Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Emergency Department, Morriston Hospital, Swansea Bay University Health Board

Inspection date: 27 to 29 November 2024
Publication date: 5 March 2025

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83715-396-1

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at the Emergency Department (ED), Morriston Hospital, Swansea Bay University Health Board on 27, 28 and 29 November 2024. The following hospital wards were reviewed during this inspection:

- Emergency department (ED) - providing emergency medicine
- Paediatric emergency department –providing children's emergency medicine

Our team, for the inspection comprised of three HIW healthcare inspectors, three clinical peer reviewers and a patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 16 questionnaires were completed by patients or their carers and 62 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Staff were working hard under very challenging conditions. We saw staff treating patients in a polite, professional and dignified manner. However, their efforts were often hindered by the number and high acuity of patients attending the department impacting overcrowding of the department, and use of areas that were not intended for patients to be nursed.

Patients we spoke to, and survey respondents expressed dissatisfaction with waiting times. Only a few felt they were assessed within 30 minutes of arrival. The department capacity was being managed by the patient flow/ bed management team and the nurse in charge.

We saw patient information displayed within the department which was bilingual. However, patients expressed the need to display information on the correct use of the department as this can be confusing for patients visiting for the first time.

Whilst some of these challenges remain, we found that some improvements had been implemented by the health board to lessen the impact of these on the service. The introduction of the Older Persons Assessment Unit (OPAU) and direct GP referral to ensure a coherent and robust whole-hospital approach to improving the flow of patients through the ED.

Delivery of Safe and Effective Care

Overall summary:
There were significant challenges with patient flow through the department. Overall, this was attributed to delays with discharging patients from other areas of the hospital. This meant the department was overcrowded, therefore, impacting on patient care. This should be regarded in the context of national pressures on emergency departments and is not unique to Morriston Hospital.

The inspection found insufficient compliance with risk management, despite a well-maintained environment free from obvious hazards. Key issues identified include overcrowding and significant patient safety risks, particularly in non-bay areas where patients did not have access to nurse call bells and ability to mobilise emergency resuscitation trolleys. In addition, patients were accommodated in the main waiting area for longer than expected, without any appropriate risk

assessments undertaken or Standard Operating Procedures (SOP) in place to manage additional patients safely.
The environment design and layout were challenging for managing emergency care, making it difficult for staff to provide appropriate clinical oversight. There were instances of unsecured storage of potentially hazardous substances, such as iodine and chlorhexidine, in the paediatric department, which was promptly addressed. Although the paediatric department had undergone recent renovations to provide a secure environment, some areas still required improvement, with plans already in place to address these issues.

Regular audits were conducted for the environment and IPC practices. All audits were up to date; however, the last hand hygiene audit score was 66%, indicating a need for improvement. It was observed that staff did not consistently perform appropriate hand hygiene when the opportunity arose, as reflected in the audit results. In addition, the IPC team had to remind several doctors to adhere to the bare below the elbow policy and to remove watches during our inspection.

We saw that patients had received medication including pain relief in a timely manner. However, there were areas of the medicines management processes that needed immediate and ongoing improvement. Medication charts were found to be completed appropriately, including the administration of oxygen therapy. However, nurses were preparing drugs in a busy ambulatory area, which was also a thoroughfare for staff and patients. This lack of a calm and uninterrupted space posed a potential risk of drug errors, an issue confirmed by Datix incident reports. We addressed this through Immediate assurance processes were implemented to address this concern.

Controlled drugs were stored securely in locked cabinets, but Datix incidents highlighted items of controlled medication which were unaccounted for within the department, a matter currently under investigation by the health board's pharmacy team.

Additionally, temperature checks for drug fridges were not being routinely completed, posing a risk to the viability and safety of medicines, which was also addressed through immediate assurance processes. A random selection of patients revealed that all were wearing identification bands, and it was observed that nurses verified these bands before administering medication.

We observed that staff were knowledgeable about where to find policies and procedures, and they were familiar with the relevant pathways used in the department. Evidence of strong medical leadership in the Emergency Department (ED) was apparent. Clinical staff expressed a clear commitment to providing a high standard of care to patients.

Communication among the ED staff was found to be effective, particularly during shift handover meetings, which facilitated detailed and efficient information sharing. Teamwork within the ED, as well as collaboration with ambulance crews, was notably effective. Furthermore, there was good partnership working across various disciplines and professions from other departments, including pharmacy, occupational therapy, and physiotherapy. This multidisciplinary collaboration contributed positively to patient safety in the ED.

Immediate assurances:

- Manage patients within the surge areas
- Ensure medications are appropriately stored in locked cabinets
- Ensure fridge temperature checks are undertaken
- Ensure nurses have the right environment to prepare medications without interruption
- Ensure there are robust processes in place to ensure controlled drugs are checked.

Quality of Management and Leadership

Overall summary:

Our survey for ED staff received 62 responses, with most feedback being negative, particularly concerning staffing issues and an unsafe care environment. Only a quarter of respondents were satisfied with the care quality and support they provide, and even fewer would recommend the hospital for care or as a workplace.

Whistleblowing by registered nurses was reported, indicating unresolved local issues. Despite these challenges, fortnightly open listening events have been implemented to improve staff communication and retention. Out of 42 comments in the survey, concerns included the environment's suitability for care, the timely involvement of ED staff in patient care, and the effectiveness of communication and collaboration between the ED and other services.

The comments within our staff survey and highlighted in the report indicate serious safety concerns for patients, staff, and visitors. The health board is expected to consider the staff comments and develop an improvement plan to address these safety concerns promptly. Additionally, the health board should regularly seek feedback from ED staff and consider how to improve services and working conditions based on ongoing staff feedback, benefiting both patients and staff.

The department staff coped well with pressures and were mostly attentive to patient needs. However, only 62% of staff had up-to-date appraisals, indicating a

need for improvement. Regular meetings were held, and information shared with ED and hospital staff as appropriate.

New staff follow an induction pathway to gain necessary competencies, and staff training is managed by the education team. A comprehensive training spreadsheet monitors compliance, which was below the target of 80% in all areas. The health board, therefore, must ensure staff are supported to attend mandatory training and that risk assessments are undertaken where staff compliance falls below that expected.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

Throughout our inspection we engaged with patients and received 16 responses to our patient survey. Responses were positive across most areas, although waiting times were the most negative. Most respondents rated the service as 'very good' or 'good'.

We received comments about the service and how it could improve. These included:

> *"A&E very overcrowded, and too many patients for the staff working."*
>
> *"Ambulance dispatcher gave wrong information on arrival at hospital. Dropping off patient wasn't great."*
>
> *"I have just enough space in my wheelchair to move around. Signage is not great for directions. But I know I can ask for help when needed."*
>
> *"PAU staff were very helpful & explained everything."*
>
> *"Lots of people just give up waiting in A&E and left without receiving treatment."*

Person-centred

Health promotion
Health related information was available in various parts of the department, many of which were bilingual. We did not see information explaining the appropriate use of the ED and how to choose the correct service for their individual need. There was also no information showing the process when a patient is admitted to the ED. One patient commented that this is confusing for people visiting for the first time.

The health board should ensure that information is displayed throughout the department to inform patients of the process undertaken when admitted to the ED. Also, to remind people about the different healthcare support services to enable them to choose well, before using ED services.

Dignified and respectful care
We saw staff treating patients with dignity and respect and were striving to maintain confidentiality and privacy as much as a crowded environment allowed.

Most patients we spoke with reported positive interactions with staff and were generally happy with their care.

Whilst staff were striving to maintain the privacy and dignity of patients who were awaiting further assessment or treatment, this was clearly more difficult to achieve for patients who were waiting on chairs in the corridor area. However, staff were mindful of the need to maintain patient privacy and dignity and endeavoured to move them into more appropriate areas of the department when personal care was required.

We found areas of the department that were well decorated and appropriate for their intended use, for example the artwork within the paediatric area and the décor of the relatives' room.

The overall décor, condition and cleanliness of the environment appeared appropriate, albeit with general wear and tear. It was positive to see the Children's Emergency Unit had been designed to ensure children and families are provided with a dedicated and secure environment.

The three bedded area known as red resuscitation, had a fourth patient in an unmonitored space in front of emergency exit doors. Staff also advised us that major's space is usually escalated by an additional seven patients and that they have serious concerns about the impact of safety this creates.

The health board must ensure that emergency exit doors are not obstructed at any time.

Individualised care

Through reviewing a sample of patient notes, we found that care was being planned and delivered on a multidisciplinary basis, and in a way that identified and met patients' individual needs and wishes.

Timely

Timely care

Significant challenges in patient flow persisted throughout the inspection and was consistent with our previous inspection in 2022. These issues are often beyond the control of ED staff, primarily due to delays in discharging patients from other hospital areas. These delays were caused by patients awaiting further support, such as rehabilitation, care packages, or placements in other facilities. Some patients spent over 48 hours in the department, which is not equipped to accommodate people for such extended periods.

The health board must maintain the efforts to improve patient flow through the department and across the wider hospital.

Patients waiting in ambulances were well cared for, with ED staff providing care in the ambulance when needed. Patients were also taken off ambulances into the department to start treatment then returned to the ambulance. We saw that ambulance and ED staff had a good working relationship. Ambulance crews had the use of a building outside ED called the 'pod' where they would handover patients when crews needed to take breaks. We saw that this was used appropriately and was staffed by ambulance crew.

We were told that from the week after our inspection, there was a plan in place to direct certain patients arriving at ED, directly to the medical or surgical assessment unit. Therefore, bypassing the ED and reducing the congestion in the department. We did not review the procedure or policy in place to support this initiative but will follow up with the health board in due course, to understand its impact.

The health board must provide HIW with its policy or procedure for direct admissions to specialty wards and detail how the initiative will be monitored and evaluated.

Since our last inspection in 2022, the Older Persons Assessment Unit (OPAU) was opened and was found to be reducing pressure on the ED, by taking older adults to a more suitable area more promptly. We were told staff from OPAU undertake a daily walk around of the ED and aim to move patients from the department to the unit to complete their assessment and treatment there. We were told that paramedics can also refer directly to the unit and bypass the ED, therefore, reducing the number of patients in the ED and in turn improving waiting times.

During our evening arrival, the department appeared busy and overcrowded in all areas, though, it is positive to note that there were no ambulances waiting outside to handover patients. Patients in majors (red) and minors (green) were accommodated in non-bays and were also within the main waiting area for longer than expected, however, there were clear efforts to move people into clinical areas when needing assessment or for greater clinical oversight. Tanoy announcements alerted patients about the waits for triage (two hours), and the eight hour waiting time to be assessed by a doctor.

The health board should address the waiting time for triage to ensure triage waiting times are within the 15 minute target.

Despite being busy and overcrowded, there was a sense of control evident. However, staff reported that our evening arrival was far from the norm, and that multiple patients had been moved to the wards earlier in the day, and ambulances patients were handed over in a timelier manner, which was unusual. Staff said that often, around seven to ten additional patients are accommodated in the department, but often with no extra staffing to manage this at short notice, consequently increasing the pressure on staff and posing a risk to patient safety. This was dealt with through our immediate assurance process.

Very few respondents to our patient survey felt they were assessed within 30 minutes of arrival, although, over half said they waited less than four hours in total before receiving treatment or being referred to other specialties, and three waited over 12 hours.

Some comments we received on waiting times are include the following:

> ***"Waiting hours are unacceptable."***
>
> ***"Waiting over 13 hours in A&E is simply unacceptable…"***
>
> ***"Long wait. No one to speak to the patients to explain why there were delays. No apologies for delays. Staff culture that delays over 3 hours are the norm…."***
>
> ***"…waited over 14 hours, still not seen."***

It is disappointing to hear from people regarding long waits in EDs, however this is a recurring issue across all Welsh EDs and is not unique to Morriston. However, it is important that patients are updated appropriately about the delays, to help alleviate their frustration or anxieties.

The health board must ensure that people waiting prolonged periods of time are update appropriately about their waits for assessment, and for those awaiting transfer to ward areas.

Equitable

Communication and language

We did not observe staff communicating in Welsh; however, we saw that Welsh speaking staff were identified by the 'Iaith Gwaith' symbol on their uniform.

All who responded to our patient survey felt they were treated with dignity and respect and felt that staff explained what they were doing when undertaking care and treatments. All but one felt staff listened to them and answered their

questions, and that they were involved as much as they wanted to be in decisions about their healthcare.

Rights and Equality

The health board provided us with their current Equality, Inclusion and Human Rights policy. We saw that staff were striving to provide care in a way that promoted and protected people's rights regardless of their gender or background. This is aligned to Welsh Governments approach to deliver good quality patient-focused care in EDs.

The department was situated on the ground floor and had level access for patients with mobility issues. Corridors were clear and wide to allow for easy movement around the department. We saw adequate toilet and wash facilities for patients requiring extra room for mobility equipment.

Delivery of Safe and Effective Care

Safe

Risk management
Overall, compliance with risk management was insufficient. We found several examples to determine this, which are highlighted throughout this section of the report.

It is positive to note that the environment was well maintained and free from obvious hazards. Visually, the department was busy and overcrowded in all areas. Patients in majors were accommodated in non-bays in the centre thoroughfare, which posed a risk to patient safety. Staff highlighted their concerns also and explained that in the event of an emergency, they would be restricted in getting the emergency resuscitation trolley to the area required. In addition, patients situated in this area had no access to a nurse call bell, neither could they easily alert staff if needing assistance. There was no risk assessment in place to help address these issues.

Patients were also accommodated in the main waiting area for longer than expected, though efforts were made to move them into clinical areas for assessment or for greater clinical oversight where appropriate. However, as this may impact on patient safety, no risk assessment had been completed neither was a Standard Operating Procedure (SOP) implemented to safely mange additional patients in the department. This was addressed through our immediate assurance process.

We found the environment design and layout to be a challenging area to manage emergency care, since the ability to accommodate the volume of patients with appropriate clinical oversight was difficult for staff. Whilst the department would benefit from a redesign; we fully acknowledge this is not something that could be easily achieved.

We noted the storeroom door was open in the paediatric department and within the room, bottles of iodine and chlorhexidine were not stored securely, and was easy to access for unauthorised people. We escalated our concern to the nurse in charge and these items were immediately removed from the area.

It was positive to find that the paediatric department had undergone a recent renovation to ensure children and families are provided with a dedicated and secure environment. However, we noted aspect that still required improvement.

We discussed these with managers and were told that a plan was already in place to complete these.

Infection, prevention and control and decontamination

The hospital had a dedicated infection prevention and control (IPC) team, and the ED had nurse designated as lead for IPC.

Regular environmental and IPC audits were completed. However, the last hand hygiene audit score was 66%. We did not witness staff performing appropriate hand hygiene when the opportunity arose, which was reflected in the audit result.

The health board must ensure staff are maintaining appropriate hand hygiene at all times.

We saw nursing staff adhering to unform policy, and clinical areas were visibly clean and generally free from clutter. The department had its own domestic cleaning team, who were present during our visit. However, we saw the IPC team had to ask several Doctors to maintain bare below the elbow and remove watches.

The health board should ensure ALL staff are reminded of the uniform policy and requirement to remain bare below the elbow in order to control the spread of infection.

Individual cubicles were available for isolating infected patients where required, including a negative pressure room within the resus area. However, this was often used for resus patients. Staff told us that ideally, they try to create isolation capacity, but this is not always possible and if the patient is able to sit, a space is found in an isolated chair area.

Patients generally felt cleanliness was of a good standard. All but one of the responses from the patient survey felt the setting was ‘very clean’ or ‘fairly clean’.

Personal Protective Equipment (PPE) was available, and staff were seen to be using this appropriately. However, we found that access to PPE was not always close to patients. During our visit there were discussions being held as to where to locate more PPE stations to improve accessibility within the clinical areas, to minimise the need for staff walking longer distances to obtain the necessary equipment.

We saw that most surfaces allowed for adequate cleaning and decontamination. However, we did see one mattress and several chairs with rips, therefore impacting on infection prevention and control.

The health board must ensure that all mattresses and chairs are checked for damage and items condemned if irreparable and not fit for purpose.

Safeguarding of children and adults

The staff we spoke with demonstrated a satisfactory knowledge of safeguarding children and adults, and for the deprivation of liberty safeguards and mental capacity.

We found robust safeguarding procedures in place for referral, escalation and follow up of safeguarding concerns. This was supported by the Wales Safeguarding Procedures. We were shown staff training compliance records for safeguarding and found these to be appropriate.

We reviewed the paediatric area and found that it was generally staffed by specifically trained paediatric nurses and doctors. However, staff move between areas of the ED to assist with busier areas. Staff has sufficient knowledge for identifying possible abuse in children, and appropriate safeguarding referral processes were in place. We saw that the domestic violence assessment tool HITS (Hurt-Insult-Threaten-Scream) was being completed at times, but this was not done routinely.

We saw that staff working on reception, triage and REACT stations put stickers on patient records to alert other staff about patients with dementia, learning disabilities or frail elderly. Staff told us that any safeguarding concerns are escalated to the nurse in charge of the department.

Blood management
Staff described the process of safe blood product transfusion, which in the health board is a two registered nurse process, and a clear protocol was in place to support this. We were told that staff complete blood transfusion competency training before they are permitted to administer blood products, and the department held a register of competent staff.

Management of medical devices and equipment
Staff had access to a range of medical devices and equipment, to manage the needs of patients. The equipment appeared clean and was in good condition.

There were robust systems in place to ensure that medical devices and equipment were being regularly serviced and maintained to ensure they were safe to use.

Medicines management
The department had a dedicated pharmacist who covered the department from 8am to 4pm and an on-call pharmacist who supported the department out of hours.

We found medication charts to be completed appropriately including the administration of oxygen therapy.

We saw nurses preparing drugs in the ambulatory area, where patients were sat, and was also a thoroughfare for staff and patients. This meant that nurses did not have the appropriate calm and uninterrupted space to calculate and prepare drugs, posing a potential risk of drug errors. We requested the Datix incident report for drug errors in the department and found that this was already an issue. This was dealt with through our immediate assurance process.

We found that controlled drugs were stored securely in locked cabinets. However, on investigation we found that there was a significant amount of controlled medication unaccounted for. This had been acknowledged and was under investigated by the health board's pharmacy team.

Drug fridge temperature checks were not being completed routinely to ensure medicines remain viable and safe to use. This was dealt with through our immediate assurance process.

We checked a random selection of patients and found them all to be wearing patent identification bands. We witnessed nurses checking these before administering medication.

Preventing pressure and tissue damage
We saw skin pressure damage risk assessments were completed for patients who had been in the department for a considerable amount of time. Skin pressure relieving products were available, for people at high risk of developing a pressure ulcer.

Our review of patient records found that Intentional rounding was undertaken regularly. However, staff reported that providing care to the patients in the overflow areas was challenging.

Falls prevention
We saw that falls risk assessments were being completed for patients deemed to be at risk of falling. Moving and handling assessments were also undertaken on appropriate patients.

Due to the use of space in the department, patients are often managed in inappropriate areas where they have no access to call bells or ways of alerting staff, if they need to mobilise. This is a risk to patient safety as people may attempt to mobilise themselves impacting on falls safety. Call bells and visibility of patients has been addressed earlier in the report.

Any incidents of falls are reported and recorded through the Datix system and investigated by the senior management team.

Effective

Effective care

We found clinical pathways in place for stroke, ST Elevation Myocardial Infarction (STEMI) and neck of femur fracture, additionally, the hospital had ring fenced beds to support patients with these emergencies. Paramedics also had pre-hospital pathways in use, for vascular, trauma and cardiac issues, and can divert patients to regional centres if required.

Stroke beds were ring fenced, although other fast track beds were often used for patients admitted without a pathway, due to high capacity and need to accommodate patients. This means that patients requiring speciality beds are often held in the ED until arrangements can be made to move them to the appropriate clinical area.

Nutrition and hydration

Many patients told us they could access food and drink when needed, however, some patient feedback suggested that this was not always the case and that they would not usually be offered a hot drink, and that they were only offered this as HIW inspectors were in the department.

We saw Red Cross staff in the department offering drinks and snacks. However, they were not able to assist patients to eat or drink. Volunteer in resus were providing drinks to people where appropriate and engaged well with patients. Red Cross staff and volunteers were seen to be replacing water jugs and patients with hot drinks.

We were told that patients attending via walk in and ambulance are assessed to see if they need help with eating and drinking. Along with applicable patients in the department, patients on ambulances are also given hot meals. There was also a fridge in the ambulance triage room that had snacks available for patients on bard ambulance.

Patient records

We reviewed a sample of eight patient care records and generally found these to be organised and easy to navigate. All notes within the ED were paper format and we saw that handwritten records were legible. We saw that risk assessments were completed and evaluated in a timely manner.

Other documentation was found to be clear and concise with detailed accounts of assessments. We saw that pain relief was given regularly. However, no pain assessment tool was used.

The health board should ensure pain assessment tools are used to assess people's pain appropriately within the ED.

Efficient

Efficient

Hospital meetings were held throughout the day to discuss patient flow, where an overview of the department was discussed, including ambulance delays, patients awaiting ward beds and concerns regarding acuity.

We found that there was generally good communication between staff working within the ED and the sharing of information during shift handover meetings was detailed and effective. We saw effective team working both between the ED staff themselves and between the ED staff and ambulance crews.

Staff we spoke to told us where they can find policies and procedures and were aware of the relevant pathways used in the department. We found evidence of good medical leadership in the ED. We spoke to a number of clinical staff across the ED, and all demonstrated a desire to provide patients with a good standard of care.

There were examples of good partnership working between various staff disciplines and professions from other departments, including pharmacy, occupational therapy and physiotherapy.

Staff were generally making the best use of available resources, such as medical equipment, supplies, and staff time, to maximize the benefit to patients, however the demands on the unit and overcrowding in the department, made this difficult to maintain.

Quality of Management and Leadership

Staff feedback

HIW issued a staff questionnaire to obtain their views and their experiences of working in the ED. We received 62 responses, and these were poor, with most of the negative comments relating to staffing issues throughout the department, along with an unsafe environment to care for patients. Only a quarter were satisfied with the quality of care and support they give to patients, and fewer agreed that they would be happy with the standard of care provided by the hospital, for themselves or for friends and family. Very few said they would recommend their organisation as a place to work.

Numerous references were made during the inspection regarding registered nurses whistleblowing their concerns with their trade union and to HIW. The necessity for staff to whistle blow this way is a concern and may be suggestive that their issues are not being addressed locally. However, it was noted that fortnightly open listening events have been implemented for all staff, with participation across all bands and staff groups. It is imperative that these and other similar platforms continue to ensure that all staff feel heard, but also, they understand the department's direction, which is crucial for improving retention.

In the staff survey, 42 people provided comments, and highlighted concerns about the suitability of their work environment for providing care and support. There were also mixed feelings about the involvement of ED staff in the patient's journey, with some feeling they are not always involved in a timely manner. Additionally, issues were raised about the effectiveness of communication and collaboration between the ED and other services, suggesting that there is room for improvement in providing seamless patient care. Some comments are highlighted below:

“The department on the date of your inspection is NOT representative of the department on a day-to-day basis. Due to the increase in patients in the department, there are continually patients in extras in ALL clinical areas. Resus bays have been known to have and extra two in blue resus and up to an extra four in red. Blue trolley bay normally has 6-8 patients in the middle of the corridor.

“For you also to be aware, when there is a medical emergency in 5/6/7 we are UNABLE to get the ARREST TROLLEY to the patient quickly as we have to move all the middle around just to get to the patient. Furthermore, every single patient witnesses the medical emergency. There is NO dignity for the patient who is unwell, these other patients witnessing this - it can be traumatising. It is not normal for a member of the public to see; it is completely unfair for everyone

involved. This has happened multiple times now. No extra support is given to the patients who witnessed it either. We try as staff to talk to them at the time when we can but often get pulled away. Debriefs after medical emergencies in this ED are non-existent. In the several years I have worked here, I have been involved in many emergencies and only ever had one debrief..."

"ED is always over capacity. Having extra patients in bed areas, making it an extremely dangerous environment especially when it comes to emergencies, and we are unable to provide the correct care, or respond to the patients effectively due to inadequate equipment, overcrowded and understaffed. It's dangerous to the patient and the staff, and I still cannot understand why it is being allowed to have PLUS patients in bed areas. Sometimes they are not even in bed areas, they are just dumped in the nearest space that fits them, such as corridors, in the middle of bays or in front of other patients beds/rooms."

"Working in ED can only be compared to like working in a war zone, very little dignity for patients, lack of equipment."

"Although I love my job, the ED is incredibly unsafe for both patients and staff. Staff are being assaulted. Extra patients are crammed into each area every day..."

"Firstly id like to say that I would not like to have my grandparents or any relative really cared for by fire doors or in corridors. I feel that colleagues here are broken and I don't know how we come back every shift, I think this is due to the strong team bond we have and our passion for nursing. On the back of this I feel that the reason why the staff here are so upset and angry with the way patients are being treated and cared for is because we are a really good strong team who help and support each other, we come to work every day and do our best. There may be days where the cleaning checklist hasn't been completed but its these little flaws that get brought to our attention and drag the morale down..."

"Sadly, after serving the vast majority of my career within Morriston ED, this is the worst position that I have ever known our department to be in. Ignored by senior managers who insist they know better when they have never worked either in an ED or as a nurse; demands that have detrimental effects on both patients and staff and appalling decision making by said senior managers, which, when inevitably go wrong, are left for ED staff to answer to; usually in the form of complaints or serious incidents..."

"The Emergency Department at Morriston Hospital runs over capacity 100% of the time. Patients are nursed in front of fire exits in Resus and in corridors with no dignity, privacy, or effective means of infection control. Patients can sometimes remain in the Emergency Department for more than a week. Recently, patients

waited over 17 hours to be assessed by a doctor from time of arrival. There is no security based inside the department, and, recently, a 999 call to police had a faster response than hospital security to a violent incident where staff were assaulted. I am embarrassed and apologise to patients and their family members every day for the standard of care they receive. I worry about what would happen if my family members needed treatment in the Emergency Department."
"Staff work very hard on daily basic to provide the best possible care to every patient. We are not supported by senior hospital managers with patient flow and appropriate staffing levels. I believe we would need increased staffing numbers to be able to cope with the high volume of patients we see on daily basis."

The comments highlighted above are of serious concern, and suggest that patient, staff and visitor safety is at risk. We therefore expect the health board to carefully consider these comments and feedback to us with a proposed plan to address these issues and safety concerns.

The health board must:

- **Consider the staff comments highlighted on page 23 and develop and improvement plan to address these safety concerns promptly and submit this to HIW**
- **Seek staff feedback more widely form ED staff an on a regular basis and consider how improvements can be made relating to ongoing staff feedback in the interest of both patients and staff.**

Leadership

Governance and leadership

Despite the staff feedback relating to senior leaders and managers highlighted above, in general, we found the leadership and oversight within the ED was appropriate. It was evident that the ED leadership team was striving to improve the service, but the key issue relating to overcrowding was beyond their control, given the wider patient flow issues across the hospital.

We found that senior managers are visible on the department, and the clinical director and Deputy Head of Nursing are located nearby. Other senior managers are located away from the department, but the service director endeavours to change this soon.

During the inspection, staff and managers responded positively when presented with areas that required immediate action, and all staff were cooperative throughout the inspection.

Workforce

Skilled and enabled workforce

We found that the reliance on agency staff to maintain appropriate nurse staffing levels was consistent with our previous inspection findings. We were told that staff retention was challenging due to paediatric staff being recruited to higher bands, and career progression opportunities were better in nearby hospitals.

Despite the department being very busy throughout our inspection, staff appeared to be coping well with the pressures and were mostly attentive and responsive to patient needs.

We were provided with records of staff appraisals and saw that 62% of staff had received an up-to-date appraisal, processes need strengthening to improve this figure.

The health board must continue with its efforts to ensure all staff receive an annual appraisal in a timely manner.

We saw regular meetings taking place and were provided with minutes from previous meetings. Processes were in place to share this information with ED staff and wider staff teams throughout the hospital as appropriate.

We were provided with the staff induction pathway which new staff follow to ensure they gain all necessary competencies to work in the ED.

We were provided with information on staff training and development which was managed by the education team which included band 7 staff.

We saw a comprehensive training spread sheet to monitor compliance with a monthly report sent to senior managers. We reviewed mandatory training compliance and found this to be below 80% (the health board target), in all areas. We were told that to achieve over 80% compliance on all the mandatory training, it would amount to providing 54 staff a week to complete training. Whilst we did not check this calculation ourselves, the health board must review this and take action to address this as appropriate.

Staff competency is assessed using Royal College of Nursing (RCN) level 1 competencies. Staff also have a handbook which his reviewed by the education department. Mental health training gaps were also noted from the RCN course, this has been resolved using new education courses.

The health board must:

- **Promptly review the department's issue with the ability to release staff to attend/ complete mandatory training, and a process must be implemented to ensure staff are supported with the opportunity to complete all relevant mandatory training**
- **Ensure risk assessments are completed where staff compliance with mandatory training falls below the required standard.**

Just over half of staff who responded to our survey said they had received appropriate training to undertake their role, and other said they had 'partially'.

Some comments we received on training are highlighted below:

"Long wait for phlebotomy training."

"I would just ask that training is carried out more quickly i.e. Some people have had to wait 10 months to do IV medication training or 18 months to do cannulation training which causes delays in treatment given to patients."

"Staff members are not put on training in set times, so you find yourself being less trained than someone who started later than you. There doesn't seem to be a fair system."

Culture

People engagement, feedback and learning
There was a formal process in place for managing complaints, and this aligned to the NHS Wales Putting Things Right (PTR) process. We were provided with information about current complaints and actions taken to resolve them.

We found the Datix reporting system provided a feedback loop, but staff expressed the view that this is not always helpful, when there is no improvement made, such as systemic pressure and patient flow.

Learning, improvement and research

Quality improvement activities
We found formal processes in place for audit, and the reporting and escalation of issues within the ED, which were collectively driving forward quality improvement.

We were told of a new initiative where medical referrals would be sent directly to a ward and bypass ED which would take pressure away from the ED and reduce footfall.

Senior staff described the department's initiatives to develop and improve the service provided to patients. The opening of the OPAU assisted in taking appropriate patients away from the ED and in turn reducing the congestion within the ED.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We noted that COSHH equipment was left in an unlocked room.	This posed a risk to patient safety as harmful chemicals were easily accessible to patients and visitors.	HIW immediately escalated the concern to the nurse in charge.	The COSHH equipment was removed from the area and stored appropriately in a locked room.

Appendix B – Immediate improvement plan

Service: Morriston Hospital Emergency Department

Date of inspection: 27 to 29 November 2024

Findings

We found patients were accommodated on ED trolleys in the centre of the thoroughfare in the Majors trolley bay within the Emergency Department. This was a small space not otherwise intended to routinely accommodate patients due to the size and layout of the utilised space. Patients were found to be positioned closely to one another in a row which made it difficult to mobilise staff and equipment in the event of an emergency. Infection prevention and control was compromised as well as patient dignity.

Whilst efforts had been made to manage this in a safe and effective manner, we identified a lack of a formalised approach to risk assessment / mitigation, governance, and escalation standard operating procedures, in relation to the management of patients in these areas.

HIW notes that the health board were experiencing extreme pressures during our inspection, and we acknowledge the extreme challenges this presented to the Emergency Department in relation to overcrowding and patient flow through the hospital.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The health board must provide HIW with details of the action taken to formalise its approach to identify and manage risk and escalation processes for the patients within surge areas. This should include the following:	Standard - Safe Managing risk and promoting Health and Safety	Undertake a Patient Safety Risk Review of the Use of Additional Temporary Trolley Space within the Emergency Department Development of Action Plan to address control and assurance gaps identified in Patient Safety Risk Review	Head of Quality, Safety & Patient Experience Head of Nursing – Acute Emergency	By 31/12/2024 By 31/12/2024

	-Undertaking environment and equipment risk assessments -How clinical or surge situations are managed during periods of escalation -How staffing is allocated and managed in surge areas and how that relates to the rest of the department -The management of clinical risk for patients in specific surge areas.		*The above actions will be included within existing "6 Goals" project workstreams and capacity planning, supporting the delivery of the urgent, emergency care national agenda*	Care & Hospital Operations	

Findings

HIW is not assured that the management and administration of medicines is robust to maintain patient safety.

We found medication and intravenous (IV) fluids were kept in unlocked drawers within the ambulatory area of the ED, which posed a risk of unauthorised access to medications and a potential risk to patient safety.

We checked the medication fridges in all areas of the department and found that daily temperature checks were not recorded on multiple occasions.

The department did not have a clean utility area for nurses to prepare medication in a quiet area without interruption. We requested a list of Datix incident reports relating to drug errors/incidents in the ED and found 21 drug incidents had occurred within a three-month period. These included issues, such as incorrect balance of drugs remaining within the Controlled Drugs cabinet.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
2.	The health board must ensure that medication and Iv fluids are stored in an appropriate locked area.	Safe and Effective Care	Undertake an environmental review within the Emergency Department in order to	Deputy Head of Nursing – Acute Emergency Care &	COMPLETED

			facilitate the creation of a Clean Utility Room	Hospital Operations	
			Create a Clean Utility Room by relocating the ED Nurse Educators (from current office space to previous Children's Emergency Unit footprint) *This area will be lockable and provide appropriate counter-space, within the clinical footprint for IV preparation*	Deputy Head of Nursing – Acute Emergency Care & Hospital Operations	By 31/12/2024
			Relocate Omnicells from Green & Blue bays into Clean Utility Room	Deputy Head of Nursing – Acute Emergency Care & Hospital Operations	By 31/12/2024
			Relocate COSHH Storage Cupboards into Clean Utility Room	Deputy Head of Nursing – Acute Emergency Care & Hospital Operations	By 31/12/2024
	The health board must ensure medication fridge temperature checks are completed regularly.		Clear instruction to "Nurse in Charge" to ensure that medication fridge temperatures are checked every shift – that temperature is recorded and signed	Head of Nursing – Acute Emergency Care & Hospital Operations	COMPLETED
			Weekly assurance checks to be commenced to confirm medication fridge checks		To commence from 09/12/2024

				Matron – Emergency Department	
	The health board must ensure that nurses have an appropriate environment to prepare medications without interruption.		**Please see actions in relation to creation of Clean Utility Room detailed above**		
	The health board must ensure it has robust processes in place to ensure Controlled Drug stock checks are undertaken in line with the medicines management policy.		Reinforce to all Staff working within the Emergency Department (Clinical & Non-Clinical) whose role and responsibilities include the management of CDs of the required standards set out in the Health Board Policy with respect to the management of Controlled Drugs	Clinical Lead & Matron – Emergency Department	*By 20/12/2024 Health Board Policy available on Clinical Online Network (COIN) Ref: CID398*
			SBAR Assessment of the Management of Controlled Drugs to be undertaken *SBAR Review supported by Head of Pharmacy for Morriston Hospital*	Deputy Head of Nursing – Acute Emergency Care & Hospital Operations	COMPLETED SBAR_CDReview_04122024_v2.1.docx
			Controlled Drug Plan to be developed based on recommendations identified following SBAR Review - to include timescales and measurable outcomes		By 31/12/2024

				Deputy Head of Nursing – Acute Emergency Care & Hospital Operations	

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Ceri Matthews

Job role: Group Nurse Director

Date: 9th December 2024

Service representative:

Name (print): Mark Ramsey

Job role: Group Medical Director

Date: 9th December 2024

Appendix C – Improvement plan

Service: Morriston Hospital Emergency Department (ED)

Date of inspection: **27 to 29 November 2024**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1	There was no information displayed informing patients on the appropriate use of the ED.	The health board should ensure that information is displayed throughout the department to inform patients of the process undertaken when admitted to the ED. Also, to remind		Set up a working group to review standardised information displayed within ED, to include patient pathway, process and services.	AECHO Directorate manager	1st March 2025

		people about the different healthcare support services to enable them to choose well, before using ED services.		Outcomes of working group to be implemented and systems in place to ensure information remains up to date.	AECHO Directorate manager	19th April 2025
2	We saw a patient being nursed in front of an emergency exit door.	The health board must ensure that emergency exit doors are not obstructed at any time.		Communication to be circulated that emergency exits should not be obstructed within the emergency department.	Service Group Triumvirate	21st Feb 2025
3	We saw a lack of patient flow through the hospital impacting waiting times in the ED.	The health board must maintain the efforts to improve patient flow through the department and across the wider hospital.		The health board has reviewed the arrangements in place and are satisfied the progress is managed via the Urgent and Emergency Care (UEC) Programme Board.	Chief Operating Officer	Completed.
				Urgent and Emergency Care Gold Command stood up by Chief Operating Officer &	Chief Operating Officer	10th February 2025 Completed.

				Executive Medical Director to monitor and accelerate delivery of plans where appropriate.		
4	We were told of a new initiative where GP's can refer patients directly to hospital wards.	The health board must provide HIW with its policy or procedure for direct admissions to specialty wards and detail how the initiative will be monitored and evaluated.		No direct access pathways in place for GP's to directly refer to in patient wards. Agreed GP expected pathways in place for specialties whereby referrals are discussed between the GP and the specialty team. Accepted patient referrals are directed to appropriate assessment facilities. This is already established for acute medicine specialities, Trauma + orthopaedics and Surgery specialities.	Unit Medical Director	Completed

5	We found that waiting times for triage were often approximately 2 hours.	The health board should address the waiting time for triage to ensure triage waiting times are within the 15-minute target.		Quality Improvement project to be set up to reduce the waiting times for triage.	QI lead nurse	20th Feb 2025

				Once the project is set up there will be SMART goals. This will report into ED Clinical Governance Meeting.	QI lead nurse	3rd March 2025
6	Patients expressed frustrations relating to long waiting times and poor communication from staff.	The health board must ensure that people waiting prolonged periods of time are update appropriately about their waits for assessment, and for those awaiting transfer to ward areas.		Review of digital support within the waiting room to communicate waiting times.	AECHO Directorate manager	14th March 2025
				ED Senior team to meet to discuss steps to improve communication for patients around their individual pathway.	ED Matron	3rd March 2025

				Devise an audit process, with support of PALS and volunteers to ensure all actions to improve communication is having a positive impact on patient experience.	ED Matron	24th March 2025
7	We saw medical staff wearing wrist watches and long sleeves in the clinical areas.	The health board should ensure ALL staff are reminded of the uniform policy and requirement to remain bare below the elbow in order to control the spread of infection.		Written communication to all staff regarding bare below elbow, and the expectations that all medical staff comply. 100% compliance required and escalation process to be actioned.	ED Clinical Director	20th Feb 2025

				Lead consultant for the shift will ensure 100% compliance and escalation.	ED Clinical Director	17th Feb 2025
				Monthly audit programme will continue to gain assurance around compliance of all staff.	ED Clinical Director	10th Feb 2025 Completed
8	Staff were not seen to be performing appropriate hand hygiene. This was supported by recent hand hygiene audits.	The health board must ensure staff are maintaining appropriate hand hygiene at all times.		Written communication to all staff enforcing the expectations around hand hygiene compliance. The medical study leave policy now mandates that 80% of their statutory and mandatory compliance	ED Clinical Director	20TH Feb 2025

				before leave is granted- this includes hand hygiene.		
				Hand hygiene training improvement for all ED staff to be at 85%.	ED Clinical Director/ED Matron	25th April 2025
				Medical study leave policy now mandates that 80% of their statutory and mandatory compliance before leave in granted- this includes hand hygiene.	ED Clinical Director	Completed

				Monthly audit programme will continue to gain assurance around compliance of all staff.	ED Matron	10th Feb 2025 Completed
9	We found items of furniture that were damaged or torn.	The health board must ensure that all mattresses and chairs are checked for damage and condemn any damaged equipment.		Review of all equipment to be completed to ensure they are in good working order. If not in good working order, then to be condemned and replaced where needed. Staff to be reminded that this is the process for all equipment.	ED Matron	21st Feb 2025
				Process required to evidence that mattress audits are being completed.	ED Matron	21st Feb 2025

				Monthly audit programme will continue to gain assurance around IPC and safety compliance of equipment.	ED Matron	Completed
10	We found that although patients had received analgesia, no formal pain assessment tool had been completed.	The health board should ensure the use of formal pain assessment tools within the ED.		Education process to be set up to ensure pain assessment tool is being utilised and completed.	ED Nurse Educator	21st March 2025
				Audit process to be set up to gain assurance around pain assessment tool is being utilised.	ED Matron	3rd March 2025
11	Mandatory training levels were found to be low for many topics.	The health board must: • Promptly review the department's issue with the ability to release staff to attend/ complete mandatory training,		Scoping exercise of required hours for all staff to complete mandatory and statutory training. This will inform a rolling programme to ensure all staff reach full compliance with	ED Nurse Educator	30th March 2025

		and a process must be implemented to ensure staff are supported with the opportunity to complete all relevant mandatory training • Ensure risk assessments are completed where staff compliance with mandatory training falls below the required standard.		mandatory training is planned and underway. Staff identified and booked on their rota to attend face to face training or E-learning		
				Review of the current compliance of mandatory and statutory to inform department risk assessment due to training compliance.	Head of Nursing	7th March 2025

12	We found that not all staff had received an up-to-date appraisal.	The health board must continue with its efforts to ensure all staff receive an annual appraisal in a timely manner.		To continue with the established annual appraisal process for all medical staff with an escalation process linked to GMC revalidation. To continue with an established annual appraisal/ARCP process through HEIW for trainee doctors.	ED Clinical Director	Completed.
				Review of rolling programme to ensure all staff have a meaningful annual PADR. Department to reach 85% compliant.	ED Matron	30th April 2025

13	The HIW staff survey responses were poor with negative comments mostly relating to staffing issues.	The health board must: • Consider the staff comments highlighted on page 23 and develop and improvement plan to address these safety concerns promptly and submit this to HIW • Seek staff feedback more widely form ED staff an on a regular basis, and consider how improvements can be made relating to ongoing staff feedback in the interest of both patients and staff.		Improvement plan to be completed based on the comments received from staff within the report.	AECHO Directorate Manager	28th Feb 2025
				Fortnightly open forums set up with ED team, divisional leads, service group directors and Executive colleagues. To promote these sessions, poster to be completed with QR code to take direct to the meeting on TEAMS.	Head of Nursing Head of Nursing	Meetings started in Nov 2024. Completed 19th Feb 2025
				Explore a central feedback mechanism for staff to make contact. Such as central email address, TEAMS channel, Viva Engage.	Head of Nursing	1st March 2025

				Appoint 3 quality improvement matrons for ED, supported by Morriston Hospital quality improvement lead nurse.	Head of Nursing	Jan 2025 Completed
				Using QI methodology, the QI matrons have spoken on a 1:1 with 25% of the ED workforce to date to identify areas of improvement and learning. Three areas that have been identified and now have projects set up are: 1. Reduce Triage time in walking triage. 2. Decrease admission of adult patients who are identified as clinically	QI Matrons	10th Feb 2025 Completed

			optimised within 24hrs 3. Improve patient safety by ensuring observations completed as per early warning score.	

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Sue Moore**

Job role: **Service Group Director, Morriston**

Date: **18/02/2025**