

Disability and Sensory Impairment Working Group

**Meeting held on Thursday 20 November 2008 at 2.00pm
in Glebe House Board Room**

Present: Joanne Taylor, Disability & Sensory Impairment Co-ordinator (**Chair**)
Jane Fox PA Director of Estates/Finance Director (**Minuting**)
David Bradford, Patient & Public Council
Rashmi Shah, Independent Member
Mick Benford and PA Mel Tinto Representing Headway
John Wood, Northamptonshire NAB
Linda Mooney, Open Road
Debby Moore, Vol. Medical Car Organiser
T Bould Alzheimers Society (Kettering & Corby)
M Duffy, Learning Disability Services

Attending: Paul Snee Development Officer N C C

1.0	Apologies	<u>Action</u>
.	James Hayward, Director of Estates Adrian Coombs, Deputy Estates Director Shekar Purohit, Audiology Department Tracy Crane-Folwell, Equality & Diversity Lead F. deFreitas PALS Manager KGH J. Welsh, Northamptonshire NAB K. Brocklehurst, Deaf Connect	
2.0	Minutes of the 22 May 2008 meeting. The minutes would be amended to show Debby Moore's attendance, instead of Sue Green's. Other than that the minutes were correct.	
3.0	Presentation – <u>Employment & Disability Service NCC: Paul Snee</u> P. Snee gave a comprehensive in-sight into his role as a Development Officer within the NCC. The service was originally set up by Jean Foot and now 25 years old and there were now some 15 officers in total covering all of Northamptonshire, and an office also sited in Leicester City.	

Some 550 people were supported throughout the county and 3 programmes were extant funded from the Works and Pensions:-

- 1) Work Preparation – a course of some 8 – 13 weeks duration preparing the individuals to enter the work place.
- 2) Work Step Programme – supporting the individuals once they had obtained paid employment. The client and employer were visited 4 times a year.
- 3) Training & Development Plan – this ensured adjustments were made under the DDA i.e. procurement of specialised equipment and if necessary change in working hours. If equipment was required the employer paid 30% and the other 70% was funded by the Government. PS advised that he did not know whether the self-employed could access this funding or if they had to pay the full 100% themselves.

J. Wood advised that the current position was that if an employer was prepared to wait it could take some 3 months before an RNIB assessment.

PS advised that the Officers acted as advocates, were involved in marketing, the interviewing process and carried out Health & Safety audits.

An Action Plan would be received from the Job Centre and this would then be worked through.

The officers worked in partnership with 'Pathways to Work' and the role had now changed from encourager to enforcer. Once an individual secured a job they were then on their own and financial benefits would be taken away, however, if it was deemed appropriate this could be deferred or waived.

The officers worked with employers, including the NHS, and drew up gap analysis reports, to identify any training required; job coaching was also provided.

	<p>PS referred to the ‘two ticks positive’ that the Trust held and that as part of that disabled people had to be guaranteed an interview if they met the criteria; often this was not happening.</p> <p>JT referred to the recent questionnaire sent to all staff and it recognised that staff were often fearful of admitting to any disability. There was now a new Director of Human Resources and the Trust was considering a further survey by an external provider, therefore, a lot more work was being undertaken.</p> <p>It was recognised that the group needed representation from the Human Resources Directorate therefore JT would email James Hayward to progress this request.</p> <p>M. Benford advised that the NCC and NHS were not liaising enough with each other; this needed to be noted and improved.</p>	
<p>4.0 . 4.1 .</p>	<p>Matters Arising Patient Entertainment System Ongoing</p>	
<p>4.2</p>	<p>Hospital Letters/Maps JT advised that a trial of an improved out-patients letter was proposed within the Ophthalmic Department. A draft letter would be circulated to the group for their comments before utilisation. M. Duffy advised that whilst it was possible to ‘flag up’ a patient’s disability in individual departments there was no overall system. JT advised that this was needed across the county, and the hospital was aware of this issue.</p>	
<p>4.3 .</p>	<p>Browse Aloud (computer aided reading of script) JT advised that upon further utilisation of the Browse Aloud system it had been decided to trial a system considered to be superior, called Textic. This change had been due to difficulties experienced when trying to down load Browse Aloud. Initial findings were positive and the system worked well with other screen readers.</p> <p>JT advised that she would re-send the email dated 13 November</p>	

	to members that held the link to the website.	
5.0	<p><u>Equality and Diversity</u></p> <p>JT advised that T. Crane-Folwell continued to work on equality and diversity within the Trust and that this would now include Human Rights. The SHA were running a group for the leads and this met on a 2-monthly basis.</p>	
6.0	<p><u>Disability Equality Scheme Update</u></p> <p>JT advised that the DES Action Plan 2008 had now been completed and would be placed on the website as soon as possible.</p>	
6.1	<p>JT advised that she had received a request for information from the NGH on the DSIWG and had therefore sent them the TOR and a copy of the group's minutes as they were interested in setting up a similar group. M. Duffy advised that although the NGH did not have a DSIWG Co-ordinator or Group, they did have a S.U.R.F. Group and she could provide the name of the chair to JT.</p>	
7.0	<p><u>Hearing Impairment Access Matters</u></p> <p>Hearing Loop Provision</p> <p>JT advised that following planned consultation with K. Brocklehurst three text telephones would be purchased by the Trust, and placed in the Switchboard, Communications and Translators office, and Audiology Reception.</p>	
7.2	<p><u>Visual Impairment Access Matters</u></p> <p>Deferred</p>	
8.0	<p><u>Capital Projects Update</u></p> <p>JT advised that works had now been carried out adjacent to Glebe House and new spaces created outside of Nendoc(Keydoc).</p> <p>D. Bradford asked if spaces had been created adjacent to the Mortuary and within the Treatment Centre car park. JT advised that these had been requested and she would check with A. Coombs to ascertain whether or not this work had been</p>	

	completed.	
	<p>DB advised that he had attended a meeting to discuss proposed alterations to the hospital's main reception area, and had viewed the plans provided by the Architects. The plans had not been agreed and the final design was still being discussed at director level. A. Coombs would be asked to bring the plans to the group meeting for comments.</p>	
8.2	<p>Outpatients – Isebrook Hospital</p> <p>JT advised that whilst the building was owned by the PCT the Trust staff worked within its accommodation. A few issues had been highlighted such as improvements were needed in the disabled toilets and within the audiology room as these were far too small; and the waiting areas were not sufficient. The report would be circulated to the group for comments and then forwarded to the PCT.</p>	
9.0	<p><u>Staff Training</u></p> <p>Disability & Sensory Impairment Awareness Training</p>	
9.1	<p>JT advised that a course was planned for the following week, and a number of staff had registered for this session.</p>	
9.2	<p>Deaf/Blind Awareness Training</p> <p>The course was well received with some 16 staff and students attending</p>	
9.3	<p>Alzheimer's Awareness Training</p> <p>JT advised that the next training course was scheduled for 9 January 2009, and the frequency had been increased to two a year.</p> <p>TB advised that she had expected the Trust to hold awareness training sessions on a more regular basis. With some 2,000 staff to train and the increasing cases of patients with dementia staying in hospital more training was required to make it effective.</p> <p>TB highlighted the conditions of dementia patients awaiting their 2 week assessment, and that often they become dehydrated and</p>	

	<p>under-nourished. A large amount of care and attention was then needed once the patient was discharged to enable the patient to recover. TB referred to a particular case upon the Naseby Ward where the patient had been placed in an isolated area, cut off from activity and therefore this affected the behaviour of that individual. JT advised that if any patients treatment was less than expected this needed to be reported to the P.A.L.S. office.</p> <p>The group discussed the use of WRVS personnel upon wards and the implementation of the 'red tray' service that identified patients with feeding difficulties. The group agreed that the best way to care for these patients was through staff awareness and that it should be part of the staff development process.</p> <p>The value of awareness sessions was discussed and one suggestion to progress this was to draw up an action card for the nursing staff, to keep upon the ward.</p>	
<p>9.4</p>	<p>Learning Disability Awareness Training</p> <p>M. Duffy advised that following an update of the Mencap report 10 key recommendations had been made, one of which was that awareness training for the Acute Learning Disabled is made compulsory for all staff. This recommendation was sent direct to CEO's of acute hospitals. MD would be meeting with Doug Charlton (Head of Nursing) when he returned from annual leave.</p>	
<p>10.</p>	<p>Any other business</p> <p>D. Bradford asked if there had been any progress with regard to a new map of the hospital site. Whilst the group had been previously advised that this had been delayed due to planned developments, it was felt that as the site would be continually changing this was not reason for it not being available. JT was asked to discuss this with James Hayward.</p>	
	<p>M. Benford reiterated that there needed to be more co-operation between the NHS and the NCC.</p>	

L. Mooney advised that she was part of a new organisation called 'Open Roads' which would be achieving charity status in early December. It was proposed to develop a Centre of Excellence for every disability, in the centre of the county. Funding had been provided and accommodation was presently being considered. There would be no barriers to fund raising, and the organisation's aim was to enable people to have a quality life. Another aspect of her work was 'Aide De Vie' which provided training and development professionals. The group agreed that LM would now be a permanent group member.

D. Moore advised the group that she now managed an organisation called 'Help for You' that answered any legal questions given. DM assisted in contacting people\organisations to ensured contacts had all information details to enable them to liase with each other. Among those items dealt with were problems with utilities bill and even the police. A launch was planned for the 21 November 2008. The offices were sited at 23 Church Street, RUSHDEN.

MD advised that she was working closely with senior people to ensure the mental capacity act was delivered before April.

<p>10.</p>	<p>Date and time of next meetings</p> <p>2 o'clock</p> <p>Thursday 26 February 2009</p>	
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