
# Enter & View

## Camborne Redruth Community Hospital – Minor Injuries Unit

healthwatch Cornwall

# Contents

# 1 Introduction

## 1.1 Details of visit

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| Service provider | Camborne Redruth Community Hospital - Minor Injuries Unit |
| Service Address | Barncoose, Redruth, TR15 3ER |
| Date and time | 31st March 2025 10.30am-12pm |
| Authorised representative | Debbie Gilbert and Abi Harding-White |

## 1.2 Purpose of visit

This visit was conducted in response to feedback received about the service. Our goal was to observe the service in action, hear directly from patients and staff, assess working conditions and make recommendations if required.

## 1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their contribution to this Enter and View visit and the subsequent report.

## 1.4 Disclaimer

This report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit.

## 1.5 About Healthwatch Cornwall

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

## 1.6 What is Enter and View?

As a local Healthwatch we are authorised to "Enter and View" health and social care services through the Local Government and Public Involvement in Health Act 2007 and Local Authorities Regulations 2013 (part 4). These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits are an opportunity to see services in action, listen to and understand the experiences of individuals who use them, and make recommendations where there are areas for improvement. The visits are organised based on feedback received about individual services or in response to themes identified in our research.

# 2 Visit Summary

**Conversations with staff**
Healthwatch Cornwall spoke with staff and met with the nurse in charge to discuss the service and view the facilities.

**Conversations with patients**
Four patients were asked individually about their experiences with the service including the facilities, the care and the staff.

**Observation of facilities**
Observations were made throughout the visit, focussing on the condition of the facilities and patient experience.

**Revisit**
A follow up visit was organised to meet with the manager, discuss the findings of the initial visit and receive clarification on the issues identified.

# 3 Initial Impressions

We arrived at 10:30am to find the hospital car park completely full, with vehicles parked on verges and pavements. Ongoing construction work outside added to the congestion, as work vans and trucks were occupying nearby laybys. The experience was quite stressful, and it's likely even more so for patients who are feeling unwell. This was reflected in the patient feedback.

On making enquiries, we were informed that the car park is shared between hospital staff, the Longreach Mental Health GP service, 20 pool cars, and other NHS departments. This leaves very limited, if any, parking for patients. Additionally, public transport stops are located at the bottom of the slope and by a busy junction. This raises significant concerns around accessibility, particularly for vulnerable patients who may already face mobility challenges.

There is no clear external signage indicating the location of the Minor Injuries Unit (MIU). While there is an initial directional sign for the MIU at the roundabout, the sign above the hospital entrance reads "Outpatient Entrance," accompanied by additional signs for Outpatients, X-ray, and Physiotherapy. This does not make it immediately clear to all patients that the MIU is located there. Inside the hospital, signage is inconsistent. One directional sign refers to the "Minor Injuries Unit," while the sign above the unit's doors states "Urgent Treatment," which could cause confusion. Further to this, no opening hours were signposted at the entrance.

The hospital provides step-free access throughout and has a disabled toilet available. The environment was bright, a comfortable temperature, and had a clean smell. The waiting area appeared relatively clean; however, some chairs had visible marks left by previous users which

had not been cleaned. A water dispenser and a vending machine were also accessible to patients, but it was noted that, while the fizzy drinks were sugar free, the machine only contained ultra processed foods. When we enquired about a hearing loop, we were informed that one was not available. A radio was playing in the background, and a screen was displaying informational videos. While there was a poster inviting feedback, there was no visible complaints procedure or safeguarding information on display. Additionally, hand sanitiser and face mask dispensers were empty.

# 4 Patient Feedback

We spoke with four patients in the waiting area who felt well enough to provide feedback.

Reported triage wait times varied. One patient waited 15 minutes, while two others reported a 30-minute wait prior to our arrival. The fourth patient expressed frustration that the online estimated wait time was two hours, but their actual wait was significantly longer. They noted that this discrepancy was particularly challenging due to their caring responsibilities and suggested that more accurate wait time updates would help patients plan accordingly.

All patients described the staff as caring, friendly, and professional. One patient mentioned that the doctor took time to ask safeguarding questions to ensure their safety, while another commented on how visibly busy the staff were.

A common concern raised by all four patients was the lack of clear signage for the MIU. One patient, despite seeing the initial sign at the roundabout, could not find the unit due to the lack of further signs. As a result, they turned around, parked further away, and walked in despite struggling with their mobility. Another patient also expressed frustration with the limited parking availability.

# 5 Observations

The Matron was unavailable, and the manager was in a meeting, but staff were expecting us, and a nurse in charge provided an introduction. However, she was clearly extremely busy.

## 5.1 Staff & Patient Flow

The MIU operates from 08:00–22:00 and sees an average of 100 patients per day. The team consists of two Band 7 doctors, three Band 6 nurses, and three healthcare assistants (HCAs) per shift. Despite their best efforts, staff seem to be stretched thin.

Staff are expected to triage all patients within 15 minutes, a target they rarely breach despite immense pressures. The morning shift saw a queue of patients waiting outside at 08:00, an immediate indication of high demand.

Staff described the situation as: ***'Constant firefighting. It feels overwhelming at times'.***

Another member of staff added: ***'It's like a war zone.'***

Additionally, we scanned the NHS QR code for hospital waiting times in the waiting room. The NHS system displayed Camborne Redruth MIU as having a current wait time of 2 hours and 21 minutes with 35 patients waiting. However, the MIU team stated the wait was actually 4 hours with 35 patients waiting. When we inquired at reception, another receptionist informed us that the system was not live or updated. However, we were able to update in real time. This suggests a lack of awareness or training among staff on how to ensure wait times are accurately reflected.

## 5.2 Inappropriate Referrals & Systemic Pressure

One of the most pressing concerns was the volume of inappropriate signposting from GP surgeries, particularly from Carn to Coast and Harris Memorial practices. Many cases seen in the MIU should have been managed elsewhere. Examples observed during our visit included:

- A 9-month-old baby with cystic fibrosis.
- An elderly man with a suspected stroke.
- A young mother with two children, presenting with a headache and a blocked nose.

These cases place significant strain on the MIU, which appears to increasingly function more like an emergency department rather than a minor injuries unit.

***'We have women coming in with breast lumps, but we can't refer them to the Cancer Unit. Instead, we have to send them back to their GP, causing delays when time is crucial for cancer diagnosis.'***

This issue underscores a broader systemic failure in referral pathways, delaying essential care for patients and overburdening the MIU with cases outside its remit.

## 5.3 Working Conditions & Infrastructure

Staff were working under immense pressure in poor environmental conditions. We observed:

- Corridors lined with equipment.
- Plaster peeling off walls.
- Rusting radiators & holes in the walls.
- The "Chokey" Triage Room – a small, windowless room where practitioners work eight-hour shifts without ventilation, security, or panic alarms.
- The most alarming was the state of the plaster room. The floor, units, and sink were covered in plaster dust and remnants of supplies . A patient had received treatment that morning (Monday), yet staff reported that the room had not been cleaned since Saturday.
- The staff have had to decorate a room themselves just to create a habitable staff room.

In contrast, the children's treatment room was well-decorated, clean, and well-equipped, offering a stark contrast to the rest of the facility.

A student nurse reported manning the reception area from 08:00 to 14:00, then working as a healthcare assistant until 20:00. This raised concerns over:

- The lack of training for handling complex medical and behavioural issues at reception
- The loss of valuable clinical learning opportunities for the student
- The high risk of burnout and fatigue

Additionally, between 20:00–22:00, there is no healthcare assistant coverage for the department, adding to staff strain.

Training was described as inadequate***: 'The online training is basic and insufficient. In a lot of cases, we just hope for the best.'***

## 5.4 Systemic Issues

The MIU operates on four different IT systems, leading to inefficiencies:

- PAS – an outdated system staff referred to as '***awful.'***
- Oceano – a booking system shared with all emergency departments in Cornwall.
- Spine (NHS) – used to retrieve details of visitors and holidaymakers.
- Email referral system – an additional, manual process used by 111
- MAXIM

Staff must juggle multiple systems, increasing the risk of delays, miscommunication, and administrative burden. A centralised and streamlined approach is desperately needed.

## 5.5 Supply Shortages

MIU orders supplies from INTEGRA, including sterile water, dressings, and medical necessities. However, supply chain failures mean staff often do not receive essential items. This unpredictability poses a risk to patient safety, particularly in emergency cases.

***'Sometimes the order just doesn't arrive, so we have to scrounge off other units.'***

## 5.6 Mental Health & Homelessness Challenges

The MIU also faces challenges with mental health presentations, particularly from homeless individuals referred from the homeless centre at Pool. While there is a specialist GP for the homeless, staff are still encountering complex cases that require additional mental health support and safeguarding.

***'We are not equipped to deal with the volume and complexity of mental health cases we see.'***

# 6 Key Issues Identified

1. Lack of signage to the MIU is causing confusion for patients.

2. Limited parking and poor public transport access are making it difficult for patients to reach the MIU. Nearby bus stops are located too far from the hospital, requiring patients, many of whom may have mobility issues, to walk uphill to the entrance.
3. Self-referrals to the MIU due to lack of GP appointments.
4. Overcrowding & insufficient space for the volume of patients seen daily.
5. Poor working conditions, including inadequate staff facilities and hygiene concerns.
6. Lack of security & support for staff in high-risk areas like triage.
7. Potential delays in appropriate referrals (e.g., breast lumps).
8. Recruitment issues. Despite receiving 40 applications for a receptionist role, no appointment had been made.
9. Supply shortages – essential medical supplies frequently fail to arrive.
10. Outdated IT systems – staff operate across multiple systems, leading to inefficiencies.
11. Evening resource strain – no HCA after 20:00 leaving highly trained doctors and practitioners taking on additional routine tests.

# 7 Revisit

Following the initial Enter and View visit, a follow-up meeting was held with the service manager to clarify certain aspects of the visit, including observations made and feedback received. The sections below give the manager's response to the issues outlined in Section 6 of this report.

A further observation about the parking situation was made at the revisit when, on arrival, two ambulance crew members were unable to get the ambulance out of the bay due to cars parked adjacent and blocking their exit/road. A member of staff came out to move their car, but they were unable to locate the construction worker who was also causing an obstruction.

## 7.1 Staff & Patient Flow

The manager's viewpoint was that this reflected a patient's perspective, but there are many other factors to consider, such as priority cases, whether a patient needs to be seen by a doctor or nurse, and whether the patient is being 'heralded' (transferred to the ED process), all of which play a part in how long people have to wait. However, it was emphasised to them that the issue stemmed from the receptionist not realising the system was live and suggested they may need a refresher in how to ensure it is updated.

## 7.2 Inappropriate Referrals & Systemic Pressure

The manager clarified the role of Minor Injuries Units (MIUs) within the wider healthcare system.

Primary Care Centre (PCC): PCCs are comprehensive healthcare services providing general and ongoing medical care. Minor Injury Units (MIU) and Urgent Treatment Centres (UTC) are seen as specialised components of a PCC, catering to different levels of urgent care. These centres are integrated under the same umbrella because they all contribute to delivering

accessible healthcare services to the community, focusing on urgent care, primary care, and ongoing health management.

Minor Injury Units (MIU): MIUs are designed to treat minor injuries that are not life threatening, such as sprains, cuts, and minor fractures which can be managed by nurses and other healthcare professionals. It is a type of urgent care facility within the primary care system but not an emergency department, as it sometimes feels.

Urgent Treatment Centre (UTC): UTCs are designed to treat minor injuries and minor illnesses which require immediate attention but are not life-threatening, handled by doctors as well as nurses and other medical professionals. They treat a variety of conditions that fall between the scope of a GP and a hospital emergency department. Like MIUs, UTCs are often considered part of the broader primary care system because they provide immediate care and help manage healthcare demands without overwhelming emergency departments.

In essence, MIUs, UTCs, and PCCs all fall under the broader umbrella of primary care because they provide accessible, community-based care aimed at treating conditions early and preventing unnecessary hospital admissions. They help manage the healthcare system by offering alternatives to emergency departments for non-emergency and urgent issues.

When asked why women with breast lumps and men with strokes are being referred to the MIU, the manager confirmed that GP's are not directly referring. However, when people cannot get a timely appointment with their GP, the patients tell the unit that the GP's have told them to 'go to the MIU for quicker treatment'.

They felt this could be because of lack of awareness or misunderstanding of services as patients might not be aware of the appropriate place to seek care for certain conditions. If patients perceive their symptoms as urgent but not life-threatening, they may mistakenly turn to the MIU rather than an urgent treatment centre, GP, or emergency department.

Another consideration is access to care as the MIU have more accessible opening hours than GP practices or hospitals, which may encourage people to seek care there for a variety of symptoms.

We discussed the overburdened health system and how patients may be more likely to present to the MIU, even for conditions that would typically require more specialised care. In some cases, patients might not know where else to go or feel they have no other choice.

They acknowledged that breast lumps can potentially indicate cancer or other serious conditions and should be evaluated by a specialist. However, they can only refer back to the GP and these cases are inappropriate for MIU.

They said if someone presented with a suspected stroke, they would try their best for the patients but are not specialists. Strokes need immediate emergency treatment, so they would send them straight to the emergency department (ED).

Additionally, pharmacists dispense medications and are not prescribers although there are seven conditions they can prescribe for.

While the MIU is clear on its purpose and scope, there seems to be confusion regarding the distinction between the Primary Care Centre (PCC), the Urgent Treatment Centre (UTC) and the Minor Injuries Unit (MIU). The lines between the services appear to be blurred, especially when it comes to who is responsible for treating patients, as it often depends on which staff are available.

With limited resources, funding, and staffing, this situation becomes even more complex, and we need to acknowledge the challenges it creates. However, better communication and clearer guidance from CFT are essential to define the roles and expectations of the PCC, UTC and MIU. This will help ensure that patients are treated by the appropriate staff and improve the overall flow of care.

## 7.3 Working Conditions & Infrastructure

The same equipment lined the corridor which had been seen during the visit two days prior. The manager informed us that the stores deliver equipment and 'dump' without letting anyone know. It was emphasised that it had been dumped there at least two days prior and it was still there.

We were advised that triage rooms require two doors for entry and exit which was why the room without ventilation (the Chokey) was being used. However, the other triage room had only one door and a window, but they expressed his is being used out of necessity. When concerns were raised about the long shifts and security within the first room, the response was that they 'let them out for breaks' and that the rooms had 'bells' if they needed help. This is different to what was heard and witnessed when being shown the rooms originally.

The plaster room was still in same or worse condition, and it was noted that additional rubbish such as a cardboard box had been placed on the patient bed.

The manager said the staff did not "have to" redecorate the staff room. The flooring needed replacing which was done and "they chose" to take the opportunity to brighten it up.

The manager informed us that the receptionist was fully trained. She was a nursing apprentice, and her placement time was away from the unit. When this 'receptionist' was in the department she was there in the capacity of an HCA.

## 7.4 Systemic Issues

In November 2025 the department will be moving to a new system called eCare. This connects directly to the emergency department. However, they would be keeping Spine.

## 7.5 Supply Shortages

Issues with ordering and running out of supplies were acknowledged. The manager said it was 'problematic' and they were frequently 'out of stock' on certain items. They found it frustrating that ordered items were either left off the order or not delivered.

## 7.6 Key Issues Identified

Recruitment issues – despite receiving 40 applications for a receptionist role, no appointment had been made. This was due to processes and recruitment panel. Additionally, staffing level

needs increase but the budget to accommodate this does not. They are also 'fighting like for like' and need a 'staffing matrix review'.

# 8 Conclusion

The staff at Camborne Redruth Hospital MIU are dedicated, hardworking, and resilient, but they are operating under immense pressure with inadequate resources. The unit is forced to function beyond its intended scope, pushing it closer to a full-fledged emergency department without the infrastructure to support it. Urgent reform is necessary to protect both staff and patients from an increasingly unsustainable situation.

# 9 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from both patients and staff to improve experiences for those using and working in the Minor Injuries Unit.

1. Improve signage throughout the hospital to clearly direct patients to the Minor Injuries Unit
2. Conduct a thorough carpark assessment, exploring alternative staff parking arrangements during ongoing hospital works. If not already in progress, engage with the local council and other stakeholders to identify available land that could provide temporary or long-term parking solutions.
3. If not already initiated, engage with the council to explore the possibility of adjusting bus routes to include a stop at the hospital, better serving the needs of the community.
4. Strengthen communication with patients and across departments. Clearly outlining what the service provides and who it is intended to help. Regularly update wait times online to reflect real-time conditions and display this information on screens in the waiting area and at reception, along with updates on any delays or service changes.
5. Explore the possibility of remote triage to reduce onsite congestion and better manage patient flow for staff.
6. Improve staff working conditions, focusing on tidiness, cleanliness, maintenance, and providing appropriate facilities to work in and take breaks.
7. Strengthen referral pathways to GPs, particularly for urgent concerns such as breast lumps, and consider integrating a red flag system to prioritise and expedite access via GP triage.
8. Implement a streamlined screening process to accelerate staff recruitment.
9. Resolve procurement challenges to ensure consistent access to essential medical and operational supplies.
10. Establish a formal referral and walk-in policy for after 6pm to support the evening shift and manage after-hours patient flow effectively.

# 10 Provider Response

Thank you for the feedback from the Healthwatch visit to Camborne/Redruth Community Hospital's (CRCH) Minor Injury Unit (MIU) on 31 March 2025.

We are grateful for the opportunity to show case the work that takes place within our unit but also to understand from a patient experience and feedback. We would like to provide assurance that some of the recommendations you have made are already in progress.

Recommendations:

1. Improve signage throughout the hospital to clearly direct patients to the Minor Injuries Unit

   The trust is part way through a programme which is reviewing and replacing signage. A number of building projects and investment is taking place across the hospital site. Therefore, several temporary signs are in place. Once the projects are completed, we will display more permanent signage that reflects the site accurately.

2. Conduct a thorough carpark assessment, exploring alternative staff parking arrangements during ongoing hospital works. If not already in progress, engage with the local council and other stakeholders to identify available land that could provide temporary or long-term parking solutions.

   The car parking space at CRCH is currently temporarily limited due to the building projects occurring across the site. Our estates team is aware that we need to review car parking facilities however we are not in a position to undertake this until most of the projects have been completed. Temporary solutions have been reviewed and put in place to support the general community across the site. Last year, when we had to close the entire MIU car park, we offered alternative parking and a bus to and from the hospital. Unfortunately, we do not have the funds to offer this long-term.

3. If not already initiated, engage with the council to explore the possibility of adjusting bus routes to include a stop at the hospital, better serving the needs of the community.

   There is an established bus stop on site. We recognise it is a distance from the hospital entrances. There are plans to review this when the majority of the building projects are completed.

4. Strengthen communication with patients and across departments. Clearly outlining what the service provides and who it is intended to help. Regularly update wait times online to reflect real-time conditions and display this information on screens in the waiting area and at reception, along with updates on any delays or service changes.

   The structure of MIUs and urgent care in Cornwall is currently under review with our ICB

colleagues which will likely see change and tighter definition of services and their provision.

We are currently working on a project to ensure that the screens in the public areas display information on waiting times and service provision. Our communication team, and system partners frequently share information about the service and changes to availability for example when waiting times in units are high.

5. Explore the possibility of remote triage to reduce onsite congestion and better manage patient flow for staff.

   NHS 111 is a National Service that provides a telephone triage service which many patients access prior to arrival at MIU. We do not currently operate an appointment system, but this is being explored as a tool to aid patient flow as part of the service review being undertaken currently.

6. Improve staff working conditions, focusing on tidiness, cleanliness, maintenance, and providing appropriate facilities to work in and take breaks.

   The staff have a well presented, well stocked staff room in which to take their breaks and are strongly advised and supported by the Team Lead to ensure the appropriate breaks are taken. We always strive to create a better environment for our staff to work in and will continue to review processes and solutions to keep moving forward. We have also just opened a CAFÉ within the hospital that supports visitors, patients and staff.

7. Strengthen referral pathways to GPs, particularly for urgent concerns such as breast lumps, and consider integrating a red flag system to prioritise and expedite access via GP triage.

   The unit is directly accessible to walk in patients and as such does see people in marginalised groups, who may find it hard to access traditional services. The team pride themselves on the service they provide being fully inclusive and accessible. There are requirements under NHSE choose and booking and 2-week pathway referrals which require us to work with the local GPs. We have sought solutions to these, wherever possible. We work closely with local GPs and always aim to make any transfer back to GPs as seamless as possible, if the case cannot be managed in entirety by the Unit.

8. Implement a streamlined screening process to accelerate staff recruitment.

   The Trust supports active recruitment through a central service. We have been successful in recruiting across all of our services. We are pleased to report that we have recently been successful in covering our administrative vacancies. We have a very low turnover rate which enables us to promote from within and develop people's careers. Our recruitment teams are exploring innovative ways to streamline recruitment, learning from other Trusts.

9. Resolve procurement challenges to ensure consistent access to essential medical and operational supplies.

   We have a process for ordering resources which is generally very good. On occasion we expedite orders, especially in times of high demand over the summer months as our acuity and demand increases as the population doubles with visitors. We are exploring digital solutions to support our team managers in these areas.

10. Establish a formal referral and walk-in policy for after 6pm to support the evening shift and manage after-hours patient flow effectively.

    This is being reviewed and explored with staff and management as part of the MIU and UTC service review.

In response to the content of the report, there are some matters of accuracy we would like to clarify.

With regard to staff and patient flow (section 5.1) on the morning of your visit, the MIU was staffed by 4 band 6 practitioners and 1 band 3 Health Care Assistant (HCA). An additional HCA was supporting with administration duties due to short notice sickness. The co-located urgent treatment centre (UTC) and primary care centre (PCC) was staffed by 2 GPs and 1 HCA. The MIU and PCC are 2 separate commissioned services, which are co-located.

Many patients are directed to CRCH for medical review at the UTC or PCC, not just the MIU services. PCCs are considered part of primary care provision. The Trust was commissioned to offer this service to patients displaced by the closure of Cardrew GP Surgery on 2016.
MIUs and UTCs are part of the urgent care system. They offer alternatives to the emergency department. MIUs and UTCs are not specialised components of a PCC as referenced in section 7.2.

The department is particularly busy in the morning when it opens at 8.00am, with large numbers of patients booking-in in the first few hours. In effect, at 9.00am, the longest wait within the unit can only be 60 minutes because the unit has been open an hour, but the actual waiting time could be longer if 20 people are waiting to be seen. We do our best to give a more accurate waiting time within the unit itself based on clinical knowledge and judgement but acknowledge this could cause confusion for patients.

The plaster room is very difficult to maintain 'looking clean' due to the nature of its use and the plaster used.

Emergency call bells are located in every clinical room, including triage, so assistance can be gained quickly if required. The role of triage is imperative for patient safety and involves a lot of moving between triage and other parts of the department and they are not located solely in just one part of the unit, at times of increased demand we will often utilise another member of the team to support the triage practitioner however this often has to be balanced with ensuring we maintain patient safety within the department. The team are always on hand to provide any

additional respite from this duty as and when required.

We would like to thank Healthwatch for sharing this feedback and hope that our response does provide assurance that this feedback is being responded to.

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