



Right care, right place, first time

Six Goals for Urgent and Emergency Care

GIRFT ED – 1 year on follow up visits



Morrison GIRFT VISIT – 4th Sept 2025

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Overview

The Getting it Right First Time (GIRFT) for Emergency Medicine team undertook a review of all Type 1 Emergency Departments (ED) in Wales during the summer of 2024.

Individual reports were produced by GIRFT and the recommendations incorporated into an ED Action plan by the National 6 Goals for Urgent and Emergency Care (6G UEC) Programme team, that included the priority attributes from the ED Quality Statement. See Appendix 1 for the recommendations from the initial visit in 2024.

The national 6 Goals team maintained regular contact with Health Boards over the following 12 months, and in April 2025 revised the previous ED action plan to include the recommendations from the Ministerial Advisory Group (MAG) report and the ambulance handover review report. Additionally, the team introduced the "Acute Hospital Response to UEC Pressures" plan to further support improvements. Where appropriate, the team has also provided direct support to help with some of the key 6G Priority areas – which directly support GIRFT delivery. Follow up visits have been arranged to review progress against recommendations, understand challenges and share learning from across Wales.

Morrison hospital was revisited on 4th September 2025, with the visit being split into 2 parts:

- A walk around of the “front door” that included Resus, majors, minors, SDEC, AMU and OPAL.
- A feedback session where the national team shared data and insights and the local team presented on the progress made and next steps.

Progress since initial visit

Since the visit in 2024 there has been a system wide change that has resulted in significant improvements across the UEC pathway. During the visit there was evidence of this throughout the areas visited, as well as in the data presented by the Swansea Bay University Health Board (SBUHB) team and the data within SEDIT.

Data - September 2025

The changes made in June 2025 are evident in the SEDIT data:

- Number of ambulances delayed >30 minutes 71.4% in May down to 40.5% in June. Morrison has gone from one of the sites with the most delays to the second best in Wales for June.
- Mean time in ED for non-admitted patients at its lowest for the last 12 months. Morrison was previously an outlier in Wales, however now has similar times to most other sites.
- Admitted patient delay > 12 hours has seen a large decrease – even if patients breach 12 hours, the time they then spend in the department is drastically reduced – from a peak of 37.5 hours in Jan 2025 to 15.1 hours in June 2025. Morrison was an outlier across Wales, but is now more in line with other sites
- Delay related harm remains unchanged, but as this is a rolling 12-month figure, it will take several months before a reduction is seen in this measure

See **appendix 2** for key SEDIT data

Summary of Visit on 4th September 2025

Emergency Department

- The physical environment was improved, resulting in a calmer and more organised department with observable shop floor clinical and operational leadership.
- Good assessment areas. Clean, tidy and well stocked and organised – good workspace for clinical duties.
- The additional resus space has been turned back into REACT which has helped to improve flow.
- Improvement Matrons have been instrumental in delivering changes across the ED shop floor which has created local ownership and commitment.
- Positive and energetic environment and now a commitment to go further to improve internal ED performance recognising that they need to recapture the original purpose of emergency medicine.
- There are still delays with ED times to be seen, but work within ED in place as part of next phase of change.
- Previous ambulance triage changed to porters' room, enabling porters to be easily located.
- Dedicated paediatric facilities offering appropriate triage/treatment with dedicated staffing
- Ambulance ramp (decluttered and redecorated) – revamped and professional
- Opportunity to review the WAST dedicated staffing (in portacabin) and the apparent spare vehicle, which is being kept back for escalation purposes, even if there are no handover delays.

SDEC

- Speciality Dr's now rotating to SDEC for a week at a time to ensure consistency.
- All GP referrals through GP Hub.
- Open on weekends during test of change and overseen by ED consultants. This seems to have had a positive result, and the area is protected from escalation and being 'bedded'.
- One way flow now through SDEC. Patients no longer moved to x-ray waiting overnight and back to SDEC.
- AMU triage moved away from SDEC.
- Patients will be handed over to the AMU doctors if they are not seen by the time SDEC closes which can add to the workload within AMU and lead to delays – this is part of the improvement plan moving forward.
- WAST navigators (APPs) pull off stack, but there was a lack of clarity about what days are covered – currently variable over 4-5 days.

AMU

- All GP expected patients go through AMU, however there is no dedicated waiting area so it can get quickly crowded.
- Work still to do to realign the AMU flow, especially “yellow” zone but dedicated improvement matrons in place to enable change.
- Additional capacity in use at the end of the SDEC corridor. Further work required to decongest this area.

OPAL

- Good, dedicated therapies area.
- Good open chair space.
- Assessment area and inpatient area separated, improving assessment flow.

The detailed action plan submitted prior to the visit, robust Health Board data and the conversations undertaken during the walk around, all confirm the progress made within SBUHB.

The changes seen within ED and the wider front door are visible and there was a confidence within staff that were spoken to that there had been a fundamental change across the system and confidence that this would be sustained and not return to previous environment.

There was clear clinical, operational and executive leadership with staff feeling empowered to make changes.

Next Steps

The team outlined the next phase of the tests of change to continue to improve flow across the site and to embed the changes already made.

The focus on improving flow through AMU will further support flow across the front door.

Share learning across other health boards.

Conclusion

The latest SEDIT data, alongside data from the HB and 6 goals dashboard all show a sustained improvement in metrics across the front door and within the inpatient beds.

The changes have been clinically led and executive supported and have resulted in Morriston Hospital undertaking a radical transformation that has resulted in an increase in quality and safety to patients and a better working environment for staff.

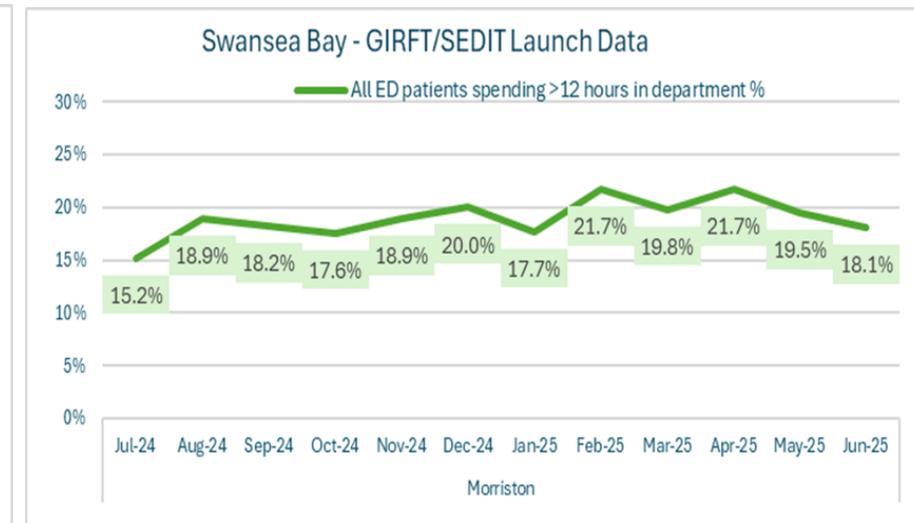
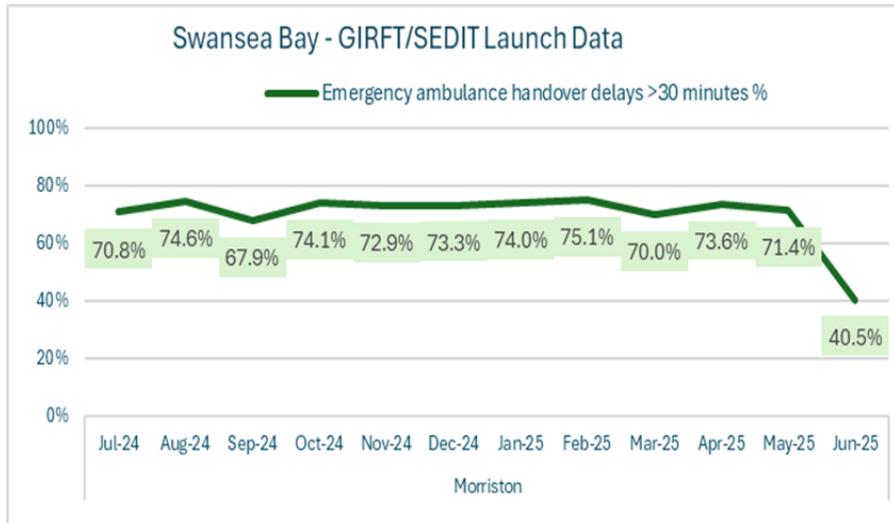
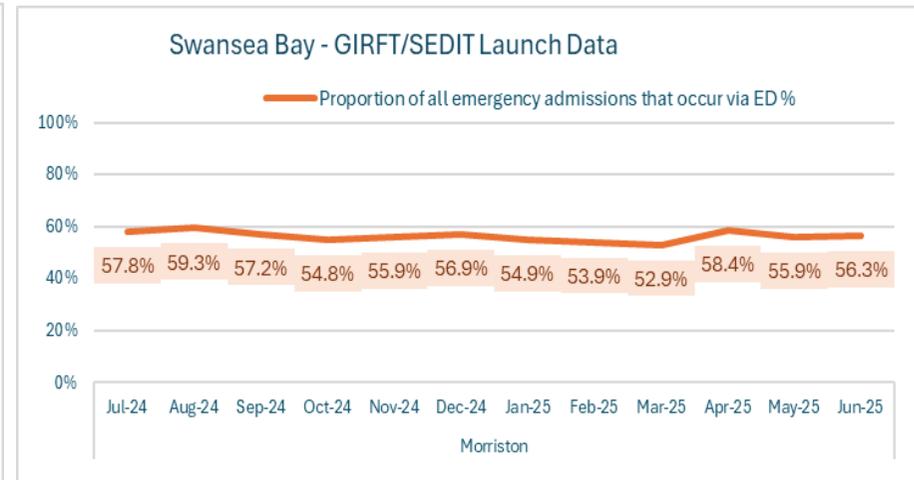
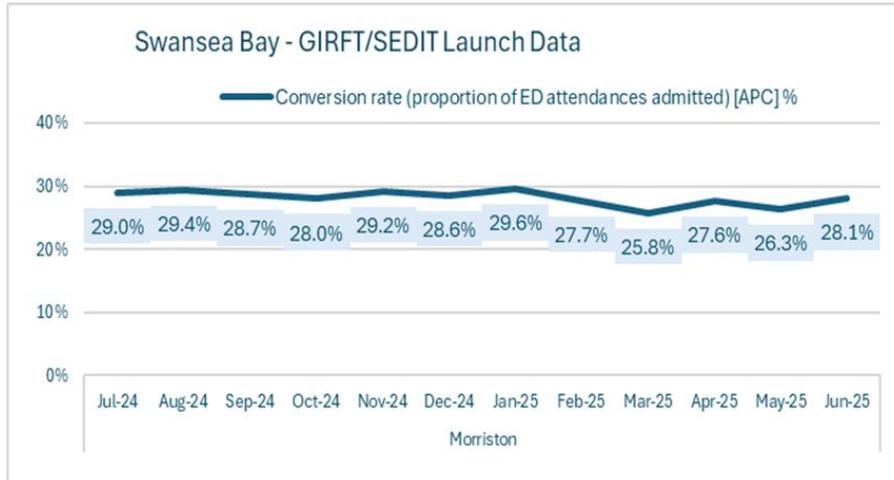
The learnings from SBUHB have formed part of the learning within the recently published improvement matrix.

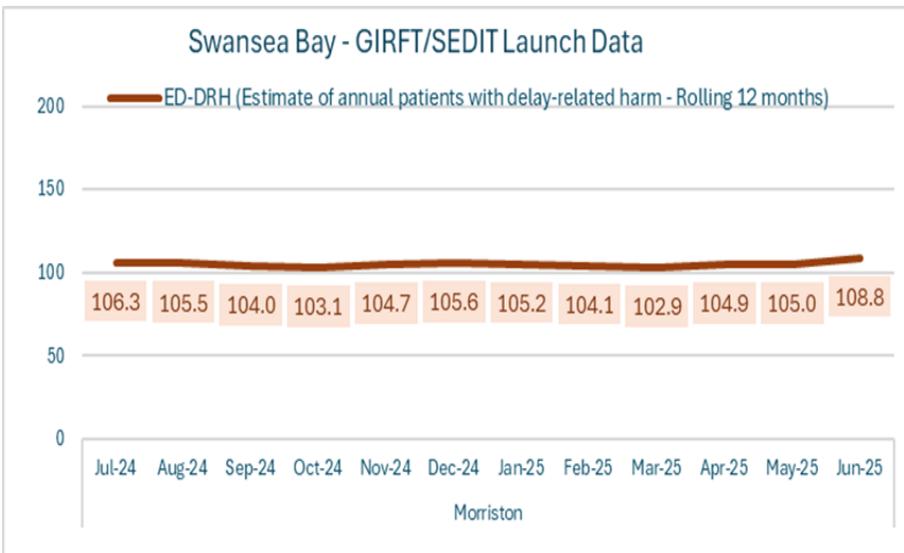
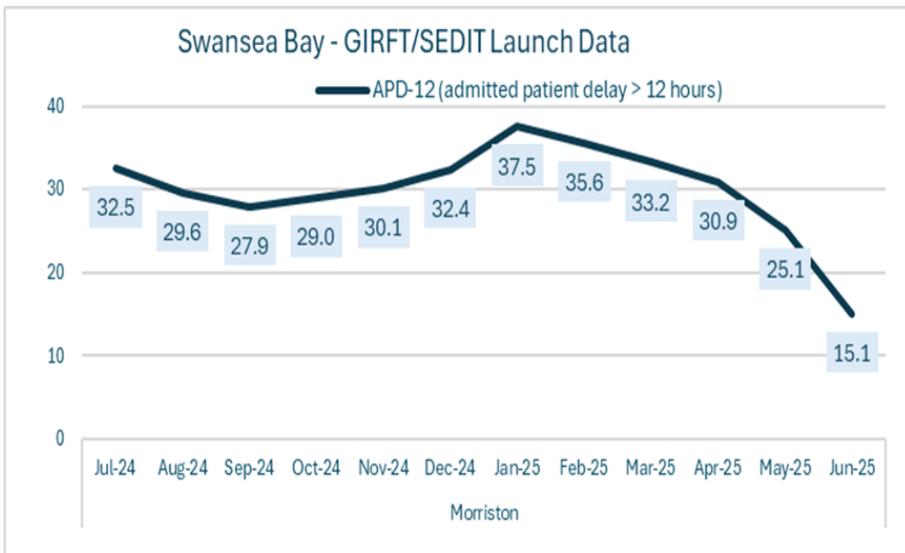
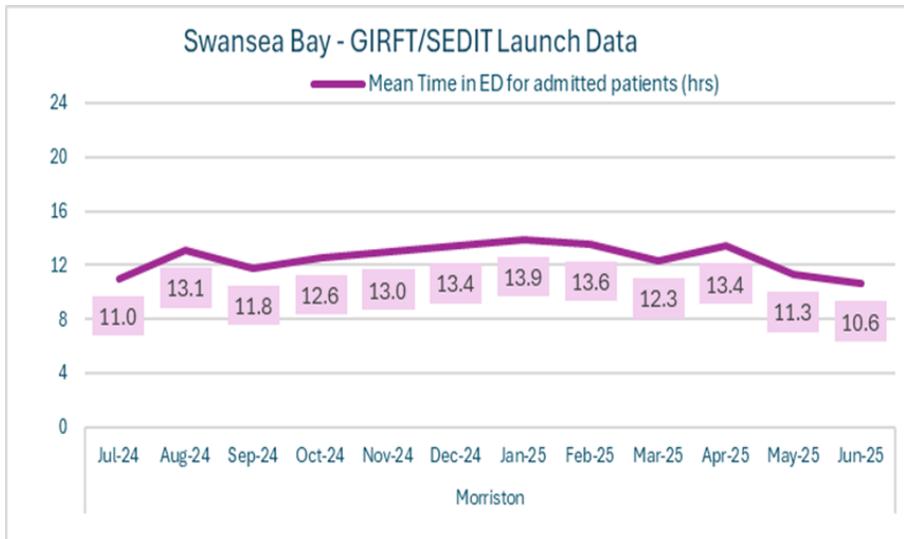
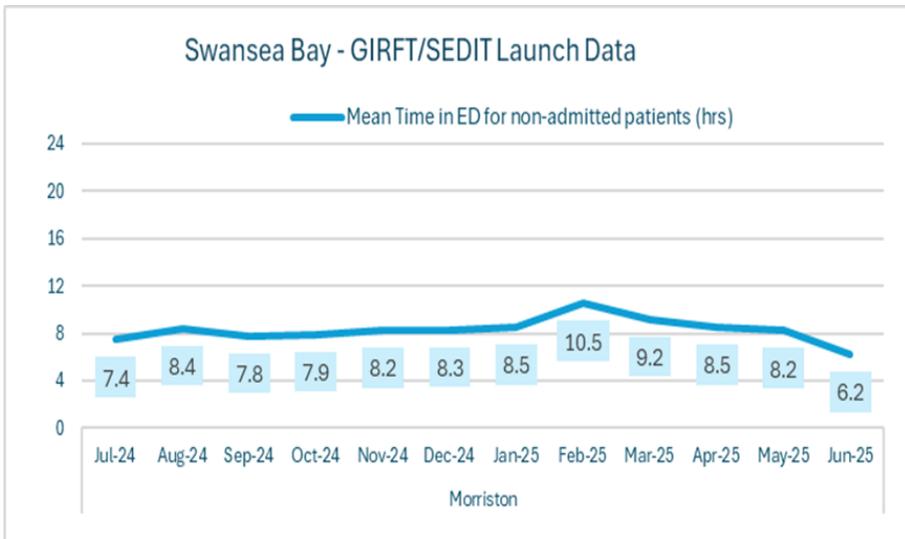
Appendices

Appendix 1: Feedback and recommendations from initial Visit in 2024

- The ED appeared to be chaotic and disorganised, on the day of the visit (noting that the hospital had declared BCI), with issues around overall leadership in the ED and beyond.
- The old buildings are untidy, cramped and dirty, and the capital infrastructure needs an urgent review, as a priority.
- IT systems don't communicate with each other and are now very outdated.
- There are two CT scanners but at any one time, one of them is unserviceable.
- The MR department is not near to the ED.
- Every day repairs take many months to complete, which would suggest a lack of prioritisation within the organisation of local capital and infrastructure issues.
- Adults and children are mixed in the minors area.
- Extra patients were being treated in the middle of the resuscitation area.
- The ED appears to have no clear uniform policy.
- There are time-consuming barriers at every step of the patient's journey.
- There is no clinical streaming at the front door of the ED; triage can take up to two hours.
- Patients are triaged and then returned to ambulances. There are long (10 to 20 hour) waits to off load ambulances.
- The use of a whiteboard rather than an IT system leads to a slow process; there is no tracking of many times such as referrals to specialties. The medical board round is long and time-consuming.
- Post-admission ward round duties do not support the timely flow of patients and there are multiple hand-offs between clinical teams. Direct admissions to specialty were not in evidence at the time of the visit.
- The medical SDEC is often full of patients in beds waiting for admission and has limited hours of opening (8am until 8pm). Escalation actions thus paralyse the functioning of SDEC. There is some blurring of roles between AGPU, SDEC and specialty support.
- There are long waits for mental health assessment (up to 24 hours) and even longer waits for mental health admission.
- The ED at Morriston Hospital is currently causing increased clinical risk for patients and is unpleasant as a place of work for staff. This was the view of both the GIRFT UEC team and the senior ex-members of the NHSE's Emergency Care Intensive Support Team (ECIST), who accompanied us on this visit. It was one of two EDs in Wales which caused the most concern to the GIRFT team.
- The long waits for admission from the ED are undoubtedly causing harm to patients and should be the main focus of any improvement work.
- The delays in ambulance to ED handovers of patients impair the response times for emergency ambulances and thus also cause harm to patients.
- There are long stays in the ED for all patients that should be reduced.
- Post-admission ward duties need to be urgently reviewed by medical and surgical specialties to support ED flow. The current rosters and post-take functioning are not conducive to the active management of patients and timely patient flow through the hospital.
- The SDEC areas must be protected, with constantly available trolley capacity, urgent clinic spaces increased, and direct admission processes implemented.
- A new capital build programme will need to be urgently considered, if these facilities are going to be fit for purpose both now and in the future.
- Data quality must be urgently improved.
- The results of the GMC's national training survey should be carefully considered.
- The causes of the high cost of ED litigation should be examined.
- The current organisation and state of the ED is unacceptable. It needs cleaning, tidying up, and reorganising as a first step. Routine maintenance should be assured; staff should not have to spend valuable clinical time trying to get routine repair jobs done.
- The main pressure on space is the large number of patients waiting for admission to a hospital bed. This is an inappropriate use of the ED and more support from the rest of the hospital is urgently required.
- Please read the June 2024 report from Claire Old and Andrew Aldridge in conjunction with these recommendations. (These two people are the senior ex-members of NHSE's ECIST team, who accompanied us on this particular visit.)

Appendix 2: SEDIT data





Morriston SEDIT – comparison to All Wales

