

Disability and Sensory Impairment Working Group

**Meeting held on Thursday 23 August 2007 at 2.00 pm
in Glebe House Board Room**

Present: Joanne Taylor, Disability & Sensory Impairment Co-ordinator (Chair)
Jane Fox PA Director of Facilities and Director of Finance (Minuting)
Dave Bennett Capital Projects Manager
Lynn McDonald Audiology Department KGH
Flavia de Freitas, PALS Manager KGH
Brenda Eildred Physiotherapy Department
Wendy Hopkins Emergency Planning Officer KGH
John Payne Security/Car Parking Manager
David Bradford Patient & Public Council
Krista Brocklehurst Deaf Connect
John Woods Northamptonshire NAB
Julie Welsh Northamptonshire NAB
Margaret Stirrney, Project Manager, Disability Equality Scheme , NPCT
Mick Benford East Midlands Headway
Sue Green Vol. Medical Care Organiser
Debby Moore, Nene Volunteer Community Action
Rashmi Shah Independent Member
Lee Fairless Independent Member
Mike Quarrinton Independent Member
Janet Quarrinton Independent Member

1.0.	<p>Apologies James Hayward, Director of Facilities & Estates Development Rita Ainsworth, Carer Joan Neal</p>	
2.0.	<p>Equality in the PCT</p> <p>M. Stirrney advised that the Northamptonshire Teaching PCT now encompassed the whole county and therefore had the same boundary as the County Council.</p> <p>The organisation was formed in October 2007 and since that time there had been a re-organisation of staff; the Headquarters were now based in three locations, Daventry (Danetree), Northampton (Highfield) and Kettering (Bevan House).</p> <p>The organisation held its own budget and used this as a commissioning organisation purchasing services from the Hospital and GP's; although the PCT did operate some district therapies and nursing services.</p> <p>MS advised that she worked as the Equality and Diversity Specialist for the PCT and had written their DES; with her new extended role</p>	<u>Action</u>
	she was presently looking at gender and race and later would be	

	<p>considering age, faith, belief and sexual orientation.</p> <p>There had been public involvement by means of liaising with organisations such as PPI Forum and LINKs and Equality & Diversity Forum; a group had also been set up called Health Equality Network Northamptonshire .</p> <p>R. Shah asked if there were resources attached to the scheme. MS responded that individual issues would be looked at and if possible help would be given.</p> <p>M. Benford asked how were the services provided accessed, as it is very difficult to find out what was provided and by whom. MS responded that usually clinical services were provided by the GP. MS agreed that this needed to be made more transparent and that information packs be forwarded to all GP's, however, the 'Health and Essential Services' did also provide a directory.</p> <p>J. Woods advised the group of the work carried out by Thematic partnerships, the aim of which was to support those groups that already existed. Amongst those issues discussed within the forum was independent living.</p> <p>JT confirmed that the DES's were available on the Internet and that a link would be sent to R. Shah.</p>	<p>JT</p>
<p>3.0.</p>	<p>Minutes of 24 May 2007 Meeting</p> <p>The minutes of the previous meeting, other than a small typo, were accepted.</p>	
<p>4.0.</p>	<p>Capital update</p> <p>D. Bennett gave a brief summary of some of those schemes underway on site:-</p> <ul style="list-style-type: none"> ▪ Pathology Department – to retain its accreditation the department was being extended, this would be a 2 year project and carried out on the ground floor. ▪ Bowel Screening Activity – a scheme to locate the facility within the old Day Case Unit ▪ Althorp Ward – now refurbished and handed over for patient use on the 12 August 2007 	
	<ul style="list-style-type: none"> ▪ Harrowden B – refurbishment works postponed until activity levels were able to allow. ▪ Hand basins – these have now all been installed, but the Trust was considering rolling out the scheme to other areas. ▪ Signage – costings had now been obtained for signs to enable identification of entrances to the hospital and to the Treatment 	

	<p>Centre; appointment letters would be amended to provide corresponding information. Disabled bays would be increased in number to three outside of the TC.</p> <p>JT advised that three extra access toilets had been situated in the hospital and these were Rothwell Road corridor, Outpatients and within the Staff Development area.</p> <p>B. Ellred asked whilst the works were being carried out to the Pathology Extension, care be taken to ensure debris etc is not allowed to collect and the access is kept clear at all times as this entrance is often used by pedestrians, volunteer drivers etc.</p> <p>Several of the group questioned the value of not bringing them into consultation before works were carried out and inviting them to carry out audits on completion? Would it not be more efficient to have consultation before rather than after the works?.</p>	DB
<p>5.0.</p> <p>5.1.</p>	<p>Matters Arising</p> <p><u>Car Parking Update</u></p> <p>J. Payne advised that there had been little change since the last meeting and confirmed that extra disabled bays were being installed near to the TC. Other items being considered were lighting and the forming of a path from the bottom of the site to the top of the hill beside the TC.</p> <p>The current overflow staff car park in Trafalgar Road would be closed on the 30 November 2007 and some 100 spaces leased within the Newland's Centre. The car park would primarily be for those staff who worked the core hours between 7.30 – 6.30 and would be operated in conjunction with a shuttle bus running between 7.30 – 9.30 and 4.30 – 6.30.</p> <p>This decision was deemed necessary in the short-term as the Trust was considering moving some services from the hospital site back into the community, therefore, this would reduce the number of staff requiring car parking facilities.</p>	

<p>5.2.</p>	<p><u>Patient Entertainment System</u> W. Hopkins advised that the hospital's solicitors were still in discussion with Wandsworth, but progress with the hospital's claim was not progressing as anticipated.</p> <p>WH advised the group that the hospital had not incurred any costs to date and had no choice in trying to implement the installation of the Patient Entertainment System as this was a government's directive.</p> <p>MQ asked if the system included internet access. WH responded that the original system had but due to cost implications and change of provider the hospital had chosen the option of telephone access only. JT advised that she would check.</p>	<p>JT</p>
<p>5.3.</p>	<p><u>Hospital Letters/Maps</u> JT advised that she would be attending a meeting in September and raising the issue regarding appointment letters and associated maps. The group agreed that the appointment details i.e. date/time needed to be in bold and large print as the letters were difficult to read. L. McDonald asked that the instructions on the Audiology letters regarding administration of ear drops also be bold and larger print as patients often attended clinics without carrying out this essential task.</p>	<p>JT</p>
<p>6.0.</p>	<p>Emergency Planning/Evacuation Exercises</p> <p>W. Hopkins advised that she had recently taken on the role of Emergency Planning Officer and was looking at the hospital's Major Incident Plan and Pandemic Flue Policy, to ensure the Trust was in a position to deal best with any situation.</p> <p>Works were presently underway to form a 'control room' and set up training plans for all staff and volunteers. The MIP had been delayed due to a problem obtaining information from consultants, but this was progressing.</p> <p>Several exercises had been planned for the coming months:-</p> <ul style="list-style-type: none"> - An Evacuation exercise for the following week in Thorpe House - A flooding exercise, combining Northampton PCT, KGH, Fire & Safety, Ambulance and Army services, would test the call-out system and whether A&E could deal with the number of 'casualties' - An exercise testing the Fatalities Plan - An exercise testing the Pandemic Flue Policy 	
	<p>Business Continuity plans were being written for each of the departments and a 'toolkit' for all hospitals in Northamptonshire, which would then be used by each hospital to ensure continuity.</p>	

	<p>JT advised that R. Grogan had requested volunteers for the exercises. WH advised that these are provided by an agency as there are both liability and insurance implications for the Trust if they use other than those.</p> <p>LMc asked what was the plan for the ENT & Audiology Department during any incident of terrorism. WH responded that patients would be transferred to Northampton, and that actions to be taken during an incident would be included within the department's business continuity plan.</p>	
7.0.	<p>Disability Equality Scheme</p> <p>JT advised that the completed document was now available on KGH's web site.</p>	
7.1.	<p>Disability Impact Assessments</p> <p>JT advised that a meeting had been held the previous week looking at DIA on each of the hospitals policies and that training would commence November/December.</p> <p>An order had been placed for 'change picture bank' (CD Rom) which enabled easy reading (included picture format) as recommended by M. Duffy.</p> <p>KB advised that she still awaited the DVD requested from R. Cook to enable the FT information to be made into sign language. JT advised that she would follow this up with R. Cook.</p> <p>JT advised that someone would be appointed the following week as the Equality and Diversity Lead for the Trust and would commence work on the 'Single Equality Scheme'.</p>	JT
8.0.	<p>Hearing Impairment Access Matters</p> <p>L.Mc highlighted the issue of being able to fax/email confidential information to deaf patients. F. deFreitas advised that this always needed to be sent via David White (IT Dept).</p>	
8.1.	<p>Visual Impairment Access Matters</p> <p>Deferred</p>	
9.0.	<p>Access Audits</p>	
9.1.	<p><u>Priority Action List</u></p> <p>JT circulated further copies of the action list for outstanding works and the group discussed the priorities:-</p> <ul style="list-style-type: none"> - HC Pretty A/B Lifts – DB/JT advised that this had now been included within the hospital's capital programme - Car Park Steps in car park A nosed in yellow – works 	

	<p>approved.</p> <ul style="list-style-type: none"> - Disabled (blue badge) parking: <ul style="list-style-type: none"> • Car Park A(near ramp access) – this was being considered • Front of Treatment Centre – DB/JT advised that this had been included within the capital programme • Increased volunteer driver spaces – this was considered a priority. In the interim drivers were recommended to use the drop off areas. The group agreed this was not the most feasible option as the drop-off areas had only 20 mins duration and were often full. <p>FdeF advised the group of a patient’s difficulties in contacting their volunteer driver when ready to leave the hospital. S.Green/D.Moore advised that the best way to contact drivers was to telephone the particular service who had provided the driver and they then should be able to trace them.</p> <ul style="list-style-type: none"> - Keydoc (improved access) – JT advised that a hearing loop had been provided and some simple works carried out to the wc. A costing would be sought for improvements to the entrance. - Stairs to Social Work Dept nosed in yellow – The group agreed the costing of £2,643.40 seemed excessive for this work and asked for a breakdown. - Shower Facilities – level access showers for Lamport/Twywell/Barnwell B and C Wards. The group agreed that the provision of these facilities were not just for disabled patients but for patients in general, therefore, should works perhaps be part of the capital programme? - Textphone/mini com system in main reception/audiology - Hearing Loop provision - Signage <p>In conclusion JT advised that she would speak to James Hayward regarding funding for those issues set out on the priority list.</p>	<p style="text-align: center;">JT</p> <p style="text-align: center;">JT</p> <p style="text-align: center;">JT</p>
<p>9.2.</p> <p>9.3.</p> <p>9.4/9.5</p>	<p>KGH Library JT circulated a report on the audit undertaken with David Bradford, whilst the w.c. facilities had been excellent some work was required at the rear of the building to improve access within that area (out of hours).</p> <p>Orthopaedic Ward Barnwell C/Barnwell B JT advised that an audit would be undertaken of these areas the following week and a report circulated shortly thereafter.</p> <p>Timpson Ward/Isebrook Hospital Outpatients JT advised that audits would be carried out within these areas in the near future.</p>	
<p>10.0.</p>	<p>Staff training</p>	

<p>10.1.</p> <p>10.2.</p> <p>10.3.</p> <p>10.4.</p>	<p><u>Disability & Sensory Impairment Awareness Training</u> Course planned 22 November 2007 between 9.00am and 4.30pm. JT advised that this was a whole day course broken down into three sections Visual Impairment, Deaf Awareness and Disability Issues (DDA). Mike and Janet Quarrinton offered their services for this training.</p> <p><u>Deaf/Blind Awareness Training</u> One course planned 1 November 2007</p> <p><u>Alzheimer's Awareness Training</u> One course planned 17 January 2008.</p> <p><u>Learning Disability Awareness Training</u> The session held had been very successful and it was hoped to hold a further course in the future.</p> <p>R.Shah asked if there was any follow up from the training i.e. if the staff had put what they had learnt into practice? Once someone had received training could they not then take it back into their department and cascade down to other staff?</p>	
<p>11.0.</p>	<p>Any other business</p> <p>D. Bradford asked the group to invite the new Chairman of the hospital, Steve Hone, to attend the next group meeting; this was agreed by the group.</p> <p>J. Woods highlighted that training was being held on the same day, therefore, perhaps he could also visit that session.</p>	<p>JT</p>
	<p>K. Brocklehurst advised that Deaf Connect was able to offer sign language courses at a reduced rate if the hospital itself could provide a room.</p> <p>M. Benford advised that he was available to give talks to any department or organisation to promote awareness of 'Headway injury'.</p> <p>L. McDonald advised that an Audiology outpatient service was now provided at Isebrook and that the Corby Diagnostic Centre had wheelchair access.</p> <p>M. Stirney advised that one of the members of the Northamptonshire Teaching PCT Board was a wheelchair user and therefore was able to contribute a great deal to the organisation.</p>	
<p>12.0.</p>	<p>Date and time of next meeting</p> <p>Thursday 22 November 2007</p>	

	2 o'clock Glebe House Board Room	
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