

**Minutes of the Meeting of the Disability and Sensory  
Impairment Working Group Meeting held on  
Thursday 25 November 2010 at Glebe House,  
Kettering General Hospital NHS FT**

**PRESENT:**

M. Copeman Interim Head of Estates (Chair)  
J. Fox PA to Finance Director & Deputy Finance Director (Minuting)  
J. Taylor Disability & Sensory Impairment Co-ordinator  
M. Duffy Acute Liaison Nurse for Learning Disability  
J. Wood Northamptonshire NAB  
R. Shah Independent Member  
L. Brown PALS Co-ordinator  
P. Cooper Centre for Independent Living  
M. Lunney Deaf Connect  
H. Colledge (PEG)  
R. Massey – SERVE  
W. Patel (LINKS)  
M. Ames (LINKS)  
J. Norton, Carer  
Chris Abram Project Worker  
Karen Smith Project Worker  
Xenia Harrington Project Support Worker

**1. APOLOGIES**

C. Verma Equality & Diversity Lead  
E. Farrington Kettering Sight Centre  
D. Evans - Directenquiries  
J. Williams – Carers Support Worker  
M. Quarrington – Independent Member.

**2. PRESENTATION – Directenquiries – Nationwide Access Register**

J. Taylor reported that David Evans had given his apologies as he could not now attend the meeting. JT advised that until it was possible to organise another presentation members could, if they wished to learn more about the organisation and their work, visit the website ([www.directenquiries.com](http://www.directenquiries.com)). The organisation had previously worked

with both the Birmingham Children's Hospital and Scarborough General Hospital.

#### **4. MINUTES OF THE PREVIOUS MEETING**

The minutes were accepted as a true record.

#### **5. MATTERS ARISING**

##### **5.1. Patient Entertainment System**

M. Copeman confirmed that as refurbishment work was carried out within the hospital the cabling would be removed and the boxes taken from the walls.

R. Shah asked what would be the next stage of this initiative. MC responded that the Trust already had radio available in some parts of the hospital and the Patient Group was presently carrying out a review of the work necessary to role this service out to the whole hospital. A work-plan was being worked through.

The Trust was also looking to provide entertainment for all patients in an economical way, by installing a large dish on the ward buildings so the hospital could receive a digital TV service into each ward. It was hoped to include this work into the 2011/12 capital plan.

##### **5.2. Hospital Letters/Maps**

M. Duffy advised that although she had been asking for over 3 years for input into the work regarding patient letters she had been bypassed and had now been told it was too late and the letters could not be changed. There should only be one standard invitation to clinic letter and any other information needed to be on a separate sheet.

MD advised that despite this lack of co-operation she had managed to have some of the wording changed to a simplified language.

R. Massey asked how many of the consultants themselves received these letters and why should they have the power to dictate what was included within the letters. RM advised that he had raised the difficulties with the Chief Executive many years prior and that the fundamental information required was where the clinic was to be held, at what time, and what date.

JT responded that she had asked that the address block for the clinic is displayed in larger print to enable people to find their way to their

appointment and that extra information be included on a separate sheet.

L. Brown advised the group that Carolyn Ginns was looking at this issue and recommended the group speak to her direct.

MC advised that there was also a working group looking at the size of clinics and amount of appointments raised.

RS advised the group of the value of hospitals reminding patients of their appointments by mobile phone.

J. Wood advised that a trial, within a department at NGH with the highest level of no-show patients, was being carried out and staff were telephoning patients the day before a clinic to remind them to attend.

### **5.3. Terms of Reference**

The Committee accepted the amended Terms of Reference for the DSIWG

### **5.4. Signage**

MC advised that a series of meetings had been held with a consultancy company to re-design the existing signage. It was proposed to have a system similar to that within the NGH where there would be more detailed signage in zoned alpha areas. The main problem with KGH's signage was that it had grown as the hospital had grown.

It was now proposed to have large aluminium notice cases around the hospital that could be updated with signage produced on site. Signs would be coloured and include pictorial information. Before the new signage was implemented MC would give a presentation to the group and ask for feedback. **Action: MC**

MC advised that it was imperative that the appointment letters showed the same information as the signage, that the present admission maps were changed, and information included giving details of the recommended entrances to be used to the site. It was proposed to have the full hospital map on one side of the notices and on the other side an enlarged map of the particular area.

JW asked if car park and bus stop information could be added, and recommended that MC spoke to K. Hackett at NGH. The group also

asked if it would be possible to include movement sensors at the entrance doors between the zones advising of each block (sensors such as those used for advising of hand washing within the hospital).

## **6. Promoting Disability Equality - update**

JT advised that the brochure had now been submitted several times to the Information Group for their comments, and she would email out the final version to members. It was proposed that the brochure would be handed out at training sessions to promote knowledge of the groups work. JT advised that with the help of MD she would be providing an easy read version of the brochure.

## **7. Dementia Care Update**

JT advised that work had not yet progressed with regards to a Dementia Care Group as Jo Sharp who was to be the lead was presently on sick leave. Once a Deputy Director of Nursing was in post it was hoped to then progress this initiative.

## **8. Equality & Diversity Update**

JT advised that a business plan was to be submitted to the Charitable Funds Committee for specialist feeding equipment.

It was proposed to have a pack, containing a full set of utensils, stored within the centralised Medical Equipment Library for staff to access whenever they were required. It was also hoped to implement training for staff to use this specialised equipment.

## **9. Learning Disability Update**

MD advised that Karen Smith and Chris Abram were now in post and had commenced work within the hospital.

MD advised that the Medical Care Pathway had been launched and patients who presented at the Accident & Emergency Department were directed to Clifford Ward, rather than the MAU, where the staff had received intensive training. However, with the recent accommodation changes patients would now go to Barnwell B. Feedback had been positive and work would be carried out to form a similar care pathway within Surgery and Trauma & Orthopaedic.

C. Abram advised the group that a resources pack for staff was being pulled together which gave guidance on how to communicate with people who had a learning disability and where to go for help. The

folders were given to ward staff to retain, and explained what it was like to have a learning disability.

MD advised that the Accident & Emergency department would be targeted in December and meetings had already been held with the Occupational Therapists to roll this work out into the whole hospital.

## **10. Hearing Impairment Access Matters**

Deferred

### **10.1. Hearing Loop Provision**

JT advised that work continued and she would be visiting the new building in Irthlingborough to ensure that an agreed hearing loop was installed within the facility.

JT advised that there was to be a new reception area within the main hospital and she would ask Deaf Connect for their advice as there was to be a Perspex sheet placed in front of the reception desk.

M. Lunney advised that the reflection from a glass sheet could be very distracting for lip reading if facing people, and although many areas had hearing loops they were not loud enough and needed to be checked on a regular basis. ML gave JT contact details for a technician who could check the volume of hearing loop systems.

MC advised that the screen at the new reception area did not go all the way around the desk so people could go around the Perspex to speak to the receptionist; but he would pursue this item.

JT confirmed that a firm would be attending site to refurbish the hearing loop within the Chapel.

### **10.2. Visual Impairment Access Matters**

J. Wood advised that the Eye Liaison Officer, Simon MacLean, had now resigned and had been replaced. Contact details were given to JT

JW advised that the eye department remained very busy and although clinics were to be transferred to Irthlingborough, at the present time patients had to queue outside in the corridor.

MC reported that he had met Lillie Baxter-Vaughan to look at ways in which the area could be reconfigured to make the waiting room larger. It was found that the only way to achieve more space was to move some of the services; therefore, following a meeting the

previous week the department was considering the phasing of appointments through the day to try and help the situation.

MC advised that existing clinic appointments would be transferred on the 7 February 2011 and the unit would be operational for new services on the 7 March 2011.

It was noted that presently there was nowhere within the area for eye patients to obtain refreshments. Vending machines were available within the ENT area, therefore, it was hoped to give patients access to that area.

#### **11. Access Audit – Barnwell B Ward**

JT advised that the access audit identified a number of issues which had been mainly around toilets and shower room. It was noted that with the accommodation changes and this area now being 'Althorp Ward' there would be more patients using the facilities.

JW advised that there was a security issue as there did not appear to be any way visitors could exit the ward after the doors had been secured after visiting time.

**Post Meeting Note (M. Copeman):** Following discussion with the Trust Security Manager it has been confirmed that the access control for the doors at the entrance to Barnwell B Ward is managed from the Nurses' Station. The Hospital has to exercise a duty of care for vulnerable patients whose judgement may be compromised by their condition; this is a patient safety measure to reduce the risk of patients leaving the ward without consent. There is a swipe card access point at Barnwell B Ward entrance and the Trust requests that all voluntary auditors wear their security badges at all times when on site to enable them to access and exit wards with patient security measures in place. Additionally the security card, clearly displayed, will provide patients, staff and visitors with the assurance that access is being limited to authorised personnel. Thank you for raising this very important point and providing the opportunity to provide clarification.

Northfield House: JT advised that the Trust had decided not to hold clinics for people with Parkinson's disease within Northfield House and clinics would be moving back to the main outpatient department

## 12. Capital Projects Update

MC advised that a range of ward refurbishments were being carried out following a risk assessment process, a key problem was getting access to areas due to capacity.

Some wards within the Rockingham Wing had been refurbished such as Cherry and Juniper; and within the main hospital Barnwell B and Lamport Ward where it was intended to take the bathroom out and put in a wet room. The next areas that would be refurbished would be the Pretty Wards and the Twywell Ward.

The Trust's strategic plan was to carry out major refurbishment of areas every 5 – 6 years, and minor refurbishment works every 3 -4 years, therefore, be proactive rather than reactive.

Following a Fire Safety Order work was being carried out to bring the hospital fully up to a standard, with works being carried out within roof spaces and compartmentation.

MC advised that during the main reception works Aspens would be moved to an area to the left hand side of the entrance (presently used by PALS) and the present reception moved to an area by the ward lifts. The Discharge Lounge would move into the existing Aspens area which would be much better for patients. The building which previously accommodated the Althorp Ward would be demolished to make room for Project 55, and a new structure would be in place in March 2011.

J. Norton advised that when she visited the Maple Ward she found that there was no wide room accessible toilet, no day room, no handrails or piped oxygen. JT advised that together with J. Wood she would carry out a risk access audit on this area. **Action: JT**

MC advised that there was funding of some £1M for estates infrastructure work and £100K of this would go into patients' environment, he would try to obtain £200K funding for the following year. The Trust recognised that the Rockingham Wing was not in a good condition and was working towards improving the facilities.

RM asked if it was possible to do something about the smokers who stood by the main reception entrance. MC responded that the smoking shelter would soon be moved and he was meeting with the HR Associate Director as this was also a problem with the hospital staff. Although the DoH had imposed the smoking ban they had not given the hospital any powers to enforce the ban.

MC advised that as part of 'winter safety' a company visited site and gritted the roads; in addition the estates staff gritted the paths etc.

### **13 Staff Training**

#### **13.1. Disability & Sensory Impairment Awareness Training**

JT advised that a course had been held in November 2010, and this had been very well attended by staff.

#### **13.2. Deaf/Blind Awareness Training**

JT advised that a course was planned for early 2011.

#### **13.3. Alzheimer's Awareness Training**

JT advised that a course had been held in October, had been well attended, and feedback had been positive.

#### **13.4. Learning Disability Awareness Training**

JT advised that a session had been held with the ward managers at their away day and good feedback had been received via Tracey Brigstock. It was proposed to hold courses twice yearly, with a ½ day training session due on the 29 November 2010.

### **14. Any Other Business**

JT advised that she had been contacted by the Carers Association in London who had asked her to give a talk on the carers badge system operated at KGH.

RM advised of an incident at the Isebrook hospital whereby staff had arrived at the clinic at 1.30pm, and although empty seats could be seen in the clinic, had left patients with appointments at 1.40pm waiting in the corridor and did not admit them until 1.35pm. MC responded that he would flag up this issue. **Action: MC**

The group were advised that awareness training was needed within the Audiology department to enable staff to use typetalk to ring patients. JT responded that she would visit the department the following week. **Action: JT**

RS asked for information relating to Independent Living as he was not aware of the centre. JT responded that she did meet with the Equality & Diversity lead and everything that KGH did was shared with both the NGH and the Mental Health Trust. The Centre for Independent Living had only recently opened and an Open day was planned. JT asked Pauline Cooper that once the centre was fully

operational if she would give a talk to the group, and possibly at the next meeting. PC agreed to this proposal. **Action: JT/PC**

**15. Dates and times of the 2011 meetings**

2pm – 4pm Thursday 24 February 2011

2pm – 4pm Thursday 19 May 2011

2pm – 4pm Thursday 8 September 2011

2pm – 4pm Thursday 24 November 2011

Venue for all – Board Room, Glebe House



## **Estates Department**

## **Disability & Sensory Impairment Working Group** **Established 1997**

## **Terms of Reference**

### **Introduction**

The Trust seeks to improve the access, environment and information at Kettering General Hospital for individuals with a disability or sensory impairment. The Trust believe that formation of a small group comprising of individuals with disabilities or sensory impairments, health professionals, managers and representatives from appropriate organisations will be a good forum to address the Trust's objectives.

### **Key Terms of Reference**

1. The group will co-ordinate an audit of the training needs of staff in order to raise awareness of the needs of people with disabilities or sensory impairments.
2. The Disability and Sensory Impairment Working Group will be formed with representatives from healthcare professionals, healthcare managers, appropriate support organisations and individuals with a disability or sensory impairment.
3. To review transportation and access to the site liaising with the local Authority Transportation and Planning Department
4. The Interim Head of Estates will chair the group and the DSIWG Co-ordinator will be Vice Chair.
5. The group will co-ordinate a physical space audit of the hospital access routes and internal environment.
6. The group will consider the information needs of people with a disability or sensory impairment using KGH, and working with the Quality Facilitators Group's" recommended ways these needs can be met.

## **Performance Guidelines**

The Disability and Sensory Impairment Working Group will agree a range of performance guidelines. These will be used to measure progress and to ensure compatibility with county and other strategies.

7. The Trust will assign an Executive Director to co-ordinate the Trust's performance.
8. The Trust will establish a group of healthcare professionals, managers and user representatives is formed to take account of access, environmental and information needs of individuals with a disability or sensory impairment.
9. The Trust will support the development of action plans and prioritised schedules for physical improvements to be considered in the business planning cycle.
10. The Trust seeks to improve links with local people with sensory impairments or disabilities and the organisations, which exist to represent them.
11. A range of performance guidelines will be established by the group to measure progress.

## **Representation**

The group will be limited to a maximum of 24 representatives, the make up of the group will be as follows:-

<b><u>Organisation</u></b>	<b><u>Representatives</u></b>
Deafconnect	1
Northants Assoc for the Blind	1
Kettering Sight Centre (NAB)	1
Kettering Borough Council	1
Northants Carers Centre	1
Centre for Independent Living	1
Therapy Services Manager - Adults	1
Learning Disability Liaison Nurse	2
Kettering General Hospital NHS Foundation Trust	PALS Co-ordinator Audiology Manager Eye Clinic Liaison Officer Human Resources Representative Modern Matrons Head of Estates
Alzheimer's Society	1

Volunteer Medical Car Drivers Association/S.E.R.V.E.	2
L.I.N.K.S. (Health Watch)	1
P.E.G.	2
Headway	1
Independent Members	2

2. The group will consider as appropriate the format, style of surveys of patients, visitors and staff in relation to access and environment for individuals with sensory impairment or disability.
3. The group will consider methods to improve communication and co-ordinate a review of information supplied to patients.
4. The group will consider if appropriate the needs for development of a local charter, tailored to meet the needs of the local population
5. The development of a prioritised action plan for environmental and access improvements.
6. The group will meet at least twice annually.
7. The group will feedback to the Trust by form of an annual report, that goes into the Trust report.
8. To ensure compliance with the NHS Strategy relating to disabilities
9. Other groups to be co-opted