



Enter & View

Royal Cornwall Hospital
Emergency Department

healthwatch
Cornwall

Contents

Contents	1
1 Introduction	2
2 Visit Summary	3
3 Service Overview	3
4 Observations	4
5 Patient Feedback	5
6 Staff Feedback	6
7 Manager Feedback	6
8 Recommendations	7
9 Provider Response	8

1 Introduction

1.1 Details of visit

Service provider: Royal Cornwall Hospital

Emergency department

Service Address: Treliske, Truro TR1 3LJ

Date and time: 8th September 2025 10am-1pm

Authorised representatives Abi Harding-White &

Nigel Oakes

1.2 Purpose of visit

This visit was conducted as part of a rolling programme of service visits across clinical service providers. Our goal was to observe the service in action, hear directly from patients, and make recommendations for improvement.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for providing a warm welcome and their positive 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 patients 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 clinical and managerial teams to discuss the service and view the facilities.

Conversations with patients

Patients in the main waiting room were asked about their experience of the department

Observation of facilities

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

3 Service Overview

The Emergency Department (ED) at Royal Cornwall Hospital is a 24 hour a day service for the treatment of serious and potentially life-threatening conditions. It is used primarily for the stabilisation of very unwell patients, who are either then referred on to a speciality team within the hospital for onward care or will receive treatment ensuring they are medically fit before returning home. Patients arrive through one of two areas; self-presenting patients use a walk in entrance, while patients arriving by ambulance enter through an ambulance arrival entrance. All patients are booked in on arrival and triaged, which means their level of need is assessed to ensure they are treated appropriately

4 Observations

The ED Walk-in entrance was well signposted with a large, clear sign over the door. Either side of the door were adverts for the Ill service. There were two drop off parking spaces immediately outside the entrance with a further 20 or so a short walk away.

A security guard was on duty immediately inside the entrance

There was a coffee machine, a soft drink dispenser with a variety of both regular & sugar free drinks and a snack dispenser, which contained chocolates, sweets and some low salt options. All appeared to be well stocked and working.

The main waiting room was clean and light with approximately 8 patients waiting. There was a single information screen located high up on a wall displaying real time information on waiting times and number of patients at ED as well as at all the local minor injury units (MIU). The details on this screen matched those available on the NHS website at the time. There was a clear and informative sign which showed information about the 'patient journey' through the department, this also showed where patients might potentially be redirected for treatment.

There was a drinking water station which was not clearly signposted and had an empty cup dispenser, cups being instead stored in a plastic sleeve which may have infection control implications. The water station had a notice attached advising patients to not eat or drink until they had been triaged, this was however partially obscured so not immediately apparent. Some of the seating in the waiting area had cracks.

The reception staff appeared welcoming and were speaking to patients in pleasant tones. They were happy to call the charge nurse on duty when asked. Both in and around the reception area there were safeguarding information posters and leaflets on prominent display.

Following initial assessment, patients are assigned a score based on the urgency of treatment needs and were then sent to one of several waiting areas, with the most ill patients kept close to doctor and nurse care.

Many of the clinical areas were in the process of being cleaned by dedicated domestic cleaning staff throughout the visit. Corridors were clear of beds and unnecessary clutter. The entire department appeared calm and orderly, staff were clearly busy but did not appear stressed.

5 Patient Feedback

A total of 15 patients in the main waiting room were asked for feedback on their experience of the department. All were happy with the waiting time to be seen at the time of the visit, with many commenting that they had been assessed (triaged) almost immediately on arrival. Another common theme was satisfaction on the length of time between assessment and consultation with a doctor, most had been seen within 30 minutes and some sooner.

Most patients commented on the friendliness of the staff, one patient told us 'It's really good here, everybody seems nice, I can't fault them'. A partner of a patient said 'All the staff have been lovely, and so caring, I'm so impressed with everybody'

Another common theme was positive comments regarding the care given by the staff. One patient said, 'Today has been really good, the staff have been so understanding, and I felt properly looked after' Several patients commented on the kindness with which care was delivered, with a patient saying 'I really appreciate that they have listened to me and taken me seriously'

Patients also commented on the fact that they were given accurate information regarding the next stages in their treatment plan and the time they may have to wait. A patient who had become ill whilst on holiday nearby said 'I'm very happy with everything, they have given me a very clear treatment plan and everyone has been very helpful, I feel very well looked after, you couldn't ask for a more professional bunch'

Some patients were keen to point out that they held the service in high regard, a parent who had attended with a young child said 'It's so modern here, we got seen very fast, we're really privileged to have this care, they are magic', whilst another summed up their experience by saying 'You couldn't ask for more, I won't hear a word said against them'

Three patients commented that they had difficulty in parking on site, as they had opted to bring themselves to ED and park, rather than being dropped off. One patient reported that they had difficulty locating the drop off area, as they felt it wasn't clearly signposted. Another reported that they had left their car in the drop off area unattended as they were unsure what else to do.

Only one patient spoken to said they had been given an acuity score during triage. Two patients reported confusion as to why the information screens were displaying how long a wait there would be for various scores, when they didn't know what their score was. Other patients told us they didn't understand what was meant by the term 'acuity score'.

One patient commented that the seats in the main waiting room were 'hard and uncomfortable'.

6 Staff Feedback

A member of the nursing staff told us that they felt things had improved dramatically over the past year, with two major initiatives having the greatest impact. The first was the revised waiting area organisation, which they said had improved patient flow through the department. The second was a new system for handover of patients from ambulances, with a maximum time being set for admission into the department. The ambulance liaison officer on duty at the time of the visit told us that the new system was working well and, in his view, had improved ambulance turnaround times.

Staff told us they felt proud of their work and spoke positively about the department. One member of nursing staff said that although the work was sometimes challenging, they were well supported by senior clinicians and managers, this comment was echoed by other nursing and support staff.

7 Manager Feedback

The charge nurse on duty was welcoming and invited the team into his office, where he was happy to answer our questions and give a comprehensive overview of the service and the improvements they had, in his view, made following the most recent CQC inspection. He reported that the most frequent complaint from patients is about waiting times but said that staff were able to explain to them that it is a big department and patients are not always aware of the pressures in areas other than the main waiting room. He was pleased to report that he believed the staff were happy in their work, felt part of a valued team and that the department was viewed as having a pleasant work environment.

They told us that a new system of giving patients scores following triage, based on how urgently they need treatment (acuity scores), has been introduced. They said that this was seen by staff as a good thing, as it means patients can check on how long they will be waiting for treatment by looking at the live information screens in the department and on-line. They said this had also helped with patient flow as it gives options for patients considering going somewhere else in the area for treatment, for example a Medical Investigation Unit (MIU).

Some patients are redirected by staff to an MIU in another area when the department is busy, which can cause dissatisfaction due to the distances involved.

They also told us that a major improvement introduced in the past 12 months has been the setting of a target for handover of patients from ambulances into the department. This was originally set at 45 minutes but is currently set at 15 minutes. They said that they thought this had improved patient safety and helped staff work more effectively and feel more supported. Future planned improvements include introduction of electronic self-triage, to automatically direct patients to the most appropriate treatment centre.

He demonstrated the department computer information system and explained how this helped with patient flow. He took the team to speak to the nurse in charge of the triage area, who gave a detailed explanation of the triage system in place and a tour of the various waiting areas.

Senior management in the department expressed their gratitude for the visit and were keen to report the positive changes that had taken place over the past year. They accepted that there was still work to be done to further improve the service, as an example, they were considering establishing a minor injuries unit on site to compliment the work of the emergency department.

8 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients and staff to improve experiences in the department

- 1) Patients reported difficulty finding the patient drop-off zone when arriving by car. Some cars were left unattended inappropriately because they were unsure where to park. Clearer signage would reduce stress for patients and carers, ensure safe access to the department, and avoid improper parking. This supports smoother patient flow into ED and helps urgent resources focus on those in greatest need.
- 2) The drinking water point was not clearly signposted, the cup dispenser was empty, and cups were stored in a plastic sleeve, raising potential infection control concerns. Clear signage and correct cup storage will improve patient safety and confidence, ensure hydration for those waiting, and reduce infection risks in line with national standards

- 3) Several chairs in the waiting room were damaged, and patients described the seats as uncomfortable. Safe and comfortable seating is essential for patients, especially those in pain or with mobility issues. Improvements would support dignity, equality of access, and overall patient experience.

- 4) Only one patient recalled being told their acuity score, and many did not understand the term, even though waiting times were displayed by acuity category. Using simpler language (e.g. “priority level” or “urgency rating”) and routinely explaining scores at triage would reduce confusion and anxiety. This supports patient-centred communication, increases trust, and reduces repeated queries to staff.

- 5) It was reported that the Trust are considering establishing an MIU on site to redirect appropriate patients. Patients sometimes expressed frustration at being redirected to other MIUs further away. An on-site MIU would relieve ED pressure, reduce waiting times, and provide more convenient alternatives for patients. This supports system resilience and integration between urgent and emergency care.

9 Provider Response

Healthwatch Cornwall shared the draft report with the Royal Cornwall Hospitals NHS Trust and invited a response by 28 October 2025. Despite follow-up contact, no reply was received before publication. We welcome any future feedback and will add a provider statement should one be submitted.

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