process, which left her father constantly using the toilet and fouling himself, as well as leaving staples in his wound, but not arranging any care package. Patient is very angry he was left in this state with no care package in place.
- Patients daughter not happy with the delayed discharge and lack of careplan for her father at the Royal London hospital.

Some patients have had delays in receiving follow-up appointments:

- Patient not happy that they have not received an appointment following discharge from ward 3F in October 2016, patient told they would receive appointment within 4 weeks.

There have been cases of follow-up care responsibilities being shifted to GPs without prior arrangements.

- This patient had minor operation under dermatology dept at RLH. He was advised to contact GP for the removal of sutures (copy attached). This is shifting secondary care work to primary care without prior arrangement.

It is difficult for patients to contact the hospital if they suffer concerning symptoms following discharge.

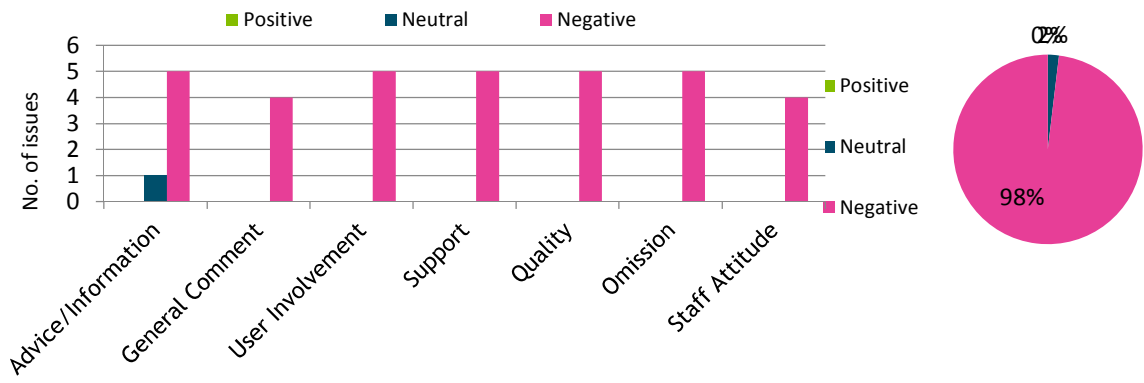
- Complainant is not happy that the patient has not received any after information or advice, complainant has not been able to contact the Neurosurgery team at Royal London Hospital for clinical advice. Complainant explained that the patient had a procedure in the day case unit on 14/6/2016. However, patients face is still numb. There is no point of contact at the hospital, no communication and nobody knows anything. Why when the complainant contacted the ward the patient was on they never got back to complainant. Why did the neuro team said they had spoken to the patient, when the did not. A nurse called complainant to tell her that she had called the neurology team and that she had been shouted at because they were with patients and told her to tell patient to go to A&E

However, some service users have felt that they have been supported and have received useful follow-on from the RLH:

- [Suicidal patient who received help from the RAID team] “The aftercare from the RAID team is also very good, today I came to see a nurse for a follow up appointment (Outpatient Clinic), they asked how I was, how I have coping and if they could help me further...he said I can call him anytime if I want... I think it’s important to see someone face to face, it provides reassurance and a feeling that people are making sure that you are ok. [...] The RAID team was very helpful, they made an appointment for me to see my GP (gave me a letter) and also referred me for Talking Therapies in Waltham Forest, they also gave my details to Waltham Forest Crisis Team. The Waltham Forest Crisis Team have also been very helpful; they rang me twice when I was home to see how I was getting along....
- I have just had a kidney transplant. It all went very well. the doctors are very good- they communicated clearly with me and my family. My aftercare explanation was also good.
- Long wait from xray could have been communicated better but treatment was exemplary, they patched me up, helped me find transport back to hotel late at night and followed up to confirm broken bone a few days later.
- The follow up support provided by the RAID team was also commended highly as the patients commented that the RAID team linked them up to local support mechanisms such as GPs, Crisis Intervention Team very quickly and this had made them feel like that they were getting the right help and not feeling alone in dealing with the aftermath of the crisis.

COMMUNITY CARE

Overall, sentiment about community care is **98% negative**.



Community midwives and district nurses in particular, are described by service users as unreliable, careless and difficult to contact.

- I gave birth to my daughter in another hospital but as we live in RL catchment area we knew we would be seen by community midwives from Royal London. Such a disappointment this time round, compared to 5 years ago when I had my son. We were expecting visit day after being discharged from the hospital so on Saturday but no one turned up. On Sunday I left voicemail on community midwives office number with our details - dob, mode of delivery and address. To be on the safe side I phoned in on Monday to make sure message was received by someone. I was put through to the team who covered our post code. I have given all necessary details to the midwife and they said they would phone me back later on. I waited couple of hours and eventually phoned them once again repeating everything as before. I was advised that midwife will see me tomorrow and to contact the hospital where I gave birth asking to fax over my discharge summary. Next day midwife came with another student? maternity support worker? Neither of them washed their hands as they came into our house, the blood spot test was performed very badly leaving my baby crying and her blood being all over the card. The midwife didn't check my blood pressure, pulse or even if my uterus was involuting. Just asked me few questions, then arrange next time to be seen in about 10 days and they both left after probably 15 minutes of mostly scribbling on the paper. When I was seen next time no blood pressure check or my uterus. The services you provide unfortunately worsen a lot within 5 years. When I had my son the midwives paid attention to mother's wellbeing as well. I had my observations done each time, I was contacted by one of the breastfeeding supporters and offered some help if I needed any. This time it feels like you need to keep on track and making sure that you receive appropriate checks. I hope you improve your services in near future.
- Received a complaint from a patient son with concerns about the lack of care/poor treatment/failure to administer injection by district nurses.
- Complainant not happy with the lack of care and treatment his mother is not receiving by community nurses. Why has patient compression stockings taken off and care for patient legs. Why is the nurse not turning up when supposed to every Thursday
- Complainant not happy with the care and treatment her father has received from the district nursing team, twice patient has ended up in A&E
- Daughter of complainant not happy that her mother who is suffering from breast cancer and has an open wound, is not receiving proper care from visiting district nurses, nor is the correct dressing being provided.

The mental health service sometimes fails to contact patients

- Mental Health service at RLH needed to be improved as they are not listening patients as well as not chasing up for further appointments or not even visit patients at home. Suggested Improvements: more investment needed to shape up the mental health services here
- Mental health service needed to be improved as patients are over looked where the staffs sometimes forgot to contact patients, not good with keeping their record nor visiting patient's home. Overall mental health teams are not bothered at all that patients needs support and treatments.. Suggested Improvements: more investment needed to shape up mental health services

District nurses and community midwives are reported to be late for appointments.

- Patient called as he is having on going issues with the district nurses, they are scheduled to attend between 8.30 10.00am. However they are turning up at different times after the arranged time.
- This lady is registered blind and disabled and has community nurses visit in the morning before 10am daily to administer insulin and provide a catheter service three or four times a week. In more recent weeks the visits from the nurses have been more erratic. Some turn up, some don't turn up at all, some turn up late if I can get a message to phone through. As a result of this breakdown in service, Mrs S is not going out, missing meals because of indefinitely waiting in, prone to urine infections and toilet accidents when the catheter isn't done and is becoming increasingly anxious worrying about eating without insulin and increasingly stressed.
- Patients concerned about the district nursing team, not turning up and changed the days they come without notifying the patient

Because of lack of communication/ admin errors, patients could be put at risk (for example, receiving the same medication twice from different nurses). There does not seem to be a culture of apologizing for mistakes or trying to make amends.

- Complainant not happy that a district nurse gave the patient the same medication as the previous nurse without speaking to anyone and this was not put on her medication chart. Why when the nurse was challenged she refused to give her name, not even apologise and said the patient would be fine.
- Patient waiting for protective leg cast - has been measured twice - patient unable to shower properly. District nurses have said they have lost patient's notes and appear unwilling to help him.