



## Six Goals Urgent & Emergency Care (UEC) Programme: \*GGH Environment Workstream\*

<b>Completed by:</b>	Louisa Standeven	<b>Reporting period:</b>	21 <sup>st</sup> – 4 <sup>th</sup> August 2025	<b>To:</b>	6 Goals IOG
<b>Current Status:</b>	Mixed	<b>Trend since last report</b>			
Key Achievements			Next Period		
<p>Patient Experience</p> <ul style="list-style-type: none"> <li>Refurbishment of paediatric waiting area including a Neurodivergent sensory room for children &amp; adults.</li> <li>Refurbishment of internal Major bays including murals of local landscapes.</li> <li>Refurbishment of Family/bereavement facilities supported by 'To Wish Upon a Star'.</li> <li>Launch of LD information booklet for patients.</li> <li>Delivery of sensory items for LD &amp; Dementia patients.</li> <li>Review of internal and external signage – meeting arranged for 31<sup>st</sup> July.</li> <li>Trial of review of the 10 longest waits in ED and prioritise onward direction. – Successful trial and will be continued.</li> <li>Subgroups to be implemented to support the actions identified within UEC subgroup. – Subgroups arranged include N&amp;H, Reception refurbishment T&amp;F, Signage &amp; Communication screen group.</li> <li>Meeting held with hospital charter dementia lead.</li> <li>Reception lights have been changed – supporting improved visibility on booking in.</li> </ul>			<ul style="list-style-type: none"> <li>Reception refurbishment scoping to take place with suggestions and ideas from Arts in Health team. Creating a calmer &amp; more relaxing atmosphere through colour and lighting – Task &amp; Finish Group arranged to include ED team, Arts &amp; Health, LD, Capital planning, Estates, AHP/Dementia lead. Meeting on 1<sup>st</sup> August.</li> <li>Exploring the use of a way finding robot for patient information &amp; directions from the ED department.</li> <li>Review of CIVICA data. – Data to be broken down into themes and presented in next meeting.</li> <li>within perfect week. Data to be captured in write up &amp; meeting to be continued</li> <li>To explore and purchase dementia friendly clocks for each room within the department.</li> <li>Review of toilet seats and signage for individual doors to support dementia &amp; LD friendly.</li> </ul>		
Slippage & Remedial Action			Key Risks		
			<ul style="list-style-type: none"> <li>Way finding robot pilot is free of charge but to purchase would need financial investment.</li> <li>Refurbishment of ED reception will require large capital investment.</li> </ul>		



Requires urgent and decisive action

Aspect(s) require substantial attention, some good.

Requires refinement and systematic implementation.



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<p>Nutrition &amp; Hydration</p> <ul style="list-style-type: none"> <li>Visible and accessible hydration station.</li> <li>Completed a mealtime observation audit.</li> <li>Support of British Red Cross &amp; Voluntary services.</li> <li>Review of availability of snacks. – Snacks will be provided by catering manager.</li> <li>N&amp;H subgroup implemented bi-weekly, scoping a wish list to support the coordination of mealtimes.</li> <li>‘What Good Looks Like’ report has been submitted to provide a HB standardised nutrition guidance for EDs. This will guide and support expectations around FOH N&amp;H. To be included in the communication screens.</li> <li>Explore opportunities to have a dishwasher in the department for supporting mealtimes. - Location identified. Dishwasher ordered.</li> </ul>			<ul style="list-style-type: none"> <li>Scope mealtime coordinators for each shift in ED – B/B3 recruitment on hold. Significant shift deficits due to unavailability to backfill shifts.</li> <li>Scoping ordering capacity to support the demand in ED, linking in with the catering manager in GGH.</li> <li>Finalise patient information for communication screens.</li> <li>N&amp;H Action plan embedded below.  Microsoft Word Document</li> <li>Additional water cooler requested – walk round completed with the IP&amp;C team on 31/07/2025, supporting request within the department. Risk assessment completed for discussion in next WSG meeting.  Microsoft Word Document</li> </ul>		
Slippage & Remedial Action			Key Risks		
			<ul style="list-style-type: none"> <li>Demand in ED outweighs the ability to cater for all patients.</li> <li>Patients in unsuitable locations within department without a table or storage area.</li> <li>Patients requiring hot meals in ambulances.</li> </ul>		

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Key Achievements			Next Period		
<p>Privacy &amp; Dignity</p> <ul style="list-style-type: none"> <li>• Completion of risk assessment for areas of surge within the department.</li> <li>• SOP completed for the ambulatory section within the department.</li> <li>• RNC Corridor care action plan completed following visit.</li> <li>• Therapy to utilise therapy gym for assessments when no room available. – regular utilisation when gym available.</li> </ul>			<ul style="list-style-type: none"> <li>• H&amp;S visit and risk assessment to be completed.</li> <li>• Planned visit to review E-Triage system to support confidentiality within the reception area. – Visit arranged.</li> <li>• Awareness of escalation to support timely reviews and conversations with patients within an appropriate space. E.g managing sensitive conversations/diagnosis/news.</li> <li>• To incorporate system within reception refurbishment</li> <li>• Electronic booking system discussed, explore options as part of the refurb.</li> </ul>		
Slippage & Remedial Action			Key Risks		
			<ul style="list-style-type: none"> <li>• E-Triage system will require financial investment.</li> <li>• Demand regularly outweighs capacity of the department and does not support dignified care.</li> <li>• Lack of space contributes to delays in Therapy assessments.</li> </ul>		

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Professionalism/Customer Service <ul style="list-style-type: none"> <li>All reception staff are booked to attend ‘Making a difference’ course.</li> <li>Bespoke making a difference training arranged for September and October for all staff in ED, this will include the whole MDT.</li> </ul>			<ul style="list-style-type: none"> <li>All reception staff to be booked onto customer service training.</li> <li>Liaise with Welsh language team to support training around welsh language skills. – <b>To revisit “mystery shopper” review.</b></li> <li>‘Way finding’ robot will reduce the demand on reception staff.</li> </ul>		
<b>Slippage &amp; Remedial Action</b>			<b>Key Risks</b>		
			<ul style="list-style-type: none"> <li>Training all staff will be time consuming.</li> <li>Way finding robot will need financial investment.</li> </ul>		

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<p>Communication</p> <ul style="list-style-type: none"> <li>ED team successful with EQlip project around communication within ED reception.</li> <li>Launch of LD communication pack for patients and carers of LD patients.</li> <li>Big Room meetings implemented, allowing a platform for staff to share ideas and concerns.</li> <li>Improve patient safety huddles and patient flow meetings. Planned face to face patient flow meetings w/c 14<sup>th</sup> July for the perfect week – perfect week review to be completed.</li> <li>Review of signage – external and internal to support redirection of patients, including the main road leading to the hospital. – <b>meeting arranged for 31<sup>st</sup> July.</b></li> </ul>			<ul style="list-style-type: none"> <li>Communication screens to provide information regarding ED visit, N&amp;H, IP&amp;C, Waiting times etc. – screen enclosure to be costed and T&amp;F group TBA for a decision on what communication is approved for the screens. To include N&amp;H, IP&amp;C, Fire safety, ED updates. Communication will be seasonal dependent.</li> <li>Review of PALS team to support reception area.</li> <li>Share success stories via communication channels.</li> <li>Explore reasonable adjustment cards for LD patients.</li> <li>Explore buzzer system for vulnerable patients who would prefer to wait in their car for an assessment.</li> <li>Following the launch of LD communication pack for adults, the team are looking at resourcing a booklet suitable for Paediatric LD patients.</li> </ul>		
<b>Slippage &amp; Remedial Action</b>			<b>Key Risks</b>		
			<ul style="list-style-type: none"> <li>Decision on communication for the screens to be HB wide.</li> <li>PALS staffing.</li> </ul>		


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<p>Cleanliness</p> <ul style="list-style-type: none"> <li>• C4C audit completed and highlighting internal actions.</li> <li>• Hand hygiene audit completed.</li> <li>• SLA for linen has been reviewed, and additional linen has been requested.</li> <li>• Hotel services &amp; Estates to support with repairs and deep cleans on a rolling weekly basis. To include ventilation cleaning.</li> <li>• Cleaning/Estates schedule -</li> </ul>  <p>Microsoft Word Document</p>			<ul style="list-style-type: none"> <li>• Environmental audit to be completed by external SNM on the 8<sup>th</sup> of August.</li> <li>• Proposal for 24h domestic cover for ED.</li> <li>• Decluttering of equipment and stock. – Planning meeting arranged.</li> <li>• Hand hygiene audit compliance 14% - Urgent training and awareness for hand hygiene to be completed. Additional alcohol dispensers to be arranged for the department. – Training dates arranged.</li> </ul>		
Slippage & Remedial Action			Key Risks		
<ul style="list-style-type: none"> <li>• Cleaning hours proposal dependant on OCP.</li> </ul>			<ul style="list-style-type: none"> <li>• Demand and increased attenders outweighs the availability of cleaning hours and space within the department.</li> <li>• Lack of cleaning hours.</li> <li>• Lack of storage.</li> </ul>		

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<p>Culture</p> <ul style="list-style-type: none"> <li>• Big room meetings weekly.</li> <li>• Supporting psychological safety platforms for staff to raise concerns and ideas.</li> <li>• Previous culture surveys completed with staff.</li> <li>• HB staff survey completed.</li> </ul>			<ul style="list-style-type: none"> <li>• Commissioning of the additional culture survey that will include medical, nursing, HCSW, Therapies &amp; TOCALs. To measure Culture, engagement and retention. - Survey ready for rollout. Awaiting dates for all sites.</li> <li>• Continue discussions with union representatives in support of staff wellbeing.</li> <li>• Promote ‘Speak up’ agenda and ‘Work in confidence’</li> <li>• Promote relationship manager role/contact details within the department and support further culture conversations with staff.</li> <li>• Staff feedback to continue to review exit interview and turnover data along with any ‘thinking of leaving’ data and thematic summaries.</li> </ul>		
Slippage & Remedial Action			Key Risks		
			<ul style="list-style-type: none"> <li>• Staff burnout and low morale due to increased pressures.</li> <li>• Non engagement from staff.</li> </ul>		

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