

## Disability and Sensory Impairment Working Group

**Meeting held on Thursday 21 February at 2.00pm  
in Glebe House Board Room**

**Present:** James Hayward, Director of Estates (Chair)  
Adrian Coombs, Deputy Estates Director  
Yvonne Tinto, PA Support Secretary  
Flavia de Freitas, PALS Manager KGH  
Tracy Crane-Folwell, Equality & Diversity Lead  
John Wood, Northamptonshire NAB  
Rashmi Shah, Independent Member  
Heather Sinfield, Ophthalmic Department  
Sue Green, Vol. Medical Car Organiser  
Margaret Stirmey, Project Manager, DES, NPCT  
David Bradford, Patient & Public Council  
Tricia Bould, Alzheimer's Society  
Julie Welsh, Northamptonshire NAB

JDH explained that Jane Fox was poorly and welcomed Yvonne Tinto who would take the minutes for this meeting. JDH also welcomed Adrian Coombs who was the Deputy Director of Estates.

1.0.	<p><b>Apologies</b> Jane Fox , Joanne Taylor, Brenda Eildred, Marianne Duffy, Krista Borcklehurst, Wendy Hopkins, Mike Quarrinton, Janet Quarrinton , Marianne Duffy.</p>	
2.0. 2.1.	<p><b>Minutes of the November 2007 meeting.</b> These were accepted as a true record with the exception of the following:</p> <p>Typo – Tracy Crane-Folwell, Equality &amp; Diversity Lead and not Tracey or Quality &amp; Diversity Lead. Typo - John Wood and not Woods Typo – Sue Green, Medical Car Organiser and not Medical Care Organiser Page 4 Para 3.4 FDF stated that disability would be considered next year and not age and gender.</p>	
3.0. 3.1.	<p><b>Presentation:</b> <b>Equality &amp; Diversity at KGH</b> JDH welcomed TCF to this meeting. TCF was unable to give a short presentation due to computer difficulties and she gave a verbal update. TCF's role was to lead the Trust regarding Equality duties and legislation. This includes enlisting new members to the Community Diversity Group to ensure engagement with the Community. The Corby Community Day was held during November 2007 and enlisted Hindu, Muslim and Scottish groups. Links had also been formed with Corby Community Partnership as a</p>	

	<p>result of the rapid increase in ethnic minority communities and include contacts with the Wellingborough Hate Crime Unit. Links have also been made with the Black and Minority Ethnic Sub Regional Partnerships thus achieving multi-agency links in line with the government agenda.</p> <p><b>Internal Groups – Formed November 2007</b></p> <ul style="list-style-type: none"> <li>• Race Equality Steering Group – to ensure Race Equality Scheme and action plans are continued</li> <li>• Trust Leads – thus equality work is ‘owned’ by staff across the organisation, the Leads span across 12 main departments and are all at Senior Managerial level within the Trust.</li> </ul> <p><b>External Groups links</b>        These groups link back to the multi agency and so promote joined up work.</p> <ul style="list-style-type: none"> <li>• Lesbian, Gay &amp; Bisexual Groups</li> <li>• Health Equality Network</li> </ul> <p>These groups ensure that all areas of diversity are taken into account.</p> <ul style="list-style-type: none"> <li>• Race Equality Scheme</li> <li>• Gender Equality Scheme</li> <li>• Single Equality Scheme</li> </ul> <p>TCF is liaising with Human Resources regarding training needs and information to staff.</p> <p>M S asked, “is there was a timescale for the Race Equality Scheme”. TCF replied that the Race Impact Assessment had been completed but had stalled due to training needs. FDF confirmed the deadline was 1 May 2008.</p> <p>JDH acknowledged the amount of work and effort being done and said that things were moving in the right direction.</p>	
<p><b>4.0.</b> <b>4.1.</b></p>	<p><b>Matters Arising</b>  <b>Patient Entertainment System</b>        AC outlined the procurement strategy as follows:</p> <ul style="list-style-type: none"> <li>• Identify current system suppliers</li> <li>• Create decision matrix, listing baseline service requirements, supplier service provision and variant options</li> <li>• Carry out technical appraisal.</li> <li>• Provide recommendations based on technical audit,</li> </ul>	
	<p>highlighting positive and negative aspects of service provision including physical attributes, installation constraints, practical application and contractual obligations. (presentation to user groups with Q &amp; A sessions).</p>	

<p>4.2</p>	<ul style="list-style-type: none"> <li>• Arrange for systems presentations from supplier organisations to interested user groups.</li> <li>• Co-ordinate user group feedback and collate data.</li> <li>• Adjudicate assimilated feedback and make initial recommendations.</li> <li>• Create and submit board report and user group recommendations.</li> <li>• Negotiate final contractual obligations and responsibilities.</li> <li>• Programme installation of equipment</li> <li>• Works on site.</li> </ul> <p>AC said that KGH was in negotiation with a number of suppliers and there was a timescale of 3 – 6 months prior to making a recommendation. However, there were issues with existing cabling that needed to be resolved. JDH would welcome any representatives from this group to assist in the testing of proposed systems. RS suggested that KGH take into consideration the specialist needs of blind persons at the early stages of the process. JDH said that he wanted this group to have an impact on the selection of these services and hoped the technical evaluation would identify issues earlier within the process and stressed that the ‘hands on’ element and evaluation was very important. JW said that the major issue was the information provided on the equipments use and he would be happy to become involved in the evaluation process. AC acknowledged that some schemes were more user friendly than others; some were for clinical use, some for patient use and some were just fit for purpose. RS was concerned that the evaluation would go with the majority need and not the minority. JDH would take these points on board.</p> <p><b>Hospital Letters/Maps</b></p> <p>A copy of a draft letter was tabled and would be circulated with the minutes. Comments to be forwarded to Jo for consideration by the working group.</p> <p>The Patient Information Officer is producing a better quality map for inclusion in patient’s correspondence. The draft will be presented at a future meeting.</p>	<p>YT</p>
<p>5.0. 5.1.</p>	<p><b>Disability Equality Scheme</b> <b>Disability Impact Assessments</b></p> <p>JDH informed this could be viewed on <a href="http://www.kgh.nhs.uk">www.kgh.nhs.uk</a> by clicking on ‘about us’ and then ‘equality and diversity’. The minutes of this meeting would also be posted on this site. A staff disability questionnaire was going out in staff payslips in March and hoped that staff would complete and return. The information would establish a baseline of the number of staff with disabilities. RS was concerned that people were not getting access to support. JDH said that he was not sure of what changes would be needed as the Trust does not have the necessary information. If a disabled person applied for a position at the hospital then the Trust would need to make the reasonable adjustments.</p>	

<p><b>6.0.</b> <b>6.1.</b></p>	<p><b>Hearing Impairment Access Matters</b> <b>Visual Impairment Access Matters</b></p> <p>H Sinfield reported that refurbishment should be completed by Monday. There have been improvements made to walls, flooring and visual tunnel of the Ophthalmic department. The waiting area is slightly smaller and there is no room for the play area. It was doubtful that all would be completed and cleaned in time. AC was confident that it would be ready and said that David Bennett was taking the issue of the play area forward.</p> <p>JW was concerned that there would be no room for the information desk or space for signage and would need to check that information will still be available to patients.</p>	
<p><b>7.0.</b> <b>7.1.</b>  <b>7.2.</b></p>	<p><b>Access Audits</b> <b>Isebrook Out Patients</b></p> <p>Following a request to visit, to undertake an audit, J Taylor will contact a colleague to do this March/April 2008.</p> <p><b>Dolphin Ward</b> Audit started and to be completed by March 2008.</p> <p><b>Areas of Improvement</b> JDH reported the following:</p> <ul style="list-style-type: none"> <li>• <b>Key Doc ramp</b> – AC confirmed that this had progressed. There was an issue with the step coloured nosing. The disabled parking space is due to be provided mid March 2008.</li> <li>• <b>Barnwell wards</b> – shower refurbishment ongoing.</li> <li>• <b>Main Cashier Reception Area</b> – the contract for modifications to provide easy access to wheelchair users has been let. Work to start 15/16 March.</li> <li>• <b>Funding for additional wheelchairs – For wards and Out Patients</b> 21 standard and 8 with extending leg rests and yellow in colour.</li> <li>• <b>Funding for Hearing Loop – For lecture theatre of the Prince William Education Centre and training rooms in Staff Development</b> – funding agreed and should be installed by 31 March 2008.</li> </ul> <p>JDH would contact J Taylor regarding the 2008/09 priorities.</p>	<p><b>JH</b></p>

<p>8.0. 8.1. 8.2. 8.3. 8.4.</p>	<p><b>Staff Training</b> <b>Disability &amp; Sensory Impairment Awareness Training</b> <b>Deaf/Blind Awareness Training</b> <b>Alzheimer's Awareness Training</b> T Bould mentioned that this training had been very successful and she had received positive feedback. <b>Learning Disability Awareness Training</b> JDH confirmed that dates had been set for all of the above and J Taylor would post the information on the website. Booking could not be taken for these courses until 1 April when the new training schedule is made available.</p>	
<p>9.0. 9.1.  9.2  9.3.  9.4  9.5.  9.6  9.7</p>	<p><b>Any other business</b> JDH expressed his thanks and appreciation to Jane Fox for her support at these meetings over the past 7 years. Yvonne Tinto would now take over this role. Her contact details are as follows:  Tel: 01536 492016 Yvonne.Tinto@kgh.nhs.uk  FDF noted a patient request for an appointment letter in large print and the appointment staff had said that this was unavailable. FDF to contact J Taylor and keep JDH informed. JW said that he could produce information in a number of formats. FDF and JW would discuss this after this meeting.  T Bould asked for feedback from the Naseby Ward. T Bould also offered to attend Alzheimer's training sessions.  RS invited members of this meeting to sponsor him for Guide Dogs for The Blind.  JW asked for an update on The Trust's application for Foundation Trust. JDH explained the process to date. The Department of Health and the Strategic Health Authority have decided to use KGH as a trial for the first wave of this new application system. The SHA have a larger role and have asked KGH to re-submit the Financial Model. FT is now likely to be late Autumn. FDF mentioned that 1% of the target population was now required for Membership which equated to the recruitment of 3,000 members.  J Welsh highlighted a recent experience whilst attending the Ophthalmic Department when machinery had been pushed too close into her face. JDH would remind all staff to attend the necessary training. JW offered to give a presentation at training sessions and H Sinfield advised him to contact Lyndsey Neill.  S Green noted that the appointment letters do not include information regarding the duration of medical procedures. This would be useful when having to arrangement transport after appointments. JDH would pass this on.</p>	<p><b>FDF</b> <b>FDF/JW</b>            <b>JH</b></p>

<b>9.8</b>	<p>JDH informed the group of the commencement of the Addington refurbishment and it would be converted into a 20 bed medical ward. The finishes schedule would be copied to J Taylor for advice. Door frames would be highlighted with different colours and KGH were looking at handrails.</p>	<b>JH</b>
<b>10.</b>	<p><b>Date and time of next meetings</b></p> <p>Thursday 22 May 2008  Thursday 21 August 2008  Thursday 20 November 2008</p> <p>At 2 o'clock in Glebe House Board Room</p>	