

Disability and Sensory Impairment Working Group

**Meeting held on Thursday 25 February 2010 at 2.00pm
in Glebe House Board Room**

Present: Joanne Taylor, Disability & Sensory Impairment Co-ordinator (**Chair**)
Jane Fox PA Finance Director & Deputy Finance Director (**Mins**)
John Wood Northamptonshire NAB
R Massey SERVE
Sheila White LINKS
J Williams KGH Carers Support Worker
A Coombs Head of Estates
Joanna Steer Deaf Connect

JT advised that Judy Norton had requested to join the group. This proposal was agreed and therefore Judy would be invited to future meetings, contact details to be forwarded to Jane Fox.

<p>1.0</p>	<p>Apologies M. Duffy, D. Taylor, R. Shah, T Bould, M.Paragreen and Chaman Verma</p>	<p><u>Actio n</u></p>
<p>2.0</p>	<p>Minutes of the November 2009 meeting. Minutes were accepted</p>	
<p>3.0</p>	<p>Disability Action Plan Summary (DES) JT advised that the circulated action plan and report for the previous year had been forwarded to the Care Quality Commission (CQC). JT advised that this information should also be fed up to the Equality & Diversity Steering Group by the Equality & Diversity Manager. SW advised that L. Libiszewski would be preparing a report to the Board in April 2010. JT advised that Easy Read complaint forms were now given out and the 'Big Word' was used for translation.</p>	

<p>A working group had been formed to improve the standard of the appointment letters. JT advised that a meeting was scheduled in March with Penny Saville (IT), Elaine Hayward (Deputy Director of Nursing) and Marianne Duffy to progress this item.</p> <p>RM advised that one of the biggest issues was that the letters displayed the KGH Logo regardless of the clinic's location. At a minimum the letters needed to be in large font, show the location and department, and medical jargon be used as little as possible.</p> <p>AC advised that the Pulmonary Function would be moved and renamed 'Respiratory Investigations' ; this would make it more accessible. A reception and waiting area would be provided in addition to two testing rooms; sited within the breast screening area off the main hospital corridor. It was agreed that black on yellow signage was the easiest for everyone to read and that the Ophthalmic area at least should have this format.</p> <p>JT advised that information was now available on the hospital's intranet on learning disabilities for staff to download. Training had been increased and was hoped to be carried out ward based. The first priority area would be Accident & Emergency and assessment areas, and staff would be advised of who to be able to contact. JT advised that there was also a Learning Disability Forum for staff with M. Duffy as the link person. Funding had now been received for two people with learning disabilities to work at KGH on a 1-year contract and their support worker. RM suggested that JT liaise with the County Council as they had specialist staff who could help, he would forward details to J. Fox.</p> <p>JT advised that the 'red tray' system continued to be promoted and 'red jugs' were being considered. The group agreed that by being the same colour this would alert staff to patients who needed extra help. One barrier to the expense of the red tray scheme had been the cost of red trays at £15 each.</p> <p>JT advised that carers badges had been introduced and good feedback had been received; some wards had asked if they could have their own to manage.</p>	<p>RM</p>
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JT advised that she had met Richard Cook that morning and he had sent the information provided by John Wood on the Irthlingborough facility to the architects. JW advised that once cladding has been put around the existing pipework this would reduce the space in the rooms. AC noted this comment and agreed that this was the case.

RM advised that he had also met with Richard Cook and had discussed the possibility of a 'meet and greet' service, this would be invaluable especially when the weather conditions were bad. RM pointed out that whilst disabled car parking spaces had been provided there were none for voluntary drivers or any drop off areas; at least two car parking spaces would be required. RC was also asked to consider the timings of appointments to enable a mini bus service to then be organised.

JT advised that some 18 wheelchairs had been purchased to maintain stock levels and coloured beakers had been replaced.

JT advised that all training continued and was well attended by staff.

JT advised that the Trust held the two ticks for their work with disabled people and she together with Charles Marson were working with EADS looking at work placements within the hospital.

5.0 Matters Arising

(i) Patient Entertainment System

AC advised that each provider was able to provide similar equipment, therefore the Trust needed to ensure each tender was evaluated. IT was presently considering the tenders.

(ii) Hospital Letters/Maps

AC advised that the hospital enters into a 3-year agreement with the provider and the maps were funded by the advertisements displayed.

AC asked for guidance from the group whether the maps should be in 2D or 3D, however he did consider 2D designs more legible and offered the opportunity to show the hospital in

	<p>zones. It was agreed that JW and AC would meet to discuss. RM asked that a representative of the car schemes also be included within the meeting. AC advised that he would bring a proposal for consideration to the next meeting.</p> <p>JT advised that she would discuss those maps presently circulated with appointment letters when she met Penny Saville.</p> <p>AC advised that the 'jig saw' direction guides would be removed. RM suggested that signage should be kept to a minimum and aided by LCD.</p> <p>Discussion took place as to the possibility of contacting the Post Office and obtaining different post codes for the lower and top entrance to the site; this would aid visitors. AC responded that he would look at the feasibility of this suggestion.</p> <p>RM suggested that the post code of the clinic to be attended be displayed on the front of the appointment letter i.e. Isebrook and new OPD.</p>	<p>AC</p> <p>JT</p> <p>AC</p> <p>JT</p>
	<p>(iii) Voluntary Drivers</p> <p>JT advised that voluntary drivers upon production of their name badges could now have reduced rates on drinks in Aspens and the Uppingham Restaurant. A 20% discount on meals was also available in the Uppingham Restaurant.</p> <p>JT advised that she has met A. Doherty the hospital's contact with the WRVS with a view to rolling this out to their facilities.</p> <p>As many volunteers as possible had been informed, but the Kettering branch did not have an email address. SW suggested JT contact the Kettering Volunteer Centre.</p> <p>The group asked if this initiative could be rolled out to the hospital carers.</p>	<p>JT</p>
<p>5.0</p>	<p><u>Equality and Diversity</u></p>	

	Deferred	
6.0	<u>Learning Disability Update</u> Deferred	
7.0	<u>Hearing Impairment Access Matters</u> SW asked if the Audiology Department was to move, and if not were they to have new booths? JT advised that it would continue within its location for at least the next 3 years, although some functions would be moved to the Irthlingborough project. JT did not know of any planned replacement booths.	
7.1	<u>Visual Impairment Access Matters</u> JW advised that a contract was about to be signed for the provision of an eye clinic liaison officer, 0.6 post. The NAB would be looking to recruit and the post would be only for this financial year and run as a pilot. The role of the liaison officer would be to talk to patients, as they passed through the department, and carry out all registration details. There were some concerns as this process took approximately 15/20 minutes per patient to complete. JW advised that there were changes to the opening hours for the Kettering Sight Centre and these were now 10.00am – 1.00pm Tuesdays Wednesdays, Thursdays and Fridays plus the last Saturday of each month. A leaflet for ‘The enable services’ was also circulated which outlined home based community services to the blind.	
8.0	<u>Capital Projects Update</u> AC advised the group of the main schemes being undertaken on site: Pathology Phase 2 – a £3.4M scheme carried out refurbishing work tops, floor coverings and replacing air conditioning. Sterile Services Department – a £1.3M upgrade was now	

	<p>complete, with air and microbiological testing complete. The department was now fully compliant and would achieve accreditation within 3 months.</p> <p>Harrowden floor refurbishment: Final phase nearing completion and would form two wards.</p> <p>Lorenzo Training Facility – work was being carried out to erect the facility at the rear of the nurses training unit. The facility would be in use for at least a year providing training to staff.</p> <p>Birthing Pool – scheme would go out to tender that week.</p> <p>Treatment Centre (Fallow Area) – scheme to convert the existing fallow area into a multi-bed area, with six single rooms. Work was being undertaken with clinicians as to suitability.</p> <p>Backlog Maintenance – the road between the ambulance station and the ‘T’ junction would be resurfaced on the 11 March, there would also be some re-surfacing works within the carparks.</p>	
<p>9.0</p>	<p><u>Access Audit – Harrowden A Ward</u></p> <p>The audit was noted. JW advised of a section of pipework exposed within the corridor and asked when something would be fixed around this to protect it. Signage also remained a problem. AC advised that reactive maintenance was in the system and snagging works would be carried out at the end of the scheme.</p> <p>AC advised that some of the wards in Rockingham Wing had now been renamed and signage would therefore need to be aligned in that area.</p>	
<p>10.0</p>	<p><u>Staff Training</u></p> <p>JT advised that all training had been booked for that year and the Training Manual would be sent out shortly to staff.</p>	
<p>11.0</p>	<p><u>Any other business</u></p> <p>JT circulated examples of signage that would be affixed to magnetic notices above patient’s beds, and would provide</p>	

	<p>information by means of symbols attached. The group discussed these and suggested that a symbol was required for 'no speech' suggesting an empty speech bubble. JT asked that any comments be forwarded to Tracey Brigstock.</p> <p>JT advised she would email if possible the symbols to S. White</p>	<p>JT</p>
<p>12.0</p>	<p>Date and time of next meetings</p> <p>2 o'clock</p> <p>Thursday 27 May 2010</p> <p>Glebe House Board Room</p>	