

Disability and Sensory Impairment Working Group

**Meeting held on Thursday 24 May 2007 at 2.00 pm
in Classroom 7, School of Nursing**

Present: Joanne Taylor, Disability & Sensory Impairment Co-ordinator (Chair)
Jane Fox PA Director of Facilities and Director of Finance (Minuting)
Jackie Farrow Occupational Health Manager
Rashmi Shah – Independent Member
David Bradford, Patient & Public Council
Krista Brocklehurst Deaf Connect
John Woods Northamptonshire NAB
Julie Welsh Northamptonshire NAB
Margaret Stirmeay, Project Manager, Disability Equality Scheme , NPCT
Mick Benford and support assistant.

<p>1.0.</p>	<p>Apologies Flavia de Freitas, PALS Manager Sue Green, Vol. Medical Care Organiser Debby Moore, Nene Volunteer Community Action Brenda Eildred, Physiotherapy Department Wendy Hopkins Facilities Project Manager Lee Fairless, Independent Member Marianne Duffy, Strategic Health Facilitation Team Rita Ainsworth, Carer Simon Warren Strategic Capital Projects Manager John Payne Security/Car Parking Manager Mike Quarrington Independent Member James Hayward, Director of Facilities & Estates Development</p>	
<p>2.0.</p>	<p>Presentation: HR Employment & Recruitment of Disabled Staff</p> <p>J. Farrow advised that the Occupational Health Department was part of the Human Resources directorate, and dealt with staff within the hospital. The department had been asked to look at how the organisation supported disabled staff, and whether the Trust knew how many staff within this category worked for the hospital.</p> <p>In the past the hospital had been awarded the ‘double tick’ award and had a commitment to provide an interview for all disabled applicants, as long as they met the criteria for the post; resources were in place to support this initiative.</p> <p>The hospital made every effort to maintain employment if a member of staff became disabled whilst working, either supporting them in their current job by the use of specialist equipment etc. or if necessary redeploy to a more suitable environment.</p>	<p><u>Action</u></p>
	<p>The hospital reviewed its commitment to this directive on an annual basis, and assessments were made and renewed. The Trust policy reflected this commitment.</p>	

	<p>Data was collected from the recruitment process through the Human Resources Planning Department. Whilst the present system was very dependant upon accuracy of input at both ward and departmental level, it was to be improved with an Electronic Staff Records system that was presently being installed within the hospital.</p> <p>The hospital liaised with external organisations, such as 'Access to Work' and 'Ability Net', both of which had been used by staff in the past. Another organisation that the hospital did contact was 'WING' which helped support nursing staff whenever they found they could not carry out their current job. Close liaison was also held with DIS employment services.</p> <p>The group were advised that whilst there were some staff who did not wish their managers to know that they came under the DDA, most were happy for the information to be passed onto management.</p> <p>R. Shah asked what was the turn-around time when dealing with 'Access to Work' between referral and start to work time. JF advised that the individual themselves contact the organisation for an assessment and then it is dependant upon when support equipment can be delivered.</p> <p>M. Benford advised that whilst information was available as to providers of equipment, it is not easily available regarding resources and funding.</p> <p>J. Farrow advised that funding fell into different categories:-</p> <ul style="list-style-type: none"> • If under £300 the employer was funded the maximum amount • If between £300 and £10,000 80% of amount was funded • If over £10,000 the full 100% was funded. <p>MB asked if there was scope for a separate budget for this aspect; the hospital should take into consideration the associated costs with replacement posts such as recruitment costs and training.</p> <p>M. Stirrney asked if the hospital had staff employed under the DDA who had mental health illnesses. JF responded that yes the hospital did employ staff with these health problems and that they had regular access to CPN</p>	
	<p>JF advised that the hospital had also in the past provided counselling services but as the take up of this had been low, this had stopped. The Trust however was looking at other options i.e. access to an external counsellor.</p> <p>RS asked what was the time from interview to time of employment, suggesting that there should be a policy which supported the scheme 'up front' and then the hospital should seek reimbursement,</p>	

	<p>this would enable a person to commence work as soon as possible. JF advised that no figures were presently available.</p>	
3.0.	<p>Minutes of 22 February 2007 Meeting</p> <p>The minutes of the previous meeting were accepted.</p>	
4.0.	<p>Capital update</p> <p>J. Taylor advised that a disabled toilet had now been installed within the OPD, the front corridor and the training block.</p>	
5.0.	<p>Matters Arising</p>	
5.1.	<p><u>Car Parking Update</u></p> <p>JT advised that following a meeting with John Payne the car parking signage would be improved and car park entrances numbered. JP had suggested that patient letters should include directions as to which numbered car park to use for appointments, as presently some were using the top end of the site when attending the Treatment Centre.</p> <p>JT and John Payne would be leading this work. J. Fox suggested that to ensure circulation to all that M. Wilkinson (Patients Information) also be contacted.</p>	
5.2.	<p><u>Patient Entertainment System</u></p> <p>J. Fox presented a brief from W. Hopkins – <i>“Wandsworth have received the letter to notify them that we will not novate to a third party. And that they have breached the terms of the agreement, and request the agreement is terminated. Allowing us to move forward in seeking an alternative system”</i>.</p>	
6.0.	<p>Disabled Equality Scheme</p> <p>JT advised that the document had been taken to the Trust Board and received approval, subject to a R.E.S. being carried out the following week with F. deFreitas. Once this work had been completed the document would be placed onto the hospital’s intranet.</p>	
	<p>The group discussed the availability of software to enable a picture format to be used. K. Brocklehurst advised that some software could be downloaded from ‘Widget’ to assist in writing documents.</p>	
7.0.	<p>Hearing Impairment Access Matters</p> <p>KB advised that there was nothing at present to report.</p>	
8.0.	<p>Access Audits</p>	
8.1.	<p><u>Priority Action List</u></p> <p>The Director of Facilities had looked at the outstanding works to be</p>	

<p>8.2.</p> <p>8.3.</p> <p>8.4.</p>	<p>completed from the previously completed access audit and these had been prioritised. JT circulated a list to those present and asked that members consider and add anything extra they feel needs attention.</p> <p>MB advised of the problems associated with baths and suggested that 'level access' should be considered, this would not only save time but ensure less injuries due to lifting and handling of patients. It was noted by other members that often baths were not used within ward areas, and utilised instead for storage.</p> <p>MB advised that another problem is showers and that many have steps either up or down to them from the floor.</p> <p>JT advised the group of the Mini Com System/Textphone and asked for a preferred location for its installation. KB advised that this system only required basic typing skills to be used. Following discussion it was agreed that the preferred locations would be the Main Reception and also the Audiology Department.</p> <p><u>Treatment Centre</u> JT/J. Woods had completed an audit that day within the unit and several issues had been identified:-</p> <ul style="list-style-type: none"> • Light problems, going from very light to dark areas within the corridor link that could cause visual problems. • The front half of 1st and 2nd floor is made of glass at rear, again causing visual problems. <p>Readings were taken of brightness within these areas and at one point reached 100% 'too bright' on the meter. JW advised that he considered the overall design of these areas to be poor in relation to taking into account visually impaired people.</p> <p><u>Orthopaedic Ward Barnwell C/Barnwell B</u> <u>Timpson Ward</u></p> <p>JT asked that members meet to carry out audits in the above areas.</p>	
<p>8.5.</p>	<p><u>Wheelchair Audit</u> JT advised that a wheelchair audit had been undertaken on the 12 and 26 April 2007; and circulated copies to those present. Of the 20 coin –operated wheelchairs several had been found on the wards, therefore, these were returned to their rightful location. A Business Case would be written by JT to try and secure funding for further supplies.</p> <p>An initiative was being considered with regards to colour coding wheelchairs, to identify the area from which they had been taken from.</p>	
<p>9.0.</p>	<p>Staff training</p>	

9.1.	<u>Disability & Sensory Impairment Awareness Training</u> Two courses planned 22 November 2007 and 28 February 2008	
9.2.	<u>Deaf/Blind Awareness Training</u> One course planned 1 November 2007	
9.3.	<u>Alzheimer's Awareness Training</u> One course planned 17 January 2008. D. Bradford asked that his name be nominated for this course.	
9.4.	<u>Learning Disability Awareness Training</u> One course planned 12 July 2007	
10.0.	<p>Any other business</p> <p>M. Stirmeay advised that she was now taking on other aspects of disabilities across the county and will send her contact details to the organise, endeavouring to continue to attend the meetings.</p> <p>M. Benton advised that by attending the group meetings he would like to raise awareness of head injuries.</p> <p>J. Woods advised of inappropriate maps still being sent from the hospital. Following discussion it was agreed that it be recommended that a definitive map be formulated, that is easier to read by all, to be used by all clinic/patients services etc.</p>	
11.0.	<p>Date and time of next meeting</p> <p>Thursday 23 August 2007</p> <p>2 o'clock</p> <p>Glebe House Board Room</p>	