

# Enter and View Report

*Princess Royal Hospital  
Emergency Department  
Announced Visit  
5/9/2025*



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## What is Enter and View

Part of Healthwatch Telford and Wrekin’s remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin’s Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

## 1. Provider details

Name and Address of Service: *Princess Royal Hospital  
Emergency Department, Princess Royal Hospital, Apley Castle, Telford TF1 6TF*  
Manager: Ruth Smith - Lead for Patient Experience  
Service type: *Hospital*

## 2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/patients for their co-operation during our visit.

## 3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on *5<sup>th</sup> October 2025*. The report does not claim to represent the views of all service users, only those who contributed during the visit. The report also includes observation from an AR who accompanied an ICB Insight visit to ED on *31<sup>st</sup> July 2024*.

## 4. Authorised Representatives

Jan Suckling - Chief Officer  
Tracy Cresswell - Corporate Services Manager

## 5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

## 6. Healthwatch Telford and Wrekin details

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## 7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## 8. Purpose of the visit

The visit was announced and was a follow up to our report done on the 29<sup>th</sup> of July 2024 after the Dispatches programme on Channel 4

*Princess Royal Hospital Telford*



## 9. What we did

We were welcomed at the Emergency Department by two of the managers, to whom we introduced ourselves and showed our ID badges. The managers explained the process followed when patients arrive in the minor's area of the department. We outlined that our visit would focus on speaking with patients in the different areas to gather their feedback on the service.

### Provider Service and Staff

On arrival, patients check in at reception and are then streamed by a senior nurse to ensure they are directed to the correct service. After streaming, patients are triaged, there were two nurses on duty at time of our visit. The streaming nurse also monitors the waiting area to identify any patients who may need to be seen more urgently, or conditions worsens. We did not see any patients in this area being offered refreshments as we did on our last visit.

## 10. Findings:

### Location

The Emergency Department is on the ground floor of the hospital. When we arrived, we saw 12 ambulances waiting outside. Some had their back doors open while patients were inside, and these doors opened directly onto the public walkway. This meant patients didn't have much privacy or dignity while they were waiting.

### 10.a Waiting Area/Minors

When we arrived, the department was not very busy; however, by the time we left, patients were standing in the waiting area, as no seats were available. Seating capacity has been reduced due to the waiting area being reduced, resulting in fewer chairs and some patients having to stand.

Several patients said that they been told about about their diagnosis / further treatment, however some were waiting for the outcome of tests for the next steps, some were waiting for blood tests, some had been given medication to see if it helped whilst they were in the waiting area.

Several of the patients that we engaged with said that the staff were great, one patient said they were "responsive and quick" and had been expecting to be waiting longer.

Observations varied dependent on where the patients were, in the main waiting area, they varied with some patients who had only had their observations carried out once.

Several patients had arrived at the hospital in various modes of transport, patients were brought in by family members, they had either been referred by their GP or as a walk-in patient.

A family member recounted that they observed an extremely unwell patient being wheeled in and left in front of all the other patients, this patient could not stop heaving, they were there for around 10-15 minutes, and the patient's dignity was not maintained, they also said they felt sorry for the patient but were also worried about cross infection.

Paediatric patient - the patient was seen in 30 minutes on attending ED, they have been referred to fracture clinic on Monday for an ultrasound, x-ray, the patients' parents were informed of the next steps.

Vending machines are available; however, we observed that the options provided were not healthy, consisting mainly of crisps and chocolate. There is also a shop located near the main entrance of the main hospital, but patients we spoke with said they were reluctant to go there in case they were called while they were away.

## Communication

Some patients told us they felt there was a lack of communication about how long they would have to wait. Some also reported that they were not always given clear information about what would happen after their initial assessment.

One patient had a cannula in place (which was inserted via the ambulance staff), however it had not been used, the patient had requested several times for it to be removed.

## Patient feedback

We spoke with patients in the minor's area who described the staff as "lovely." Several patients were waiting for blood tests; one patient reported having waited over four hours. They expressed concern that they did not know how much longer they would have to wait. The only negative feedback shared was a lack of communication regarding expected waiting times for test results. We also spoke with the senior nurse on duty, who told us that the patients in question were probably waiting to see the doctor, or for a doctor to become available to read the results. This is not being communicated to patients.

Patients also told us that the seating was very uncomfortable, particularly for those experiencing long waits.

We spoke with a patient and their relative who explained that the patient, who suffers from a long-term condition, had tried unsuccessfully to get an appointment with their GP. They had also contacted NHS 111, but the earliest appointment offered was for the following Monday. As the patient was in significant discomfort

and required a prescription for medication, they felt unable to wait and believed they had no choice but to attend ED. They were subsequently seen by a Doctor and given a prescription. Both the patient and their relative felt that this attendance could have been avoided if the GP had been able to see them sooner.

## Safety and Privacy

Patients told us they felt safe in the waiting areas. They also reported that staff asked permission before any tests were carried out and they felt their dignity was maintained.

## Refreshments

Patients we spoke to in these areas were not offered refreshments even though some of them had long waits in the department. Vending machines were available however the snacks were not healthy options we were told by patients they did not feel they could leave the department to go to the shops on site. They were all afraid they would miss being called, leading to longer wait times.

## Since our last visit

Since our last visit there is less seating available which led to patients having to stand.

Refreshments were not being offered in the waiting area, for patient's that had being waiting a long time.

Still no healthy options in the vending machines.

Patients' comments were still around communication of waiting times and next steps.

The Nurse on duty in the waiting area is alone and could be at risk.

## 10.b Sit to Fit Area

Since our last visit, the department now has two "Fit to Sit" areas. These areas still do not have enough recliner chairs, and some patients remain in these spaces for extended periods, including overnight. We spoke with patients who had spent the night in the Fit to Sit areas, and they reported that the room felt cold during our visit. Patients told us that the night staff did not do anything, one patient was brought in at 5.30pm via ambulance and did not have any tests, scans carried out until the day staff came on shift. The Fit to Sit area was cold and the patients had to ask for a blanket.

In the Fit to Sit area the observations were conducted every 1-2 hours depending on the patient's condition.

## Safety and Privacy

In the Fit to Sit area, due to the nature of some of the patients, some patients did not feel safe, they witnessed another patient vaping and drinking, they informed the staff and nothing had been done until about 15 minutes prior to us coming to see the patients in the Fit to Sit area.

One patient said that they had been asked to explain what their issues were in front of the other patients, they did not feel that their dignity was maintained at all.

One patient commented that one of the toilet doors did not close in the main ED department, however when we explained this to the sister in charge, they showed us the door does have a lock on, it was not where you would normally expect it to be.

## Communication

Being kept up to date about waiting times varied across all the patients that we spoke with, some saying they had been informed of the average time to be seen by a Doctor, one patient explained that they had to keep going to ask, another patient said that the sister had explained everything to them. In the Fit to Sit area one patient said it was only when the day staff came on duty anything happened.

Several of the patients stated that they had been listened to and were involved in their care, however some patients told us that this did not happen when the night staff were on duty.

## Refreshments

We noticed a poster on the wall stating that if you need a drink of water, you should use the fountain. However, there was no water available in the room itself, and we did not see a fountain. Patients told us that staff had offered them drinks. Patients who were in the Fit to Sit for long periods were offered meals, although there was not much choice for those with dietary needs.

## 10.c Ambulance Receiving Area (ARA)

In the ARA area, there are six sections where patients remain on stretchers. We spoke with a patient who had been brought in by ambulance at 12:15 am and had remained on the ambulance until 6:30 am before being moved into the ARA area. The patient was initially told they would be going home, but due to a mix-up with notes, this was not the case, which caused confusion and distress. Patients reported that the stretchers were uncomfortable, particularly after being on them for a prolonged period.

Despite this, patients noted that their dignity and privacy were maintained, with curtains being closed during tests. However, one patient was unsure whether they

had seen a doctor and had no clarity about what was happening. They were also uncertain whether they had received food or drink that morning. While the area has communication boards behind the stretchers, these were not being filled in, limiting the availability of essential information about patients.

Overall, patients in the ARA area experienced delays, discomfort, and confusion due to unclear communication and incomplete information boards. While dignity and privacy were maintained, improvements are needed to enhance communication and patient awareness.

One patient had been offered a lunch but there were only two options they were not asked if they had any dietary needs.

## 10.d Cubicle area

Patients accommodated in cubicles reported stays ranging from three to five days. Communication varied, with some patients feeling well informed about their diagnosis and treatment, while others were still waiting for results. One patient had a cannula inserted by ambulance staff which had not been used, despite requesting several times for its removal. Observations in cubicles were carried out at regular intervals, although this varied by patient.

One patient reported that they had been in the cubicle for four days, still in the same clothes they had been admitted in and had not been offered facilities to wash during their stay. They also explained that, although asked what they wanted for breakfast, no breakfast had been provided, and they had only received two lunches. They did tell us that the staff were good. We did enquire about how often they were offered drinks, they told us it varies.

Some patients reported uncertainty about their treatment plan and discharge timing. They mentioned receiving conflicting information, which led to confusion. Overall, communication was described as “a little confused.”

One patient noted that their dignity had been maintained: curtains were always drawn during treatments, and they felt safe. However, they had not received any visitors or contact with family during their time in the department.

Relatives of a patient who was end-of-life and had been in a side room for over 36 hours shared their experience:

- They described staff as “lovely” but highlighted several issues.
- The patient had been moved into a bed, but relatives had to point out the presence of a pressure sore and the need for a pressure-relieving mattress. It appeared the patient had not been assessed for pressure areas upon admission.
- Relatives also noted that some staff were unaware of the patient’s communication needs.
- Relatives also said they had to request mouth care be carried out.

As patients now spend extended periods in cubicles, we noted that there were no information boards behind the beds detailing key information such as communication needs. Relatives pointed out that some staff were not always aware of these needs when carrying out observations. We suggested that, as these cubicles are now effectively wards that accommodate patients for extended periods of time information boards should be considered to clearly outline patients' communication needs.

It should also be considered that staff treat these cubicle areas as ward environments, ensuring that personal care and assessments are carried out as they would be when a patient is admitted to a ward.

## 11. Recommendations made on our last visit

1. Consider ensuring that refreshments are offered to all patients both in the waiting room area and fit to sit areas.
2. Consider changing the seating in the Fit to Sit area to all recliners as patient could be in the unit for several hours, including overnight.
3. Consider displaying waiting times in the department. Patients told us that once they had been triaged, tests taken, they did not know how long they would have to wait.
4. Ensure that the privacy of all patients is always maintained in all areas.
5. Consider having a variety of healthy foods in the vending machines.
6. Consider having an alarm within the waiting room where observations are taken by the nurse in waiting room.
7. Ensure the signage in the Fit to Sit area is put in an area for all patients to see and produced in larger print.
8. Consider changing some of the seating area within the main waiting room, as patients can be in the department for several hours.
9. Consider putting seating in the corridor outside of the Sit to Fit area for relatives to use.
10. Consider having an area that patients can use as a quiet space, the ARs have observed this within another ED waiting room.

## 12. Conclusion/comparison on recommendations made

### Since Our Last Visit

1. Seating remains reduced, causing patients to stand.

2. Refreshments are still not offered in waiting areas.
3. Healthy vending machine options remain unavailable.
4. Communication about waiting times and next steps is still inconsistent.
5. Nurses remain alone in waiting areas, posing potential risk.
6. Fit to Sit areas still lack sufficient reclining chairs; patients remain for long periods.
7. Notices about refreshments and pain relief have been removed.

### 13. Recommendations from this visit

1. Consider increasing seating in all waiting areas, including Fit to Sit, to ensure patients do not have to stand. Consider providing more comfortable and reclining chairs for patients with long waits.
2. Ensure refreshments are available for all patients waiting for extended periods, including water, hot drinks, and light snacks/meals for long overnight/multiple nights stays.
3. Snacks and refreshments should meet a range of dietary and cultural requirements.
4. Consider introducing healthy choices in vending machines and any on-site food outlets accessible to patients.
5. Ensure communication with patients regarding expected waiting times, test results, and next steps is clear and consistent across both day and night shifts and at regular intervals.
6. Consider reviewing staffing levels in waiting areas and Fit to Sit to ensure both patient and staff safety, particularly when nurses are working alone.
7. Ensure patient privacy is maintained in all areas, including ambulance bays, waiting areas, Fit to Sit, and cubicles. Consider rearranging ambulance parking so back doors do not open onto public walkways.
8. Consider improving the environment in Fit to Sit areas, including temperature control, provision of blankets, and regular patient observations.
9. Ensure patients in long-stay areas have access to hygiene facilities, comfortable bedding, and support for dietary/cultural needs.
10. Consider updating information boards in all patient areas (cubicles, ARRA, Fit to Sit) to display key information, including patient communication needs, and treatment plans.

11. Consider creating quiet areas in the department where patients can rest, particularly in the main waiting area and Fit to Sit areas, especially for those living with dementia or neurodiversity.
12. Ensure there are clear procedures to support vulnerable patients, including those receiving end-of-life care, patients with long-term conditions, and those who may feel unsafe.
13. Consider introducing alarms or monitoring systems in waiting areas and Fit to Sit areas to alert staff if a patient's condition deteriorates.
14. Ensure all signage is clear, in larger print, and easily visible to patients, including instructions about water, pain relief, and who to ask for help.
15. Consider improving patient comfort, reducing waiting times on stretchers, and ensuring communication boards are consistently updated in the Ambulance Receiving Area (ARA).

## 14. Provider response

### **Response to recommendations from Healthwatch Telford & Wrekin 'Enter and View' visit**

#### **Emergency Department (PRH) 5<sup>th</sup> September 2025**

Thank you for meeting with the Divisional Director of Nursing for Urgent and Emergency Care (UEC) and Deputy Chief Nurse on the 9<sup>th</sup> of February 2026. It was an extremely useful meeting to discuss your most recent visit to PRH and the improvements that have been made since, in line with the 2025/26 Urgent & Emergency Care Recovery plan, which included:

- Creating 6 additional beds ward 36.
- Establishing 8 additional beds AMU.
- Developing an Acute Assessment Unit (AAU), GP receiving area at the Princess Royal Hospital.
- Expansion of Same Day Emergency Care (SDEC) at the Princess Royal Hospital.
- Maximum Handover Threshold improvement work throughout Jan/Feb and March 2026.
- Initial assessment improvements and trajectories.
- Segregation of Paediatric Emergency Department (ED).

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?
Long stays within ED and fit to sit areas	Meeting with Healthwatch Telford & Wrekin Chief Officer, discussed the 2025/26 Urgent and Emergency Care Recovery plan: 6 additional beds ward 36 8 additional beds AMU AAU – GP receiving area Expansion of SDEC Maximum Handover Threshold Initial Assessment Improvements	Divisional Director of Nursing for UEC and Deputy Chief Nurse
Call bell in corridor fallen off wall	Estates contacted and MICAD put in for the work to be completed.	Matron for ED
Confused patient	Confused patient was moved into the next available corridor	Matron for ED
Mental health room	Key is located in a keypad outside the door by mental health room. This has been communicated to all staff.	Matron for ED and the Band 7 Team
Environmental issues	All estates work requests logged on MICAD system. Work to be completed by the Estates Team.	Matron for ED and Estates Site Manager
Paediatric resus	Paediatric resus has recently been reviewed in conjunction with the anaesthetic team. To be discussed at the joint Paediatric and ED governance meeting next scheduled for the 9 <sup>th</sup> of March.	Paediatric Lead Nurse for ED
Ambulance Area	Two toilets and 1 shower in this area.	Matron for ED
Less seating in waiting room	New padded chairs have been commissioned for the main waiting room and paediatrics on 23.02.26.	Matron for ED / Assistant Operations Manager
Vending machine	This has been fed back to Deputy Chief Nurse who was linking in with catering to look at more healthy options.  Food and beverages are available. Hot meal service provided three times a day. A selection of food is available 24 hours a day, including fruit, sandwiches, and yogurts.	Catering Manager
Wait Times	Digital boards within the waiting room.  There is additionally a waiting room nurse and streamer that patients can ask if unsure.	Matron for ED

	Explore the option of a text message once the patient has been allocated to an area within the department.	
Refreshments offered	A water fountain is available, and squash is also provided in the waiting room, in addition to vending machines. Patients who have a decision to admit are offered a hot meal or sandwich.	Matron for ED
Next Steps	We are currently reviewing a Design Board to show the different services offered in ED and the route in which patient would go.	Matron for ED
F2S Recliner chairs	There are 10 recliner chairs and 2 further on order to increase to a capacity of 12. Order placed 13.12.26	Matron for ED
F2S Heating	In response to feedback the temperature has been adjusted.  Blankets are provided if a patient is staying in the area overnight	Matron for ED
F2S Safety	Security is available 24 hours a day, 7 days a week to support with any patients and ask for support where required.  Lower acuity patients are allocated to this area.	Matron for ED
Main toilet door	Logged with estates and fixed.	Matron for ED
F2S no water	Water fountain is located just outside F2S a tray is provided in both rooms for water	Matron for ED and the Band 7 Team
ARA	Patients who remain on ambulances have an ED checklist commenced if they cannot be offload, this prompts staff to offer drinks and reposition, the ambulance crews can also support with repositioning if patients are uncomfortable	Matron for ED /Wes Midland Ambulance Service / all staff
ARA Communication	Clear communication from nurses and doctors. Communication to be sent out to staff around clear communication; in addition to working with the UEC Patient Experience Group on a workstream to involve patients in decisions.	Deputy Clinical Director and Urgent Treatment Centre Lead / Matron for ED
Wash Facilities	Showers are available. Bowls at the bedside. Communication sent to all staff to reiterate that wash facilities are available.	Matron for ED
The nurse in waiting room	A triage nurse has been allocated in the waiting room. Security are available 24 hours a day, 7 days a week, and reception staff have an alarm if required for assistance. A waiting room nurse has been relocated, and at night they are in the second triage room next to the triage nurse.	Matron for ED

Food	Two hot food options are available as we have over 30-40 patients to offer food within the department. Sandwiches and microwave meals are additionally available, a reminder has been sent to staff.	Matron for ED
Pressure area care	<p>All patients have a purpose T assessment completed on admission and are assessed if they require a skin booklet or mattress. Documentation for 6 patients is audited daily by the Matron and Band 7 Team.</p> <p>Patient are placed on to beds at the earliest opportunity with pressure relieving equipment available.</p> <p>There are good levels of assurance from the audits.</p>	Matron for ED and the Band 7 Team
Communication boards	The introduction of communication boards in each cubicle are being explored.	Band 7 Team



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