

DRAFT

Disability and Sensory Impairment Working Group

**Meeting held on Thursday 21 August 2008 at 2.00pm
in Glebe House Board Room**

Present: James Hayward, Director of Estates (**Chair**)
 Jane Fox PA Director of Estates/Finance Director (**Minuting**)
 Adrian Coombs, Deputy Estates Director
 Joanne Taylor, Disability & Sensory Impairment Co-ordinator
 Brenda Eldred, Physiotherapy Dept
 Shekar Purohit, Audiology Department
 Tracy Crane-Folwell, Equality & Diversity Lead
 John Wood, Northamptonshire NAB
 Rashmi Shah, Independent Member
 Sue Green, Vol. Medical Car Organiser
 Margaret Stirney, Project Manager, DES, NPCT
 David Bradford, Patient & Public Council
 Mick Benford and PA Mel Tinto

		<u>Action</u>
1.0	Apologies . M. and J. Quarrinton F. deFreitas PALS Manager KGH D. Berryman Patient & Public Council J. Welsh, Northamptonshire NAB Trisha Bould, Alzheimer’s Society	
2.0	Minutes of the 22 May 2008 meeting. . J. Wood had emailed two amendments under lighting levels on wards:- 1) That an even level should be maintained throughout, CIBSE recommended minimum levels are – waiting areas 200 lux. Corridors & Circulation 100 lux, Bathrooms/Shower rooms 150 to 300 lux. Computer work stations 300 to 500 lux 2) In some of the wards longitudinal strip lights were located in the proximity of the base of the beds. Patients who have restricted mobility, and are sat in bed for long periods can be facing these lights, with limited opportunity to comfortably face any other direction.	

	Other than the above the minutes were considered correct.	
3.0 .	<p>Presentation - Single Equality Scheme: Tracy Crane-Folwell</p> <p>TC-B gave a brief presentation and advised that:-</p> <p>3.1</p> <ul style="list-style-type: none"> • Keep the Single Equality Scheme and continue building upon this work for when the Equality Bill comes into place. • There has been a new Race Equality Scheme and it is at the consultation process. • The Trust would focus on their legal compliance for the three out of the six strands diversity which are Gender, Race and Disability Schemes with general and specific duties attached and build upon them. When legislation moves to the six stand of diversity this will then include, Age, Sexual Orientation, religion and faith. • Move towards a Single Equality Scheme which would exceed legal requirements therefore the Trust is going to await legislative change and address gaps within the current three strands that need attention to give full legal compliance. • Start Single Equality Impact Assessments which is a requirement by law to screen all six strands of diversity. • Continue Human Rights work with links on a regional level with the Strategic health Authority. <p>M. Benford referred to the Council Council's (CC) initiative to support 1,000 'self directed' people within the community. JW advised that some 660 people were already supported across all strands and the CC were working towards their target; this was not an issue for the hospital. MB responded that there should be more co-operation between the health services and the CC, and that each group could help each other.</p> <p>J. Hayward asked J.Taylor to speak to the CC and invite them to give a presentation on what they are achieving at a future meeting. JT responded that she did attend the County Access Group and met to discuss disability issues etc. JW advised that a new director of the Social Care and Health was due to commence in October, and a number of decisions had been put on hold until he was in post.</p>	JT
4.0 .	<p>Matters Arising</p> <p>Patient Entertainment System</p>	

4.1	<p>A. Coombs advised that a series of surveys had been carried out on each ward area, to identify the number of beds and their 'in use' day, to help decide where the system was to be installed.</p> <p>Although, the Trust had been in negotiations with a number of organisations for the provision of services Patient Line had now been taken over by Premier, therefore, AC had queried with the DoH as to direction now that there was only one or two providers.</p> <p>The system could be restricted to just telephone facilities, and incoming calls presently priced at 29p were likely to reduce in cost.</p> <p>AC advised that he would arrange a demonstration of the equipment to the group before installation was progressed; and would take any subsequent feed-back to the Supplier.</p>	
4.2	<p>Hospital Letters/Maps</p> <p>JT advised that she had spoken to Penny Saville and been advised that the Trust had now decided not to proceed with the original system, and had decided upon a different option. This would cause a further delay.</p> <p>However, that morning a new printer had been installed that was able to print better quality letters; it was also now possible to produce clearer site maps on a white background. This was an interim measure until January 2009, when it was anticipated that the new software would be installed.</p> <p>JT advised that she would bring the new style letter to the group for approval, before commencing the scheme in the Eye Department and rolling out to other areas.</p>	JT
4.3	<p>Browse Aloud (computer aided reading of script)</p> <p>JT advised that she had visited the website and carried out a trial on the system. The results had been good and there had only been a couple of things that the computer could not translate. The system would be purchased shortly, after which time patients would be able to download the programme and utilise it at no cost to themselves.</p>	

	<p>The merits of the system were discussed and JT advised that its primary use was for those with sight difficulties and poor sight, dyslexia; and was not particularly for the blind.</p>	
<p>5.0 . 5.1 . 5.2 . 5.3 .</p>	<p>Disability Equality Scheme <u>Equality Impact Assessments</u></p> <p>See Item 3.0.</p> <p><u>Staff Disability Questionnaire</u> JT advised that questionnaires had been circulated and the results had given the Trust base-line to work upon. A copy would be emailed to R. Shah. Of the 3,500 questionnaires circulated only 273 were returned.</p> <p>There had been a poor return even though the questionnaires had been returned anonymously; those that had identified themselves wished to become members for staff group. JDH suggested that an alternative circulation method should be considered for the next survey, perhaps an independent organisation.</p> <p>A draft report was circulated to group, this would be firmed up and a subsequent action plan written.</p> <p>JT advised that she would be attending a 'Support Disabled Staff' seminar and following this would be writing a manual to support managers. J. Wood suggested JT could contact Paul Snee or speak to Ann Crowder.</p> <p><u>Disability Equality Scheme Update</u> JT advised this would be going out externally and a brief summary would be given on the website, an update would be ready for the November meeting.</p>	<p>JT</p> <p>JT</p> <p>JT</p> <p>JT</p>
<p>6.0 . 6.1</p>	<p>Hearing Impairment Access Matters No issues at present.</p> <p>Hearing Loop Provision JT advised that hearing loops had been provided within the</p>	

<p>6.2</p>	<p>Centenary Wing and in the SA & E. The provision of loops continued to be rolled out to all ward areas, including the new Addington Ward</p> <p>Visual Impairment Access Matters Deferred</p>	
<p>7.0</p> <p>7.1</p>	<p>Access Audits</p> <p>Capital Projects Update</p> <p>AC advised that:-</p> <ul style="list-style-type: none"> • Addington Ward had been completed and was now in use, the staff were happy with the revised lay-out which reduced the number of beds in bays/wards. • Phase 1 of the Pathology Laboratory refurbishment was underway and due for completion September 2008. Phase 2 was progressing with stakeholder reviews being held, JT would soon have the drawings for comments. • Glebe House refurbishment was now complete. • Harrowden floor, as part of the main ward block refurbishment, was continuing and the proposed floor plans had been brought to the group for their consideration. • The Sterile Services Department upgrade works would go out to tender in September. • There were proposals to review the main hospital entrance; plans would be brought to the group for their consideration. • Works would be undertaken along the main hospital street, improving screed and floor coverings. • Works were progressing with off-site car parking, after which the Trust would then be able to look at re-marking and enhancing the disabled bay areas. • Improvements would soon be made to some of the access areas to the car parks. • A scheme was being considered for off-site outpatient provision. <p>B. Eldred reiterated that the rear entrance of the hospital remained dangerous for access, as the linen deliveries continued within that area at its busy times. JDH responded that he</p>	

	<p>thought these had been programmed to be before 7.30pm and not affect the busy times; he would therefore look into this matter.</p>	JDH
<p>7.2 Dolphin Ward Access Audit .</p>	<p>Copy sent with the mins.</p>	
<p>7.3 Rheumatology/Physio Therapy Audits .</p>	<p>Copy sent with the mins.</p>	
<p>7.4 Outpatients – Isebrook Hospital .</p>	<p>JT advised that this had had to be deferred; therefore, a date would now be set for either September/October 2008.</p>	JT
<p>8.0 Staff Training .</p>	<p>Disability & Sensory Impairment Awareness Training</p>	
<p>8.1 .</p>	<p>JT advised that a course was planned for November 2008</p>	
	<p>Deaf/Blind Awareness Training The next course would be in 2009</p>	
<p>8.2 .</p>	<p>Alzheimer’s Awareness Training A course was scheduled in January 2009. The course was fully</p>	

<p>8.3 .</p> <p>Learning Disability Awareness Training Scheduled 14/15 July 2009.</p> <p>8.4 .</p>	<p>booked, therefore, it was hoped to programme a second session.</p> <p>JDH asked if there was any training available for Parkinson's disease. JT advised that the issues around that illness would be covered in the Disability and Sensory Impairment Awareness training.</p>	
<p>9.0 .</p> <p>9.1 .</p> <p>9.2</p>	<p>Any other business</p> <p>JT advised she had received a leaflet promoting clothing for people with physical disabilities, and had passed this to the Privacy and Dignity lead.</p> <p>JT referred to MB's email which highlighted that once a patient was in the community they were no longer the concern of the hospital. It was important to have access to physiotherapy services and the ability to keep fit, as this was needed to ensure the patient could keep their independency.</p> <p>JDH responded that as an Acute Hospital the healthcare provided was for people who were ill in the short-term, the patients are then referred to Primary Care (PCT) whose responsibility is the patient's ongoing care.</p> <p>The group were advised that the use of the John Knotley unit was being considered, and following discussion it was agreed a copy of the email would be given to M. Stirney for forward progression.</p> <p>Sue Green advised that an organisation was just emerging in Wellingborough called 'Open Roads' and that she could either bring a representative or information to the next group meeting. It was hoped the organisations could then link.</p> <p>J. Wood asked if the PCT should set up a forum similar to that at KGH. MS advised that the PCT was considering a Strategic Forum and from that there would be a place for a Disability Forum. MS would take this issue back to the PCT and J. Wood advised he would contact Jan Norman/ Diana Wright.</p>	<p>MS</p> <p>MS/ JW</p>

9.3	<p>J. Wood advised that he had a promotional poster 'Seeing Better' that he would like to be circulated. JT asked this to be emailed to her, to enable her to then distribute.</p>	JT
9.4	<p>MB advised that a Disability Club met in Kettering every Monday at the swimming pool at 7pm, and were now short of volunteers to assist. JDH asked that a poster be supplied and this would be promoted within the hospital to try and secure appropriate help and assistance.</p>	MB
9.5	<p>J. Fox advised that Yvonne Tinto had been successful in applying for a new post and therefore would be unable to continue her role as committee support. JF was presently unsure as to who would take up the role of clerk for the group.</p> <p>JDH asked JT/JF to ensure future dates were set for 2009 and suitable venues booked.</p>	JT/JF
10.	<p>Date and time of next meetings</p> <p>Thursday 20 November 2008</p> <p>at 2 o'clock in Glebe House Board Room</p>	