

**MINUTES OF THE MEETING OF THE DISABILITY & SENSORY
IMPAIRMENT WORKING GROUP MEETING HELD ON
THURSDAY 27 MAY 2010 AT GLEBE HOUSE,
KETTERING GENERAL HOSPITAL**

PRESENT:

Joanne Taylor, Disability & Sensory Impairment Co-ordinator (**Chair**)
Jane Fox PA to Finance Director & Deputy Finance Director (**Mins**)
Shelia White (LINKS)
W. Patel (LINKS)
D. Carr (P.E.G.)
H. Colledge (P.E.G.)
John Wood Northamptonshire NAB
R Massey SERVE
M Copeman (Interim)Head of Estates
Joanna Steer Deaf Connect
J Norton (Carer)
M Benford (Headway)
R. Shah Independent Member
C. Verman Equality & Diversity Lead
T. Bould Alzheimer's Society Centre

ATTENDING:

R Cook
J. Sadler

1. APOLOGIES

Apologies for absence were received from M. Duffy and
Melanie Paragreen

2. PRESENTATION – OUTPATIENT DEPARTMENT (OPD)

RC advised that the project had been in response to the increasing
population within Northamptonshire, in consideration of patient choice
and also an element of competition/commissioning.

Approximately 81% of the population use the OPD at KGH and have
to travel from areas such as Wellingborough, Corby, Rushden and
Market Harborough. The development on the outskirts of
Irthlingborough would improve the services to those within the
Wellingborough and Rushden area and therefore would reduce

pressure on KGH clinics. In the future it was hoped to also have developments for Corby and Market Harborough.

JS gave a brief on the structure and advised that it would be a 2-storey building containing clinics on the first floor and on the second floor minor ops and staff areas. The building was scheduled to be operational January 2011. JS advised that M. Duffy had requested that changing facilities for adults with incontinence problems be included within the facility and a room had now been identified which would contain a couch and be used for this purpose. This was in addition to the disabled w.c.

RS asked why a location had been chosen that was a long way from both Irthlingborough and Rushden. RC responded that the development met most of the criteria which had been accessibility and be environmentally friendly. The development would reduce significantly the number of people travelling to KGH and as part of the scheme the developers had to enhance the local bus service from Rushden to Irthlingborough.

RC advised that the building was on a 20-year lease which would be better value for money as could be to the Trust's advantage due to the changing healthcare, therefore, if the installation of equipment was later required this could be discussed with the landlord.

RM asked that pressure be put onto the bus operators to divert the bus from Bedford to Kettering and Northampton to Raunds to visit the site. RM advised that his organisation should be included in discussions to enable pick-ups of groups of patients to be co-ordinate.

RC responded that there were regular ½ hourly services from Rushden to Higham Ferrers (Higham Hopper) but no decision had yet been made by the operator on the other scheduled buses. Their reluctance may be that by diverting services it would then have an affect on the bus timetables.

JS advised that samples of colour schemes and drawings had been brought to the meeting for the group's consideration. RC advised he continued to liaise with J. Taylor and had fed her comments to the developers, proposals were now awaited.

JW advised that funding had been provided for a part-time liaison officer within the Ophthalmic Unit at KGH, could this be included within the development? RC responded that his budget was for the building only therefore this would need to be passed to the managers

of the new unit. The group offered to look at the plans, colour schemes etc

SW advised that the majority of car parking at the Rectory Road Clinic had been taken up by staff and that there were only a few disabled spaces available. If the Trust offered transport to the new building people may then change to that clinic.

RC advised that clinics for rheumatology would remain at KGH and either be duplicated at the new facility or perhaps run on alternate weeks.

3. PRESENTATION – SINGLE EQUALITY SCHEME (SES)

VC circulated copies of the KGH Single Equality Scheme pamphlet which explained the hospital's approach to promoting equality in health care for patients and carers from different backgrounds, together with the Benchmarks of Communication. VC asked the group for their views.

RS asked if the document was available in different formats to enable people who were visually impaired to have an input. JW advised that this was often an after-thought and documents were not provided in alternative formats, being received after the consultation period had been given. JS advised that he could give VS the 'Talking Newspaper' contact.

VS responded that he would try to get the groups views by the end of June, but that this was not the end of the process and he would be checking process and rolling out engagement.

Jo Steer asked when the Benchmark of Communications was to be implemented as this was not good within the hospital and you had deaf people coming into wards. VS responded that this was being implemented now and he was working with the heads of nursing and managers using the benchmarks to check patient needs.

RS asked how did the Trust refresh its' staff's training, as the attendance of patients with special needs was not any every day occurrence. VS responded that the managers would check training was in place.

VC advised that he would work with JT and ensure documentation was appropriately in the correct format for members.

VS advised the group that there would be a 'Diverse' event held on the 17 June 2010 for people to give feedback on the SES and invited

group members to attend. There would be displays in Corby, Kettering and Wellingborough and information on the KGH website: this would also go to 40 private sector partners.

JS advised that the criticism from deaf people was that communication problems did not occur only with the nursing staff but more often with consultants and doctors. Are there assurances that training would be received by this group of staff. JT advised that this had also been raised at the Privacy & Dignity Group and the results on the NHS survey showed that Kettering doctors came out very poor in terms of communication. JT would take this back to the leads that dignity training needed to be implemented and form part of an action plan.

JW advised that many people would not complain about their doctor, therefore, this showed how much the patient must be prepared to complain and that it is a serious issued.

VC advised that Equality & Diversity training was mandatory and impact assessment training was also carried out.

MB asked if there was any way he could access the consultants as he had written to Mr Bromage but had not received a response. JT responded that she would contact the consultant's secretary to ask them to reply to MB's query.

In conclusion, VC advised that he would give an update at the next meeting on impact assessment training.

4. MINUTES OF THE PREVIOUS MEETING

SW advised that under Item 3.0, second paragraph, the report submitted to the Board in April 2010 was the 'Draft Quality Account'. Other than this the minutes were considered correct.

SW asked it be noted that the booths within the Audiology Department were not being replaced.

5. MATTERS ARISING

5.1. Patient Entertainment System

MC advised that he was currently writing to Wandsworth regarding the wiring and empty boxes. The company had recently gone into liquidation and had been asked to either remove the wiring or give access to the hospital, a response was awaited.

5.2. Hospital Letters/Maps

JT advised that although a draft letter had been drawn up with the assistance of M. Duffy, a meeting had not yet been able to be made with Penny Saville. This was due to the fact that she had been seconded to the Lorenzo project.

RM advised that it had been requested that at the top of the letter it needed to identify what clinic the appointment was to be held.

JT advised that the Deputy Director of Nursing, Mrs E Hayward, was now trying to implement the change and asked the group to email any comments direct to her.

6. Dementia Care Update

JT advised that she had met with Jo Sharp and together they were looking at clear pathways for patients who came into hospital with dementia. Dr Hubbard had visited a hospital the previous week which had a specialised unit for patients whose secondary condition was dementia.

JT advised that all documentation on dementia care held had been given to Jo Sharp (Head of Nursing) and it was hoped to use this at any future launch. The Trust would also have a specialised group for dementia as part of the Dignity and Care initiative.

JT advised that the Carer Support Worker was seeing many patients now in the hospital and therefore this should make a difference.

7. Equality & Diversity Update

This had been covered in Item 3 on the agenda.

8. Learning Disability Update

Deferred

9. Hearing Impairment Access Matters

Deferred

9.1. Hearing Loop Provision

JT advised that she held a small budget to roll out the provision of hearing loops within the Trust.

9.2. Visual Impairment Access Matters

JT advised that the Ophthalmic Department had advised that as they had to give extra information regarding eye drops etc. the letter may need to go onto two pages. The group then noted that the second sheet did in fact already have faint text on it; therefore, this may mean a 3 page document would be required.

JW advised that whilst appointments had been made for a liaison officer within the eye department, no accommodation as yet had been provided. JT responded that she would look into this situation.

Action: JT

10. Access Audit – MAU re-audit

JT advised that the area had been re-audited and most of the issues had been addressed. The colour schemes were better and all the wc's now accessible. A major improvement had been made.

11. Capital Projects Update

MC advised that a Business Case for an extension to the main ward block to accommodate a purpose built paediatrics outpatient and inpatient had been presented to the Trust Board at the end of April 2010. Included within the new area would be direct access to the theatres. The unit would be complete and open by May/June 2012; however, with the change in Government confirmation of funding was still awaited

MC advised that the older parts of the hospital that were in poor maintenance were being considered such as door ways, flooring and windows; also acoustics (background noise). MC advised that signage around the site was a key issue and asked for guidance.

JW/RS responded that the main criteria would be to change signage from its present format and use black on yellow background; also make it tactile and prominent. JW/RS recommended that Braille was not used for signage but was a necessity for written information.

The group also discussed colour coded routes to wards and the use of 'zones' which they found very effective.

12 Staff Training

12.1. Disability & Sensory Impairment Awareness Training

JT advised that two sessions were held in a year, and were well attended

12.2. Deaf/Blind Awareness Training

JT advised that one session was held a year and well attended.

12.3. Alzheimer's Awareness Training

JT advised that two sessions were held in a year, and were well attended

12.4. Learning Disability Awareness Training

JT advised that in addition to the training session M. Duffy also visited the wards.

13. Any Other Business

RS advised the group of his disappointment that the NCC had not supported two disability organisations within the county, and had awarded the contracts outside of the county. RS asked that the group write to the NCC and voice their disappointment. This was agreed. **Action: JT**

JT advised that the hospital now had a Nutrition Group which looked at specialised equipment for all the wards i.e. adapted cutlery, plate guards, different cups and beakers (which could be cleaned in the dish washer) and re-introducing the dyson red mats (to ensure items did not move on the tables). Each ward would maintain their own items.

JT advised the group of an information system called 'direct enquiries' which could be placed on the KGH website and give people the best routes to take to clinics/wards if they had problems with mobility. Costs had been provided and information would be brought to the next meeting. JW suggested that the audit work undertaken by members be removed from the specification and this should then drive down the cost.

14. Date and time of next meeting

2pm

Thursday 26 August 2010

Board Room, Glebe House