



Enter & View

St Michaels Hospital

Orthopaedic Department

healthwatch
Cornwall

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1 Introduction

1.1 Details of visit

Service provider: St Michaels Hospital
Orthopaedic department

Service Address: St Michaels Hospital, Hayle
Cornwall

Date and time: 10th November 2025 10am-1pm

Authorised representatives: 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 a clinical manager, a member of the nursing team and member of the administrative team to discuss the service.

Conversations with patients

Nine outpatients in the main waiting room and three inpatients on a ward 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. Overall, observations on the day and feedback from patients and staff were largely positive.

3 Service Overview

The orthopaedic department at St Michaels hospital is part of the Royal Cornwall Hospitals Trauma & orthopaedic service, which cares for patients with injuries resulting from accidents and long-term conditions of the musculoskeletal system. The department offers both inpatient and outpatient services, with surgery being performed on hands, feet/ankles, knees, hips and joints. There are two inpatient wards, caring for patients both pre and post operatively. The department has access to on-site clinical imaging, occupational therapy, physiotherapy and pharmacy services. Administrative and secretarial support for the department is currently on site at St Michaels hospital.

4 Observations

On arrival, the car park was clearly signposted and there were two empty parking spaces. Although there are several disabled parking spaces, these were blocked by two large delivery lorries. From the car park, the main hospital entrance is well signposted for pedestrians and a short walk away. There is a large drop off car parking area to the front of the main entrance and this was seen to be used frequently throughout the visit.

The main reception area was clean and bright, with ample seating and a small coffee shop. There were two vending machines selling snacks and meals including low sugar and low-fat options. Several informational displays were arranged around this area displaying information on such topics as safeguarding, veterans support and infection control. All the notices were tidy, relevant and up to date. The receptionist was speaking to patients in a kind and understanding manner and was taking the time to ensure they fully understood where they had to wait.

The orthopaedic waiting areas were light and roomy, with ample seating and a good range of reading material, including books suitable for children. A parent waiting with two very young children was approached by a nurse and asked if they needed anything to help them settle whilst they waited. This interaction was discreet and supportive in tone.

There were two nurses working in the waiting room and both were speaking to patients the entire time, keeping them informed of wait times and ensuring they were in the right place.

All outpatient appointments were running on time, with patients being called by a clinician and escorted to their appointment. Many of the patients had mobility issues and staff allowed patients adequate time to move safely, did not rush interactions and helped with physical aid where appropriate. Staff were interacting with patients in a kind and unhurried manner throughout the visit.

The inpatient wards were clean, well lit and there were no noticeable unpleasant odours. There was a large notice board which contained information on infection control rates, patient satisfaction score feedback and departmental performance. All were clear, accurate and up to date.

One ward bay held three patients who were awaiting surgery that day. A senior clinical manager had explained that due to an administrative error there would be a delay for two of them. They were regularly informed of progress towards a solution and likelihood of cancellation.

5 Patient Feedback

Nine patients awaiting an outpatient appointment and three inpatients awaiting surgery were asked about their experience of the department.

Staff attitude

Ten of the twelve patients commented that the staff were kind and caring. A patient who had attended the department several times in recent months told us 'They really give the personal touch and make you feel special' whilst another said 'You can't fault them really; they do an amazing job and always have a smile for you' they added 'You can't help but feel well looked after'

A patient who had been told their surgery would be delayed commented 'The matron came and told me what the problem was, I really appreciated that she took responsibility for explaining to me and keeping me updated, she was very kind and apologetic, which I appreciated, as it wasn't her fault'

The partner of a patient said, 'They are all angels, and you couldn't wish for any better, my husbands not the easiest to please but even he says how lovely they are'.

An inpatient awaiting surgery commented 'I'm glad I'm here and not Treliske, it's a lot more relaxing here and it just feels a lot more personal, rather than being on a production line'

Standard of care

Four patients commented on the care they had received.

A patient awaiting surgery told us 'From start to finish, they have looked after me well and have gone out of their way to make sure I'm safe, comfortable and cared for'. Another also awaiting surgery said 'It's not just what I'm in for today, they have looked at all my other results and made sure the heart team and my GP were involved in planning for this operation, it's been a brilliant bit of joined up work'

A patient who was attending for a follow up appointment was however disappointed at the lack of information they had received when she was discharged post operatively. They told us 'I was sent home without any instructions about what to do with the dressing, so I took it off after a couple of days, but I've now been told that I shouldn't have done that. I had to go to my GP to get it dressed again'

Another patient who had recently had a joint replacement reported 'The after care was amazing, I already knew what to expect as I'd attended the joint school. After my operation I had some tests and an x ray then a physiotherapist made sure I could do steps and look after myself. I got the impression that they wouldn't make me go home until we were both happy I'd be OK, I am so grateful for their professionalism and skill'

Referral waiting times

Five patients commented that the waiting times for referral to treatment were less than they were expecting.

A patient awaiting surgery told us. 'Once I got in the system it was really quick, I only waited twelve weeks and they got me in, which is good as I was really suffering'

A patient attending for a pre operative x ray told us 'My GP wouldn't refer me at first because my BMI was too high and there was too much risk, which was upsetting to hear, but it made me determined to do something' she reported that once she had been referred into the service 'Everything went really quickly and smoothly, I got an invite to a joint super clinic at Treliste and they gave me choice of where to have my op and how long I'd have to wait at each place, so I opted to go to Plymouth as it was quicker, I'm made up'

Another patient attending for a preoperative check up said 'I was considering going private but they were very good at telling me where I was on the waiting list so I decided to wait and come here and I'm glad I did, it's been over a year but to be honest it's better than I was expecting'

Car parking

Two patients and one carer commented on parking. A carer for a disabled patient attending for an inpatient assessment was unable to park in a suitable disabled parking space due to the fact they were blocked by delivery lorries. They told us 'It was frustrating as we arrived on time but had to drive around looking for a space, we eventually just went to the front of the hospital where there is a drop off area, but I didn't know that was there until I drove up there' Another inpatient who regularly attended the hospital said 'You can never get a disabled spot as there are only a few of them, I spoke to an attendant about this but it's all contracted out so

there isn't anything they can do'. Another inpatient commented 'I got the last space in the car park today; I was worried I might be late for my appointment but luckily someone was just leaving'

Future of service

Two patients expressed concerns about the future of the service after reading news and social media reports about staff reorganisation. One outpatient said, 'I'm worried that if they start cutting staff then the service will suffer'. An inpatient told us 'One of the secretaries went over and above to sort me out for today, they had to call another hospital to get results and spent ages on the phone organising everything, well into the evening' they went on to say 'I think they did this because they know me and my history well and if they move them to some call centre then you're not going to get anything like that personal involvement'

6 Staff Feedback

A nurse who had been working in the department for a number of years told us 'This really is the most wonderful place to work, the whole team work well together and there is a great feel about the department' specifically they reported 'We all do our very best for the patients and I think they all really appreciate it, we get consistent good feedback and I've lost count of the number of 'thank you' cards we've received'

A member of the administration team who had worked in the service for many years expressed concerns about the future of both their role and the stability of the service. They told us 'We're due to go through a reorganisation and there are likely to be job losses' specifically we were told 'Up to a quarter of admin roles could be at risk and my concern is for patient safety'

7 Manager Feedback

The clinical manager on duty the day of the visit told us that there was great deal of pride for the service amongst the staff and that they felt they were doing a very good job. They informed us that waiting list times were reducing but that there was a long way to go before national targets could be met. They were pleased to report that they currently had no outstanding complaints and that other key performance indicators such as patient

satisfaction surveys and infection control audits were all at 100%. The results of these audits were displayed in the ward corridor in a clear and easy to understand format.

The manager stated that two new initiatives, a joint 'super clinic' and 'joint schools' had improved patient experience. They also reported that they make efforts to ensure each patient was treated as an individual and that when things went wrong, they went to great lengths to sort them out. As an example, they told us that when an operation had been unavoidably cancelled at the last minute, they arranged for the patient to be spoken to by a consultant, rebooked for the following week and then taken home by taxi at the hospitals expense.

They expressed concerns about the effect that upcoming reorganisation of the administration team might have on the service, telling us that this would remove the personal element of the initial stages of the care pathway and replace them with a call centre model.

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 accessing disabled parking spaces due to blocked bays. Improving access and adding clearer signage to the drop-off area may help reduce stress and support safe arrival.
- 2) Some patients reported uncertainty about wound-care information after discharge. Ensuring all patients receive clear written and verbal guidance may support safer recovery.
- 3) Patients shared mixed experiences regarding waiting times. Continued review of pathways may help minimise delays and improve patient experience.
- 4) Staff expressed concerns about the potential impact of administrative changes on patient experience. Considering these perspectives may support continuity of care.
- 5) A small number of patients reported delays or cancellations. Reviewing scheduling and communication processes may help reduce similar issues.

9 Provider Response

Provider response

We would like to thank Healthwatch for carrying out their enter and view visit. This visit specifically looked at the Orthopaedic service however we are also proud of the service we provide for patients undergoing breast surgery. The whole team at St Michaels Hospital works hard to ensure that the patient experience is as comfortable as possible for them, during what is for many, a very stressful time. We are pleased that this has been recognised by the visit and our patients.

Disabled parking spaces

We appreciate the comments around the parking and signage and will reach out to our partners who manage the parking to see if there is a way we can make it more clear about the drop off and pick up spaces by the front door. We will review the parking in partnership and see if we can improve the disabled parking availability.

Post op wound care

We are sorry that some of our patients seem to not have the correct information on discharge, we routinely give verbal and written information to patients on discharge and encourage phone calls to the ward if they have any questions or queries once they are discharged. The matron will review this with the teams to see if there is anything else we can do to ensure patients have all the information that they need on discharge.

Patient waiting times.

As a minimum, patient waiting times are reviewed weekly by care groups and then at executive level. People with long waits are identified and prioritised based on their clinical presentation by their consultant. We are working hard to meet the NHS England target of no patients waiting 65 weeks or longer by 21st December 2025 and are now working to reduce our 60-week cohort.

Organisational change.

Whilst St Michaels Hospital is small, we are proud to be developing our service and looking at ways to expand what we provide on-site. The wider organisational changes that are underway have caused some anxiety to staff; however, everyone has had the opportunity to share their feedback in either group or one to one session.

Delays and cancellations.

Cancellations are always a last resort for us and to reduce on the day cancellations we have implemented a ring and remind service for all patients attending SMH or surgery. All the letters that get sent to patients also detail the reasons that a patient may need to get in contact with us to determine if it is safe to go ahead with their surgery. We are tracking all cancellations that happen within 3 days of planned surgery to identify trends, with injuries/ wounds to surgical sites or people being on antibiotics being the most common currently.

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