

**MINUTES OF THE MEETING OF THE DISABILITY & SENSORY
IMPAIRMENT WORKING GROUP MEETING HELD ON
THURSDAY 19 MAY 2011 AT GLEBE HOUSE,
KETTERING GENERAL HOSPITAL**

PRESENT:

M. Copeman, Interim Head of Estates & Facilities (**Chair**)
J. Taylor, Disability & Sensory Impairment Co-ordinator
J. Fox, PA to the Finance Director & Deputy Finance Director (**Mins**)
J. Woods, Northamptonshire NAB
M. Lunney, Deaf Connect
L. Benton, Interpreter
L. Brown, PALS Co-ordinator KGH
M. Ames, (LINKS)
R. Massey, (SERVE)
J. Norton, Carer
M. Duffy, Acute Liaison Nurse for Learning Disability
C. Abram, Learning Disability Project Worker
Xenia Harrington, Learning Disability Support Worker
D. Carr (P.E.G.)
T. Bould, Alzheimer's Society
A. Saville, Eye Liaison Officer

1. APOLOGIES

Sue Waite, Julie Williams, Hannah Scott, Wendy Patel,
Chama Verma, Rashmi Shah, Pauline Cooper.

2. THE ROLE OF THE EYE LIAISON OFFICER

A.Saville advised that he was hospital based and had been in post 6 months working for Action for Blind People; a large charity and a sub-group of RNIB.

His role was based on a social model to provide people with a visual impairment with as much information as possible to assist them in their day to day lives. This service was provided to patients with any eye condition and those he saw included patients recently diagnosed with a visual impairment and referred to him by consultants.

Although he saw patients on an ad-hoc basis he was unable to provide an 'at home' service.

The information provided included welfare benefits, work related information and information related to practical equipment in the home. AS circulated a hand out to those present.

J. Taylor asked AS if he could provide equipment himself for patients or give advice on equipment such as magnifying items.

AS responded that although he could not provide equipment himself he could direct people to the appropriate supplier. There were a number of charities who would contribute towards equipment and also if equipment was required within the workplace then the employer could access funding through 'Access to Work'.

M. Ames asked if AS had any input into the subsidiary clinics. AS responded that he didn't as he only worked on a Tuesday, Wednesday and Thursday, but Northampton did have a person in Irthlingborough that patients could liaise with.

J Woods advised that a mobile unit would be visiting Irthlingborough, Northampton and KGH on a regular basis and would be increasing its service.

3. MINUTES OF THE PREVIOUS MEETING

CV asked that a post meeting note be added to Item 8 – “ CV passed on to PC an 18 font size hard copy of the Equality Delivery System's Objectives and Outcomes. This was in order for PC to be able to follow the grading assessment”.

Page 5 – Equality Delivery System

It was noted that it was **CV** and not CM who had responded that he did not consider there to be any 'red' outcomes.

Item 8 – Trust's Equality Delivery System

C.Ames advised that although Chaman Verma had given the impression that LINK KGH had been fully involved, this was not the case and they had had no input at all into the process.

M. Copeman advised that he would raise the comments made with CV and apologised if any offence had been given at the previous meeting, this was not the hospital's intention.

R. Massey asked if the group could assume that CV would be identifying any red areas. The group were told this information had not been provided by CV.

Item 10.1 Hearing Loop Provision

JT advised that she was still waiting to hear from P. Shekhar regarding a telephone number for the min-com within the Audiology Department.

JT advised that discussions regarding the provision of a mobile telephone was on-going, the provision of which had been turned down due to funding and data protections issues. M. Lunney responded that other hospitals had this facility and could not understand KGH's objections. R. Massey advised that the provision of this should come under the hospital 'making reasonable adjustments under the DDA'

4. MATTERS ARISING

4.1. Patient Entertainment System

MC advised that a feasibility study had been carried out as to the installation of a central digital system, so that the Trust could put patient entertainment in all areas that would fit. Plans would be costed that week and then submitted to the relevant Trust meetings to get appropriate funding.

MC advised that the present radio system, which was very old, would be replaced by a digital solution subject to funding being provided. Until that time the Trust would continue to use the current system.

4.2. Hospital Letters/Maps

MC advised that new maps would not be issued until a 'way finding' solution had been implemented.

C. Abram advised that he felt the writing needed to be bigger and clearer, and the maps needed updating. MC responded that the plans were presently being updated within the Estates Department and these would also provide information as to the preferred car park and entrance when visiting areas of the hospital.

R. Massey reminded MC of the sub-group being set up, and advised that it would be useful if the map indicated where you could not get accessibility and give an alternative access route.

5. Dementia Care Update

JT advised that a steering group had now been established, along with four sub groups:-

- 1) Pathways – a group that looked at the patient’s journey
- 2) Governance – a group that looked at audit trails
- 3) Education – a group that looked at the training of staff
- 4) Environment – a group that looked at the ward environment; an audit was to be carried out that week on the Pretty wards where the hospital had most patients with dementia as a secondary condition.

Consideration was being given to a sign that could be fixed above the bed to denote ‘dementia’ as a condition; this would also assist the patient in remembering which was their bed.

JT advised that consideration was also being given to provide a day room for the patients, and the main entrance to the ward would be swipe card accessible and thus provide a secure environment for the patients.

MC advised that currently risk assessments were being undertaken on the wards to decide which would be refurbished as a priority. Works would include new flooring, light fittings and improvements to w.c./showering facilities. It was also hoped to move the nurse’s station nearer to the patients.

6. Nutrition Update

JT advised that she was working with the subgroup and applications had been made for charity monies to fund feeding kits. It was proposed that some 20 kits would be available and able to be booked out from the medical equipment library; with replacement spares also being available.

The kits would include a dycen mat, a plastic plate guard, a feeder cup and specialised cutlery.

The intention was that the ward staff would wash the kits on the ward and return to the medical library once they were not required; with an identification note affixed on the lid of the kit to denote this had been carried out. The boxes would be numbered and when booked out of the medical library the patient’s details would be given to ensure an audit trail.

M. Duffy asked that a chunkier handle be provided on the feeder cup, and suggested that the angle of the drinking spout be different. JT responded that the Trust was also looking at a range of specialised cups and would consider these comments.

M. Lunney asked if the colours were suitable for people with a visual disability; would they be able to see these items. JW suggested that there should be a colour contrast on the handle and top of the box. JT responded that the boxes would be for staff use only, and a range of colours would be considered for the final selection of items in the kits.

7. Equality & Diversity Update

C. Verma had given his apologies and asked that the below brief be given to members:-

“In respect of item 7 on the meeting’s (E&D Update), please can you mention to the group that CV is taking the E&D Action Plan for 11-12 to the E&D Steering Group for discussion. This group is meeting on the 24.05.11. I will bring the information about the action plan to the next meeting”.

8. Learning Disability Update

MD advised that she was working to the Trusts action plan and had recently carried out an audit on the medical pathway. The audit showed those things that were right and also where the Trust was falling down.

MD advised that funding had been secured to support C. Abrams role for a further 6 months, therefore, he would be with the Trust until March 2012. It was reported that Karen Smith had resigned from her post due to her personal commitments.

MD advised that some of the wards had magnetic boards and symbols that related to conditions displayed above the bed, such as heart problem or help with nutrition. A sign was being developed which would depict that someone had a learning disability and a larger format would be fixed above the bed.

MD advised that once again the Surgical and Trauma Pathways Meeting had been cancelled.

MD advised that C. Abrams and Xenia Harrington had made up some 40 resource packs and these had been handed out to staff within the

Cave Block area. It was hoped to complete most of the outpatient areas the following week. It was agreed that communication was the biggest problem, and making staff aware that people with a learning disability were not always obvious from their appearance or behaviour.

9. Hearing Impairment Access Matters

JT advised that she would pursue the telephone issue. ML asked that when any televisions were operational within the waiting areas, that the subtitles also be added. MC responded that when televisions were switched on within the ward this could be very useful and reduce the noise within those areas.

10. Access Audits

Maple Ward

JT advised that she had received an email from Michael Woods, Assistant Director of Operations, which had advised of a funding issue.

JW advised that it had appeared this was one area forgotten by the hospital. JN advised that oxygen was only available in some rooms, and bed pans when emptied had to go pass the nurses' station/ward clerk.

MC advised that risk assessments were being carried out in the area, but the main issue was funding. The Trust had refurbished two wards in maternity and other areas and work was on-going.

Nene Park

JT advised that an audit had been carried out that week and the main issue was that there was no signage from the main road, and that the nearest bus stop was on the other side of the road to the unit

MC responded that the Trust only controlled the hospital site and did not control the highway; this was the County Council's responsibility. One issue was that signage needed planning permission; therefore, a request for additional signage may be refused by the Council if it thought it was a distraction.

RM highlighted the difficulties and delay in the provision of bus services to the unit, especially from the Raunds and Stanwick area.

JN advised that when recently booking for an ophthalmology appointment she had been referred to KGH. JW advised that if this

had been a 'first' appointment this would be the case as the Irthlingborough Unit did not have some of the specialised equipment. If it was a 'follow-up' appointment patients could then attend the new unit.

11. Capital Projects Update

MC advised that despite capital funding being reduced the funding for ward refurbishment had been maintained and the Pretty Ward was a high level commitment for the Trust.

ML asked if the Trust would be installing a flashing light alerting system for deaf people during refurbishment work. MC responded that if this facility was already on a ward it would be replaced, however, if not presently on a ward the provision may be missed therefore he would welcome advice from the group.

The group were advised that the flashing light alerting system would not affect anyone with epilepsy as it was a different strobe. As an alternative a vibrating system could be installed under the patients bed, which could be battery operated.

MC advised that the Project 55 building was now taking shape and all the metalwork had been installed. The contractors would be pouring concrete the following day and the floors would then quickly take shape and be cladded. The building would look almost complete by September 2011. The top floor of the building would be paediatrics, the middle floor would be ICU and the ground floor would be a paediatrics clinical area.

MC advised that the Trust had allocated £10K funding for carpark refurbishment; therefore, only cold fill patching work would be able to be carried out.

MD advised MC that MIND would provide funding to host a part-time worker (work experience) and asked if there were any opportunities within the Estates Department. MC advised that he would try and accommodate this request.

12 Staff Training

12.1. Disability & Sensory Impairment Awareness Training

JT advised that the next session was booked.

12.2. Deaf/Blind Awareness Training

JT advised that the next session was booked.

12.3. Alzheimer's Awareness Training

JT advised that 18 staff had booked onto the course scheduled that day, and the July session was also fully booked. Funding had now been agreed for a third course to be held in October. The Trust was also considering an e-learning package for staff to roll this training out.

12.4. Learning Disability Awareness Training

MD advised that she had completed two training sessions on the Barnwell B Ward, and would be teaching a ½ day session on the 30 June 2011

13. Any Other Business

JW advised of out-of-date information being provided within the Bereavement Office and asked that this be checked to ensure people were given accurate information with any old leaflets destroyed.

It was agreed that L. Brown would contact Philip Staves (Hospital Chaplain) to ensure this was actioned. **Action: LB**

MA advised that within the Rockingham Wing corridors it appeared only Christian signs were displayed, and asked if other ethnic minorities should be presented. JT responded that she would check this area. **Action: JT**

JT advised that she would contact C. Verma with regards to the Equality Delivery System's Objectives and Outcomes and ask for an update to send to group members as they wished to understand where the Trust was in respect of its rag ratings. **Action: JT**

JT thanked Jane Fox for her help and assistance over the previous 10 years. Due to changes in Jane's working week she would not now be able to provide secretarial support to JT and the DSIWG, therefore, alternative arrangements were necessary. **Action: MC/JT**

14. Date and time of next meeting

2pm

Thursday 8 September 2011

Board Room, Glebe House