

Royal London Hospital Community Insights Report

2017-2018





Healthwatch Tower Hamlets is an independent organisation led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Tower Hamlets gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are made on how services will be delivered, and how they can be improved.

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Executive Summary

Between October 2017 and March 2018, we collected and analysed comments from 754 Tower Hamlets patients, identifying a total of 2599 issues. Sentiment about the hospital was **53% positive**; an improvement from **61% negative** on the previous report in 2017.

Communication between staff and patients and between professionals themselves was a major cross-cutting theme of this report. Patients wanted to be better informed, to understand what to expect, and to know more about how the hospital works so they could better manage their care and recovery. **Patients who received detailed explanations and information felt more supported, trusted their doctors more and felt safer and better cared for.**

We would suggest two key areas for Barts Health to focus on at the Royal London Hospital site in order to improve patient experience. They are:

1. **Improving administration** including correspondence with patients, loss or delays of referrals or appointment letters, management of appointment systems, loss or misfiling of patient records or test results. This needs to be underpinned by greater transparency including greater access by patients to their referral, appointment and medical results.
2. **Advice and information offered to patients** including diagnosis and treatment explanations from medical professionals, as well as information about how hospital wards operate, appointment booking and waiting lists, estimated waiting times and reasons for any delays/ cancellations/ changes in service provision. This could be facilitated by greater use of and signposting to online information and trusted NHS sites for patient's pre, during and post their hospital stay.

Key Findings

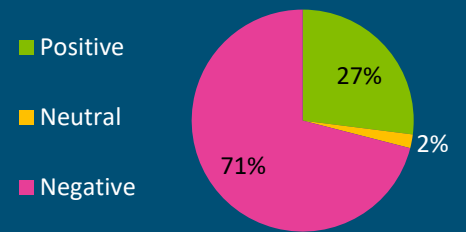
- Most patients found the doctors at the Royal London to be professional and trustworthy; they praised their kind and dedicated manner.
- Levels of hygiene on hospital wards received positive feedback from patients.
- Opinion of clinical nursing has improved compared with our previous report. Nurses were praised for their kind, compassionate attitude.
- Opinion of the hospital's maternity services has consistently improved since we started monitoring in 2016.
- Patients have also noticed improvements to the quality of hospital food and meal service.
- A small number of patients felt that their pain was dismissed or that they did not receive appropriate pain management.
- Some patients report long waiting times between initial referrals and receiving treatment, beyond NHS guidelines and to the extent that they feel their health and well-being are in danger. Some patients end-up seeking costly private treatment as they feel it is not safe for them to wait until they can be seen.
- The surgical clinic is particularly affected by cancellations, as users waiting to have elective or scheduled procedures are pushed back to free up the clinic for those in need of emergency surgery. In some cases, a surgical procedure can be cancelled multiple times, increasing the risk of the patient's condition deteriorating.
- Satisfaction with hospital transport services has improved somewhat, but delays for patients leaving hospital and lack of training for drivers about disabilities and special needs remain an issue.
- Admin errors continue to cause delays in care and to have a negative impact on patient outcomes.
- Patients continue to be dissatisfied with the discharge process and the lack of follow-on once discharged.

Patients praise	Patients criticise	Patients wish for
<ul style="list-style-type: none"> Staff members who offer detailed explanations and high-quality signposting. 	<ul style="list-style-type: none"> Admin errors resulting in non-receipt of their appointment letters, or of notifications for appointments being moved or cancelled. Errors in appointment letters. Staff members with poor communication skills, on the phone or at desks. 	<ul style="list-style-type: none"> Better signposting and information, particularly for walking directions around the hospital.
Medical staff and procedures (doctors, nurses, technicians)		
<ul style="list-style-type: none"> Doctors and nurses who are proactive in providing patients with information about their diagnosis, test results, prognosis and treatment. Doctors who are prompt in communicating with GPs/ other health professionals. 	<ul style="list-style-type: none"> Technicians (sonographers, phlebotomists, etc.) who fail to communicate with patients about what various procedures entail and what to expect. Doctors who do not show patients their test results or explain what they mean. Doctors who don't communicate promptly with GPs. The lack of information on inpatient wards about whom to ask for help and how wards operate. 	<ul style="list-style-type: none"> Better information about what to expect from their hospital stay (including through leaflets/ signs/ written materials). Better information about their diagnosis and treatment, to empower them to be involved in their own care. Easy access to their medical records.
Discharge, transport, follow-on and community services		
<ul style="list-style-type: none"> The information available at discharge for new parents. The available support with mobility aids for some patients leaving hospital. 	<ul style="list-style-type: none"> The severe delays in hospital transport back home and the lack of information about waiting times. The lack of information about follow-on and community services for some patients. 	<ul style="list-style-type: none"> Better information about expected transport times. Better signposting and referral to community services

Transport

- Ambulance services receive generally positive feedback from patients. Most patients report that ambulance services arrive reasonably promptly; but a minority report waiting an hour or more for an ambulance.
- Punctuality in patient transport picking up patients at home has improved somewhat and the number of reported no-shows has decreased, but both no-shows and delays remain an issue.
- It is common for hospital outpatients to wait for around one hour to be picked up by hospital transport for return home (as reported by patients and observed during one Enter and View visit).
- Renal patients using regular dialysis are particularly affected by poor timing in hospital transport; not just because they are frequent users, but also because delays in transport can cause further delays in receiving treatment.
- Drivers have completed a D1 driving course including safety and smooth driving. They still need more awareness around disabilities, mobility issues and frailty.
- The transport service is not entirely user-friendly for patients with mobility issues, age-related frailty or other kinds of special needs. There are reports of service users with disability or impairments not receiving the support they need to attend their appointments; causing them to miss out on treatment; and of vehicles improperly equipped for patients with special needs.

Local People's Voice



- Talked with 3 patients in Renal Department. All said their transport had been satisfactory recently - needed to be ready for collection 2 hours before appointment and normally collected on time. Typically waited up to 1 hour for return trip.
- Happy with the service received. Now just waiting for transport. No confirmation for been given on how long it will take.
- *Without the hospital transport, I would be able to travel on public transport, but only if accompanied by my husband, which would be problematic. One time hospital mucked up transport. Had to wait for 5 hours! But there is no point in complaining.*
- *Hospital transport can be a bit rough. Mum's 90 and they put her on a trolley and then drive to fast and the ride home isn't very comfortable.*
- *They said they would come and pick her up but they didn't show. I had to wheel her up in a wheel chair*

Transport Recommendations

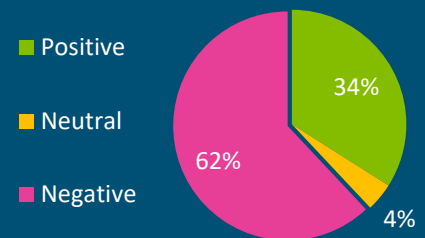
1. Offer extensive training to transport staff on assisting people with special needs; particularly around patients with mobility issues, and those who are elderly and frail.
2. Improve admin systems to reduce delays in transport and to ensure transport for disabled patients arrives with the correct equipment.
3. Review the newly introduced transport system for renal patients receiving dialysis; evaluate whether it offers an improvement in patient satisfaction.
4. As much as feasible, reduce waiting times for discharged inpatients and outpatients returning home after their appointments.
5. In relation to upcoming changes to service provision, conduct public consultation over a 6 week period, including workshops and focus groups.
6. Explore options with community transport schemes, Transport for London, Dial-a-ride and local authority taxi schemes, to relieve pressure on the hospital transport service.
7. Explore the possibility of a London Transport link bus for staff and patients around the hospital.

What we have learned

Reception

- Both Enter and View visits and feedback from patients indicate good levels of hygiene on hospital wards and waiting rooms.
- Admin issues have a strong negative impact on patient experience. Multiple patients have reported experiencing:
 - Turning up for an appointment only to find out it has been cancelled or rescheduled, with no notification.
 - Errors in appointment letters.
 - Failure to receive appointment letters (in some cases resulting in patients being discharged from the service for not attending appointments they were not aware of).
 - Lost or delayed referrals.
 - Inaccurate patient records.
- Some patients reportedly miss out on important specialist appointments or testing because of admin errors or lost referrals; this could pose a risk to patient health.
- Patients rely on reception and admin staff for information about how the service works and what to expect. Multiple patients expressed a desire for better signposting and information, particularly for walking directions around the hospital.
- Staff members who offer detailed explanations and high-quality signposting are commended and appreciated. Staff can assume that patients know how wards or clinics work.
- On the other hand, poor communication with patients and other health professionals creates further complications, making admin issues worse and contributing to patients forming the opinion that the hospital is disorganized and untrustworthy.
- The 12D (Trauma) Ward has developed very useful information resources (leaflets and notice board).
- Multiple patients report being unable to contact the hospital via telephone; or of staff being unhelpful on the telephone.

Local People's Voice



- Good experience, went to the reception and was advised where to sit.*
- Good, waiting time wasn't long people are friendly. Clean toilet.*
- If I had access to my medical notes/records I would read them. If I didn't understand them I would look it up, do some research, talk to people. I think that would make me feel more in control.*
- I have been trying to get in touch with the Antenatal department for over a week and the numbers I have ring but no one ever answers. It is extremely frustrating, no holding message, no call back.*
- Patient attended his appointment only to discover that it has been cancelled without notification. No follow up appointment was offered.*
- At main reception were given a poor set of directions that involved us doing several laps of the hospital. Went back to main reception and we were given additional information including the clinic number this time. Except, it was the wrong clinic number.*

Reception recommendations

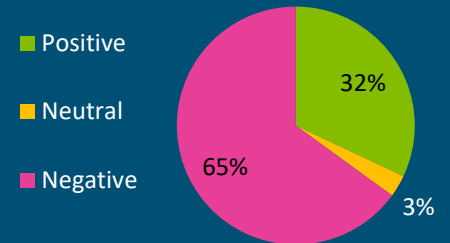
1. Whenever cancellations or delays occur, ensure that patients are informed in a timely manner. Include in all communications an explanation for why cancellations or delays have occurred.
2. Conduct an investigation to identify the cause of numerous phone calls not being answered; verify that up-to-date phone numbers are consistently provided in all communications and online resources.
3. Monitor and report on the results of the trust-wide campaign to raise awareness of the importance of accurately recording patient outcomes (training to be delivered to 8,000 staff members in the next year).
4. Use email and SMS reminders to inform patients of their appointment dates, rather than relying exclusively on posted mail.
5. Train reception staff in signposting and providing information (including ensuring they can respond to frequently asked questions confidently).
6. Monitor the use of the information leaflets and notice board by the Trauma Unit with a view of expanding the model to other wards should they prove to be well-used and popular with patients. Involve staff from the Trauma Unit in supporting and training staff from other wards in designing and disseminating similar materials.
7. Wherever possible provide patients with information prior to their hospital visit on how to prepare, what to expect and going home from hospital.
8. Look at providing ward information and signposting to trusted online information on tablets on the wards so that patients feel confident about expectations of them on the ward and can prepare themselves for going home.
9. Expand patient access to medical records including referral and appointment letters so that patients can check appointment details and test results

What we have learned

Diagnosis and testing

- Communication- both with the patient and between medical professionals- is seen as crucial by service users.
- Doctors and nurses who are praised by patients are prompt in communicating with GPs/ other health professionals. They are also proactive in providing patients with information about their diagnosis and test results, including written records.
- There are some reports of test results and other relevant information not being communicated to patients or to relevant health professionals. An over-stretched, busy service makes admin errors more likely to occur.
- Some patients feel that their diagnosed condition or test results have not been explained properly, and a small number claim that they have been misdiagnosed.
- Lack of explanations about their diagnosis can cause patients avoidable stress and confusion. Patients who receive explanations about what to expect, on the other hand, feel safe, at ease and cared for.
- Some patients feel that their concerns are being dismissed by their doctors or that they have not been offered relevant tests; in some cases, this may be related to not receiving detailed and easy to understand explanations about their condition and their test results.
- Patients report long waiting times in the X-ray department.

Local People's Voice



- *I was immediately sent up to the EGU and taken by a nurse. She did my scan and informed me, ever so politely, professionally and respectfully of my emergency situation. . . . She was so calm, informative, and worked quickly to get my test results, seen by the appropriate people and comfortably in an all-female ward for the night.*
- *My first appointment was excellent; they had failed to notify me of a much needed CT Scan for my fracture so I was seen on the day after a 1.5 hour wait. Follow-up appointment, the doctor I saw ordered a X-ray for the wrong shoulder.*
- *Patient had an endoscopy in March and till to day the result has not been located. Patient's mother has tried to communicate with the team to get some answers but has heard nothing*

Diagnosis and testing recommendations

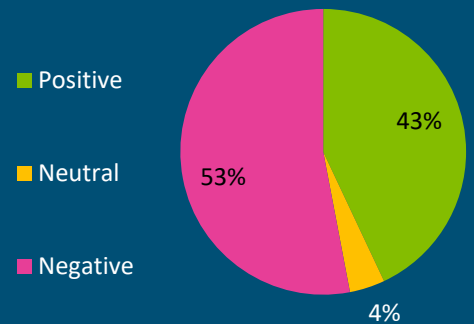
1. For patients who have received appointments for testing procedures (ex. X-rays, scans, blood tests) include in the appointment letter a leaflet, printout or online link offering explanations about:
 - what the procedure entails
 - when the patient can expect to receive results
 - what normal or abnormal results mean and what happens next.
1. Ensure patients and GPs receive their test results in a timely manner. Explore the possibility of granting patients access to their test results through an online portal, rather than relying exclusively on sending them by post.
2. When a patient expects to be offered a certain type of screening or test, but medical professionals deem it to be unnecessary, offer detailed explanations and reassurance to the patient.
3. Examine the appointment/ scheduling system for the Radiography department, with a view to make it more efficient and reduce waiting times. Where delays are unavoidable, explain the situation to patients waiting and give them realistic estimates of waiting times.
4. Explain that there may be waits in appointment letters.
5. Copy patients into correspondence between the hospital and the GP or better still give them access to their medical records so that they can check test results themselves.

What we have learned

Clinical treatment

- Most patients found the doctors at the Royal London hospital to be professional and trustworthy; they praised their kind and dedicated manner.
- While most people gave positive feedback on the quality of medical treatment, a minority of patients were dissatisfied with the level of care received or felt that their concerns were not taken seriously by medical professionals.
- Some patients also felt that their pain was being dismissed or that they did not receive appropriate pain management.
- Patients who received detailed explanations and information feel more supported, trust their doctors more and feel safer/ better cared for.
- When patients are deemed by doctors not to need any particular course of treatment, explanations about their symptoms are crucial for putting patients at ease; consultants who provide such explanations with patience and kindness are highly praised by patients.
- Some patients have mentioned that they would like medical professionals to be more proactive in giving them information about their diagnosis, including access to their own medical records and more transparency about the referral process.
- Neglecting to communicate important information to patients may result in delays in receiving crucial care and/or in poorer health outcomes.
- Medical professionals who give conflicting information or disagree with each other in front of patients can cause them undue stress and make them feel less confident in the quality of care.
- Lack of communication between medical professionals also results in poor continuity of care and less empowerment for patients to make decisions about their own care.

Local People's Voice



- I cannot praise the ODA enough in theatre, they put my mind at ease and were friendly and chatty. The anaesthetist was equally charming and inspired confidence so that I absolutely no qualms whatsoever about them putting me to sleep. My surgeon and team had explained everything about my case and carried out my operation brilliantly.*
- So happy from RLH until now. Smooth appointment system, nice and caring staff, normal waiting times, wonderful midwives.
- Patient sent an e-mail complaining about his surgery cancellation. He informed that his consultant had advised that his case would be dealt with as a matter of urgency by a member of his team. Yet his surgery appointment has been cancelled thrice. He has no idea when or if his urgent procedure will take place.

What we have learned

Clinical treatment (continued)

- Some patients report long periods of time between initial referrals and receiving treatment, beyond NHS guidelines and to the extent that they feel their health and well-being are in danger. Some patients end-up seeking costly private treatment as they feel it is not safe for them to wait until they can be seen. This is often the result of appointments being booked, then repeatedly cancelled and rescheduled by the hospital.
- The surgical clinic is particularly affected by cancellations, as users waiting to have elective or scheduled procedures are pushed back to free up the clinic for those in need of emergency surgery. In some cases, a surgical procedure can be cancelled multiple times in a row, increasing the risk of the patient's condition deteriorating.
- After initial treatment in AandE or a GP referral, booking subsequent appointments can be challenging.
- Once in hospital, multiple outpatients report being faced with long waiting times and unexpected delays.
- Inpatients admitted to wards can also wait a long time before seeing a doctor after admission.
- There are, however, also patients who declare themselves satisfied with the booking process and found waiting times reasonable.

Local People's Voice

- I have no issues with the staff and facilities of RLH, which are great, but the clinic makes a mockery of 18-week maximum waiting times. On my second hospital appointment, I had a CT scan of my nose - that was on the 21st of July 2015. After that, the hospital kept sending letters delaying my appointment just to show the results. I finally managed to have a full 2+ years on. And since my referral, it's been nearly 3 years at this point. On that day I was told that finally my surgery would be booked within 6 weeks' maximum. It's been over 3 months, and no date has been set.
- Her consultant had advised her that surgery was the only way to remove the cyst in her right wrist and that it would be 90% successful. When she turned up for the surgery, she was presented with three other options which were unknown to her. She is upset that her time and that of her mother (cost of travelling) has been wasted.
- I would've liked to have talked about why I was moved to different areas of the hospital. You need to adapt to new consultants e.g. guy in AandE was great and I thought I can get along with this guy. Now I'll probably never see him again. You don't get enough info about what's going on about your care at the start.

Clinical treatment recommendations

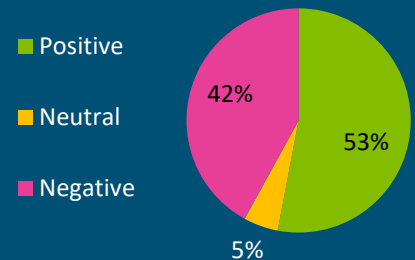
1. Always give patients detailed explanations about their diagnosis, managing their symptoms, and their prognosis. Train and support medical staff to work in partnership with patients and communicate in a way that fosters trust. This may include:
 - Discussing and explaining the reasons for a diagnosis or course of treatment, including acknowledging that the diagnosis process is not always straightforward.
 - Reassuring patients that their symptoms are taken seriously and encouraging them to return if they have any concerns (particularly if discharged without a prescribed course of treatment).
 - Explaining to patients the reason for offering one method of pain relief and not another, in accordance with NICE guidelines.
2. Provide leaflets and/or web links from reputable sources (such as the NHS or national medical charities) to give patients more information about their condition.
3. Conduct further research into comments received (primarily through PALS and complaints) from patients claiming to have received improper pain relief.
4. Ensure that patients experiencing pain or discomfort receive pain relief in accordance with NICE guidelines.
5. When multiple professionals oversee the care of one patient, ensure the information they give is consistent.
6. Make patients aware (through leaflets, posters, web links etc.) of the procedures they need to follow for viewing their patient records. Ensure that it is not difficult for patients (including those with disabilities, impairments or with no internet literacy) to view their medical records and test results.
7. Work with primary health care providers and other Tower Hamlets Together partners on developing a Single Point of Access online account combining all of a patient's NHS records and accessible to the patient/ third parties authorised by the patient via an online account. Investigate other models of making patient records easily accessible online that have been used nationally or internationally.
8. Review and improve staff communication and admin systems, in order to:
 - Reduce the numbers of delays and cancellation caused by planning and admin errors.
 - Ensure all members of the team treating a patient have relevant, complete and up to date information about their condition and treatment.
9. Consider separating elective care from emergency pressures in the surgical

What we have learned

Clinical nursing

- Opinion of the advice and information offered by nurses has improved compared with our previous report. Staff members who receive positive feedback from patients communicate well; they give detailed information, involve patients in their own care and instil confidence. Lack of communication means that patients will be less empowered to make decisions about their own care.
- Nurses are praised for their kind, compassionate attitude. Patients also appreciate staff members who are friendly and approachable, and many patients praised nurses for going above and beyond their duty of care.
- Night nurses receive positive feedback, which is an improvement compared with our previous report.
- A minority of patients report a lack of support from nursing staff. Most of these complaints come from bed-ridden inpatients, who depend on nurses for performing simple tasks.
- Families and carers of patients, especially of those admitted with serious illnesses, who temporarily or permanently depend on them, also report not receiving sufficient information about the care of their loved-ones.
- People made mostly positive comments about the quality of food. A few, however, remain dissatisfied with it.
- The food menus have been revised in 2017, and there are currently multiple menus for people with medical or cultural dietary restrictions available on request. There are however reports of service staff refusing to show patients the available menus, instead only reading out a few main course options from their tablets. As a result, some patients are not aware of the fact that they can request a different menu for special dietary needs.

LOCAL PEOPLE'S VOICE



- The night nurse was so quiet and gentle when she administered [my child's] his antibiotics.
- The [private delivery] room was great and well worth paying for and the midwives (especially a particularly great student midwife) were helpful and friendly.
- Food was quite good and nutritious and plenty of choices. It staggered me to think that around 1600 patients were fed three times a day, plus tea and coffee. It must be a very well-oiled catering machine.
- I came to hospital with a fractured knee. I feel I've been treated so well, but there's a lack of effective communications. The hospital should] train nurses and staff for effective communication, because they are lacking in that respect.

What we have learned

Clinical nursing (continued)

- There is limited mealtime flexibility for patients admitted after food has been served. Some patients have been able to obtain food outside of regular mealtime and some haven't. In-between meals, snacks and drinks are generally not available.
- In the older people's wards, there were still issues with denture wearers who had difficulty eating and with staff removing unmeasured food from red trays.
- Most people commented positively on the layout of the wards and the cleanliness.
- Parents who paid for post-natal private rooms were generally happy with them.
- A few people complained about the wards being noisy.
- The hospital has reportedly experienced a shortage of beds on several occasions.
 - This can put pressure on the hospital to discharge patients before they are ready to go home.
 - Because of the lack of beds, patients can spend a long time on trolleys in hallways or chairs in waiting rooms, in an uncomfortable environment.
 - Overcrowding of wards can result in patients being moved from one ward to another, as well as in general lack of support.
- For patients with complex needs (such as those with severe learning disabilities) who need full time care, accommodations for carers who need to be there overnight or full-time can be poor.
- Multiple patients have pointed out that higher staffing levels are needed.

Local People's Voice

- *Food was amazing- I had over 6 options, I wondered if I was in a private room. It was very comfortable, like a hotel.*
- *I've only had breakfast since being here and that was nice. When I got on to the ward I hadn't eaten in quite a while and a meal time wasn't due, so someone went off and got me sandwiches .*
- Delivered her baby girl 2 weeks ago, very happy with the experience overall but felt that nurses were overworked and there was a staffing issue.
- At London's largest hospital, the Royal London in Whitechapel, staff could not find a bed for a patient after a ten-hour operation on Wednesday.
- *There was a long wait in AandE on the Tuesday - two or three hours. Then put in a cubicle and then on a horrible trolley for about 14 hours. - really uncomfortable.*
- Mr X has been admitted to the hospital 6 days and actually not recovered yet but has been forced to be discharged because the hospital needed the bed.

Clinical nursing recommendations

1. Give patients clear, straightforward information about what to expect from their hospital visit/ stay and whom they can ask for support. Review the way in which this is tackled in the day surgery unit (for outpatients) and the trauma ward (for inpatients), with a view to extend similar models to other wards.
2. As patient opinion of nurses' communication skills has improved, identify, celebrate and disseminate examples of good practice.
3. Recruit hospital volunteers, through university placements and other channels, to assist nurses in offering support to the most vulnerable inpatients. Volunteers would be able to assist with:
 - Ensuring that all patients receive a printed menu.
 - Ensuring that all patients are aware of the availability of menus for people with cultural or medical dietary restrictions (ex. Halal, vegetarian, gluten free, finger food etc.) and offering such menus upon request.
 - Assisting people with visual or motor impairments in reading menus.
 - Offering patients drinks outside of designated mealtimes.
 - Assisting patients with other simple tasks that they cannot perform themselves, as needed.
 - Answering patients' queries about how the ward operates and whom to ask for assistance in various scenarios.
4. Provide some simple hot food options for patients who miss regular mealtimes. These could include warm toasties or jacket potatoes.
5. Monitor and train contracted catering staff to ensure they offer patients adequate support.
6. Improve communications with carers and family members about the state and prognosis of their loved-ones.
7. As much as possible, provide support for carers of high-need patients (children, people with severe physical or learning disabilities etc.) who need to stay in hospital overnight with their family members. Consider, if feasible, allowing them the option to receive meals for a reasonable fee.
8. Monitor and review the outcomes of the CapitalNurse programme in recruiting and retaining more nursing staff.

What we have learned

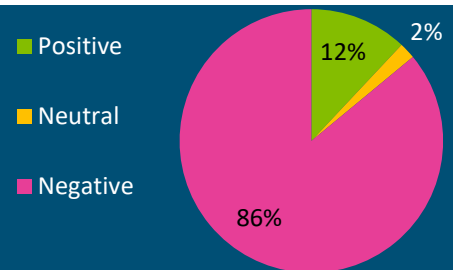
Discharge

- The discharge lounge is clean, bright, and relatively pleasant to wait in (although handwash was missing from dispensers).
- Reception staff are warm, courteous and sensitive to patients' needs.
- Leaflets with relevant information and patient guides, as well as magazines are available for patients to peruse while waiting. However, some of the leaflets on display were out of date.
- Some patients report waiting a long time for their discharge papers, medication or hospital transport. Errors in medical records can cause further delays.
- A few patients report being discharged without any care package or information on how to manage their condition.
- Some patients also felt they have been discharged before they were able to safely go home, resulting in poorer health outcomes and/or readmission.

Recommendations

1. Communicate with patients about what the discharge process entails and what to expect.
2. Review, simplify and streamline admin procedures for preparing discharge papers, in order to avoid errors and unnecessary delays.
3. Include more information on follow-on and community care among the available brochures.
4. Conduct an audit of the number of patients re-admitted to hospital after discharge.
5. Investigate the cause of delays in return-bound patient transport.

Local People's Voice



- We've been in hospital for two days- we're ready to leave and we feel good about it. Everything is good at home, we're managing OK, we don't need any further support. We have all the info we need [about managing after discharge]- no leaflets, we just talked, but I've always been happy with the info we are receiving.
- It's OK, it's like anywhere else. Discharge times are confusing but that's OK, I'm not in a rush.
- Patient attended AandE and claims that although treated he was discharged without arrangements made for travel, still requiring treatment and no follow up plans

What we have learned

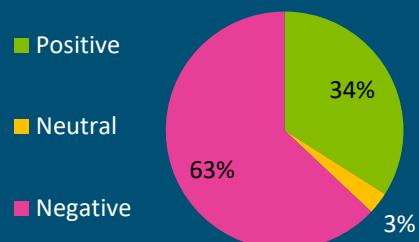
Follow-on

- Some patients report a good level of follow-on support and effective communication from hospital staff.
- More people, however, experience a lack of support and difficulty booking follow-up appointments.
- Receiving support after discharge can take a long time.
- Some people knew very little about care packages and options for continuing treatment after discharge.

Recommendations

1. Work with Tower Hamlets Together partners on developing an integrated care partnership model that would streamline the process of obtaining follow-on care and transitioning to community care more seamlessly.
2. As recommended by NICE guidelines, discharge coordinators should arrange follow-up care. They should identify practitioners (from primary health, community health, social care, housing and the voluntary sector) and family members who will provide support when the person is discharged and record their details in the discharge plan.
3. Make this process transparent and raise awareness among patients of their rights to care and of the availability of support services through the NHS, local authorities or charities. This could include leaflets, brochures and signposting to online resources.
4. Conduct a review of waiting lists for post-discharge follow-on appointments.

Local People's Voice



- Last year when I've been to hospital- 6 months ago I was severely injured in an accident; they have been amazing. Very good follow-up from trauma, orthopaedics, ophthalmology- I wouldn't be alive without the doctors here.
- I had what was meant to be a minor surgery few weeks ago in the dermatology department. They told me it should be all healed in few weeks. It is now 5 weeks plus and my wound is still oozing blood. They have not given me a follow up appointment.
- I had deep vein thrombosis in my right leg, I was swollen like an elephant. I went into the Royal London - got no aftercare, no nothing. Now, I live alone, I'm elderly, you see, there are a lot of stairs in my house, it's all stairs. Not a damn thing [was done to support me]. Nothing from the Royal London. They are a shambles and a disgrace.

What we have learned

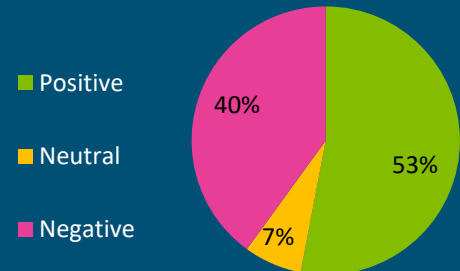
Community services

- People with temporary impairments who received mobility aids from the hospital generally found them useful. Not everyone was, however, able to access such services.
- New and expectant parents also gave positive feedback about antenatal and postnatal community services.

Recommendations

1. Identify, celebrate and disseminate examples of good practice and positive feedback.
2. As much as feasible, extend the remit of services such as district nurses, so that elderly or severely disabled patients can receive more medical care for their chronic conditions in their own home (for example, administering IVs), reducing the need for frequent hospital admissions or care home admission.
3. Upon discharge or before, ensure that discharge coordinators promptly signpost patients to any relevant community services or sources of support available to them (ex: reablement services, mobility aids, home adaptations).
4. Work with Tower Hamlets Together partners on better integrating hospital and community care services.

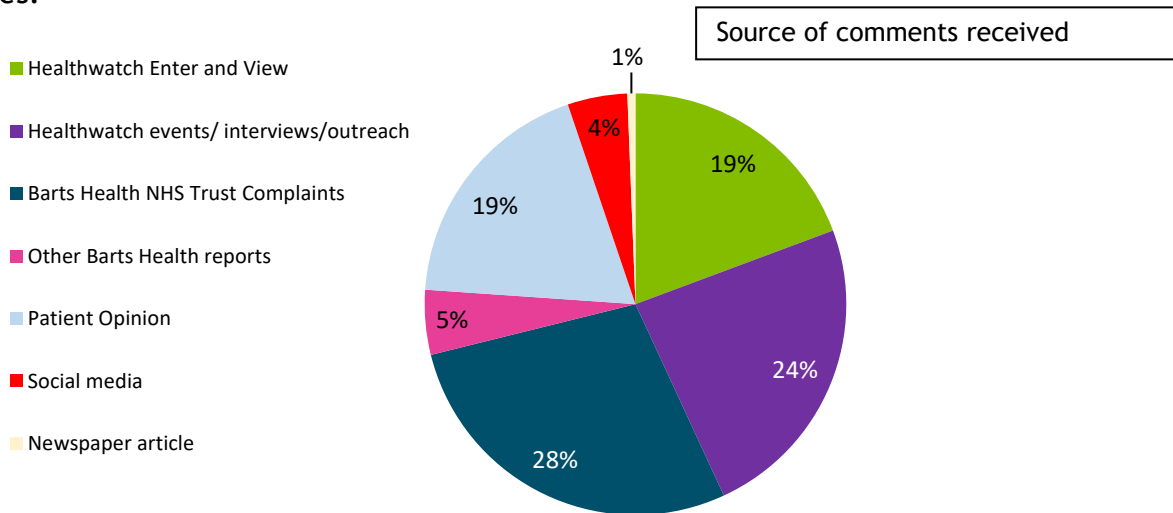
Local People's Voice



- I got a walking stick and crutches from the Royal London Hospital, but then I had to buy a scooter. I was satisfied with what they did... They made sure I was able to walk before they let me go. I've got no complaints about the NHS.
- Breastfeeding team: they visited us at home twice and we also used the daily walk in clinics in the borough - all very helpful. The daily breastfeeding clinic also identified our son had tongue tie which meant it could be dealt with quickly. Tongue tie clinic: he had pretty severe tongue tie which took 2 appointments to fix - both times we were given great care by the 2 ladies there who were friendly and did a great job.
- I live alone, I'm elderly, you see, there are a lot of stairs in my house, it's all stairs. Not a damn thing [was done to support me].

Data collection

Between **October 2017 and March 2018**, we collected and analysed comments from a total of **754** hospital service users in Tower Hamlets, identifying a total of **2599** issues.



We collected comments in a variety of ways:

- We conducted eight Enter and View visits to six inpatient wards in the Royal London Hospital, as well as the inpatients discharge lounge and the outpatients transport deck.
- We engaged directly with service users through face-to-face discussions, in-depth interviews, focus groups and interactive research instruments at the Royal London Hospital, at community venues and at our own community events and workshops.
- We analysed data from the Barts Trust PALS and Complaints service and from other reports (Including I Want Great Care and Listening into Action)
- We analysed data submitted by patients online through Patient Opinion and social media channels (Facebook and Twitter).

Data coding

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

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

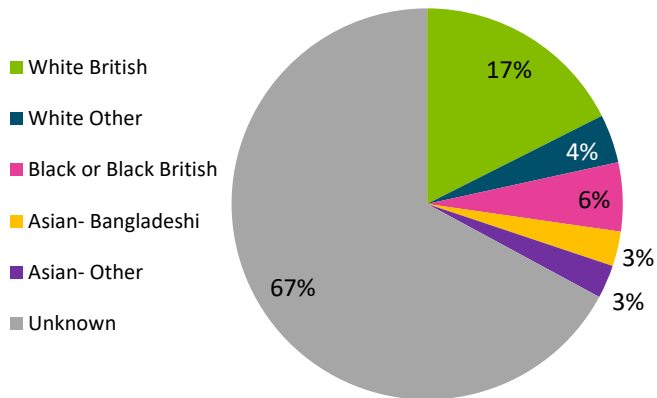
Care Pathway locations cover:

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

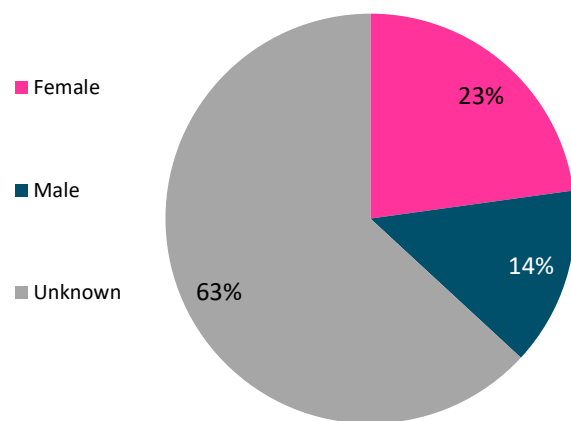
Service Users Demographics

As many comments we 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. People over 50 are slightly over-represented in our sample, reflecting our recent focus on adult social care, an issue that primarily impacts the elderly.

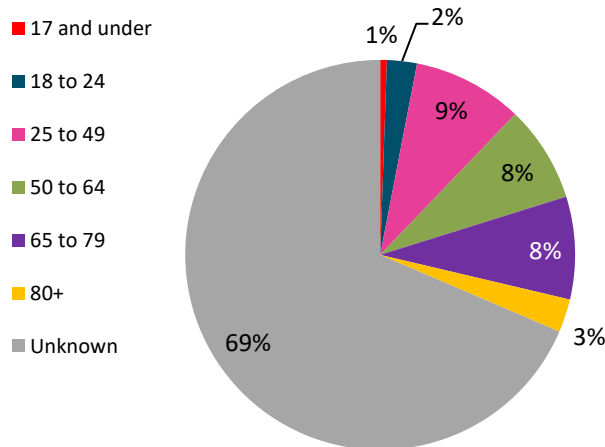
Ethnicity



Gender



Age

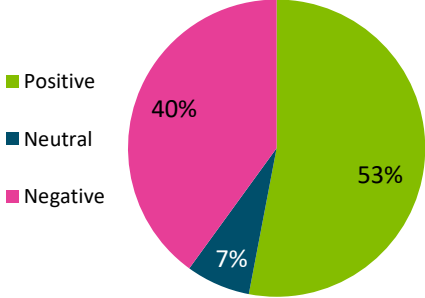
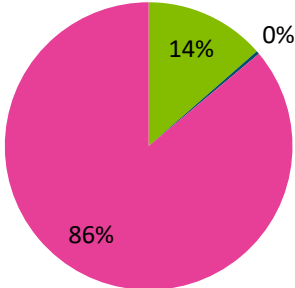
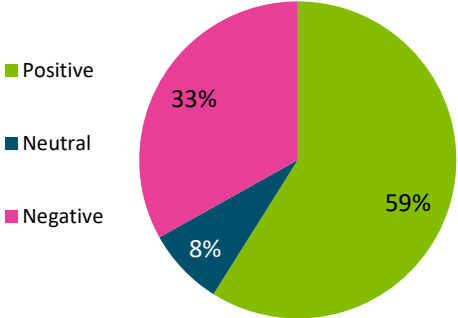
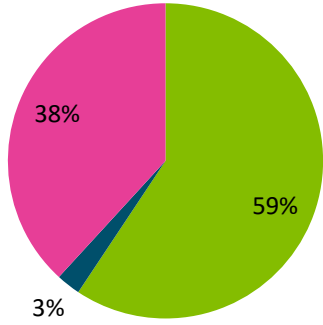


Our insights

Top Overall Trends

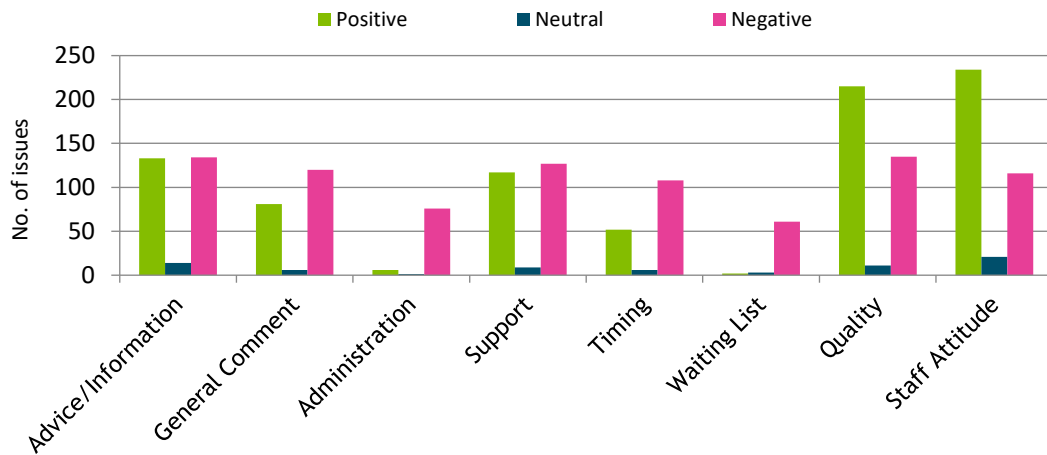
According to the comments, sentiment about the hospital is **53% positive**; an improvement from **61% negative** on the previous report.

It should be noted that 28% of our data has been sourced from Barts Health NHS Trust Complaints, which imparts a bias towards users who gave negative feedback.

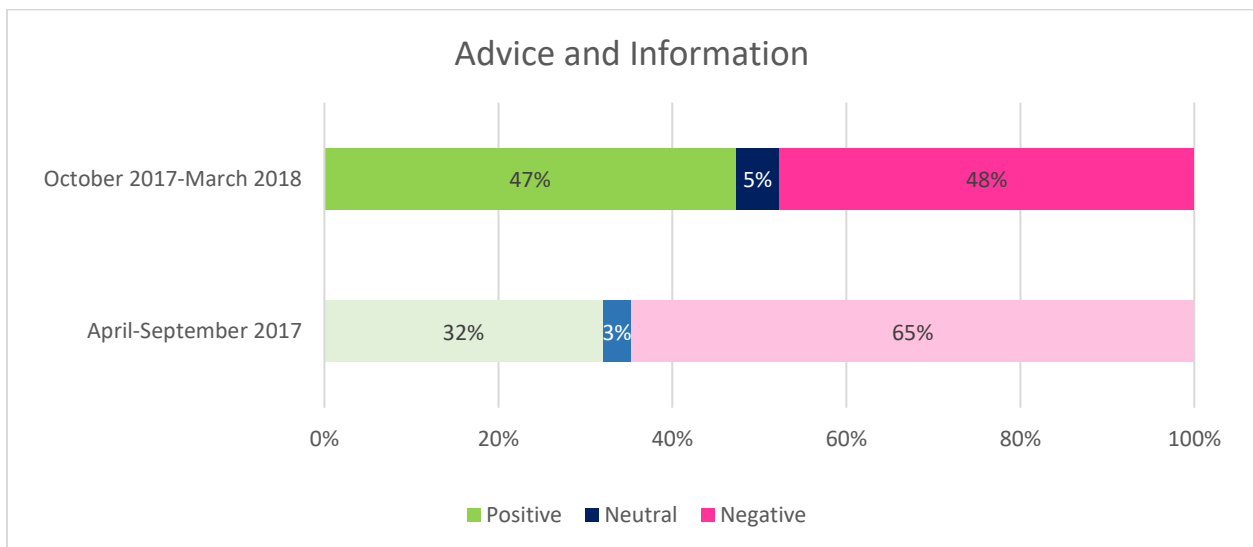
Overall sentiment	Data from Barts reports (incl. PALS and Complaints)
 <p> ■ Positive ■ Neutral ■ Negative </p>	 <p> ■ Positive ■ Neutral ■ Negative </p>
Data from Healthwatch (Enter and View, outreach, interviews, events)	Data from Patient Opinion and social media
 <p> ■ Positive ■ Neutral ■ Negative </p>	 <p> ■ Positive ■ Neutral ■ Negative </p>

The most discussed issues were:

Quality, staff attitude, support, timing and advice/information. Service users are broadly satisfied with the quality of service provided by the hospital and with the attitude of staff members; opinion of staff attitude and support is also leaning positive. On the other hand, patients are dissatisfied with long waits (both to get an appointment and once in the hospital) and with admin issues that cause further delays and cancellations.



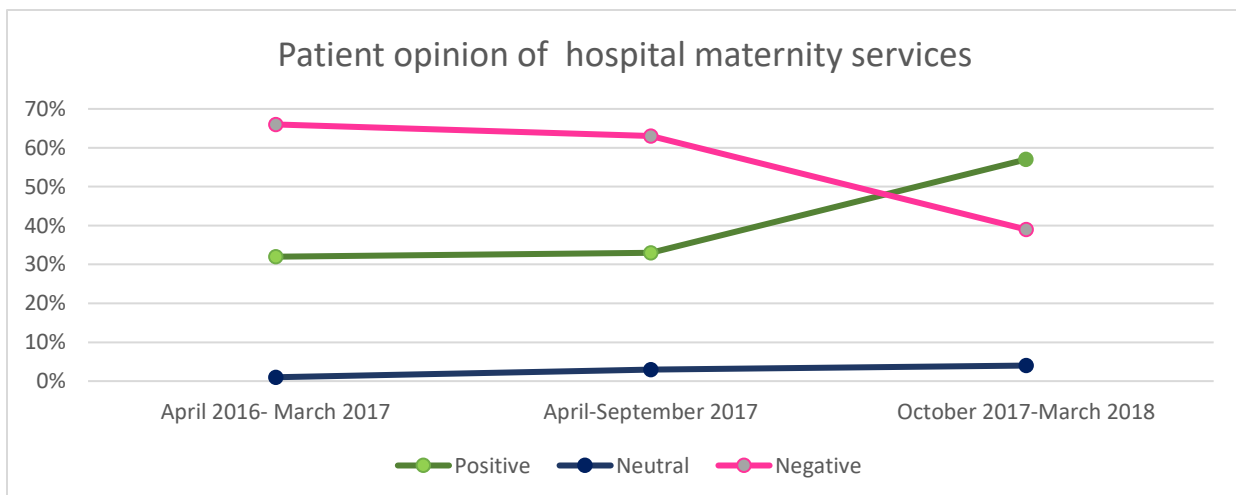
Compared with our previous report (April to September 2017), sentiment about **advice and information** has improved somewhat, as the Royal London Hospital is in the process of implementing some of the measures suggested by Healthwatch in relation to our previous reports.



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

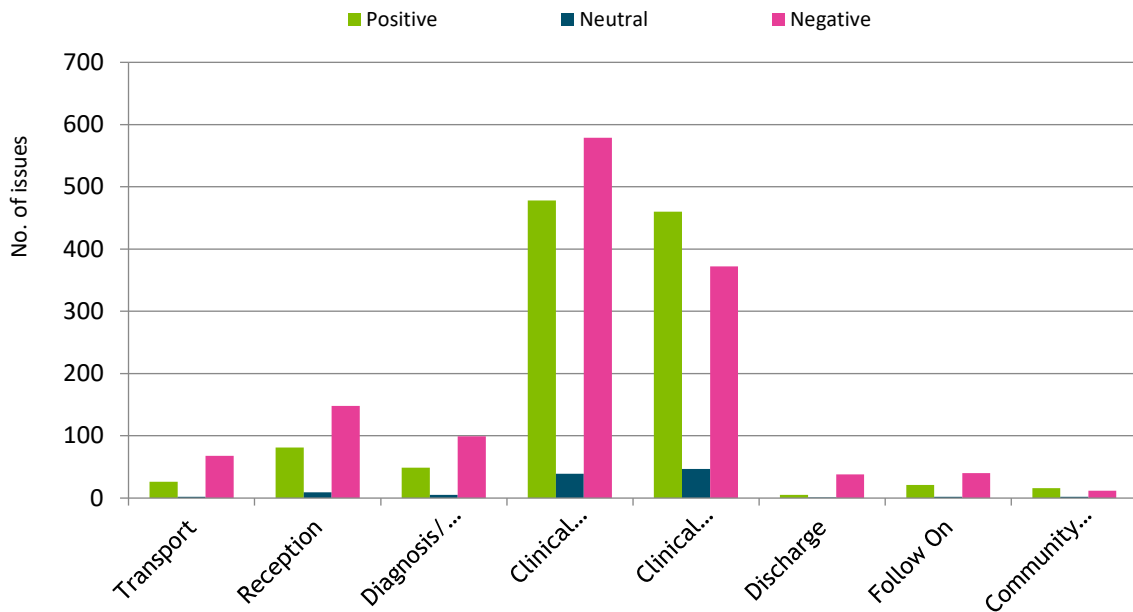
Ranking of departments and services, according to patients' sentiment
Overwhelmingly positive (25% or less negative comments): <i>Lotus Birthing Centre, antenatal classes, Cancer services, Phlebotomy, Physiotherapy, Ultrasound</i>
Broadly positive (26% to 40% negative comments): <i>Care of the Elderly, Paediatrics, Maternity (excluding Lotus Birthing Centre and community services)</i>
Leaning positive (41% to 50% negative comments): <i>Dermatology, Acute care</i>
Leaning negative (51% to 60% negative comments): <i>Accidents and Emergency, Radiography, Obstetrics and Gynaecology, Ophthalmology, Dentistry, Fracture clinic Gastroenterology, Urology</i>
Broadly negative (61% to 80% negative): <i>Audiology, Ear, Nose and Throat, Surgical Clinic, Renal Medicine, Orthopaedics</i>
Overwhelmingly negative (81%+ negative comments): <i>Neurology, Endoscopy, Cardiology, Sexual Health, patient transport.</i>

Maternity services at the hospital have been consistently improving since we started our monitoring of the service in April 2016.

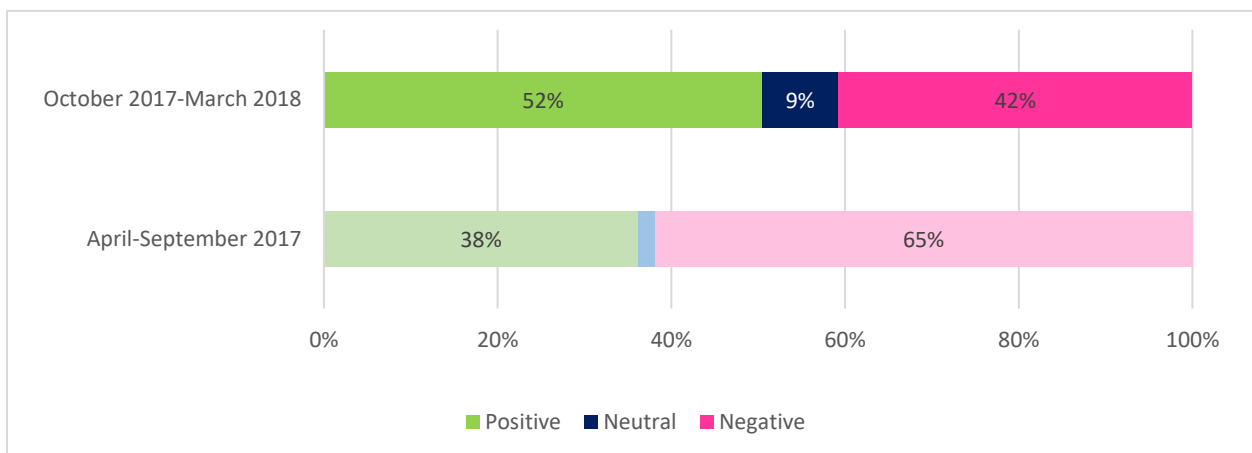


The Care Pathway- A Service User's Journey

Clinical Treatment and *Clinical Nursing* are the most discussed aspects; and attitude about both is *mixed*. While attitude about clinical nursing is leaning positive, attitude about clinical treatment is leaning negative, mostly because of dissatisfaction with long waiting lists and last minute cancellations (particularly in the surgical clinic).

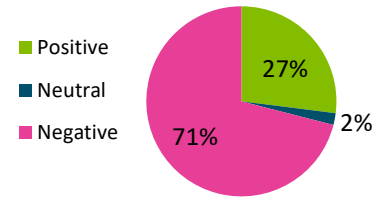


Compared with our previous trends analysis report (March to October 2017), there has been an improvement in sentiment about clinical nursing, possibly reflecting the implementation of suggestions made by Healthwatch in the past, around communication between nurses/midwives and patients.



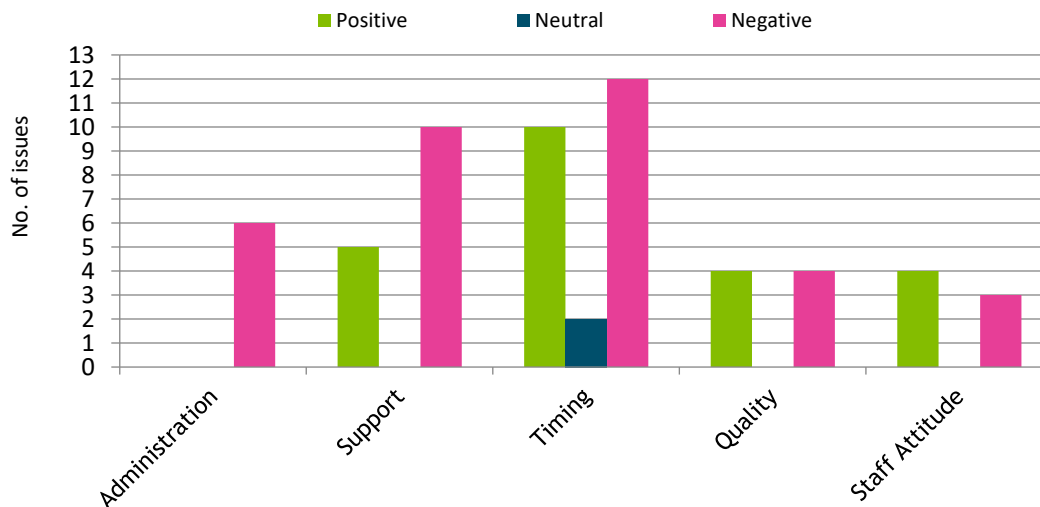
Transport

Overall sentiment about transport is **71% negative**, a slight improvement from our last report. Patient opinion of the attitude of drivers has improved, with ambulance staff receiving praise for their pleasant manner, but drivers still fail to offer patients the support they need.



Punctuality in picking up patients at home has improved somewhat, but delays remain an issue, particularly in taking patients back home from the hospital. Our Enter and View representatives in January 2018 remarked that **when patients finish their appointment and come back to the transport desk it seems to average about an hour to be picked up.**

There are fewer reported cases of transport not turning up than in our previous report, but they still do happen.



Delays and cancellations

Delays in transport and cancellation are a serious issue (possibly caused by admin errors). As some patients may be entirely dependent on the system, they do not feel empowered to complain or seek out alternatives.

- One-time hospital mucked up transport. Had to wait for 5 hours! But there is no point in complaining.
- One patient said that on one occasion taxi had not arrived 1h after expected. She telephoned and found she had been left off the list, but another taxi was sent. Two of three patients said they would not be able to use public transport inbound and all patients said they were too unwell after treatment to use public transport to go home.

- *Received a complaint letter from a patient via the CEO'S office. Patient stated that transport failed to pick/ delayed /cancelled booking and re-booking. Patient stated that the inconvenience has been detrimental to his health as such will be seeking advice from his solicitor.*

Renal patients regularly in receipt of kidney dialysis, who are often too unwell to travel unassisted, particularly on the way back, are particularly affected by the poor timing of transport services.

- *Dialysis is provided on "first come, first served" basis as equipment becomes available. Thus delay in transport can result in additional delay waiting for the equipment.*
- *Patient asked for her dialysis treatment time be changed from AM to PM on 22/01/18 as she wished to attend a funeral. The renal team confirmed this could be done and re-arranged her transportation. However, transport did not attempt to collect the patient as requested. Patient would like a written letter of apology.*

Accessibility and safety

The Royal London Hospital transport service is not entirely user-friendly for patients with mobility issues, age-related frailty or other kinds of special needs. There are reports of service users with disability or impairments not receiving the support they need to attend their appointments; causing them to miss out on treatment. There are also reports of vehicles being improperly equipped for patients with special needs.

- *Patient's son sent an e-mail with concerns regarding transport. He reported that transport dropped the patient at the dropped off and left her alone, without any assistance. This caused the patient to miss her long awaited appointment with the ultra sound department The lack of professionalism has now put the patient health at risk and would like this to be investigated.*
- *Patient wishes for us to address why the wrong vehicle ordered and investigate the harm claimed to have occurred to the patient's leg whilst travelling in the vehicle.*
- *Patient's daughter has raised concerns regarding her mother's experience of the patient transport services on 14 March 2018. She would like to know why the service was delayed and why the wheelchair requested was not provided. In addition, she alleges that the driver locked the patient in the ambulance for 20 minutes when searching for a wheelchair at the hospital.*
- *Hospital transport can be a bit rough. Mum's 90 and they put her on a trolley and then drive too fast and the ride home isn't very comfortable.*

Advice and information

For patients waiting to return home after their appointment or hospital stay, there is often little or no information available about when their transport would arrive or how long the journey would take. Lack of information can cause patients needless stress.

- *Happy with the service received. Now just waiting for transport. No confirmation has been given on how long it will take.*
- *Patient's daughter has raised concerns regarding her mother's transfer home on Tuesday 2nd January 2018. The complainant states that her mother was left waiting for 40 minutes in the vehicle whilst the driver dropped off another patient causing her to have an anxiety attack.*

Ambulance services

Patients are generally happy with ambulance services at the hospital, which they consider an essential, life-saving service staffed by competent individuals.

- *I came with a colleague in an ambulance, after they suffered a hypo. The ambulance staff were fantastic as were the hospital staff once admitted. Could not have asked for more after a stressful couple of hours. You are all angels.*
- *Came in by ambulance. The ambulance staff were very lovely. Couldn't praise them enough.*

Most patients found that ambulance services arrive promptly.

- *My mum was low on oxygen at home, felt unwell and called an ambulance straight away, it took 7-8 minutes, she was taken to resuscitation and she said she was well looked after.*
- *Came in through A&E by ambulance (10-minute wait). Service is good*
- *Unplanned admission following a fall at home. She had just made herself a sandwich and suddenly fell. She required an Ambulance and came to this ward via A&E. The process was quick, both in the Ambulance and A&E.*
- *I came in with an expected stroke. Ambulance took 25 minutes. The nurses and Drs are very good.*

A minority of patients, however, report long waiting times for an ambulance.

- *Had to wait for the ambulance [after a fall] 2 hours the first time and 3 hours the second time.*
- *My friend had a heart attack, fell to the ground for longer than expected, the ambulance didn't arrive until they were called a second time.*
- *I had a fall on the stairs and came in by ambulance. Had to wait an hour for the ambulance.*
-

Enter and View visit to the outpatient pick-up area of the hospital

On January 19, 2018, a team of three Healthwatch members carried out an Enter and View visit to the Transport pick-up area; where they spoke to patients and staff members directly, as well as observing patients being dropped off and picked up.

We commend the hospital for the following positive aspects noticed:

- Patients are broadly happy with the quality of the transport service.
- Drivers have completed a D1 driving course (distinct from D1 licence) which includes safety and smooth driving.
- Drivers are typically local and familiar with roads.

However, we have noted that in the following aspects there would be scope for improvement:

- Waiting times for patients to leave hospital are in excess of one hour.
- Delays in transport can cause in receiving necessary treatments (such as dialysis).
- There was no signage to the Outpatients Transport desk on the 1st floor. Even when you are at the desk there is no signage as to what it is.

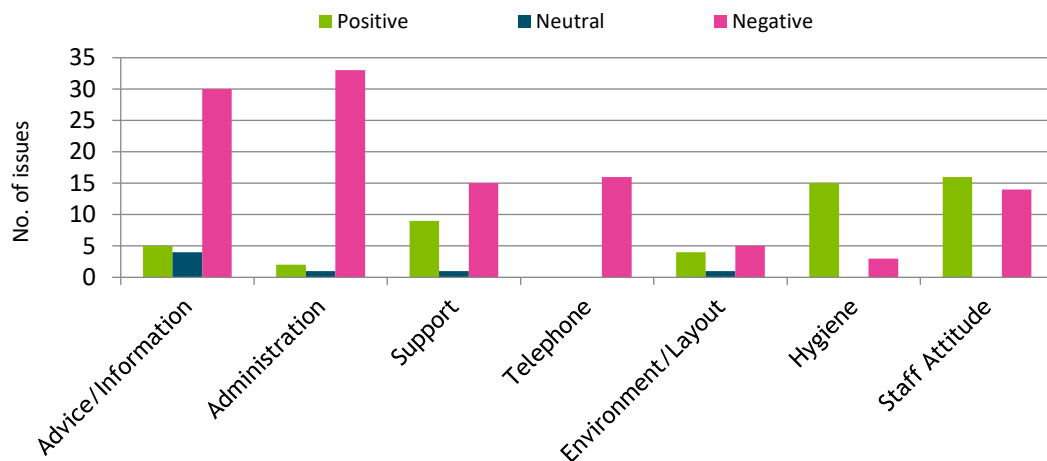
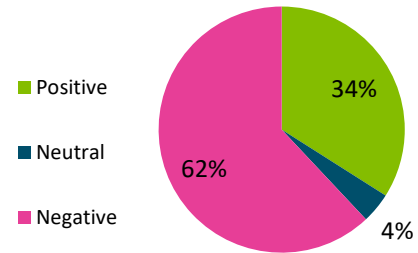
Reception

Sentiment about **reception** is **62% negative**, (a slight improvement from our previous report).

The main sources of discontent from patients are frequent **admin error**, the lack of adequate **advice and information**, and busy/ unresponsive **telephone lines**.

While opinion of the environment/layout of waiting areas is mixed, patients praise the **cleanliness** of these areas.

Opinion of **staff attitude** is mixed.



Admin issues

Admin issues impact negatively upon patient experience. Patient records are reportedly sometimes misfiled or inaccurate, which may cause patients to not receive the care they need. Some patients report being booked in for the wrong clinic or procedure.

- Complainant claims to have been put on a wrong list for surgery and would like an explanation on how this happened.
- Patient's notes have not been uploaded onto the system which has caused further delays and patient has not been able to continue treatment closer to home as the records are not available for her local hospital to take over her treatment.
- Patient not happy with the miscommunication and error made on her appointment and booked into the wrong clinic.
- Patient was booked into a wrong clinic which has caused delays in her care.

Some patients report discrepancies between the information they receive on their appointment letters and the hospitals appointments system; or other inaccuracies in appointment letters.

- *Waited a few months for this appointment. From the desk in the main entrance to the urology desk to the consultation there was chaos at every step. Told I did not have an appointment but I brought the appointment letter with me... Told not on the system so the appointment delayed another hour but told resolved.*
- *Complaint regarding appointment letters being sent to a wrong patient. Patient has contacted central appointments three times prior letting them know that the correspondent was going to a wrong patient and now distressed to have received another letter advising she missed an appointment.*

Some patients fail to receive their appointment letters at all. This may result in patients being discharged from the service for failing to attend appointments they were not aware had been made.

- *Patient's mother not happy that the patient was DNA'd from care, when the patient did not receive appointment letter.*
- *Patient has raised a number of concerns about the management of his dental appointment which resulted in him being told that he did not attend his appointment and was discharged from the service because he had missed an appointment. He states that he was waiting for the hospital to schedule appointments and has texts stating the clinician could not do the appointment because he had no-one to assist and a further one stating no available slots.*

Referrals from GPs and other health professionals reportedly go missing or are sent with errors, causing delays in patients receiving necessary care.

- *[For my pregnancy] My doctor sent all my info to the RL but warned me to consider looking for another hospital as they are notorious for not getting back to doctors referrals and they've had several ladies go without booking in appts till 16+ weeks!*
- *Annual review in Colorectal clinic. Told by Dr. on 4th August they would write to GP as I needed very urgent referral to Gastroenterologist for parastomal pyoderma gangrenous, cause unknown. Trauma, or bowel problem? Have had Ileostomy for 17 years!!! They must have destroyed my case notes a big difference between Ileostomy and Colostomy! Finally received copy of letter. Informed Dr. and Secretary had been on holiday!! Told letters had been sent 2 weeks earlier but printed on 11th September. GP and pt never received. I think someone is telling lies. Letters were finally received on 16th September. Phoned Rheumatology RLH on the 19th September to find out if my referral was in the system. No! informed can take 6-8 weeks. It seems to me the RLH doesn't give a toss. I will be seeking a second opinion.*

Communication

When cancellations happen, patients are not always informed. Even when they are, they receive little explanation about the reason for the cancellation.

- *[Family] were disappointed because their appointment has been cancelled. They were not informed before coming to the hospital.*

- The patient's appointment was cancelled; they had not been contacted this has happened twice.
- Patient called to complain about her cancelled operation. She informed that she turned up for the procedure and later it transpired that she did not need the procedure.
- Patient attended his appointment only to discover that it has been cancelled without notification. No follow up appointment was offered.
- Complaint from patient about appointments being cancelled with no clear explanation.

Multiple patients report being unsuccessful in contacting the hospital by phone.

- *I then have been trying to ring them but all the numbers I had from my previous experience are now cut off (only 18 months prior) so for the past 2 weeks I've been ringing every day 3x a day and going through the operator but cannot get hold of anyone as they still don't answer the phone. So other than now having to go in and stand in line and standing over them till I get a booking in appt I have no other options.*
- *Very poor service, received a missed call from RLH ENT Clinic, they left a message on my phone to call them. However, for the last week I have been calling that number each day for about 5-6 times but no answer. I then went through the switchboard and still no answer.*
- *I have been on the waiting list to see a dermatologist. I missed a call from dermatology last week (which I hope is regarding my appointment) but when I have tried numerous times to get back in touch it goes to voicemail. I have left multiple messages, but the mailbox is now full.*
- *I have been trying to get in touch with the Antenatal department for over a week and the numbers ring but no one ever answers. It is extremely frustrating, no holding message, no call back.*
- *[I'm on a waiting list for some operations] and I found out today that nothing was being reported. Yesterday I phoned them and couldn't get through, there was nobody in the number I was given. There was nobody there, so I phoned again today again, and they said that... well, I told them, they were going to put me on a list, as soon as they get the information, but they're not getting the information. I'm waiting for the doctor to phone [about this].*

Once reaching the hospital, some report being put on hold for a long time, or poor communication skills from admin staff.

- *Made a Phone call at around 1:40pm. Was put on hold for 20 minutes. Then staff member kept me waiting for another 10 minutes until I asked them what they were doing. They said they were looking. What kind of database do they have that makes you wait for ten minutes? They waited until I got frustrated and hung up.*
- *Patient informed that she received a clinical letter which she needed to discuss with the consultant further. She called the secretary to book an appointment however her communication with the secretary was not very productive and in the end the secretary hung up the phone. She is very unhappy with such behaviour and would like this to be investigated with a response.*

Multiple patients expressed a desire for better signposting and information, particularly for walking directions around the hospital.

- *I need contact details of the service that I used so I can contact them in the future if needed. Would be nice to know all the places where they do plastic surgery/ treatment of fingers that I can rely on.*
- *Waiting time for 15 minutes, easy to find the place, walked to the hospital, confusing to get around the hospital, no doctors or nurses approached me, could use better maps.*

- *Waiting time could be better because of the 30-minute delay, could be better directions to the hospital, not easy to navigate inside the hospital, better directions would help within the hospital*

Staff members who offer detailed information and high-quality signposting to patients are commended.

- *The entire team from the receptionists, to the amazing doctor and their team of nurses are nothing short of amazing. They are meticulous in their care and compassion towards my son and indeed our entire family during what has been a truly horrific time.*
- *Every staff member was extremely kind, caring and understanding and made me feel comfortable and welcomed. Everything was explained well and I would like to thank all the staff.*
- *I can't remember everyone's names but a big shout out to the gentleman on reception (always helpful and always rushed off his feet)*

On the other hand, poor communication with patients and other health professionals creates further complications, making admin issues worse and contributing to patients forming the opinion that the hospital is disorganized and untrustworthy.

- *I had to chase for a booking in appt [...] apparently their fax didn't work so any doctors notes never got received but they didn't tell anyone that and didn't even check if their fax was working till I kicked up a fuss about my doctor sending over things at least 3 times!*
- *I felt so bad and disappointed this morning at A and E. I was waiting patiently and I just wanted to ask the reception desk how long would it still take me to be seen coz I was really feeling weak dizzy and nauseous, but unfortunately they were so rude they snubbed me off right away not even listening to a question that I was about to ask or say. Both reception desk people are so ill mannered they are so rude to reject a patient who is just about to inquire.*
- *Niece and carer is concerned about the lack of information the family is receiving regarding the patient's care. They also claim to receive calls from the department rebooking appointments at short notice, but when they attend, the department are unaware of the reason for his attendance.*
- *Like labyrinth but without David Bowie! Took my partner to a clinical appointment one Saturday morning. At main reception were given a poor set of directions that involved us doing several laps of the hospital. Went back to main reception and given the same directions. When we explained we had followed them, we were given additional information including the clinic number this time. Except, it was the wrong clinic number. 30 minutes after entering the hospital, a very kind staff member (who was going on a break) found us wandering aimlessly and showed us to the clinic. When we arrived the clinic receptionist was indifferent, listening to music on his iPhone dressed scruffily.*
- *Was good. Manager did not look professional in the hospital. Didn't help much with direction.*
- *Patient given wrong clinic location in text message. Receptionist was unhelpful in establishing the right location. Patient waited for 2 hours to be seen as a result of the confusion*
- *The service in the Hospital is very very slow, very unprofessional, they left me waiting for surgery for more than 12 hours waiting without giving me any information.*

Enter and View visit to the Trauma ward (12D): a good practice example to be explored:

On January 16, 2018, a team of three Healthwatch members carried out an Enter and View visit to the Trauma Unit; where they spoke to patients and staff members directly, as well as observing patients being dropped off and picked up.

Staff members have designed a useful “welcome to our ward” leaflet, to be given to patients when admitted to the ward. The leaflet contained succinct information about clinical nursing, mealtimes, asking for assistance and other similar topics, as well as ward rules the patients were asked to observed.

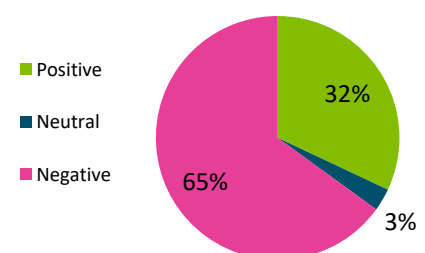
A ‘Who is who’ board with the names, roles and pictures of staff members was also displayed in the hallway.

At the time of our visit, the leaflet was in the process of being updated (therefore not distributed to current patients), and the board was still incomplete/ a work in progress.

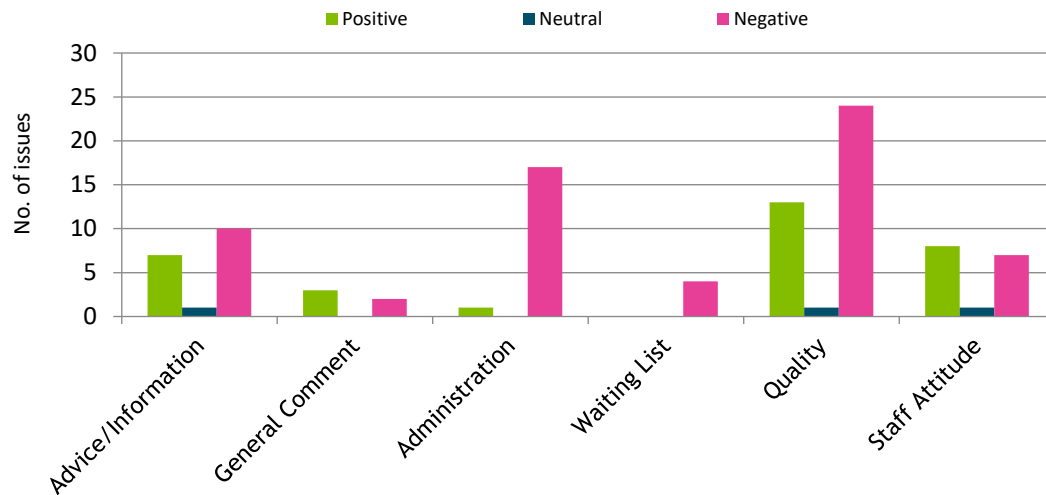
Our Enter and View representatives felt that the leaflets provided excellent information on how the ward operates and what to expect. We recommend that the hospital evaluates their impact on patient experience, with a view to extending the model to other wards if successful.

Diagnosis And Testing

Sentiment about **diagnosis and testing** is **65% negative**. Service users are unhappy with the quality of service and administrative mishaps are a major point of concern. Patients do not always feel appropriately informed about their diagnosis and test results; but opinion about staff attitude is leaning



positive.



Booking and admin issues

There are reportedly long waiting times for x-rays.

- *X ray department. Very unhappy because was seen late for appointment. 40 minute wait. More staff- less waiting time.*
- *This patient came to Royal London because he fractured his left phalanges (toe). He likes the department because they have helped him a lot and treated him well. He was waiting for an x ray scan. He dislikes the waiting time as he was waiting for a very long time for his x ray.*
- *Come in for check up on lungs for X-ray and he had a bit of delay, was not too happy with the delay. Suggests employing more staff.*

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

- *They had failed to notify me of a much needed CT Scan for my fracture so I was seen on the day after a 1.5-hour wait. Follow-up appointment, the doctor I saw ordered an X-ray for the wrong shoulder. The doctor dismissed my concerns about ongoing pain and limitation of mobility still being suffered and never referred me for physio. A day later I am having to chase this up myself without any instructions from the clinic and I will have to go via my GP which can take 6-8 weeks before I am seen.*

Some patients report that their test results have been lost or delayed; or they were unable to get their results until proactively following up with the hospital.

- *When it was discovered that my rhesus is negative I was offered a test to check the baby's blood type. I did that and 4 weeks afterwards I still hadn't been contacted to get the results (either by post or call from a midwife). Having tried several times and spent hours to try to contact the antenatal team to ask about the results I managed to leave a message for a midwife to contact me. The midwife called me to let me know that the baby is positive and I need to do the Anti-D injection. More than a week later I got the results by post. I asked the midwife if they could book the appointment for the injection and let me know when it would be but they said I would be*

contacted by post. Now, one week before week 28 that I need to get the injection I still haven't received a letter with an appointment and again trying to get them on the phone is impossible.

- *Patient had an endoscopy in March and til to date the result has not been located. Patient's mother has tried to communicate with the team to get some answers but has heard nothing.*

Information about test results is also not always circulated promptly between relevant medical professionals.

- *Patient not happy that he requested copy results from his consultant in November and was ignored.*
- *Patient says she underwent a gastro procedure in June. Claims results not viewed by Dr during this time.*

An over-stretched, busy service makes admin errors more likely to occur.

- *While every nurse/doctor/consultant I met with up to this point was beyond-words lovely, I was rushed out of the hospital by a nurse in Ward 8C. I did not receive my full discharge notes from her, information regarding recovery time or my full list + quantity of medication I would require. They needed beds, which I do understand, but being rushed out didn't allow me to have a final seeing by a doctor, for important information.*

In some cases, admin errors can also cause breaches of confidentiality; there are reports of patients receiving test results that didn't belong to them.

- *Just received a phone call from my adult daughter. A very distressing thing to hear how she had been treated in the Gynaecology department and they had read the wrong patient notes, so gave her the completely incorrect information. Staff discussed another patient over my daughter including the other patient's name, breaking every code of confidentiality. Dignity and respect were nonexistent. Her results from her MRI over a month ago were not back. All in all it was an utterly disgraceful appointment, with totally rude staff, and still no clearer about the MRI findings.*

Communication

Some patients feel that their concerns are being dismissed by their doctors or that they have not been offered relevant tests; in some cases, this may be related to not receiving detailed and easy to understand explanations about their condition and their test results.

- *Patient is complaining that the doctor refused to look at his blood test results and did not offer him a correct diagnosis and medication. Instead patient was advised to lose weight and come back to see the doctor in 6 months.*
- *Complainant has raised a complaint with regards to the following; "negligence" of his duty of care. Lack of communication general regarding the next steps of the patient treatment. Failure to book an appointment for biopsy.*
- *Patient wants to make formal complaint regarding the care he received, not happy that he was not given a MRI scan and Orthopaedics withdrew treatment and cancelled his appointment.*
- *The patient did not feel a sense of good treatment, she was complaining about her breathing and all they did was x-rayed her- she came back to find out she had an infection in her chest.*

Some patients report not receiving appropriate explanations about their diagnosis. Lack of explanations about their diagnosis can cause patients avoidable stress and confusion.

- *They thought I might have been having a heart attack but they are not sure. I'm waiting for psychiatry. I came in yesterday afternoon. I don't feel that they have explained things well and I don't really understand what's happening. The nurses are really good. Drs are a bit wishy washy.*
- *Patient raised concerns regarding her recent appointment at the RLH. She informed that her records were not available during her consultation and the consultant failed to confirm her name to tally with the notes she had in front of her. Her MRI Scan report was not available yet the consultant was ready to perform a procedure. She also mentioned that she found the consultant very unprofessional and her care inappropriate. She left the clinic in tears.*

A small number of patients claim that they have been misdiagnosed.

- *Went to A&E as I fell down stairs and my ankle was severely swollen, I was assessed by triage who sent me for a foot x-ray. I asked why no ankle x-ray and I was told it wasn't needed. When arriving at x-ray they even questioned why no ankle x-ray. I was sent home with a sprained ankle. 4 days later the swelling was worse so went to GP, the GP sent me back to A&E who on my GPs instructions x-rayed me, surprise, yes I had fractured my ankle. I was then sent back to A&E to make a follow up appointment. It took 5 hours to speak to someone to tell me they would write with an appointment. My appointment never arrived so my GP tried to push for an appointment and got one, I went to the appointment, the registrar didn't even look at my ankle and told me it would self-heal in 4 weeks. Here I am 3 months later with more swelling and pain than ever.*
- *I was unwell over Christmas and my daughter brought me into A&E. They said my salt levels were very low. They thought it was viral. Gave me something for it and sent me away. Following Wednesday, I came back again. They kept me in for two days and then sent me home again. I still felt dizzy but they said it was normal as your salt levels came back up. I came back in yesterday morning, they found an infection in my lungs and now they've confirmed I have pneumonia.*

Doctors and nurses who are proactive in providing patients with information about their diagnosis and test results are praised by patients.

- *I was referred to rheumatology for investigation into my chronic pain, I was advised at each appointment what tests would be done, who they would be carried out by and how long it would take to receive the results at each appointment, I saw numerous members of staff over the 6-9 months that I was back and forth and they were all extremely helpful and accommodating, understanding and compassionate, I am a 32 year old woman with a debilitating illness which is invisible to others and I felt really comfortable to speak about my struggles in my day to day life,*
- *As soon as I met with doctors my emergency situation was seen to. I was immediately sent up to the EGU and taken by a nurse. She did my scan and informed me, ever so politely, professionally and respectfully of my emergency situation. At a time when you find out there is a serious issue at hand, I was so thankful to have ended up as her patient. She was so calm, informative, and worked quickly to get me test results, seen by the appropriate people and comfortably in an all-female ward for the night. Throughout my stay, prior to and following my surgery, she continued to check in on me.*
- *CT scan and x-ray, waiting for an hour, came at 10 am but sent by another doctor. Doctors were very nice and helpful, gave good directions, had a good appearance, treatment was also very good, appointments are usually on time.*

The ability to put patients at ease and make them feel safe/ cared for is also appreciated; efficient communication and explanations are essential in this respect.

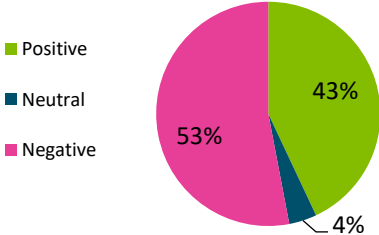
- *A huge thanks to Dr. G, Nurse R and Nurse N today. All the endoscopy staff put me at ease and were wonderful. Not the nicest experience but certainly not the worse one I have ever had. Thanks again to our NHS heroes!!!*
- *I had ultrasound, blood and urine tests- the two people who did my ultrasound were very careful. So far, I'm receiving good explanations from doctors.*

Patients also appreciate staff members that are prompt in communicating with other medical professionals (GPs, consultants within the same hospital or different hospitals).

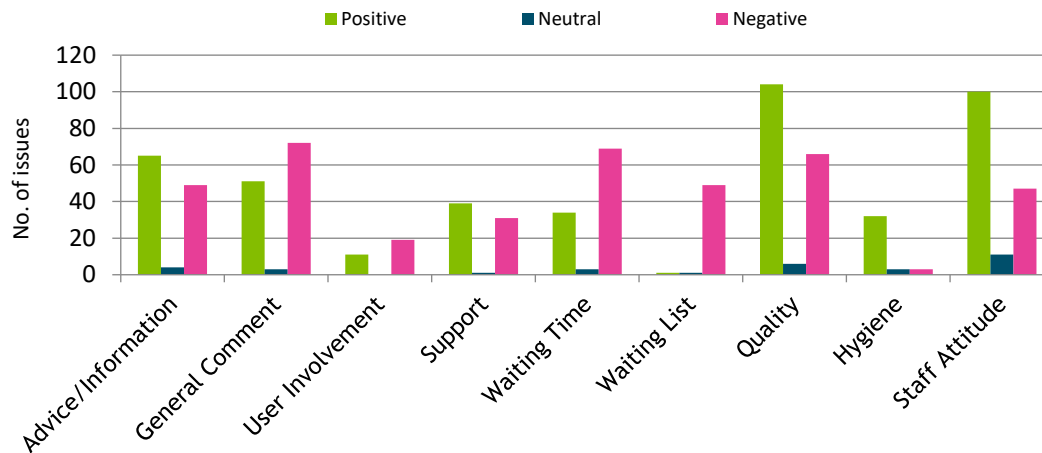
- *I got an official diagnosis and all paperwork and recommendations were sent to my gp in a timely manner and dealt with accordingly, I couldn't be more thankful to the doctor and all of the staff from admin/reception - x ray staff and rheumatologist.*
- *[After being discharged with insufficient guidance] I came back into the hospital to pick up forms that I was never given, and upon entering the ward I saw the previous nurse again! She was so polite and kind. The ward Sister, who was also extremely polite and professional, helped ensure I had all of the required documents I needed and saw to it that a proper report would be written up for me - the date and address were initially printed wrong on the forms I received upon discharge. Before leaving, since I had not been scheduled with a follow up appointment, the nurse told me to come see her and did a urine and blood test on the spot. She also printed off a summary of the results to take to my GP. She also booked another follow up appointment for me. I am thrilled that I ran into her! She was the nicest and most efficient staff member I encountered during such a difficult time in hospital.*

Clinical Treatment

Sentiment about **clinical treatment** is **53% negative**, despite the fact that patients are broadly satisfied with **the quality of service provision and the attitude of staff members**. Opinion of **treatment explanation** is leaning positive, a notable improvement compared with our previous report (April to September 2017). Service users also remarked upon the high standard of cleanliness on hospital wards.



Long **waiting lists** and **long waiting times** combined with **cancellations** are the main sources of discontent among patients. The general impression is that of a high-quality, but difficult to access service.



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

Quality of care and staff attitude

Most patients found the doctors at the Royal London hospital to be professional and trustworthy.

- I had my baby at Royal London and wouldn't hesitate to recommend them and have future babies there. My labour was everything apart from simple - I was induced, followed by an emergency C section. I just thank god that I was at Royal London and in a position where they were able to get my baby out safe and sound. The doctors and midwives were excellent (and both my parents are doctors so I have high threshold when it comes to standard of care) but I always felt at ease and in the best care. I put my life and my baby's life in their hands.*
- I'm waiting for my "hand therapy" [physio?] appointment- good, very good, I trust them, I feel confident about the care they give me and they respect the time of the appointment. The treatments they give me at home are working too.*
- It's exactly one year since I crashed on my bike, punctured my bowel without knowing it, collapsed at work and had lifesaving trauma surgery at the Royal London Hospital. Thinking of everyone - NHS staff, colleagues, family and friends - who helped me recover.*
- I had my total hysterectomy on Mon 27 Nov which was brought forward due to cancellation. I was put at ease as I was prep for the operation, so I was not too nervous My consultant has been very*

professional from the time I met them 2 yrs ago. We tried every option before having a total hysterectomy. My stay in the hospital has been excellent the nurses were really professional and helpful I could not fault. I could have had this procedure done via BUPA but opted to go the NHS route as I knew which consultant I trusted to do my operation. I can't thank the doctor enough.

- *An elderly woman came with her husband for eye surgery. She is very happy with the service, she loved the doctor that attended to her today. She is very grateful for the treatment. Everything is perfect for her and [she thinks] patients should stop complaining*
- *I understand the treatment well- the doctor is magnificent, she's bright, she's intelligent, it's obvious that she cares- she's a wonderful consultant.*
- *The patient is more than satisfied with the gynaecologist and the treatment she is receiving. Very pleased with the waiting time. She had been attended to on time. She had giving a lot of good feedback with regards to treatment. With regards to our medication she had been satisfied.*
- *It was nice to hear how much respect staff had for the neurosurgeon before and after my op, put my mind at rest even more as I had no doubts whatsoever that I was in expert hands.*

A minority, however, felt that they were not receiving good treatment.

- *Patient was prescribed wrong medication, then his medication changed to something else that didn't work, totally unhappy with the treatment.*
- *Gynae patient has had several miscarried pregnancies. During her last pregnancy she requested medication to assist with her lupus condition. Claims doctors refused to give his medication and she later suffered another miscarriage. Would like her care under the department investigated.*
- *Patient claims to have received inadequate treatment for a back injury, which persevered resulting in him having to receive private care. Patient is requesting reimbursement Â£16,000+*
- *The patient did not feel a sense of good treatment, she was complaining about her breathing and all they did was x-rayed her- she came back to find out she had an infection in her chest.*
- *The gastroenterology consultant who visits patients really needs to be retrained again as they get paid to do no job, overall the treatment in Royal London hospital makes you question; why are we even paying taxes!*
- *Patient complaining of negligent treatment received which left him with misaligned teeth that have caused an abnormal bite, severe occlusal trauma and receding gums.*

A warm, friendly manner on the part of consultants has a strong impact on the overall perception of care.

- *On the Vascular Ward, I was moved into a side room and visited on a regular basis from consultants to nurses who ensured my stay would be comfortable and that my needs would be met. Everyone was of the highest professional grade and nothing too little for them to solve. Smiles a plenty, skills displayed, and friendliness gave me a comfortable feeling.*
- *I was at A&E last Friday (8/12/17) after having a fish bone stuck in my throat. I was very pleased with the ENT doctor that took over my care. This doctor is very hard working, down to earth, empathetic and respectful. The doctor was very patient with me and made me feel at ease, especially at times I found overwhelming. There aren't many doctors like this who genuinely care for their patients and do all they can for them. I know they will do very well in their career and make an excellent registrar and consultant one day!*
- *Woman visited Gynaecologist, [She] Thought the staff was helpful, friendly and reassuring.*
- *All of the staff treated me with care and sympathised with how I was feeling before and after my op for TN. At no time did I feel rushed with personal needs only supported and encouraged with everything.*

- *I have now had my gall bladder removed on 12th February by the Hepa-biliary and Pancreatic team. The surgeon and team and the anaesthetist. Because of my special needs (ie severe claustrophobia and anxiety) I had the chance to speak with the team prior to the operation who did say it would be open surgery because of the state of the gallbladder and complications around the surgery. This meant my stay would have been 4-5 days in hospital which I'm not sure I would have coped with very well. They said they would do their utmost to provide for me a bed a window, on the day of the operation they would help me to get up to the ward and that they would do everything they possibly could to make me calm and relaxed. Of course this did not take it away but relieved it to know I would be supported. I have to say, from the very start the anaesthetists team was so kind caring and gentle towards my needs that there was nothing he could have done. I even got a bed by the window on the day ward, and I was first in the operating theatre which had windows in (which I don't remember much about!). The surgeon and team performed an absolute miracle by taking my gallbladder keyhole which was a complete shock to everyone in the team - myself included. And although I was able to go home that day, I wanted to stay in overnight because I felt a bit rough because of the surgery. Clearly the whole team have gone the extra mile and beyond and have cared for me as a whole person.*

A few patients felt that their concerns were not taken seriously by medical professionals.

- *Despite us pointing out contractions had got a lot stronger later in the day (and that a monitor wasn't working well) she was never given a second physical check to see how dilated she was and it seemed like the midwives didn't really take her seriously when we said we thought she was farther along labour wise - we'd advise listening more closely to the patient in future even if they aren't making a fuss!*
- *Patient's mother raised concerns about the patient recent appointment at RLH. Mother informed that the consultant was very dismissive and did not listen to any of the information given concerning the patient's condition.*
- *Patient is concerned that she is being treated inadequately. She feels she is not being listened to or her concerns treated seriously.*
- *Father informed that the patient had pain in her throat and presented her at ED. The doctor prescribed Ibuprofen and did not check the patient. Later they presented at Lewisham as the patient was still unwell. There the doctors checked the patient and removed a lot of pus out of her throat. Father would like to know why this was not done at RLH when the patient was brought in.*

Some patients also felt that their pain was being dismissed or that they did not receive appropriate pain management.

- *Pain management of Chronic Pain in Fibromyalgia Crisis is a joke. 1st Advised to "Go home and use same meds (that are not working) and rest" as if this wouldn't occur to someone with 20 years of Fibromyalgia. Took a debate with an A&E consultant to be admitted. Why because "The Pain Team" who are the specialist who advise on pain "do not see patients on A&E ". Yes, seeing them and advising treatment with possible quick discharge might be too quick a system and more cost effective. Medical Consultant told me that my pain can't be score at 8/10 because I'd be crying" not "playing games on the phone". Er... I'm an older technophobe and never play games at all. I was letting my carer (I'm disabled) know I've been admitted. And trying to distract me from the pain by talking to supportive friend by messages.*
- *The doctor dismissed my concerns about ongoing pain and limitation of mobility still being suffered. And never referred me for physio. A day later I am having to chase this up myself without any instructions from the clinic and I will have to go via my GP which can take 6-8 weeks before I am seen.*

- Patient got admitted after having a motor bike accident. Ended up with a fracture arm and knee. The patient feels a lot needed to be done to improve services, he felt his medication was not strong enough to help the pain, he was going through.
- *The staff were rude and just ignored the fact that I was in pain. When I asked for painkillers they just did not seem to care and said they'll be back, which they never did come back with the painkillers.*
- Complainant has concerns with the treatment she received on being transferred to the 6th emergency department. She claims she was not offered pain relief before a procedure was carried out and is subsequently still suffering.

A minority of patients report negligence from medical staff or errors in their medical records.

- Sister of patient is concerned her brother was twice mistakenly recognised as another patient. Patient left the hospital with cannulas still in-situ and had to be returned by LAS.
- Dental patient called the department after waiting 6 months after a referral to find when her appointment was for. Was told that the doctor had forgotten to add her to the waiting list.
- Family of the patient highlighted issues regarding poor communication and entry of medical records. They would like this to be investigated as well as obtaining the patient records.
- Patient has been under the care of RLH with series of illness for years. Early this year the patient was admitted to the stoke ward and it was during this period that the patient during his routine blood test, one showed the level of his epileptic drugs and to their amazement, one of his epileptic drug showed toxic building up for four years.

Communication

Patients who received detailed explanations and information feel more supported, trust their doctors more and feel safer/ better cared for.

- *I cannot praise the ODA enough in theatre, they put my mind at ease and were friendly and chatty. The anaesthetist was equally charming and inspired confidence so that I absolutely no qualms whatsoever about them putting me to sleep. My surgeon and team had explained everything about my case and carried out my operation brilliantly, my problem was too complicated for my local hospital and I believe they saved my life!*
- *I was referred by my GP for an investigative colonoscopy here and was extremely nervous after reading several online accounts of terrible experiences and pain during this procedure. I was therefore incredibly anxious, but the consultant was really reassuring, answered all of my questions and said that if I did find it too uncomfortable then I could have the decision to stop/pause.*
- *The care and support my mum has received has been first class, absolutely amazing. With regards to my dealings with the staff everyone has been so friendly and informative when I've spoken with them and asked myriad questions.*
- *The audiologist fitted me with new hearing aids. They took plenty of time to demonstrate the aids, making sure that I was happy with them.*
- *Every aspect of my son's treatment has been explained in detail from the very beginning. Straight talking from the best outcome to the worst-case scenario. Everything is done with a smile and genuine empathy.*

- *Pre-op, colorectal surgery. Appointment today, came in last Tuesday for bloodwork and initial appointment, was referred from local GP. Very happy with clinical explanation and scheduling process.*
- *I received very good care at the High Dependency Unit for a while- the nurses there are amazing, they very accommodating, and the doctor was great- he was very honest- he explained stuff, he was attentive.*
- *I was welcomed into the Day Surgery Reception at the Royal London Hospital on Wednesday 29th November 2017 for an aneurysm repair. A sister briefed us on what to expect and as names were read out I was moved into the reception area and had visits from surgery and anaesthetics teams to give me the low down on what progress my operation would take. Great communications and everything explained and off we went to be anaesthetised and seemingly the next second I was surfacing in the recovery room where an angel in nurses' uniform looked after me until it was time to move to the High Dependency Unit on the 4th floor. I was met over the short time I was there by many members of staff. Headed by the very charismatic and friendly consultant of Intensive Care. All were astonishingly busy from paperwork to clinical equipment supervision and the general nursing care ethos. All were faultless in the care delivery and expertise.*

When patients are deemed by doctors not to need any particular course of treatment, explanations about their symptoms are crucial for putting patients at ease; consultants who provide such explanations with patience and kindness are highly praised by patients.

- *Getting a mole checked. waiting time was about 5 minutes, doctors were lovely, she was very professional, doctor said there was nothing to worry about, service was excellent, nothing to improve.*
- *I have sat on this for so long, I can't even remember the name of the Doctor who calmed the nerves of two somewhat naïve new parents and showed them how to burp their baby. You're all amazing.*

Some patients have mentioned that they would like medical professionals to be more proactive in giving them information about their diagnosis, including access to their own medical records and more transparency about the referral process.

- *If I had access to my medical notes/records I would read them. If I didn't understand them I would look it up, do some research, talk to people. I think that would make me feel more in control.*
- *They don't tell you anything unless you ask. Then they say they will have a word with the doctor but don't come back. Not good at all.*
- *Complaint from patient about delays in care caused by staff not following the correct referral processes. Patient is also questioning why referral process was not explained to him and acted upon by the service in a timely manner.*
- *Father informed that he has asked for his details to be attached to the patient records, so he gets updated with his care. However, this is not forthcoming as such he attended clinic today only to find out the patient had already been seen in Jan without his knowledge. He is unhappy with that as well as the attitude of the consultant.*

Lack of communication means that patients will be less empowered to make decisions about their own care.

- *Her consultant had advised her that surgery was the only way to remove the cyst in her right wrist and that it would be 90% successful. When she turned up for the surgery, she was presented with three other options which were unknown to her. She is upset that her time and that of her mother (cost of travelling) has been wasted.*

- *Having finally agreed on a Pain Management Plan, I get discharged with one of the painkillers missing. Why? Because I said I hated it and made me retch. Note I take anti sickness tablets anyway; but agreed to take it anyway as I have to be able to walk to the loo and shower sometimes during a pain crisis. They decided after agreeing with me to take it and after they left for me not to take it! Seriously? So back to sorting this one out!*
- *I would've liked to have talked about why I was moved to different areas of the hospital. You need to adapt to new consultants e.g. guy in A&E was great and I thought I can get along with this guy. Now I'll probably never see him again. You don't get enough info about what's going on about your care at the start.*
- Patient complaining that she didn't give Informed consent as the risks of the surgery were not clearly explained to her. As a result, she has been advised she could be on antibiotics for the rest of her life to manage complications from surgery and she wants this investigated.
- Complaint received from patient's representative, patient had surgery for fibroid removal, but a hysterectomy was also done without the patient's permission.

Neglecting to communicate important information to patients may result in delays in receiving crucial care and/or in poorer health outcomes.

- Patient's elective surgery cancelled as patient had not been advised to stop taking cancer medication. Patient was discharged back home and had a mini stroke resulting in emergency surgery. Patient went blind in both eyes as a result of the surgery.
- Patient complaint about a terrible experience in hospital after surgery. Patient felt cornered by the anaesthetist who suggested a new procedure rather than GA just before surgery which confused patient and he refused. After surgery patient experienced severe pain which could not be managed by pain killers and the anaesthetist had to be called to numb the leg. Afterwards patient overheard a nurse's discussion about how the anaesthetist had forgotten to put some medication in his drip which caused the pain. Patient was upset by the anaesthetist suggestion that he was to blame for the pain as he had refused to consent to the new procedure suggested and opted for GA.

Medical professionals who give conflicting information or disagree with each other in front of patients can cause them undue stress and make them feel less confident in the quality of care:

- *The Doctor [in Neurology] rarely responds to messages and refers us to epilepsy nurse who has different opinions to them; and the person that the epilepsy nurse seems to be training gives us different opinions. All we want is for our daughter's care team to give us the same info on reducing tablets and increasing other ones. It's so confusing and conflicting info is so unhelpful. Just today the consultant told their secretary that they will never talk to us on phone and we should travel to London to see them but said they will not be able to help with meds. What the hell is the point. It is a joke.*
- Conflicting advice from Triage doctor and antenatal clinic regarding referral process for scan [led patients to file a formal complaint]. A visit to the antenatal clinic left the couple feeling distressed and greatly concerned about the health and safety of patients as they felt staff were inadequately prepared to deal with patients.
- Patient attended A&E claims he was made to wait for some time, when he was seen he was examined he claims without clear explanation. It was determined he need surgery, on arrival was told his symptoms suggested something else.
- Mother and patient raised concerns regarding care and treatment. Mother said the doctors had promise the patient surgery (to deal with scars on her face) however during the last consultation, the patient was informed that the surgery will have to be postponed until later in her teens. This has upset the patient and shattered her confidence.

Lack of communication between medical professionals also results in lack of continuity and poor person centred care

- *Patient has been coming to the hospital for the last 18 years, he has problems with renal and other illnesses. Every time he attends his appointments he sees a new doctor, and he has to tell his story again and again, he is very fed up.*
- *The Doctors are very good, but they don't co-ordinate very well. They don't know you as a person. Just the one condition or issue that they are dealing with at this admission. They don't know the medication that you're on at home and when you take it. I self-medicate at home and have a system that works for me. They should let me take it that way here and then just check that I'm managing well. I want to be in control of taking it. Not tell me what, when and how to take it. For example, I always eat dinner about 8pm at home and I need to take my medication with food, so I take it then. I have to eat dinner at 6pm here and take my medication then. Then I have to take the medication that I take before going to sleep at a different time. It messes everything up. I feel my pain could be managed better. They don't have tramadol?? In hospital and I can't bring it with me as they like to dish everything out. You lose control.*
- *She came to attend a scheduled app in gynaecology dept., not happy with that every time she meets a new doctor, she has to explain everything from the beginning. They made a mistake and she is suffering and on regular medication, may need to go for operation in the future.*

Waiting lists and waiting time

Some patients report long periods of time between initial referrals and receiving treatment, beyond NHS guidelines and to the extent that they feel their health and well-being are in danger. Some patients end-up seeking costly private treatment as they feel it is not safe for them to wait until they can be seen.

- *Patient complained that the delay in treatment led to her seeking treatment elsewhere. She would like to be duly compensated for the cost of treatment and also to ensure that her future treatment is not compromised.*
- *Patient has a seizure and was referred to Neurology at RLH. Received an appointment for Nov 2017, which was too far. Took private treatment in his home country. Received several letters telling him his appointment date had been moved further.*
- *Mum came with her toddler daughter to see an eye consultant for a pre-booked appointment. First saw G.P for her eye, then waited a year for this appointment. They went to a private eye clinic as waiting was too long, that cost them a fortune. Recommend some massage next appointment is in 4 months.*

This is often the result of appointments being booked, then repeatedly cancelled and rescheduled by the hospital.

- *I have no issues with the staff and facilities of RLH, which are great, but the clinic makes a mockery of 18-week maximum waiting times. On my second hospital appointment, I had a CT scan of my nose - that was on the 21st of July 2015. After that, the hospital kept sending letters delaying my appointment just to show the results. I finally managed to have it was on the 3rd of August 2017! A full 2+ years on. And since my referral, it's been nearly 3 years at this point. On that day I was told that finally my surgery would be booked within 6 weeks' maximum. It's been over 3 months, and no date has been set.*
- *Patient would like to complain about her gynaecology appointment. She informed that her initial appointment in Jan cancelled and rescheduled to feb. This has also been cancelled and rescheduled to April. She finds this unacceptable and would like to raise this for investigation and response.*

The surgical clinic is particularly affected by cancellations, as users waiting to have elective or scheduled procedures are pushed back to free up the clinic for those in need of emergency surgery. In some cases, a surgical procedure can be cancelled multiple times in a row, increasing the risk of the patient's condition deteriorating.

- Complainant is expecting to be admitted for a procedure but claims it has been cancelled on more than one occasion.
- Patient sent an e-mail complaining about his surgery cancellation. He informed that his consultant had advised that his case would be dealt with as a matter of urgency by a member of his team. Yet his surgery appointment has been cancelled thrice. He has no idea when or if his urgent procedure will take place.
- Received complaint e-mail from a patient daughter. She raised concerns regarding the patient multiple surgery cancellation and the impact it has had on them.
- Patient's husband not happy that his wife's surgery keeps being cancelled.
- Patient complained that she had a procedure on 28 December. She arrived on time, she was told to fast and yet the procedure was not done until evening. After the procedure, patient was not offered anything to eat or drink. Patient has learning difficulties.

After initial treatment in A&E or a GP referral, booking subsequent appointments can be challenging.

- *Patient attended A&E on 29 September with a badly swollen ankle and foot which was bruised. Patient reported that the care given was inadequate and he had to go back to the hospital with a referral by his GP. Had another x-ray and the result was alarming so he was asked by the registrar to go to A&E for an appointment to see the orthopaedic. Patient is unhappy that an appointment could not be offered on the spot for him. It took extra calls and days for him to be offered an appointment.*
- Patient say her GP sent an urgent referral for respiratory in Sept. Patient received a call 01/11/2017 informing her of an appointment 02/11/2017. Unable to make appointment asked for reschedule and locate to RLH. Told to go back to GP.
- Paediatric patient attended A&E with a broken after an accident but was told the procedure he needed to go could only take place at RLH and arrangements would be made for his admission. According to the parent, this did not happen.

Once in hospital, multiple outpatients report being faced with long waiting times and unexpected delays.

- *Cavill House- had my dressing changed. Went at 9 am, they said they would see me between 9 and 12, they didn't have my name down, but they said they would see me after everyone. The nurse was lovely, but I waited for 2 hours. Would have been good to have a nurse at my GP surgery to do it instead.*
- Patient attended Orthopaedic clinic which he claims was running 1 hour late. Had another appointment so left.
- The elderly man was on his way to an appointment. He stated that the service he received is okay. However, he feels that the time he is given for his appointment is not accurate and often he has to wait a long time before being seen.
- Patient waited for a long time. But was good.

- *[Waited to be seen] longtime 2 hours, 1 hour usually they don't wait for long but today they were unfortunate.*
- *I had my appointment at 10:10 am but I have to wait 2 hours before I can be seen*

Inpatients admitted to wards can also wait a long time before seeing a doctor after admission.

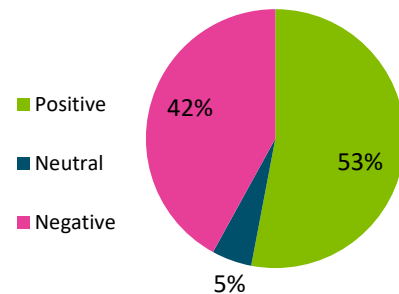
- *I came in by taxi as I was bleeding from the nose and mouth. Admitted to the ward yesterday afternoon. Just had my blood pressure and temperature taken but haven't seen any doctors yet. Service is useless here so far as haven't seen any doctors yet for treatment.*

There are, however, also patients who declare themselves satisfied with the booking process and found waiting times reasonable.

- *So happy from RLH until now. Smooth appointment system, nice and caring staff, normal waiting times, wonderful midwives.*
- *Service is as good as can be for a hospital. Not too bothered by wait time (in and out in under an hour).*
- *{The patient} had a referral from her doctor so making the appointment was very easy. Was planning to be in the hospital all day but finished her appointment promptly; there was not a long wait. happy with the hospital facilities and infrastructure*
- *Okay service, quick waiting times, service is pretty good.*
- *Waiting for my son to come down from his appointment. Waiting times were short, but he's been unsatisfied with the experience.*
- *Day care department service was really good. Patient was seen anytime- no waiting*
- *I went to A&E on Sunday, with gallstones and liver problems- but now they think I may have a tumour instead, they have to do more tests. The A&E wait was short, only 10 minutes, and I was treated very well.*
- *It was on 24 of October 2017! My appointment was at 11.40! But the doctor took me earlier! The doctor was really polite and friendly! Explain me and give all information about my problem!*
- *Spine problems, waiting for medicine took 15-20 minutes, very satisfied, no long waiting lines.*

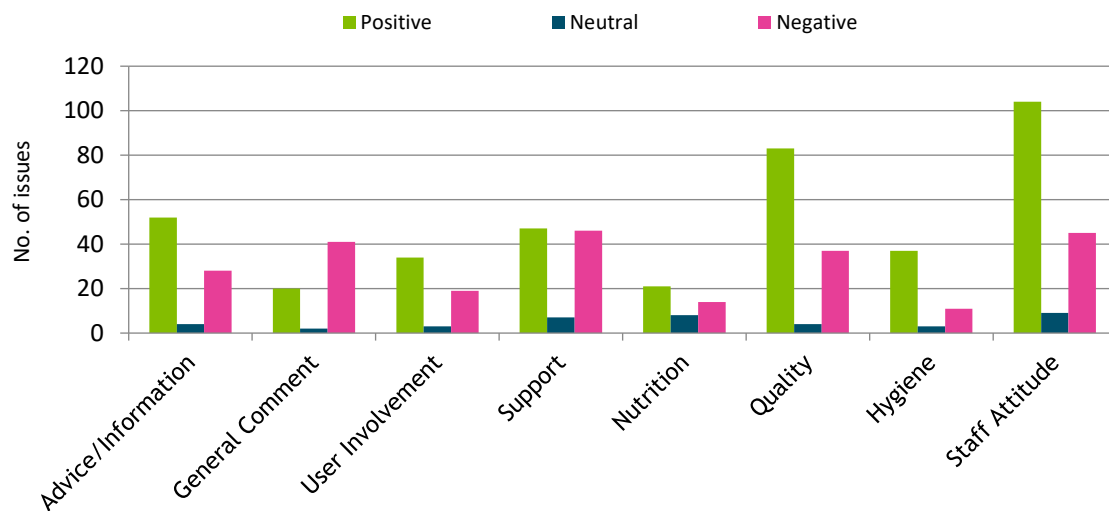
Clinical Nursing

Sentiment about **clinical nursing** is **53% positive**, an improvement from **58% negative** in our previous report. Nurses are praised for their kind, compassionate attitude; and opinion of the *advice and information offered by nurses* has improved compared with our previous report.



Patients' experiences of clinical nursing at the Royal London Hospital vary, with a minority of patients report rude or unprofessional treatment, in contrast with many others who perceive nurses as competent, dedicated and compassionate.

Opinion of both **hospital food** and **cleanliness on wards** have improved compared with our last report; opinion about food remains mixed while opinion about hygiene is now mostly positive.



Quality of care and staff attitude

Many patients praised nurses for going above and beyond their duty of care.

- *The staff go out of their way to help you. S. goes out of her way. I was sick last night, and I'm not supposed to be sick. They stayed two hours into their break to help me.*
- *I was lucky enough to have a few different midwives on different shifts during my 24-hour labour and I couldn't have been happier with them all. In particular one midwife, they were incredible and went far beyond call of duty for my comfort. I'm so impressed by the genuine care this midwife provided and treated me more like a friend than a patient. I don't know if it's the baby*

blues, but I really do miss that time of being in hospital and being looked after for the whole day by such an amazing person who happened to be my midwife for that day.

- I was immediately sent up to the EGU and taken by a nurse. She did my scan and informed me, ever so politely, professionally and respectably of my emergency situation. At a time when you find out there is a serious issue at hand, I was so thankful to have ended up as her patient. She was so calm, informative, and worked quickly to get me test results, seen by the appropriate people and comfortably in an all-female ward for the night. Throughout my stay, prior to and following my surgery, she continued to check in on me.

Patients also appreciate staff members who are friendly and approachable.

- On the Vascular Ward, I was moved into a side room and visited on a regular basis from consultants to nurses who ensured my stay would be comfortable and that my needs would be met. Everyone was of the highest professional grade and nothing too little for them to solve. Smiles a plenty, skills displayed, and friendliness gave me a comfortable feeling. Even bringing me cups of tea, doing obs and gently giving me medications and injections which I hardly felt. Good long talk with one of the nurses who wasn't sure of the direction their career path would take, but definitely nursing.
- All the lovely nurses have looked after me very very very very well. As I always sad about my illness but going for treatment there with so nice and caring nurses .
- We had a very positive induction, labour, delivery at 6E Ward. S. was incredible and very experienced. D. was fantastic. Both treated us with the utmost compassion and professionalism!
- My half hour keyhole surgery turned into a four-hour open operation and the ICU nurse who cared for me before I went down to the ward was lovely. I had to stay in for 9 days. The ward nurses were great, especially certain nursing assistants on 13D and they gave me all the care and attention I required to get better. The blood technician who came every morning was delightful. Physios were great even though it hurt. The porters were attentive and chatty. The scan technician let me use the loo in the department. Can't fault my care, thank you all so much!!!
- The cleaners are great. You can have a laugh with them.
- My 7-year-old was admitted for 2 nights to 7E. We were very well looked after. All of the staff were so kind. For example, the nurse and play specialist in A+E distracted him so well that he barely noticed his blood tests being done. The cheerful porter who took us to the ward made us feel at home. The nurses brought him tasty snacks and set him up with a DVD player.
- The staff are always very nice and friendly and accommodating. Mum's in and out of hospital. They are always helpful and explain things. No complaints never had a problem.

Night nurses receive positive feedback, which is an improvement compared with our previous report.

- For the majority of my visit in the EGU and Ward 8, I had the most wonderful hospital staff assist me with everything. The night nurses in Ward 8C on Feb 19 were also amazing - I can't remember one of their names but she let me borrow her phone charger so I could text my parents, who live outside of England.
- The night nurse was so quiet and gentle when she administered [my child's] his antibiotics.
- She thought the care in RLH was good, particularly praised night nurse A. who was very attentive and kept her company at night

A minority of patients, however, report a lack of support from nursing staff. Most of these complaints come from bed-ridden inpatients, who depend on nurses for performing simple tasks.

- The after-birth care was horrid nurses where rude and constantly ignored my calls for help. After operation I couldn't get off bed to help myself they didn't seem bothered. Extremely

disappointed. Cried myself to sleep the first 2 nights due to helplessness. Had to stay in hospital after care for a whole week. Was a nightmare had to beg to be discharged.

- *I've been in hospital for nine days, not happy about the way I have been treated by nurses and staff; they simply don't seem to show empathy towards me. There's a lack of proper communication.*
- *Patient completed a feedback form to raise concern about the provision of mobile commodes for disabled patients. During her stay in hospital, instead of using a toilet independently she had to use the commode in the ward, it was embarrassing when visitors were present.*
- *My brother was admitted to A&E. The treatment he received there was excellent. Then he had a couple of operations and spent time in HDU. He was then moved to a Neuro and ENT. ward. This is where it started to fail. Poor attention by nursing staff. He looked unkempt, like a tramp as if he was not being cared for. We found him slumped in bed. Nursing staff would often be seen standing around at the desk just chatting to one another. Is this called nursing?*
- *Complaint regarding negligence during miscarriage. As a result, patient was left Leading to being bedbound for two weeks seriously unwell needing three bags of blood.*
- *Complaint from patient's daughter about inadequate nursing care and failure to provide basic interventions to prevent patient acquiring pressure sores.*

Families and carers of patients, especially of those admitted with serious illnesses, who temporarily or permanently depend on them, also report not receiving sufficient information about the care of their loved-ones.

- *Sister of patient transferred from MEH, is concerned she is not being engaged with by medical staff in regard to her sister's care on the ward.*
- *Received a complaint e-mail from a bereaved family. The daughter complaint about poor care/ lack of empathy/ lack of knowledge regarding the deceased condition and poor management.*
- *Niece and carer is concerned about the lack of information the family is receiving regarding the patient's care.*

Communication

Staff members who receive positive feedback from patients communicate well; they give detailed information, involve patients in their own care and instil confidence.

- *They are really great here. Really lovely staff. Always doing things for you and chat. Very good at explaining things. Tea. really good.*
- *They explain their actions and they involve me. I ask questions and they are happy to listen and answer me.*
- *A. [a senior midwife on the ward] is the greatest person ever! She really loves her job and knows what she's talking about. I wish there will be other people like her, absolutely amazing!*
- *The care we received today at the Royal London Hospital was outstanding. Everyone on the labour ward was fantastic. We had a very positive birth experience and were empowered to make our own decisions and supported fully throughout. I can't recommend Royal London highly enough.*
- *Fantastic service in this ward. Staff are understanding and very attentive and they listen to patients. I feel safe and well cared for in this ward.*

Briefing patients at the beginning of the day on what to expect, like the Day Surgery unit does, is useful and appreciated by service users.

- *I was welcomed into the Day Surgery Reception at the Royal London Hospital on Wednesday 29th November 2017 for an aneurysm repair. A sister briefed us on what to expect and as names were read out I was moved into the reception area and had visits from surgery and anaesthetics teams to give me the low down on what progress my operation would take. Great communications and everything explained and off we went to be anaesthetised and seemingly the next second, I was surfacing in the recovery room where an angel in nurses' uniform looked after me until it was time to move to the High Dependency Unit on the 4th floor. I was met over the short time I was there by many members of staff. Headed by the very charismatic and friendly consultant of Intensive Care. All were astonishingly busy from paperwork to clinical equipment supervision and the general nursing care ethos. All were faultless in the care delivery and expertise.*

On the other hand, patients who receive insufficient or unclear information feel less empowered to make informed choices about their care; and they experience unnecessary stress.

- *My home visit was so bad it almost put me off doing a home birth! The midwife had absolutely no 'bedside manner,' couldn't tell me what number to call, kept focusing on getting a stretcher into my house will be a problem (the 5 steps into our front door), that I needed lots and lots of towels (but couldn't tell me why) and needed a bright light or torch (apparently if you need stitching up) She wasn't very positive and almost implied that I shouldn't bother as I'll be transferred anyway. I felt like she challenged my choices and focused a lot on the logistical complications. After that I 'signed up' at the Barkantine in fear that I'd get that midwife to deliver my baby!*
- *She spent 9 Days in hospital, mainly complaining about lack of proper communication between staff, no clear understanding of what should be dealt with appropriately. She was not happy about being told one thing and then another.*
- *Grandchild was delivered 3 weeks early(?) during pregnancy. Child was not feeling well. Very furious patient. Nurse did not take care of mother or baby. They took baby out of incubator and put her in a big cot. Felt totally ignored and very angry. Suggests that nurses need to care better for their patients*

Communication between nurses and other health professionals can also be an issue; made worse by incorrectly recorded information.

- *Complaint regarding incorrect record by midwife who recorded wrong EDD and Blood group in patient's red book.*
- *Father informed nurses had documented on the patient drug chart that he had refused his medication, which was untrue and so wants this to be investigated.*

On the other hand, in some cases nurses or other health practitioners can 'mediate' between patients and doctors to ensure patients get the full extent of the support they need.

- *One time I didn't get the consultant, but a neurology nurse saw me and said I'd done really well. Although I did feel the higher-ups in the hospital wanted to push me out- one consultant told me "If your legs don't get better you'll have to just go home", and I couldn't go home like that-my bathroom was upstairs, my toilet was upstairs, I couldn't use it. So, I told my physiotherapist, and the physio said "I'll have a word with this doctor" and she wrote a long email saying "You can't just talk to people like this". I haven't seen that consultant again.*

Nutrition

People made mostly positive comments about the quality of food.

- *It's clean and has good meals, the staff are lovely.*
- *The food has been good this time. Really liked it. Didn't chuck anything away.*

- Reasonable food. You're not at home so it won't always be to your taste.
- It's good here, I eat like a horse, and I am happy, but I want to go home now.
- Food was amazing- I had over 6 options, I wondered if I was in a private room. It was very comfortable, like a hotel.

A few, however, remain dissatisfied with it.

- Recruit more staff, long waiting time, could have shorter waiting times and better food
- The food was not very nice as the rice was very hard.
- When I first came in here the food was inedible- horrible hospital food. The woman in the bed next to me told me to ask for the kosher menu because the kosher food is so much better- and it actually is!

The food menus have been revised in 2017, and there are currently multiple menus for people with medical or cultural dietary restrictions available on request.

- I got vegetarian food after asking.
- Food was quite good and nutritious and plenty of choices. It staggered me to think that around 1600 patients were fed three times a day, plus tea and coffee. It must be a very well-oiled catering machine.
- The food is like school dinners. They give me options though and explain different menus. I often have the young peoples or kosher menu as I can only eat white food and that gives me more choice.

There are however reports of service staff refusing to show patients the available menus, instead only reading out a few main course options from their tablets. As a result, some patients are not aware of the fact that they can request a different menu for special dietary needs.

- Patient was not happy with the attitude of the catering staff on ward 9E who refused to give patients a menu and then would not let them have what they asked for. She also stated that this lady told them they all had to get out of bed as they were going to be made.
- I never received a menu from the woman who orders the food, I got this menu from the man opposite. The woman has memorised the 5 main dishes and only that, she would just say those (the menu included options for starters, mains, daily specials, sandwiches, jacket potatoes, omelettes, salads and dessert). I'm diabetic, I asked if there was a diabetic menu and she said no. [This is inaccurate, special menus for people with medical and faith-based dietary restrictions are available]. The family next to me in the bay are Muslim, they've been here for a week and they were never told about halal menus. When I pointed it out to her, she got all snooty with me, she never apologised or anything, she just turned and walk away- I think that's laziness, and I think that she has an attitude problem.
- She liked vegetarian food, but she struggled with the menu, not well-catered for vegetarians.
- Is disgusting and can't be eaten it's served on paper plates with plastic knives and forks. If you ask what is there to eat they get angry at you as they read it off their iPad. All of it is bad and I wouldn't give it to my dog. It's such a simple fix give out menus and improve the food available. I just want to eat healthy and normal food. Apparently the restaurant food is ok but I'm stuck in a bed.
- Grandmother was unhappy that the meals she had was always shepherd's pie, no choice given from the menu.

There is limited mealtime flexibility for patients admitted after food has been served. Some patients have been able to obtain food outside of regular mealtime and some haven't.

- *I was admitted to ward 10E after supper. I was hungry, and I asked if I could get some hot food, but they said, "only sandwiches".*
- *I've only had breakfast since being here and that was nice. When I got on to the ward I hadn't eaten in quite a while and a meal time wasn't due, so someone went off and got me sandwiches and everything.*
- *I was told I was not allowed to have breakfast; because I had arrived around midnight and at 8 am when they took breakfast orders I was asleep. So, when I woke up and asked about breakfast they said I can't have any because I've missed it. But when I mentioned to another nurse she took care of it and I got it. The staff is polite.*

In-between meals, snacks and drinks are generally not available.

- *You get a cup of tea with breakfast and then nothing else. It would be good if there was a place that you could make a cup of tea or coffee.*

A few patients have complained about the attitude of food service staff.

- *Patient felt that the lady [serving food] was very intimidating and was bullying the patients on the ward, and that the other staff heard this but did nothing to intervene.*
- *The nurses are really good, they are well-trained, they listen, they're knowledgeable. Healthcare assistants, on the other hand, are not very motivated, and kitchen staff are very snappy.*
- *The ward is very bad, there are people here who don't care- they put my breakfast out of my reach and didn't care if I could get to it- the nurse responsible for it was very uncaring- this is the worst ward! When I first got here for hours no one got near me.*

Meals for inpatients at the Royal London Hospital- findings from our Enter and View visits

On January 16 and 19 2018, Healthwatch members and staff carried out Enter and View visits to the hospital's Wards 14E and F (care of the elderly), 12D (trauma), 11 E and F (acute care) and 10E (gastroenterology). As part of our visit, we observed mealtimes in some of the wards and asked for patients' feedback on a variety of topics including hospital food and meal service.

What we have learned

- Compared with our previous Enter and View visits carried out in 2016, food service and presentation have improved.
- Patients are broadly satisfied with the quality of food.
- Vegetarian food options are somewhat limited.
- Staff serving food do not always present patients with the full list of choices or inform them correctly about availability of food options.
- The attitude of staff serving lunch has been criticised by some patients.
- Catering staff in the Acute Care wards did not strictly observe infection control rules around immunosuppressed patients.
- In the older people's wards, there were still issues with denture wearers who had difficulty eating and staff removing unmeasured food from red trays.

Environment, resources and staffing levels

Most people commented positively on the layout of the wards and the cleanliness thereof.

- *Clean friendly lovely children's ward lovely and bright.*
- *the toilets are cleaner, spotless.*

Parents who paid for post-natal private rooms were generally happy with them.

- *The room was great and well worth paying for and the midwives (especially a particularly great student midwife) were helpful and friendly.*
- *I opted for a private room to recover and stayed in hospital for 5 days which I highly recommend if you can afford it (150 per day) During this I was given breastfeeding lessons which were invaluable, nappy changing lessons and much more advice from the doctors and midwives.*

A few people complained about the wards being noisy.

- *Patient raised concerns about the poor attitude of a nurse on the ward and also the amount of noise that goes on in the ward. He informed that this issue has been raised before and he was assured that it will be dealt with. However, the shouting and banging of dustbins etc. still continues.*
- *My mum has now been moved to a ward with a lovely view on the toilet and lots of screaming kids running about.*

The hospital has reportedly experience a shortage of beds on several occasions. This can put pressure on the hospital to discharge patients before they are ready to go home.

- *At London's largest hospital, the Royal London in Whitechapel, staff could not find a bed for a patient after a ten-hour operation on Wednesday.*
- *Following my procedure, I was rushed out of hospital due to the fact that they needed beds in the ward. While every nurse/doctor/consultant I met with up to this point was beyond-words lovely, I was rushed out of the hospital by a nurse in Ward 8C. I did not receive my full discharge notes from her, information regarding recovery time or my full list + quantity of medication I would require. They needed beds, which I do understand, but being rushed out didn't allow me to have a final seeing by a doctor, for important information.*
- *Mr X has been admitted to the hospital 6 days and actually not recovered yet but has been forced to be discharged because the hospital needed the bed. HE said he was also waiting for 3 1/2 hours for painkiller medication. He said of this moment he is feeling a lot of pain and is not satisfied with the treatment he is receiving for the Royal London Hospital.*

Because of the lack of beds, patients can spend a long time on trolleys in hallways or chairs in waiting rooms, in an uncomfortable environment.

- *There was a long wait in A&E on the Tuesday - two or three hours. Then put in a cubicle and then on a horrible trolley for about 14 hours. - really uncomfortable.*
- *I'm pregnant and I went to hospital on 8th January I was feeling sick. The nurse gave me a anti sickness he told me to sit in the chair in waiting area I start feeling dizzy my heart was beating so fast my vision was blurry I feel like I'm going to pass out. I asked the nurse I'm not feeling well I need a bed he said 'I'm sorry there isn't any bed available you will have to wait 39 hours for a bed. I asked him for self-discharged I couldn't wait any longer I was feeling unwell. I came home after 30 mins my condition went so bad I had to call an ambulance. They need to improve their services.*

- *I recently had my 4th child here a week ago now...I'm terribly disappointed that they make you wait outside in a corridor for hours whilst being in pain and having contractions!*

Overcrowding of wards can result in patients being moved from one ward to another, as well as in general lack of support.

- *My mother went in to have a small benign tumour removed, so we thought. They found more of a mass behind what first thought. They only found this out after opening her up! Anyway, if that wasn't bad enough, it's been niggling complication after niggling complication. Moved from ward to ward. Catheter taken out to early, drain to her incision infected, doctors not coming when called, nurses not coming when called, told she would be going home the next day (That's happened 4 times now and she is at this time of writing still in that terrible place!)*

For patients with complex needs (such as those with severe learning disabilities) who need full time care, accommodations for carers who need to be there overnight or full-time are quite poor.

- *My son is a complex patient. He is 18 but looks much, much younger. When he first came in I wasn't given anything to sleep on. I tried to sleep on the floor on some blankets, but it was too cold. After the 3rd night they gave me a mattress. I'm his main carer and I need to be here. I had to ask the manager for something to sleep on. I'm diabetic and the floor was cold. I had coats on the floor and I was trembling. They ordered me a mattress. The blankets were very thin though, so I had to spend my last £20 on getting this nice think blanket from the market. They won't give me any food as I'm not the patient, but I can't afford to buy the food in and around the hospital and friends and family can only bring so much as it goes off and there's nowhere to heat it. I'm not allowed in the kitchen here. It would be great to have a microwave here that I could use. I would clean it. Even a cup of tea would be great or somewhere to make one. Sometimes the nurses sneak me a cup.*
- *Her daughter and two sons were with her, one of her sons was her carer and he also had issues of his own: he had to take daily medication at specific times (possibly with food, not sure) The ward had 24 hrs visiting, but when he needed to go out to take his medication, he had difficulty getting back, some members of staff were rude and told him he can't go back in.*

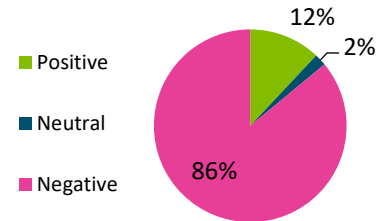
Multiple patients have pointed out that higher staffing levels are needed.

- *Not satisfied with the services and lack of proper care from nurse. Suggests employing more service providers.*
- *Drama, politics, bored, could use more staff.*
- *The care that I received was excellent. The staff was all very nice and looked after me the best that they could. The only thing that I am complaining about is that there was not enough staff on the ward as sometimes I had to wait 30 minutes sometimes for some to come as see me As they were really busy. I cannot fault the staff at all.*
- *Average service, took long to see nurse. [We need] more nurses, faster service.*
- *The patient does not feel good with the treatment she had been receiving in the last one month she had been visiting the hospital. She feels like the nurses are overworked cause they are always complaining of backlog and unable to cope, so this is having a big impact on the services delivered.*
- *Delivered her baby girl 2 weeks ago, very happy with the experience overall but felt that nurses were overworked and there was a staffing issue.*

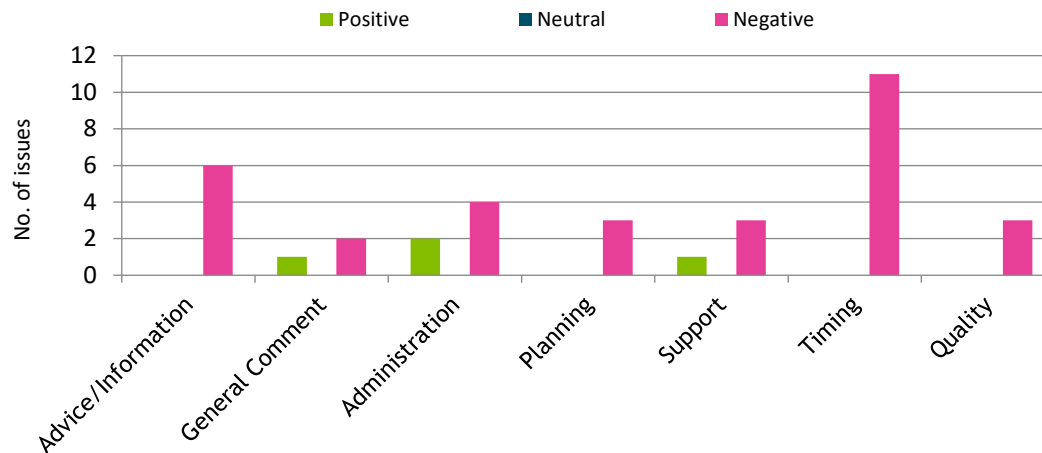
Discharge

Sentiment about **discharge** is **86% negative**.

Patients find the discharge process frustratingly long and disorganised. Patients are unhappy at not being told for how long they need to wait and what would happen once they leave the hospital.



Some report being discharged too early, while still unwell.



Some patients report waiting a long time for their discharge papers, medication or hospital transport. Errors in medical records can cause further delays.

- ☛ *[I had a stroke and have been hospitalised for a few days] So Saturday morning after no more issues was told I'd be discharged in afternoon and this is where it all started going down hill, 12 hours later still waiting to be discharged and after a stroke they say stay stress free will sorry that stress started rising when still there at 9.30pm still waiting for a simple signature that should of been easily done 5-6 hours earlier.*
- ☛ Patient has been advised information on discharge summary is incorrect.
- ☛ [Patient's wife complained about the] delay in dispensing medication for patient discharge.
- ☛ *Coming out of the hospital with finger treatment, been at the hospital for 2 days. Had no complaints at all. Not happy with the waiting time [in the discharge lounge], this could improve.*

A few patients report being discharged without any care package or information on how to manage their condition.

- ☛ *Complaint regarding discharge with an inadequate care package in place for patient. Patient is currently at a care home and requires urgent assistance.*
- ☛ *Patient's mother raised concerns regarding the care and management of the patient. Mother informed that the patient has been discharged from clinic without any further treatment or discussion. She has tried to contact the department to discuss this but to no avail.*
- ☛ *Patient attended A&E and claims that although treated he was discharged without arrangements made for travel, still requiring treatment and no follow up plans*

Some patients also felt they have been discharged before they were able to safely go home, resulting in poorer health outcomes and, in some cases, readmission.

- *I was unwell over Christmas and my daughter brought me into A&E. They said my salt levels were very low. They thought it was viral. Gave me something for it and sent me away. Following Wednesday, I came back again. They kept me in for two days and then sent me home again. She still felt dizzy but they said it was normal as your salt levels came back up. I came back in yesterday morning, they found an infection in my lungs and now they've confirmed I have pneumonia.*
- *Mr X has been admitted to the hospital 6 days and actually not recovered yet, but has been forced to be discharged because the hospital needed the bed.*

Our Enter and View visit to the Inpatients' Discharge Lounge

On January 19 2018, a team of four Healthwatch members, staff and volunteers carried out Enter and View visits to the hospital's discharge lounge.

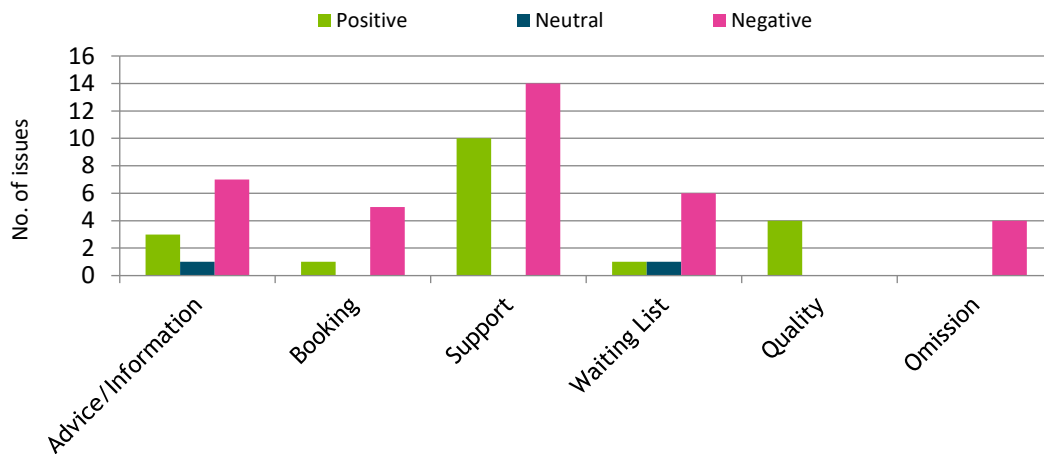
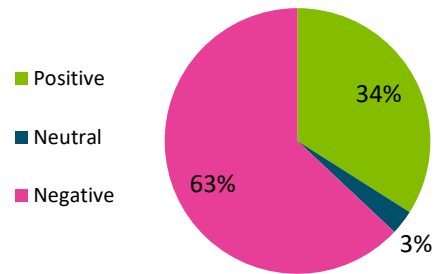
What we have learned

- The discharge lounge is clean, bright, and relatively pleasant to wait in (although handwash was missing from dispensers).
- Reception staff are warm, courteous and sensitive to patients' needs
- Leaflets with relevant information and patient guides, as well as magazines are available for patients to peruse while waiting. However, some of the leaflets on display were out of date.
- A water fountain and vending machine for snacks are available.
- Patients who depend on hospital transport for returning home can be faced with waits of over one hour; we witnessed one family waiting for over two hours for transport; and another person claimed they had been waiting for nearly eight hours.
- Generally, patients find waiting times at discharge confusing and exceedingly long.

Follow-On

Overall sentiment about **follow-on** is 63% **negative**. While still predominantly critical, feedback shows an improvement compared with our previous report, where opinion of follow-on was **86% negative**.

Service users have experienced inconsistent levels of support in relation to continuing their care after discharge and information is insufficient.



Some patients report a good level of follow-on support and effective communication from hospital staff.

- *Follow-up was never rushed, always explained. One time I didn't get the consultant, but a neurology nurse saw me and said I'd done really well.*
- *Last year when I've been to hospital- 6 months ago I was severely injured in an accident; they have been amazing. Very good follow-up from trauma, orthopaedics, ophtalmology- I wouldn't be alive without the doctors here.*
- *I'm waiting for my "hand therapy" [physio?] appointment- good, very good, I trust them, I feel confident about the care they give me and they respect the time of the appointment. The treatments they give me at home are working too.*
- *Last time I was in hospital they tested whether I can manage living at home and I got a physiotherapy referral. The physiotherapist came to my house. It was alright, I got a food trolley to help me- everyone has always been alright.*

More people, however, experience a lack of support and difficulty booking follow-up appointments.

- *Patient is concerned with the lack of care and clarity of information provided when being treated at RLH. Patient has now been discharged, with no follow up plan in process. Claims numerous attempts have been made to contact the department to no avail.*
- *I was discharged after plastic surgery for dislocated finger/ severe cut of tissue. Was told to see the therapy department to have check up on hand after a few days. When I visited the department*

they did not have me on their list but was told by the department head that was having a meeting that day and would get back to me immediately. I still have not had any response and have been trying to contact the department by phone for the last few days and no one picks up the phone.

- *I had what was meant to be a minor surgery few weeks ago in the dermatology department. They told me it should be all healed in few weeks. It is now 5 weeks plus and my wound is still oozing blood. They have not given me a follow up appointment.*
- *[After discharge from hospital- diagnosed with stroke, suspected cancer] well after several weeks and the immediate blood and bone tests/scans had not materialised wife started making phone calls and after several times being told things were in post and arrangements being made she finally got hold of someone who knew what they were doing and that's when we found out NO bone scans had been booked NO stroke aftercare had been booked NO nothing.*
- *I had deep vein thrombosis in my right leg, I was swollen like an elephant. I went into the Royal London - got no aftercare, no nothing. Now, I live alone, I'm elderly, you see, there are a lot of stairs in my house, it's all stairs. Not a damn thing [was done to support me]. Nothing from the Royal London. They are a shambles and a disgrace.*
- *I had eye surgery at the RLH- they did a good job, I'm happy with the doctors and nurses. I'm just concerned that they haven't called about my 2 months follow-on checkup- no call, no appointment.*

Receiving support after discharge can take a long time.

- *Patient sent a complaint e-mail for investigation and response. He complained about the inadequate care/treatment and the delay in getting an early appointment to rectify the error done during his operation.*
- *Received a complaint e-mail from a patient wife with concerns regarding delay in getting an appointment with the consultant to follow up on an urgent case.*
- *I had a finger broken and used plastic surgery department. They did plastic in my finger but it came off. They did it on the 5th of December, I'm going back tomorrow. It is a very long wait and I needed someone to help me with doing my daily chores. So if they do my treatment properly, it's easy for me to maintain myself.*

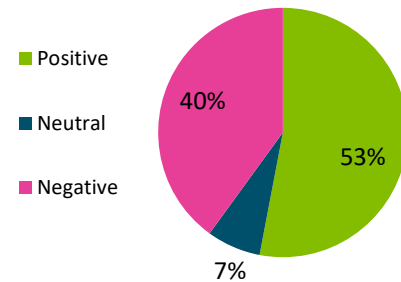
Some people knew very little about care packages and options for continuing treatment after discharge.

- *They didn't know anything about care packages and were reluctant to ask for help, an assessment was to be done based on what could be done to help them.*
- *Patient unhappy with the cancellation of appointment and lack of information provided after surgery.*

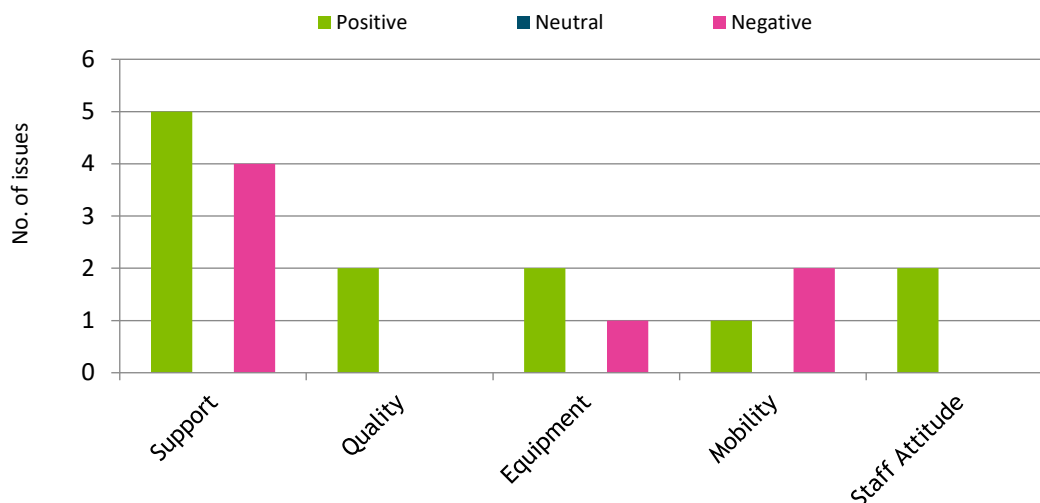
Community Care

Overall, sentiment about **community care** is **53% positive**.

The vast majority of comments refer to either maternity services (such as breastfeeding support, antenatal classes, community midwives etc) or to services for the elderly and disabled (including mobility aids).



Patient experience varies from one case to another, with some service users feeling better supported than others.



People with temporary impairments who received mobility aids from the hospital generally found them useful.

- I got a walking stick and crutches from the Royal London Hospital, but then I had to buy a scooter. I was satisfied with what they did... They made sure I was able to walk before they let me go. I've got no complaints about the NHS.*
- Last time I was in hospital they tested whether I can manage living at home and I got a physiotherapy referral. The physiotherapist came to my house. It was alright, I got a food trolley to help me- everyone has always been alright.*

Not everyone was, however, able to access such services.

- I live alone, I'm elderly, you see, there are a lot of stairs in my house, it's all stairs. Not a damn thing [was done to support me].*

New and expectant parents also gave positive feedback about antenatal and postnatal community services.

- Was seen very quickly. Given lots of advice. Everyone was very helpful. We felt that they cared.*
- Breastfeeding team: they visited us at home twice and we also used the daily walk in clinics in the borough - all very helpful. The daily breastfeeding clinic also identified our son had tongue tie*

which meant it could be dealt with quickly. Tongue tie clinic: he had pretty severe tongue tie which took 2 appointments to fix - both times we were given great care by the 2 ladies there who were friendly and did a great job.

At a community event, a small group of deaf people raised concerns about poor communications.

- *Two deaf people about the age of 30, stated that the communication barristers with deaf people is poor. They stated that the doctors, receptionists, GPs are all very supportive. They think it's because these people are Bengali people why are they treated so poorly. They think deaf people have need to be heard.*

What Happens Next

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

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

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

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