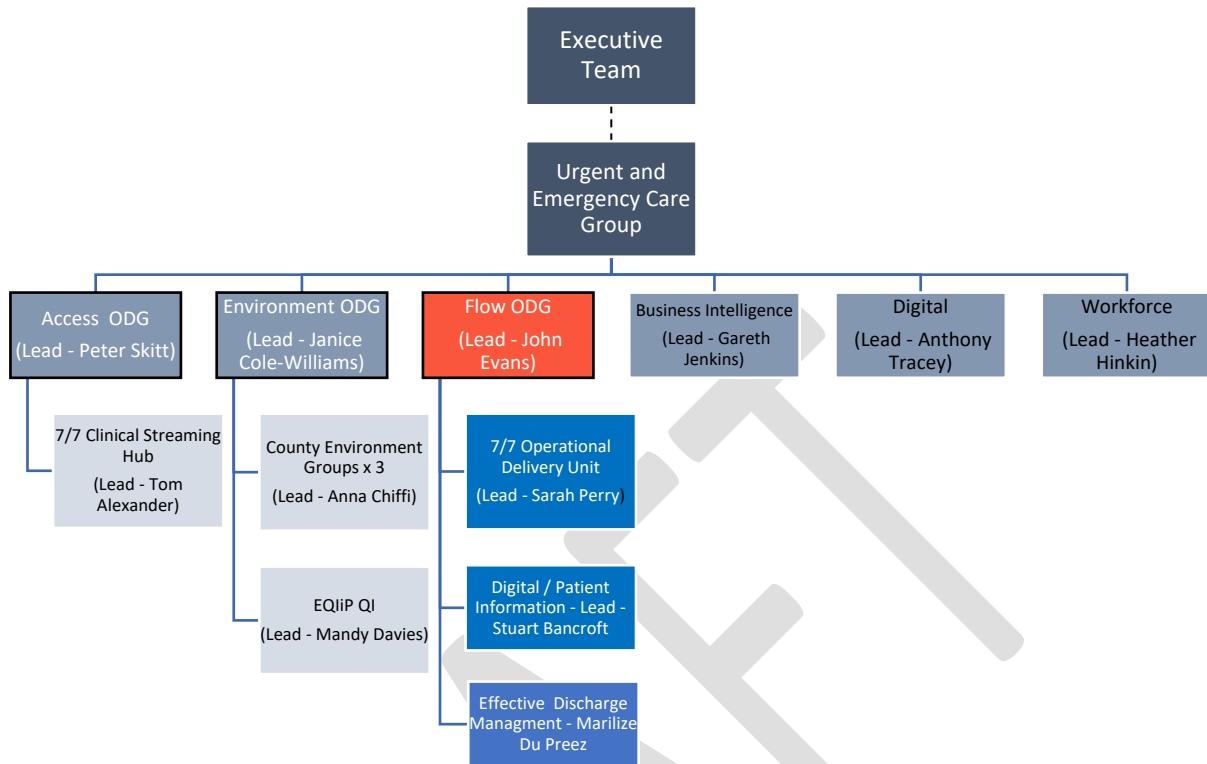




**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



**TERMS OF REFERENCE**

**ENVIRONMENTAL OPERATIONAL DELIVERY GROUP**

Version	Issued to:	Date	Comments
V1.0	Business Executive Team		For Discussion

## 1. CONSTITUTION

- 1.1 The Environmental Operational Delivery Group (Environmental ODG) has been established within the accelerated Urgent and Emergency Care (UEC) Programme to help ensure that the Scheduling the Unscheduled programme is implemented in full, resulting in a step improvement in environmental conditions and patient experience in UEC areas across the Health Board.
- 1.2 The Environmental ODG will receive updates/reports from four site-based groups, into each meeting.

## 2. PURPOSE

- 2.1 The purpose of the Environmental ODG is to endorse, discuss and oversee actions by the site-based groups to ensure improved environmental conditions and patient experience.
- 2.2 The Environmental ODG will agree, confirm and escalate additional resource requirements to the Accelerated UEC Group
- 2.3 The Environmental ODG will support the release of barriers to improvement, experienced by site-based groups. In the event of being unable to release such barriers, these will be escalated to the Accelerated UEG Group

## 3. OPERATIONAL RESPONSIBILITIES

### 3.1 Environment & Experience

The Environmental ODG will take action to improve environmental conditions and experience within UEC areas.

Specific areas to be reviewed are:

- Risk assessment processes when placing patients outside of identified clinical spaces
- Facilities for patients with specialist needs such as cognitive impairment, Learning Disabilities and Neurodivergence
- Waiting room environments and facilities
- Nutrition & Hydration provision
- Privacy, Dignity & Confidentiality
- Professionalism / Customer Service
- Communication
- Cleanliness / Infection Prevention
- Cultural impacts

Each site group will feedback into the ODG, focussing on the following:

- Undertaking baseline environmental audit
- Triangulate audit findings with other relevant reports relating to the ED including service user feedback
- Baseline audit to include:
  - o Scoping of current arrangements for those accessing the service with specialist needs – cognitive impairment, Learning Disabilities, Neurodivergent
  - o Scoping of seating arrangements / facilities in each department and advise on issues / actions needed
  - o Scoping of current arrangements / standards for meeting nutrition and hydration needs for each patient stream (Minors/Majors ED/Majors Specialty awaiting bed)
  - o Scoping of current arrangements / standards for undertaking personal / private discussions
  - o Scoping of current facilities for meeting toileting and hygiene needs
  - o Scoping of potential for environmental reconfiguration to improve facilities & practice for private discussions
  - o Scoping of current processes within each department for communicating with patients in relation to waiting times
  - o Scoping of linen provision within EDs, escalating deficits
  - o IPC audit
  - o Symbiotics cleaning audit scores
- Identify risk assessment template and processes undertaken when placing patients outside of designated clinical areas. Contribute to agreed Health Board wide process
- Seek staff feedback on solutions
- Ensure staff feel able to speak up around concerns
- Identify potential for charitable funds expenditure

Each site group will aim to implement solutions locally. Where there are barriers to this occurring, for example through lack of engagement or resource, then this will be escalated to the Environmental ODG for supportive action. Summary of actions implemented and points for escalation will be submitted on an agreed generic form issued by the project support officer.

#### **4. MEMBERSHIP**

4.1 The membership of the Operational Delivery Group (ODG) shall comprise:

<b>Title</b>
Assistant Director of Nursing, Professional Standards (Chair)
Assistant Director of Nursing, Integrated Medicine & Community (Vice Chair)
Trade Union Representatives
Head of Patient Safety & Assurance
Deputy Medical Director
Heads of Nursing GGH, PPH, BGH, WGH, Planned Care & Paediatrics
Service Delivery Managers GGH, BGH, WGH & PPH

Deputy Director Allied Health Professions
Clinical Lead, Emergency Care
Assistant Director Legal Services & Patient Experience
Assistant Director of Nursing, Quality Improvement
Assistant Director of Nursing, Planned Care & specialist Services
Consultant Practitioner, Infection Prevention
Head of Infection Prevention
Head of Health, Safety & Security
Head of Nursing, Professional Standards
Head of Operations (Facilities & Estates)
Head of Hywel Dda Charities
Head of Arts & Health
Head of Facilities
Lead Nurse Professional Standards
Principal Programme Manager, 6 Goals Programme
Head of Partnerships, Diversity & Inclusion
Head of Fire Safety
Head of Organisational Relations
Service Delivery Managers Unscheduled Care BGH, PPH, GGH, WGH
Head of Digital Innovation & Transformation
Service User Representative
<b>In Attendance</b>
Project Support

4.2 The membership of the Group will be reviewed on a quarterly basis.

## **5. QUORUM AND ATTENDANCE**

- 5.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice Chair of the Group.
- 5.2 Any officer of the Health Board may be invited to attend by the Group where it is felt appropriate to do so.
- 5.3 The Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.
- 5.4 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.
- 5.5 If it is not possible to send a suitable deputy, members may be able to contribute via email to the group prior to and after the meeting.
- 5.6 The Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **6. AGENDA AND PAPERS**

- 6.1 The Group's agenda will be standardised and based around the Group work plan, identified risks, matters arising from previous meetings. Issues emerging throughout

the year and requests from Group members will be added to the agenda as necessary.

- 6.2 The agenda and papers for the meetings will be distributed 3 (working days) in advance of the meeting.
- 6.3 Late or tabled papers/agenda items will not be accepted without prior agreement from the Chair.
- 6.4 All meetings will be recorded and members who cannot make a meeting would be expected to watch the meeting back and respond as required.
- 6.5 The action notes and action log will be circulated to members within three (working) days to check the accuracy.

## **7. FREQUENCY OF MEETINGS**

- 7.1 The Environmental ODG will meet weekly with review after 2 months. Additional meetings will be arranged as determined by the Chair of the Group.
- 7.2 The Chair of the Group shall determine the time and place of meetings and procedures of such meetings.

## **8. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY**

- 8.1 The Environmental ODG is accountable for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Group Chair, supported by the Group Secretary, shall:
  - 8.2.1 Report regularly and on a timely basis to Executive Team via the Accelerated UEC Group
  - 8.2.2 Bring to UEC Group/Executive Team's specific attention any significant matters under consideration by the Group.
- 8.3 The Group, through its Chair and members, shall work (where appropriate) closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the sharing of information.
- 8.4 In so doing, the Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

## **9. REPORTING**

This ODG shall:

Report regularly and on a timely basis to the UEC Group, detailing the key risks, decisions, issues and progress.

Be reviewed after 3 months.

## **10. SECRETARIAL SUPPORT**

10.1 The secretariat for the Environmental ODG will be provided by the Operational Directorate.

## **11. REVIEW DATE**

11.1 These terms of reference shall be reviewed on a quarterly basis.

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