



Enter and View report

Emergency Department

Royal Bournemouth Hospital

24 November 2025

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About Healthwatch Dorset

Healthwatch Dorset is the Dorset health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the local authority area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole and Dorset.



What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Emergency Department, Royal Bournemouth Hospital.

Castle Lane East, Bournemouth BH7 7DW

Visit date: 25 November 2025

About the service

In May 2025, University Hospitals Dorset (UHD) opened a new, state-of-the-art Emergency Department (ED) in the BEACH building at Royal Bournemouth Hospital. It is 100 metres from the previous site; the new facility also houses the Urgent Treatment Centre and features separate entrances for walk-in patients and ambulances and is now fully operational. Within the ED there is the Urgent Treatment Centre, Majors unit, Minors unit, Rapid assessment unit, Ambulatory care assessment, Resuscitation Unit and Children's ED.

Stuart Bendermacher, (Senior Matron of Urgent and Emergency Care,) told us, "Each shift will have 21 Registered Nurses and 6 Healthcare Assistants. During the Day we will also have the UTC Practitioners and UTC Co-ordinators to support patient flow." The department is currently fully staffed.

The new ED is part of wider changes in NHS Dorset to make the main ED hub at Royal Bournemouth Hospital and use Poole Hospital for planned procedures.



Purpose of the visit

There were several reasons why we carried out this visit:

In 2023 HWD wrote a report called, "Improving patient access to urgent and emergency care in Dorset," which examined why people were confused about what urgent care services to use.

The report looked at people's experiences of using Minor Injuries Units and also wanted to understand the staff perspective on how systems could be improved to make services more effective. The report stated:

"Bournemouth Emergency Department; First impressions of this service were rated 3/5

The waiting area is small for an ED, but clean and patient pathway is clearly displayed on the walls in an inviting and concise manner. Patients seemed distressed and most declined to take part in the survey. Some had come from UTC, but none were being directed from ED to UTC.

Patients can walk-in or be referred from UTC/healthcare professional/NHS 111. Check-in at reception and were then triaged before proceeding to wait. Nursing staff were informative and helpful. Reception staff were very busy. There was no teleprompter displaying wait times, but we were told it was around four hours. This was not communicated to patients, however. It would be helpful for patients to know this as there was an aura of anxiety amongst them at lack of updated information available.

There is adequate seating, of varying sizes and well-spaced. On the day of the visit the waiting area was quiet, clean, and clinical. Patient flow is straight forward (and the process clearly advertised), signage for the ED is clear and bold and easily recognisable. Pick-up / drop-off outside the UTC only, directly in front of ED for ambulance only. Patients would have to travel from UTC to ED (same as Poole Hospital – staff commented that the 'two front doors' can be confusing for patients). Wi-Fi is provided but it does not work. The walls of the waiting area are busy with information but at least this gave patients something to read. A lack of access to Wi-Fi/signal meant many patients got restless at the lack of distraction. A vending machine, water dispenser and toilets are available. Staff fed back that they were seeing an increase in primary care cases (a common theme across all units). Staff also told us that they receive abuse and threatening behaviour from patients daily.

Lasting impressions of this service were rated 3/5

General communication to the public regarding alternative healthcare settings needs to be consistent and widely publicised."

Its finding and recommendations can be found here: [Healthwatch Dorset – Improving patient access to urgent and emergency care in Dorset](#)

We also looked at the last CQC report (2018), to formulate our questions. The last CQC assessment of the urgent and emergency services at Royal Bournemouth Hospital, was June 2018, when it was rated “Good.”

In March 2025, some of our volunteers were invited to provide informal feedback at a pre-opening visit to the new Emergency Department at the Royal Bournemouth Hospital.

Following the publication of the report and the visit, we wanted to follow up to see what changes had been made now that the new Emergency Department had been open for 6 months. In addition, members of the public are concerned about the *upcoming changes to the Emergency Department at Poole Hospital, so we wanted to understand more about that.

* Poole Hospital's A&E department is scheduled to close in 2026 as part of a major NHS shake-up, with major emergencies redirecting to Royal Bournemouth Hospital, which is becoming the main emergency hub. Poole will transform into a centre for planned care, retaining a 24-hour Urgent Treatment Centre (UTC) for less serious issues like cuts and fractures, while serious conditions (strokes, heart attacks) go to Bournemouth.



How the visit was conducted

The visit was carried out by 3 authorised Enter and View representatives.

Who we spoke to:

1 Healthcare Assistant

1 Emergency Practitioner

1 nurse

9 service users. (They had been admitted either through self-triage or the ambulance service.)

On the day we spoke confidentially with patients, their family, plus staff.

Observations were made throughout the visit. This included patient and staff interactions. We co designed some questions with our E&V volunteers, and based our environmental observations on the NHS 15 steps Challenge tools and Patient Led Assessment of the Care Environment (PLACE). This report was then written from those observations and conversations.

We were escorted on a tour of the department by: Stuart Bendermacher, Senior Matron of Urgent and Emergency Care, Richard Bradley, General Manager of Urgent and Emergency Care, and Mel Hartley, Patient Experience Lead. For the feedback on the day, we were also joined by Collette Byelong, Medical Care Group Director of Nursing.

Authorised Representatives

Lindsey Fish (Volunteer Officer)

Gary Alessio (Volunteer)

Gloria Zimba (Volunteer)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is collated and produced by the staff member and Authorised Representative who carried out the visit on behalf of [Healthwatch Dorset](#).

Visit overview

The visit was part of Healthwatch Dorset quality monitoring.

The Emergency Department at Royal Bournemouth Hospital was told about the visit in advance, so they were expecting us. Ahead of our visit we liaised with the Patient Experience and Engagement Lead at Royal Bournemouth Hospital. We provided a risk assessment and any information needed in order to ensure that the hospital understood the purpose of our visit and the nature of the Enter and View process. We agreed an agenda for the day with the hospital.

Key findings

We recognise that staff are making a big effort, and they were open to our suggestions for continued improvement. Staff appeared to take pride in the brand new environment that they are working in. All Authorised Representatives were impressed with the new building design. The new environment has been well thought out and patient feedback has been sought, (e.g. with the bereavement suite.)

Whilst we were unable to make some direct comparisons with the findings of the previous report, as the ED is now in a new building, we were still able to make some recommendations for positive change:

- Generally, people felt welcome and confident that they could trust staff in the department (rated 4/5)
- The environment was calm and clean. Although it was made clear to us by staff that it was a very, very quiet period. A large area of the ED area we saw was currently unused in preparation for the transfer of staff from Poole A and E.
- A holistic approach is evident, particularly to support mental health and neuro divergent needs and we were told it is a collaborative environment.
- We had mixed feedback on the level of communication that patients felt they received about the treatment pathway they were on.
- The reason for the 8-12 hours wait time whilst we were present, wasn't fully explained or understood by the Authorised Representatives. This was the same as was found in the previous HWD report, when the average wait time was 4 hours.
- The NHS 111 service is giving inconsistent advice quality and creating incorrect expectations on the service that the ED can provide, such as telling people that they can have appointments, which is putting additional pressure on the department.

Key Findings continued

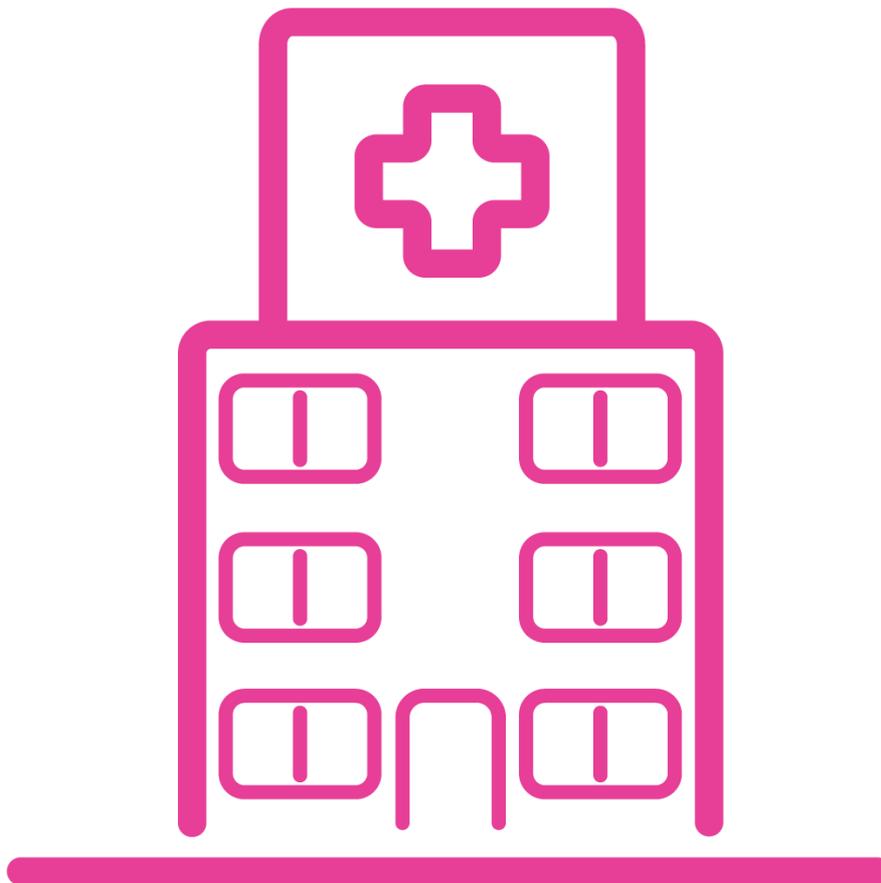
- The current self-triage system is not suited to everyone, and discriminates against those with additional needs, such as those with English as an Additional Language (EAL), learning disabilities, those who are not confident with using digital devices, or those who are unwell. It is also subjective. We were told that it is currently being audited monthly when a safety check is carried out.
- There is no phone signal in the department. The department have told us that it is difficult to overcome the problem due to the large number of extenders which would be needed.



Recommendations

We would like the Royal Bournemouth Hospital to consider the following recommendations for improvement based on our observations and findings from the visit.

1. Increase the personal touch, so people feel acknowledged when they arrive and better supported in the department.
2. Greater communication is needed to explain reasons for the waiting times and ensure that people understand what will happen next.
3. Clear signage so people know where the children's waiting area is, where the toilets are and where they can access water and vending machines.
4. Ensure that patients know of alternatives if they cannot get a phone signal and improve this fault.



Observations and findings

Physical environment

The external and internal environment

- An NHS accredited, self-triage system is in place on entry. This is where patients, or their friends/family, enter their symptoms into a digital device and are then redirected. There is also a nurse discreetly situated behind a screen in the entrance if a clinical evaluation is needed. We didn't see anyone use the self-triage device, instead we only saw people speaking at the reception, further down the hall, to book in.
- Information about the department is clearly visible, relevant and helpful. Walls are free of clutter.
- Information about staff and the pathway once in the ED we were told, is under development and will be known as "This is your journey." (Our previous report found this to be clear. "Patient pathway is clearly displayed on the walls in an inviting and concise manner.")
- There is information about wait times on 2 teleprompters including in the entrance, but this is not clearly visible throughout the whole department. It shows the longest wait times, according to national guidance. We were told that it could not be shown throughout the departments as there were too many different variations.
- Patients can speak to staff discreetly in side rooms and where curtains are not possible, screens are available for example, in the corridor.
- There are examples of personalised care, such as a sensory tools for those with neurodivergent needs.
- Changes to uniform are due in 2026, when information will be displayed to explain them. This will bring the uniform at the Royal Bournemouth Hospital into the generic NHS uniform.
- The general environment is new, so it appeared very clean. In addition, we saw cleaners at work, e.g., cleaning windows.
- There were adequate hand sanitizers which were used.
- There was adequate and appropriate waste disposal.
- The environment was free from hazards.
- Fire routes were clear.

- There was enough seating and a variety of seating e.g., for children.
- There was free Wi-Fi which worked but no phone signal. The phone signal has been dampened by the Beach building above. We were told that patients can ask staff to borrow a phone blocker to get a signal.
- Clocks were in each major injury room.
- The environment was wheelchair accessible.
- Handrails are evident for those with poor mobility.
- Changes to height of handrails and changing mats in toilets have been changed in response to user feedback.
- There are hearing loops and ipads are used for translation including British Sign Language, they also have phone access to translation services.
- Food is supplied on demand, e.g., a hot soup for lunch. Biscuits and hot drinks can be supplied upon request. (We were told)
- Water is free and there are vending machines. However, it was not always clear where these were, particularly for access to water.
- We were told that a housekeeper is being used to monitor hydration/food needs. However, we didn't see this in action.
- We asked about current safeguarding practice and were told that staff receive different levels of safeguarding training, depending on their role/responsibility. There is also a full time Safeguarding Liaison nurse who deals with safeguarding reviews/compliance. In addition, staff must sign a "no issue" safeguarding declaration on discharge of each patient.
- Royal Bournemouth Hospital said they can receive 50-70 ambulances a day and 8 can off load at any one time, under an awning to shield from bad weather, with an additional 6 ambulance spaces at the back of the department.
- There are 2 dedicated mental health interview rooms and 2 Mental Health stay rooms. (The longest stay was recently 102 hours.) Furniture within these rooms is designed so that it cannot be lifted. Doors can be opened both inwards and outwards, with 2-way blinds and there is a touch alarm on 3 sides of the room. On average the department sees 8 patients with Mental Health needs each month. There is a psychiatric liaison officer who can be seen and youth workers are also used.
- Emergency blood is stored in the department.
- There is a Bereavement Suite and a relatives' room.
- Bespoke training for Health Care Assistants had improved retention. (We were told.)



- There is a new children's waiting room. (Pictured above.)
- It was explained to us how the corridor was sometimes used for patient care in response to exceptional capacity circumstances. (Healthwatch England states: "Healthwatch England has raised concerns about the impact this has on patient dignity, privacy and safety, and has reiterated the need for sustainable solutions to address overcrowding and capacity constraints. ")

Car parking

- There is a designated drop off point (30 minutes maximum), almost adjacent to the ED entrance.
- Blue Badge parking is nearby; however general parking is a 5-10 minute walk away.
- We were told that a volunteer driven buggy maybe available for transport. (Not for out of hours.)

What people told us

Service users / What patients told us :

What works well...

- Patients liked that the environment was new and felt “spacious,” and was much improved from the previous ED.
- Some felt that they had been dealt with efficiently.
- Most patients scored 4/5 for feeling welcome within the department, with some commenting that the paramedics and porters were more welcoming and helpful.
- Most patients felt confident, scoring 4/5, that they could trust the staff to help them, with some distinguishing that they felt confident that the staff “would do their best in difficult circumstances.”

What could be better...

- Self-triage system: Whilst some users said that this worked okay for them, the majority felt it was overwhelming, particularly when it was being used by those who were unwell. We didn’t see anyone use it. Volunteers could meet and support people on entry, assist them to use the self-triage device, direct them and reassure them that they had followed the correct procedure. We were later told that volunteers do have these roles, but we didn’t see any during our visit.
- After initial assessment, patients had been waiting on average over 8 hours to be seen. One man, aged 88, told us that he had been in a chair from 4 am until 10 am, with only his bloods being taken in that time.
- Some patients scored communication very low. “They do ask you about your health, but they don’t listen to your reply. They are not engaging; you just get a rote reply.”
- A lack of information to explain the long wait times and long intervals between interactions. One patient told us that they felt “scared”, and not confident about the treatment they would receive. One couple used the husband as a look-out whilst the patient used the lavatory as they were “afraid of losing their place in the queue if they moved from their spot. The nurse said she’d come back later and hasn’t!”. It was commented that there was no specific information on wait times or reasons for waits, they were just told, “soon,” by staff.
- Several patients felt that the doctor who attended them hadn’t read their previous medical notes.
- Frustration was voiced to us, at seeing staff “only sitting at computers and not interacting with patients.”

- No phone signal is frustrating, particularly at a time when phone calls will need to be made, to rearrange events/update relatives etc.
- Parking was too far away, (particularly when dark and raining). One relative told us that he was trying to help his elderly mother with the self-triage system but conscious that he then had to leave her to go and park the car.
- Poor parking signage outside.
- One parent with young children was unaware of the children's wait area. The area was unused during our visit.
- When asked to name one thing that patients would want improved, they overwhelmingly told us that it was to have more staff.

What staff told us:

- Because of the lack of personal contact when patients arrived and used the self-triage system, staff in the Minors Injuries Unit were often interrupted by patients, who were waiting, to ask them if they knew they had arrived and were waiting.
- Patients sometimes entered incorrect self-triage information.
- Patient expectations need more managing.
- There was no capacity for Poole A and E at the Royal Bournemouth Hospital, at present.
- Emergency practitioners worked a 10-hour shift, which was better than the 12.5-hour shift previously worked.
- Sometimes NHS messaging was detrimental. For example, a patient might delay coming to the ED, due to messaging about how busy it was, which could potentially lead to more medical complications, e.g., a greater deformity risk with a broken bone.
- More signage is needed e.g.; patients are using staff toilets.
- Often a lack of clean linen after the weekend.
- Staff liked the Health Care support worker training and induction process and felt supported, although one had felt a bit out of depth as a new career field.
- Time off for staff needs to be factored more into rotas.
- The vulnerable are identified and prioritised.
- It is a busy environment to work in, but they felt it was well managed, e.g., the "Escalation" protocol is good. (An escalation protocol in the NHS is a structured process for raising concerns or escalating care for patients or staff when a situation becomes unsafe or requires higher-level intervention, ensuring timely action for things like deteriorating patients.)

Provider response

We thank Healthwatch Dorset for visiting and reviewing the services at the UHD Emergency Department. We greatly value feedback, which helps us make positive changes to enhance the patient experience within Emergency Care.

Following the visit, we have already implemented several improvements:

- **Signage:** New signs have been installed for toilet facilities for both patients and staff, as recommended.
- **Refreshments:** A new housekeeper has been appointed to provide regular in the Emergency Department. We also maintain regular communication with refreshments, and vending options in the main waiting areas have been increased. Our housekeeper is on duty six days a week and ensures that patients in corridors also have their nutritional and hydration needs met.
- **Volunteer Support:** UHD Volunteers provide refreshments to patients outside of housekeeper hours.
- **Communication:** We are working with staff to improve communication with patients throughout their journey system partners to ensure patients are directed to the most appropriate care pathways.
- **Electronic Registration and Triage:** A new electronic registration and triage tool has been introduced. This ensures patients are directed to the correct urgent or emergency care pathway. Support is provided for patients who are unable to use the tool, with clinical validation in place.
- **Patients, families and carers in the Emergency Department have access to complimentary Wi-Fi to enhance mobile connectivity.**

Regarding the closure of the Emergency Department at Poole Hospital - UHD has worked closely with Emergency Department staff over several months of transformation to ensure safety for staff and patients for the Poole ED move.

These actions reflect our commitment to continually improving the patient experience and ensuring safe, responsive care in the Emergency Department

Acknowledgements

The **Healthwatch Dorset** Enter and View team would like to thank all the patients at The Royal Bournemouth Hospital, who gave us their feedback and for being so open in their conversations with us. Thank you also to Mel Hartley who liaised with us to organise the visit and to all staff who welcomed us into the Emergency Department, for giving us their time and access during our visit.

Contact us

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