

**Emergency
Department
Feedback Report
Royal Cornwall Hospital**

January 2024

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Introduction

At **Healthwatch Cornwall** we have a statutory remit to gather people's views and experiences of publicly funded health and social care services locally. We are an independent organisation and use public feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve. We're here to listen, with the purpose to make sure health and social care services in Cornwall are the best they can be for people, now and in the future.

Our previous research in 2016, *'Patient Flow in Acute Hospitals: 12 hours in the Emergency Department at the Royal Cornwall Hospital'*, suggested people may not always understand when to attend the Emergency Department (ED) or when to use other services, such as their GP, NHS 111 or a pharmacist. The same research also found that there are differences in referral routes from other services, as well as agencies such as the police. This could result in some people being sent to ED when they could potentially have been seen elsewhere.

Why did we carry out this survey?

Through our role in collecting public feedback we hear more and more about the **pressures on hospitals and health and care services**. The public locally and nationally describe the challenges in accessing a range of services, including GPs, mental health services, Minor Injuries Units, social care and how these may sometimes influence people's decisions, or need to come to an Emergency Department. Public advice and information helps to ensure we access the right service at the right time, such as at the current NHS Cornwall and Isles of Scilly **'Where is best for you this winter?'**¹ campaign. Public campaigns often signpost support available and where best to access care and treatment including

¹ [Where is best for you this winter? – NHS Cornwall and Isles of Scilly \(icb.nhs.uk\)](https://www.icb.nhs.uk/where-is-best-for-you-this-winter)

urgent care and advice. Making informed choices can help to reduce avoidable pressures on all services.

Nevertheless, we also **hear about lengthy waits at Emergency Departments**, whether in ambulances queueing at the front door, or in waiting areas inside the hospital. Although waiting times are heavily affected by services outside of the Emergency Department, the four-hour standard of being admitted, transferred, or discharged implemented some years ago, is increasingly often breached – again, due to a range of factors within our health and care system. This means we also need to think more and more about **people’s experiences and comfort while waiting in an Emergency Department**, including access to food and drink, the waiting environment and facilities, and information provided about what to expect at various touch points along their route into ED – and while there. We should also further consider these experiences through the lens of health equality – such as how people’s financial situation or disability, for example, might impact their decisions and experiences when accessing care and treatment.

Furthermore, these pressures on services mean **waiting lists** to access services are a national and local concern, including waits for planned care and treatment, such as outpatient appointments and non-urgent surgery. This is something all integrated health and care systems will be evaluating the impact of more closely: we touch on this to a limited extent within this report.

It is clear that seven years on from our previous report on the Emergency Department, the demands on our health and care system are even more apparent. As such, one of the main questions of this survey was to determine whether people are seeking out advice from others services prior to arrival at ED, and anything that might improve their experiences while there.

What we did

In this project, we visited the Emergency Department at Royal Cornwall Hospital (known locally as Treliske) and took a slightly different approach to the

methodology used in 2016. We carried out **two visits for a total of 15 hours, over two days, during September and October 2023**: on a weekday, 8am – 6pm, and a Saturday evening, from 6pm – 11pm. In addition to a survey, the team took note of the environment and facilities. This approach was informed by a pilot survey in July 2023, where we spoke to 20 people attending the Emergency Department, and through discussions with **Royal Cornwall Hospitals Trust Patient Experience Team** colleagues.

Survey limitations: Due to the nature of emergency care, we concentrated our research on patients and those supporting them in the adult and paediatric waiting areas and spoke with a smaller number of patients in Majors One and Two – where the next sickest patients are treated. We did not carry out any clinical validation of what people told us about their condition, including assessing whether they could have been treated elsewhere. We focused on services people contacted, including through online or digital access, rather than the evaluation of any public information campaigns.

This was a **short snapshot in time** to examine: whether people sought advice from services prior to coming to ED, which services people reached out to, referral routes into ED and their experiences, on two different days and at different times of day. We also explored some broader questions, such as whether people were on an NHS waiting list, the environment and facilities in the department and information provided to them. The evening visit from 6pm – 11pm was on a Saturday when some NHS services, such as GP surgeries and some Minor Injuries Units are closed. As to be expected, our analysis highlights different routes to ED depending on the time of day and day of the week.

Although this was a light-touch survey it may prove helpful in informing future projects and initiatives to improve services and people's experiences beyond the Emergency Department, including public advice and communication campaigns.

While there are many approaches to understanding people's experiences of accessing emergency care including in ED, **we focused on the below:**

1. Did people seek advice from services prior to coming to the emergency department and which services did they contact?
2. Which services advised people to come to ED?
3. Did people who were advised to access a different service first do so?

We also explored:

- How people arrived at ED (car, ambulance, etc).
- Whether people were on an NHS waiting list
- Whether people would have accessed an MIU in Truro – instead of the ED
- Financial situation and health inequality.

Further Questions:

1. What's working well and could be better, including, people's experiences of care, and of waiting in ED?

We also explored:

Key Findings

Seeking advice and information from services

- Overall, **most people came to the Emergency Department having contacted another service first for advice and information**, unless their condition was more serious, or they were visiting the area.
 - (87%) sought out information and advice from another service(s) before coming to ED, with only 13% of the 92 people we spoke with referring themselves (self-referral).
 - Of the 13% who did not access another service first, the majority involved more serious injuries or suspected serious conditions.



I came straight here because of a suspected heart attack.

Called 111 and sent to Bodmin, Bodmin told me to come here. Bodmin said 'Why are you here as we can't do an x-ray?'.

were more likely to self-refer: 63% compared to residents from Cornwall (11%).

- **NHS 111 (26%) followed by a GP (17%) were the services people most often sought advice from.**

Referral routes to ED

- **NHS 111 (20%) was the service most likely to advise people to come to ED,** followed in equal position by: GP (15%) and 999 (15%)
 - Just over half the people (54%) who contacted NHS 111 were advised to go straight to ED or were sent an ambulance to take them there.
 - Just over a third (37.5%) advised by NHS 111 to access another service other than ED (MIU, out of hours GP, dentist), did so, but subsequently came to the emergency department – mainly following clinical assessment such as, head injuries requiring assessment in ED. A small number of examples related to staff not being available to carry out an X-ray, or the X-ray service had closed at the MIU, another related to the age of patient. For a few people, this meant long delays to accessing care, protracted journeys, and a poorer experience.
- **All 16 people who sought help from a GP first, then attended ED –** including 14 who went directly to ED and two people who were advised to call 999.

GP receptionist told us to call 999 but it's quicker to drive.

- **11 people (12%) went to a Minor Injuries Unit first** – prior to coming to ED.
- **Further analysis by day/evening and weekday/Saturday showed the services people contacted for advice and their routes into ED differed.**
 - On a Saturday evening when GP surgeries are closed, people were more likely to attend an MIU or call 999 (in addition to NHS 111) prior to coming to ED. During the weekday, people were more likely to be advised to attend ED by a GP or NHS 111.

Access and Transport

- Most people arrived at ED by their **own transport** (76%). Some people raised concerns about parking charges and length of stay. Issues of accessibility due to building works at the time, were particularly challenging for those less mobile and for wheelchair users.

6

The person who brought me in couldn't find parking and didn't know how long I would be, so they have gone off site to park (parking costs)

9

ED visits, including NHS Waiting Lists

- A third of those asked (33% of 63 people) had **used ED in the last six months**, of which over half (57%) had visited for a reason linked to their current visit.
- Just under a quarter (23%) or, 16 out of the 71 people we asked were on an **NHS waiting list**. While these numbers are small, 10 (nearly two thirds) were visiting ED for a related issue.
 - Almost a third (31%) had been waiting more than two years.

- This is of interest given the well-publicised challenges of growing NHS waiting lists for elective care (i.e. planned care following referral from a GP, such as hip or knee surgery).

Financial situation and health inequality

- There is some indication that people who are **'really struggling' or 'just getting by' financially may come to ED through different referral routes.** Numbers were limited, but this has could also prove of interest for further inquiry.

People's experiences of ED: Environment, facilities, and keeping people informed

- Patients and those supporting them provided both constructive and complimentary feedback about their experiences. The most positive comments were about staff and the care, treatment and service they provided. Negative comments were more wide ranging, with concerns about long waiting times in ED being the most common.
- Some concern related to information and advice and how accessible or appropriate it was, including updates on waiting times and TV screens. Other concerns raised included information provided by professionals **prior to** coming to ED, such as what would happen when they arrived i.e. going direct to a ward, or bypassing the initial triage process. For some, this information didn't match their expectations and experiences.



It's been really nice. Waiting times on screen are really helpful.



Other themes from people's feedback and our team's observations focused on:

- Concerns about **confidentiality** in the reception area including when talking to receptionists and on a few occasions, where people were updated by staff in the waiting area.

- **Comfort while waiting**, particularly for longer waits, including seating. Space was also limited – especially where people were waiting in a wheelchair.
- **Lack of availability of food and drink**, particularly lack of cups for use with the water fountains and when made available, being stored hygienically; food suitable for all dietary needs and after hours, particularly once facilities and shops in the main hospital had closed.
- **Facilities during extended waits**, such as books, magazines and a TV (accepting there will be limitations due to infection control). Having access to a phone charger/plug socket etc.
- **Accessibility and parking** including cost of parking – especially during long stays, disabled parking and alternative easy routes if there are building works taking place (as they were at the time of our visits).
- **Better signage to ED**, particularly for pedestrians.
- Improvements that could be made about the **cleanliness of the environment**, including the entrance and timeliness of response to cleaning incidents.

Recommendations and Areas for discussion

Suggestions for future consideration along with recommendations informed by this work include:

Operational

In order that all people can access the right service and have the best experience in the right place, at the right time:

- Ensure all services which provide assessment and/or refer patients to urgent care including GPs, staff in primary care, MIUs and ED are kept up to date with information about ED protocols (i.e. admission direct to a ward, further triage etc). It helps to manage people's expectations about what will happen when they arrive at ED and whether information is passed between services.
- Ensure that MIUs and other services have up-to-date information and communicate with other services in 'real time' as service provision changes. This includes anything that affects access to the service such as staffing changes or early closures of any parts of the service (e.g. X-ray facilities). This should also ensure patients are always referred to the most appropriate service, and/or aren't left waiting in a service where they cannot access assessment or treatment.

ED Environment, facilities and keeping people informed

- Consider improvements to the cleaning regime in the waiting areas, in particular rapid response to cleaning incidents.
- Ensure there are regular checks of water fountains to ensure adequate supply of cups are available, dispensed in a hygienic way.
- Review the snacks/food available within the department to ensure healthy choices and dietary requirements are catered for and repairs to machines dispensing food and beverages are responded to swiftly.
- Consider different ways to support people's comfort during long waits for treatment, including comfortable seating and facilities, such as access to phone chargers/electric sockets, TVs etc.
- Ensure information while waiting is provided in a format that is accessible to all. Keep people up to dates as much as possible about waiting times. Review the advertisement cycle on the TV screens in the waiting area to ensure appropriate notices are shown, and for a length of time that allows them to be read by people of all abilities.

- Review parking charges or the impact of charges for people waiting a long time for treatment in ED.
- Consider improving signage to ED for pedestrians.
- When building works are impeding access to ED, consider alternative routes and signage to improve access for people with a disability, mobility issues and wheelchair users.

Public information

- Continue with the public information and communication campaigns for residents and visitors to ensure people make informed choices about accessing services including ED and at different times of the day, weekdays and weekends. Consider how these could be further tailored to local areas, demographics and to those out of county.
- Consider potential engagement projects and further exploration of health inequalities including deprivation which examine how this influences and informs peoples routes into ED and experiences of accessing urgent treatment. This could include experiences before and while in ED (i.e. cost of parking, food etc) and services within communities such as GP surgeries, MIUs, etc.
- With little or no mention of NHS App(s) or NHS 111 website online services to access medical advice as an alternative to calling 111, consider the need to better inform patients about these services and to promote them more widely?

What questions does our report raise?

Although this was a light-touch survey, potential future questions for consideration could be:

- How aware are the public of digital and online services that could help them access up-to-date information about MIU and emergency services waiting times, local pharmacies, GPs and sexual health opening times, and

health advice online, such as the NHS Quicker App etc, (which covers the Southwest).

- What considerations, information and support is provided to people on NHS waiting lists, particularly as they may be more likely to access the Emergency Department due to a related condition?
- What could/is being done to support those who told us they had been to ED in the last six months for reasons linked to their current visit – does this warrant further exploration?
- What are services doing to consider or address the impact of health inequalities for people accessing urgent and emergency care, from the first point of contact to discharge?
- How is patient feedback triangulated across all services within the integrated health and care System and in relation to routes into ED? How is this being used to address the challenges and objectives for improvement, identified within the NHS Long Term Plan, such as tackling inequalities in access and experience?
- How can Healthwatch Cornwall continue our work with the health, care and voluntary sector system locally, to shape our approach to surveys and projects such as this, to ensure we are asking the right questions of people using services locally, and of public services?

Full details about this survey and a detailed analysis can be found in this next section:

Survey details

Healthwatch Cornwall's staff and volunteers visited the Emergency Department for a total of **15 hours** over **two days** during **September and October 2023**: on a weekday, 8am – 6pm, and a Saturday evening, from 6pm – 11pm.

We asked patients and those supporting them about:

- Their journey into ED
- Which services they had contacted or visited for medical advice prior to arriving, and how they got here (transport, ambulance etc)
- Their experiences of ED, including anything that would improve their visit

We also asked about some other aspects of their situation, including:

- Demographic information
- Whether people were on an NHS waiting list and for how long
- Whether they had been to ED in the last six months
- Whether they would have visited a Minor Injuries Unit in Truro if it existed – for those more local to Treliske
- Some also shared information about their financial situation (a standard set of questions we use in our surveys)

In addition to the survey questions, the team took note of the environment and facilities, such as:

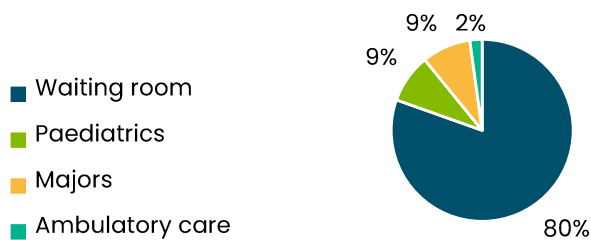
- Overall ambience of the department, including how welcoming the internal and external areas appeared and felt
- Cleanliness and comfort
- Availability of refreshments
- Information provided to people while waiting for care and treatment
- We considered accessibility and support for people with disabilities and additional communication needs. This was not a formal assessment.

Who did we speak with?

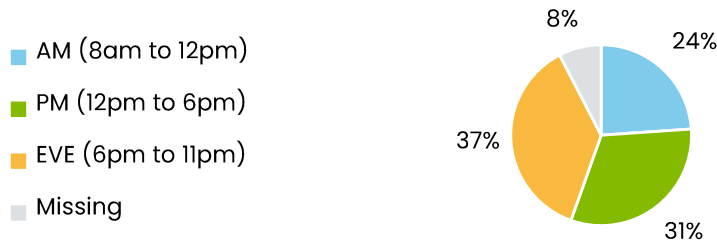
This report was informed by a survey and discussion with 112 people accessing care – or people supporting them, including 20 people in the pilot project. In this report we write about the experiences of 92 people we surveyed on a weekday and Saturday evening during September and October 2023.

We spoke with the **92 people in the Emergency Department** spread across a **morning, afternoon and evening**. The **majority (82%)** were in the **waiting room area**, given those in Majors One or Two areas (where the next sickest patients receive care and treatment) were either undergoing treatment or less likely to be well enough to take part. We also spoke with parents in the paediatric waiting area.

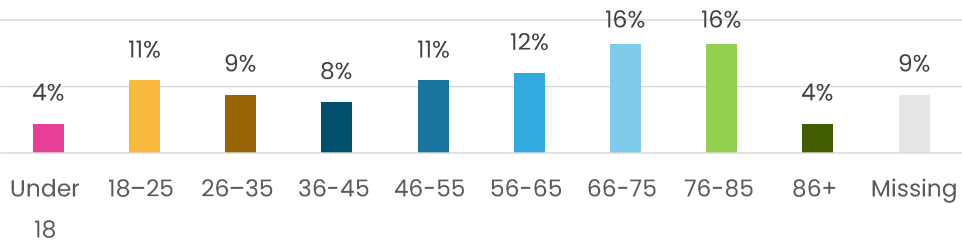
The majority (80%) of people we spoke to were in the waiting area.

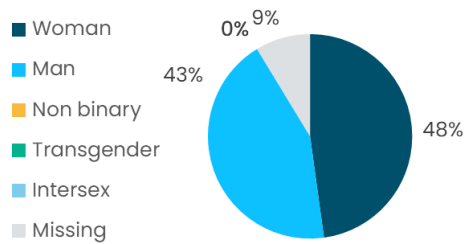


% of people we spoke to at different times of the day:

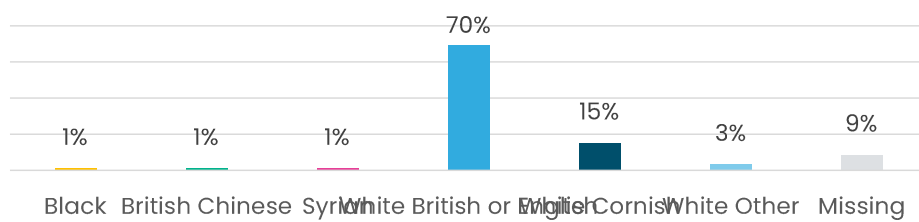


We captured feedback from a broad demographic of people; across a range of ages; from all areas of Cornwall – including eight who were visiting from out of county.

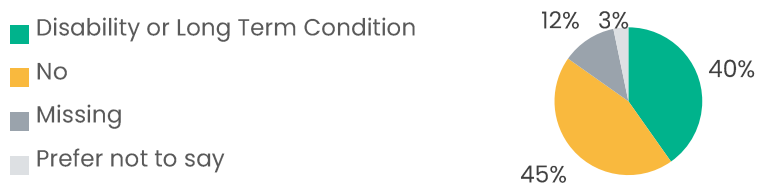




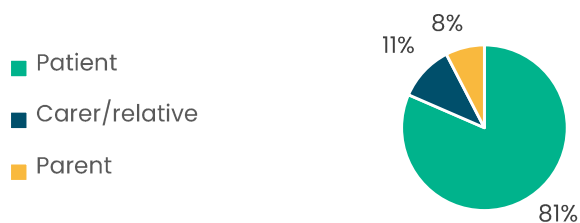
The majority of people were either White British, English or Cornish:



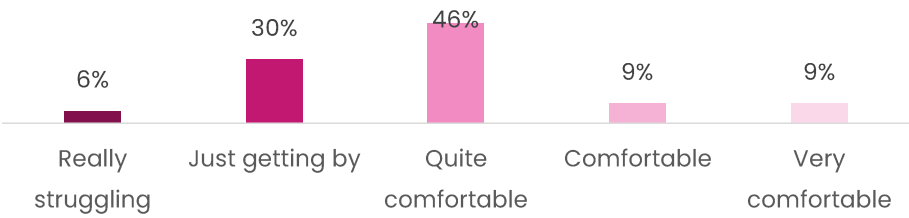
Around 40% of people had a long-term condition.



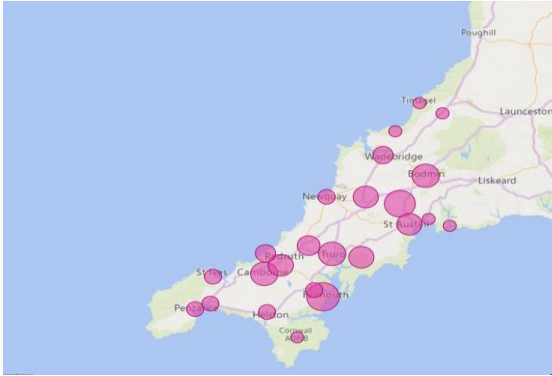
Most people were patients themselves (81%) rather than parents, carers or relatives.



More than half of people (59%) provided their financial situation. Of these, just over a third (36%) were either 'really struggling' or 'just getting by'.



We spoke to 84 people from across Cornwall and eight people from out of county. The bigger the bubble, the more people from that postcode district (between 1 and 9).



Note:

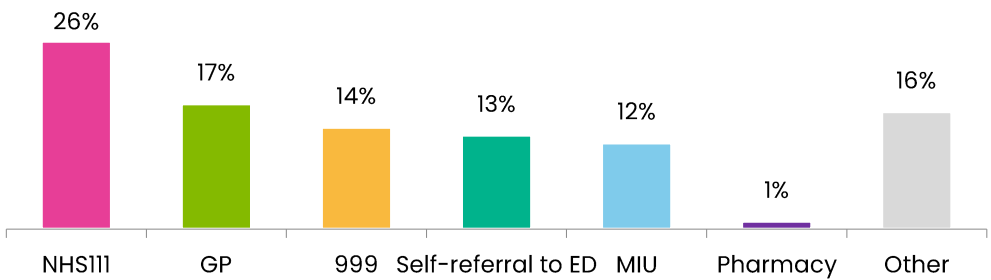
The Emergency Department or ED, is at the Royal Cornwall Hospital in Truro, known locally as Treliske – one of Royal Cornwall Hospitals Trust’s sites. West Cornwall Hospital has an Urgent Treatment Centre. Cornwall Partnership Foundation Trust has nine Minor Injuries Units, or MIUs located at community hospitals across Cornwall (with a further MIU on the Isles of Scilly). Opening hours of MIUs and the services they provide differ, including across weekdays, weekends and evenings, such as X-ray facilities. The NHS 111 service can be accessed by phoning 111, going online or via NHS App(s).

Detailed analysis:

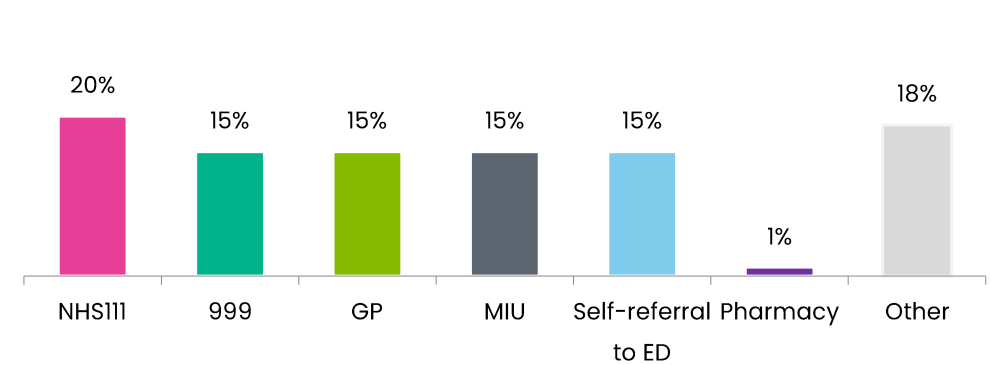
Key Questions:

NHS 111 was the service people most frequently contacted first for advice, mentioned by one in four (26%) people we spoke to. It was also the service that one in five people (20%) stated advised them to come to the emergency department (ED). Other referral routes included: GP, self-referral, Minor Injuries Unit (MIU) or calling 999. Sometimes people contacted or visited more than one service before being directed to ED.

Services people first contacted for advice, leading to their visit to ED:



Services advising people to come to ED:



NHS 111

Of the 24 people (26%) who contacted NHS 111 first:

No People	NHS 111 Advice or Service Referred Patient on to
6	Go to ED
5	Ambulance sent
2	Call 999 → own transport to ED as no ambulance available
5	MIU → advised to go to ED
2	Sent Out of Hours GP → advised to go to ED
1	Sent paramedic → advised to go to ED
1	Sent to dental clinic → advised to go to ED
2*	1 = GP first → advised ED → but patient called NHS 111 to check 1 = GP wouldn't see → Called NHS 111
1	1 no further information provided

NB: Two people called NHS111 but did not get a response. Of these, one then called 999 and one came straight to ED (not included in figures above).

People mainly mentioned calling NHS 111, with one person mentioning NHS 111 accessed via a website (we have included this in other referral routes). No one mentioned the NHS App or NHS quicker app (for use in the South West of England) which can be used to access 111 online.

GP Surgery

16 people (17%) had received advice by contacting their GP surgery. Of these, 14 contacted their GP first for advice (excluding one who was a physio) and were advised to make their way to ED. Two people were advised to call 999. Of the two people who were advised to call 999, one decided to drive rather than wait for an ambulance.

999 (South Western Ambulance Service)

13 people (14%) called 999, 10 of whom were taken to ED by ambulance. Some people were advised on ambulance waiting times which ranged from two to 15 hours. Three people were advised to make their own way to ED (due to operational pressures). Another was initially directed to an MIU instead, but as soon as they arrived at the MIU, an ambulance was called to take them to ED.

Minor Injuries Unit

11 people (12%) went to a Minor Injuries Unit first and were sent on to ED. Several of these people had head injuries. One person had been advised by their GP to go to ED, but they had attended the MIU as it was closer to where they lived.

A further five people had been directed to MIU by NHS 111, who had then sent them on to ED. Reasons were not always provided. Where they were, one mentioned that Bodmin did not have an X-ray, others related to a head injury or the patient's age.

Other routes

Just under one in five people (18%) came following advice from other professionals or services, particularly from recent inpatient or outpatient appointments, but also included: a first aider, NHS 111 website, Child and Adolescent Mental Health Service, a lifeguard, a paramedic, a district nurse and a counsellor.

Self-referral

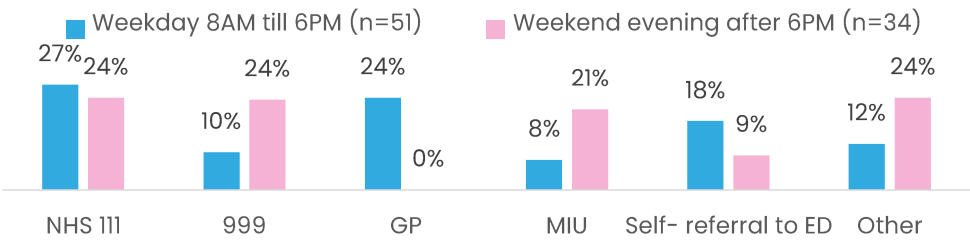
12 people (13%) decided to go to ED without seeking further advice. Many of these were following serious incidents, such as head injuries, falls, burns and suspected heart attack. One person had tried to contact NHS 111 but they had not called back, and another did not want to wait for NHS 111 or a GP to call back, so went straight to ED.

Out of County residents were much more likely to self-refer (63%) compared to Cornish residents (11%).

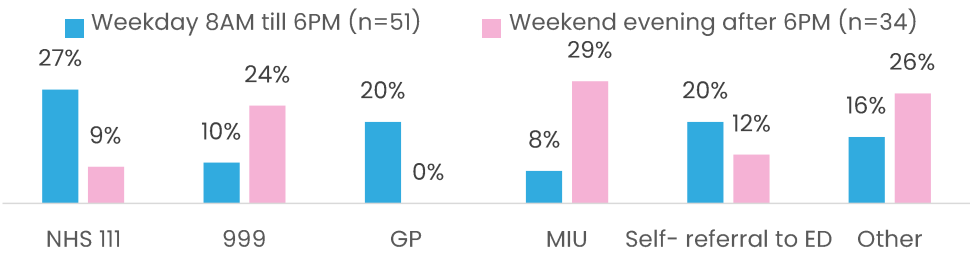
Time of day and day of week/weekend

Services people contacted for advice and their routes into ED differed based on time and day of the week/weekend. Routes to ED and services people contacted for advice were influenced by service opening times and availability of services, given some services are closed in the evenings and at weekends. For example, no one we spoke to after 6pm on a Saturday had contacted their GP as GP opening hours are weekday, daytime only. Instead, more people attended an MIU and contacted 999 as an alternative to their GP. Also, our data showed people were more likely to have been advised to come to ED from other services on a Saturday evening compared to respondents to our weekday survey, and less likely to self-refer.

Services people first contacted for advice, leading to their visit to ED:



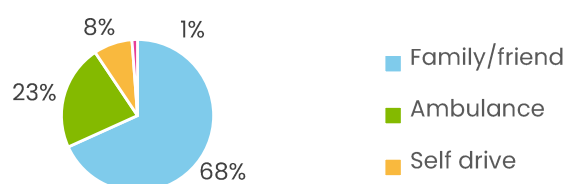
Services advising people to come to ED:



Travel to ED

The majority of people (76%) arrived at the ED in private transport.

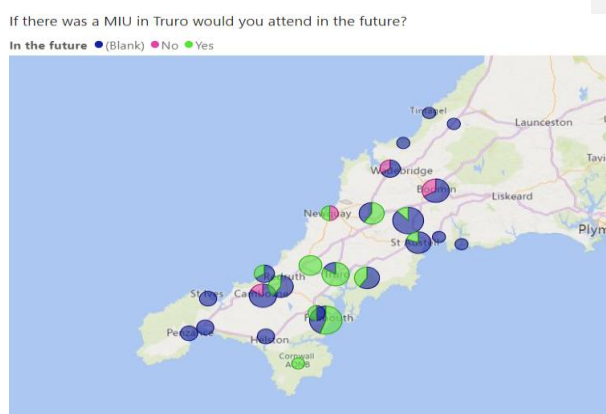
Of 85 people who provided information about their transport to ED, three quarters (76%) made their own way to ED either being driven by family or friends or driving themselves.



MIU in Truro

Many people we asked who live closer to Truro would consider accessing a Minor Injuries Unit in Truro.

While we did not pose this question to explore the demand for, or creation of a new Minor Injuries Unit/service in Truro, it was interesting to explore whether people may have accessed a MIU as an alternative to ED, for example. We focused this question where possible on those living closer to Truro, as outlined below. Of the 33 people



we spoke to about this, **85%** said they would use it **in the future**. Those living closer to Truro were most likely to say yes. Of note is the geographic spread of MIUs across the county, meaning those living further away from Truro are likely to be closer to an existing MIU.

Almost three in ten people (29%) said they would have used it **on this occasion**. Furthermore, half of those who said they would have used it on this occasion had referred themselves to ED, rather than contacting another service first. While it was hard to draw meaningful conclusions from this as numbers were small (five of the 10 who said yes on this occasion) this represented a high proportion of people from this area who may potentially have been treated elsewhere – and a higher proportion (in comparison to the overall survey data) who had referred themselves to ED. This could be worth exploring further in future surveys.

NHS waiting lists

Just under a quarter (23% of 71 people asked) **were on a waiting list**. Of those 16 people on a waiting list, **10 (14% of 71)** said ‘yes’ to the question asking whether they were **visiting ED for a related issue**.

Waiting times ranged from less than a month to 10 years. Of 13 people providing waiting times, just under half (46%) had been waiting under six months, under a quarter (23%) had been waiting between 6–12 months and 31% were waiting two years or more.

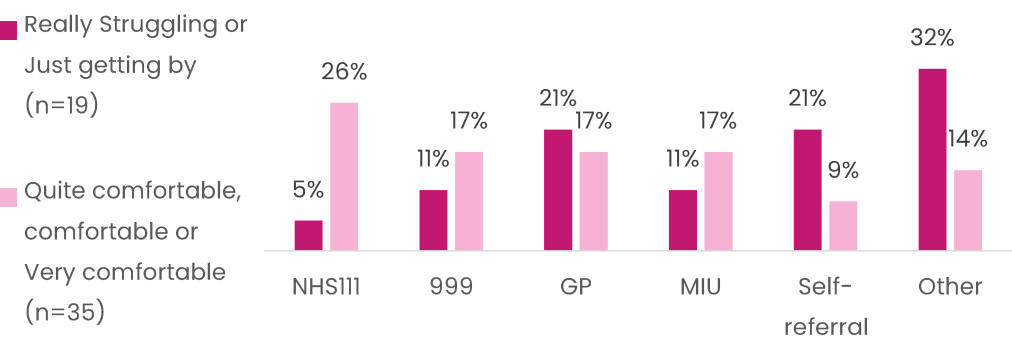
ED visit in last six months

We also asked people if they had visited ED in the previous six months. **A third** (33% of 63 people asked) had used ED in the last six months, of which **over half** (57%) **had visited for a reason linked to their current visit**.

Health equality

There is some indication that people who are **‘really struggling’** or **‘just getting by’** financially tend to come to ED through different referral routes compared to people who are **‘quite comfortable’**, **‘comfortable’** or **‘very comfortable’** (data relates to the 59% of people in our survey where we have responses to this question). For example, people **‘really struggling’** or **‘just getting by’** were less likely to be referred through NHS 111 and more likely to self-refer or be referred by **‘other’** services or sources. These numbers are small, so we can’t be sure, but they support results from the 2023 GP Patient Survey² (an annual, independent survey run by Ipsos on behalf of NHS England) from which we analysed Cornwall and Isles of Scilly patient responses. This indicates people living in the 10% most deprived areas are less likely to call NHS 111 and more likely to self-refer to ED when their GP was closed.

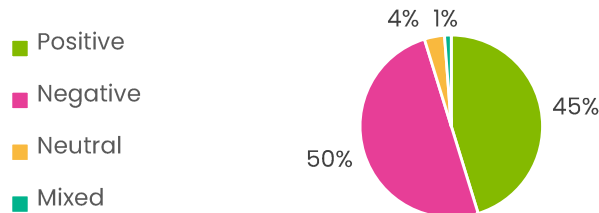
Services advising people to come to ED broken down by financial situation:



Views and experiences of the Emergency Department and of accessing ED

64 people provided 84 comments about ED in response to **‘Is there anything else you wish to share with us about your experience of ED today or any other health & social care services?’**

² <https://www.gp-patient.co.uk/analysistool>



Just under half of comments were positive (45%) and half (50%) were negative.

Positive experiences and praise for staff

The majority of **positive** comments (29 of 38) were general statements about people's **overall experience** and **praise for staff**:

"Everyone has been brilliant."

"People are absolutely lovely."

"Very happy with everything and all NHS services. They cared for my wife when she died recently. All appreciated, I value the NHS."

Other positive themes included fast **triage** (three comments) and **information provision** (two comments):

"Triaged quickly but now it's a long wait."

"It's been really nice. I find the **waiting times online** really useful."

Waiting times

Just under a quarter of comments (10 of 42) were concerned about long **waiting times in ED** and four people mentioned waiting times in their response to "is there anything that would improve your visit?". Some people expected long waits and were accepting of them, others were very concerned about them.

"Wait time not good enough. He's been left. Care has not been good. No communication... left Minors in a bed to be transferred to ward. When they got there they said there was no bed and had to bring (patient) back to Majors. Still waiting for a bed on a ward."

"Long wait but happy they have done their best."

Four people also commented on long waiting times for other services, such as at waits at MIU and West Cornwall Hospital.

"We were in West Cornwall for three hours before they said they couldn't help."

Other Comments

Seven people described difficulties or provided suggestions to improve their journey to ED and **Access to advice and care**. This included two people interacting with several different services before coming to ED; two concerns about lack of help from GP; difficulties getting through to NHS 111 or NHS 111 providing inaccurate advice about services available at community hospitals.

"The build up to this has been terrible. **Not able to get hold of anyone.** Called 111 yesterday and they put me through to someone in Truro who said they'd get someone out to me. When they hadn't by lunchtime, I called the district nurse and they sent me here."

"**Seen triage nurse in under ten minutes.** I had swelling after surgery so was concerned. It took over an hour to get through initially. I called 111 back again three hours later as I felt worse."

Suggestions for improvements:

"Dermatology to be able to get me into the system."

"111 need better knowledge of facilities at Stratton and Bodmin to avoid sending me to the wrong place."

Environment, Facilities and keeping people informed

Environment

The findings below are written from the point of view of people's journey of accessing the Emergency Department while on site at Royal Cornwall Hospital. The intention is to provide constructive feedback based on the comments and experiences of people on the days we visited the department, including our observations. There were major construction works continuing at the hospital and some of these observations below may have already changed, or been addressed.

Nevertheless, it is worth noting findings at the time of the survey, as they may help with existing service improvements and inform the development of future services and building projects planned at Royal Cornwall Hospitals Trust sites.

Twelve people described either concerns or made suggestions about the **environment**, including to improve:

- **Confidentiality in reception area**
- **Comfortable chairs and more space**
- **Availability of food and drink**
- **Things to do, such as books, magazines and a TV**
- **Easier parking**, including disabled parking outside and alternative easy routes if there are building works
- **Better signage to ED**
- **Phone** chargers and access to sockets
- Preventing loss of **possessions**

"More dignity at reception, you can hear everything."

"Boring environment, nothing to look at or read."

"No drop curb due to scaffolding...Nobody here to help us over the large ramp (due to cables)."

"Drinks machine is not working, there's no healthy food, only crisps or chocolate... No cups for the water fountain."

Approach, entrance and signage



Picture of bin outside main entrance

The approach to the department at the time of the survey was obscured by scaffolding from the building works, shutting out the light from the main ED entrance. We note that the scaffolding has since been removed from this area. The area immediately in front of the entrance was very unkempt, with a full bin right outside the door that was not emptied all day, as well as cigarette butts and rubbish on the ground around the entrance. (See pic.)

When approaching on foot from the direction of the city centre, there is limited pedestrian signage

that clearly indicates how to get to the ED from elsewhere on the site.

There was a security guard in the foyer. At various points during one visit, they were watching TV on a mobile phone with the volume up very loud and it was hard to hear what patients were saying to us. At one point, a patient arrived clearly struggling with mobility the guard did not assist or seek help. On another visit the security guard on duty helpful, despite being occupied with a mental health patient when we first arrived.

Overall cleanliness



Picture showing closeup of blood on screen in foreground and soiled towel on seat.

The main parts of the waiting area were moderately clean. On all visits there was some dirt and rubbish under chairs and we noticed that hygiene screens were smeared where people had leaned against them. Floors were cleaned periodically during our visits, but furniture and screens were not.

On our second visit, there was blood on one of the hygiene screens, the seat and the floor adjacent to the reception desk when

we arrived at 6pm. There was a soiled towel and a yellow floor cleaning sign on the floor covering some of the blood. The towel was removed and the floor cleaned at around 9pm, but the hygiene screen was still soiled when we left at 11pm.

Paediatric waiting area

The paediatric waiting area was bright, clean and comfortable, with toys, books and a TV showing children’s films.

Patient comfort

The seats in the main waiting area were moulded plastic and initially comfortable to sit on, although less so for prolonged waits. One patient told us he was using a wheelchair as it was more comfortable than sitting on the seats.

Availability of refreshments

Vending machines in the ED waiting area provide hot drinks, crisps, chocolate, fizzy drinks and a range of waters. There were no healthy food or snacks available or foods which catered for more specialised dietary requirements.

On our first visit, surveyors went to the nearest on-site cafés at 1pm (lunchtime) and again at 2.45pm. In all outlets except WH Smith, there was little or no portable food and extremely limited dietary options. There was no fruit or

healthier options of food available. The main restaurant, 'The Royal', had run out of portable food and only had limited hot plated food on offer at these times. During the evening visit all food outlets were closed, including the main restaurant, meaning that the only food available for those waiting in ED was from the vending machines. However, the snack vending machine was broken, so there was no food available at all.

There was a water fountain in the main waiting area and another in Majors One bay area. The water fountain in the waiting area had cups placed loosely on top of it beside the cup dispenser on our first visit and at the beginning of our second visit. The cups ran out on our second visit and our staff asked for replacements to be made available. There were no cups by the water fountain in Majors One but we offered to help find some and topped them up, once we had pointed this out to staff.

At one point in the afternoon visit, an alarm was sounding in the waiting area for several minutes. Visitors looked confused and worried and looked to staff for guidance, but no communication about the alarm was provided.

Parking charges

Parking charges were mentioned by several people concerned about costs, with an all-day charge of up to £15 (8am–6pm). We spoke with some people who had been waiting for six hours. This equates to £9 in parking charges. With the potential for longer waits in ED than ever before, this could prove very concerning and potentially prohibitive for people.

Accessibility - mobility

At the time of the visits, due to the ongoing major building works, there was no disabled parking anywhere near the ED and nowhere to drop people off. We spoke to people with mobility issues who had to make their way from the main car park, about 200m away. The pedestrian path from the main car park to the ED is down a steep incline, across a busy road and up another incline.

There were no drop kerbs at the road entrance to ED at the end of the incline, as they were blocked by building works and a temporary road ramp that made it

more difficult for wheelchair users to get to the entrance of the department. We spoke to one family with their mother in a wheelchair who had to call for the help of a nearby ambulance crew to get their mother up the incline, and over the ramps and into the ED.

The main waiting area had very limited space for a wheelchair to be placed without obstructing walkways. There were only two areas with just enough room on the end of a bank of seats.

Hospital wheelchairs are sometimes available in the foyer for people arriving with mobility needs. However, wheelchair availability varied throughout the time we were there. At one point on our first visit, we tried to find a wheelchair for someone with visible mobility issues but were unable to do so. The person was unable to walk through the reception to sign in and had to be seen by a triage nurse sitting on a seat in the waiting room. This afforded them no privacy.

Accessibility – communications

There was a Hearing loop sign behind the front desk and reception staff were aware of responsibilities for communications needs, but did not know how to access additional provisions. There was no hard copy information readily available and no indication as to whether it existed.

There was one advert screen on the large rolling TV adverts loop that described additional provisions for various communications needs. The page was displayed for approximately nine seconds every 13 minutes, which was not long enough for the surveyor, with no additional communications needs, to read the complete page. Some staff we asked knew about the iPad to enable dDeaf patients to access an interpreter but said that it was broken.

Information provision, and keeping people informed

There were several information boards and screens in the department that provided basic information for patients, visitors and relatives. These included:

- A large pictorial “Emergency Department Journey” board on the wall opposite the main door to the waiting area showing how people are triaged and what happens during their visit.

- A large board next to the Minors' entrance depicting information available and giving QR codes for leaflets.
- Small TV screen above the triage room door giving waiting times for ED and MIUs, occasionally interspersed with limited medical information (vaccinations, NHS111 etc)
- Large TV screen to the left of the main entrance with a rolling cycle of adverts. This was a mixture of commercial adverts, NHS infomercials (e.g. RCHT Charities, Proud to Care), NHS medical information (Vaccination programmes, services) and specific visit information, including ED/MIU waiting times.
 - Screens display pages for approximately nine seconds (as above). This is a very short time for the screens that provide essential ED and health information as the screens are fairly detailed and difficult to read.
 - In the rolling cycle, there was at least one advert screen that was clearly aimed at NHS staff and not necessarily appropriate for the public as it described the "Golden patient", encouraging staff to look for the patient who could be discharged the fastest.

"I'm **Hard of hearing**, and **worried I might not hear them call my name** and I will lose my slot. I expected to wait a couple of hours. Just got to be patient. The person who brought me in couldn't find parking and didn't know how long I would be, so has gone off site to park."

A common negative theme in the comments was the need for better information provision, including people requesting more updates about wait times to help manage their expectations. This was particularly important for one person with hearing loss, who was worried they would not hear their name being called.

The theme of information provided to people, also included requests for better communication and passing of information between services. Some shared they wanted staff in other services they accessed prior to ED, to give clearer instructions when they explain to a patient what will happen when they arrive at ED and how they will access assessment and treatment. This could reduce confusion and expectations such as: ED were expecting them, information about them had been passed on, or they might not need to be assessed and triaged.

"Out of hours use the word appointment to come to ED, but it's not, it's a sit and wait."

"Disappointed with doctor's surgery. Got through to the receptionist... Paramedic phoned back and said take yourself to A&E but made no contact with A&E. I was concerned if turned up I would not get seen, so I phoned 111."

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