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## THIRD PARTY COMMENTARY TO THE HEALTHCARE COMMISSION

Produced by a  
Task group of Medway's Health and Adult Social Care Overview  
and Scrutiny Committee  
March 2009

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# THIRD PARTY COMMENTARY

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# THIRD PARTY COMMENTARY

## 1. FOREWORD

- 1.1 On behalf of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee the Task Group is pleased to present a third party commentary to the Healthcare Commission as part of the Commission's 2008/09 annual healthcheck. The commentary relates to the findings of the Task Group on the extent to which Medway NHS Foundation Trust is complying with one element of core standard C20a which covers the safety and security of the environment at the hospital. The key line of enquiry examined by the Task Group evaluates measures taken by the Foundation Trust to consider and manage health, safety and environmental risks for patients, staff and visitors with a disability (Key Line of Enquiry 1 (i)).
- 1.2. The Task Group has taken the opportunity to listen to the experiences of patients with disabilities and carers who have visited Medway Maritime hospital over the last year and would wish to thank those who participated with such enthusiasm in the Focus Groups organised for this purpose. The Task Group would also like to thank Medway NHS Foundation Trust for its contribution to the review.
- 1.3. We hope that the Healthcare Commission will find the evidence and findings from this exercise useful in its 2008/09 healthcheck of the hospital. We also ask the NHS Trusts locally to take on board the comments and recommendations arising from the Task Group's direct engagement with patients and carers. These highlight the importance of listening to service users as part of the ongoing drive to tackle and address health inequalities in Medway.



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Councillor  
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# THIRD PARTY COMMENTARY

## 2. EXECUTIVE SUMMARY

- 2.1. This document sets out the findings and recommendations of a Task group set up by Medway Council's Health and Adult Social Care Overview and Scrutiny Committee to produce evidence for a third party commentary to the Healthcare Commission as part of the 2008/09 annual healthchecks of NHS Trusts in Medway.
- 2.2. The Task Group examined the extent to which Medway Maritime Hospital (The Medway NHS Foundation Trust) has considered and managed the health, safety and environmental risks for patients, staff and visitors with a disability which is one key line of enquiry under the Healthcare Commission's core standard C20a relating to the safety and security of the environment at the hospital. In its 2007/08 annual healthcheck the Commission found that the Foundation Trust had not provided evidence of reasonable assurance for all aspects of this line of enquiry.
- 2.3. In undertaking this work the Task Group aimed to rely substantially on feedback from patients with a disability and carers who have used the hospital in the last year.
- 2.4. The key findings and recommendations of the Task Group were as follows:
  - Medway NHS Foundation Trust has an equity and diversity scheme which encompasses its disability equity scheme although feedback to the Task Group from patients with disabilities and their carers suggests a mismatch in some areas between the commitment and undertakings given in the scheme and patient experience on the ground;
  - There is firm evidence of the Foundation Trust's renewed commitment to address problems with disabled access and use of the hospital environment. A re-audit of disability access to seven areas of the hospital was undertaken in the Autumn of 2008 to refresh and update the Audit undertaken in early 2007;
  - However the re-audit established that many of the original audit's recommendations had not been followed up and that an action plan was needed to take these issues forward;
  - The action plan arising from the 2008 re-audit was shared with the Task Group and documented a range of measures and improvements

required to remedy problems affecting access by disabled people including signage, parking facilities, paving and upgrades to WC facilities. Some were underway or completed but there were a significant number of actions still to be programmed or awaiting budget allocation;

- There had been no involvement by disabled service users or their carers in the re-audit and there does not seem to be any mechanism in place to seek or capture the experience of disabled patients and their carers more generally or to involve them in the planning of service provision;
- The Task Group recommends Medway NHS Foundation Trust to consider setting up arrangements to engage specifically with groups involving people with disabilities to acquire feedback on services and involvement in service planning;
- The Task Group also suggests that groups involving patients with disabilities and their carers are invited to work with the Trust on future changes to services at the hospital, including the ongoing building works, to ensure that the needs of people with disabilities are fully taken into account and that their expertise is used with regard to identifying health, safety and environmental risks;
- Assurances have been given by the Foundation Trust that all Departmental Service Managers are required to undertake risk assessments using a standardised template and the Trust's Health and Safety Committee monitor compliance with this requirement;
- Feedback from patients and carers via Focus Groups set up by the Task Group have reinforced the areas of risk identified by the Foundation Trust in its disability access re-audit and associated action plan but has also identified other areas of risk associated with standards of communication, cleanliness and the availability of equipment and adaptations in wards and waiting areas in particular;
- Finally the Task Group asks the Medway NHS Foundation Trust to take on board a range of other associated recommendations arising from this review as follows:

i) To consider sending a map of the hospital with directions and details of 'how to get there' to patients with their appointment letters;

ii) To put measures in place to avoid appointments for deaf or hearing impaired patients being delayed or having to be rearranged as a consequence of difficulties in accessing the support of a signer; perhaps by the hospital automatically making a booking for a signer on behalf of these patients at the point of issuing the appointment letter;

iii) To consider arranging for a mix of magazines/reading material to suit all ages to be left in waiting areas through the hospital to take account of young carers waiting with their relatives;

iv) To consider displaying leaflets about Medway Young Carers Group in hospital waiting areas for the purpose of signposting young carers to the support provide by this group;



v) To consider inviting a group of young carers to audit the hospital in a year's time to assess how the hospital has responded to the Department of Health guidance in relation to making health services young people-friendly;

vi) That consideration be given to putting measures in place to ensure carers (particularly young carers) have the clinical information they need to fulfil their caring role at home.



# THIRD PARTY COMMENTARY

## 3. BACKGROUND

- 3.1. Until 1 April 2009, the Healthcare Commission is the independent watchdog for healthcare in England (from 1 April the Commission will become the Care Quality Commission). The Commission assesses and reports on the quality and safety of services provided by the NHS and the independent healthcare sector and works to improve services for patients and the public.
- 3.2. Each year every NHS Trust is asked to provide the Healthcare Commission with its own self-assessment of compliance against a number of core standards. This is known as the annual healthcheck. Trusts are required to make a public declaration on the extent to which they each meet a range of core standards. Representatives of patients and other partners in the local health community, including Overview and Scrutiny Committees, are invited to supplement these declarations with third party commentary. The Commission also assesses the performance of each Trust in meeting existing and new NHS targets and also rates performance on use of resources.
- 3.3. The annual healthcheck is designed to help the Healthcare Commission answer two questions about the trusts:
  1. Are they getting the basics right?
  2. Are they making and sustaining progress?
- 3.4. By assessing performance against core standards the Commission can publish an annual overview of how well each organisation is achieving the basic standards of care that the Department of Health requires all healthcare organisations to meet. Annually in March/April the NHS Trusts in Medway usually invite Medway's Health Overview and Scrutiny Committees to consider their self-assessment against the core standards before submission to the HCC and to make a third party commentary directly to the Commission..
- 3.5. The core standards are arranged around seven 'domains' of activity:
  - Safety
  - Care environment and amenities
  - Clinical and cost effectiveness
  - Governance
  - Patient focus

- Accessible and responsive care
    - Public Health
- 3.6. In October each year the Healthcare Commission publishes the outcome of the annual healthcheck for each NHS Trust drawing on self-assessments, third party commentaries and the outcome of any specific follow-up inspections undertaken by the Commission itself.
- 3.7. The Healthcare Commission will only give weight to high quality evidence provided in third party commentaries and has acknowledged the difficulty for Health Overview and Scrutiny Committees in providing this standard of commentary across all the core standards. Therefore in April 2008 Medway Council's Health and Adult Social Care Sub Committee decided to narrow the scope of any future third party commentary and to focus on only one or two core standards with a view to producing more in-depth evidence based commentary.
- 3.8. This decision was supported by the South East Regional Advisor from the Healthcare Commission and is consistent with the following guidance provided by the Healthcare Commission to those who are invited to make third party commentaries
- ❖ Think about what matters most to you and the people in your community – what are the most important points you want to get across?
  - ❖ Think about examples of good practice as well as problems and areas for improvement
  - ❖ Familiarise yourself with the core standards and guidance relating to them. Aim to match the standards with the points you want to make
  - ❖ Ensure that your examples are relevant to the 2008/9 annual health check, ie they happened between 1 April 2008 and 31 March 2009
  - ❖ Try to find facts and examples to back up your comments. These may include notes of a meeting or visit to a trust, the results of a local survey, or personal stories from individuals with dates and supporting documents
  - ❖ Please note your comments must not include confidential or personal information, for example, names of individual patients or staff, or contact details
  - ❖ Do not submit the supporting documents with your comments but be prepared
- 3.10 In light of advice from the Healthcare Commission the Task Group agreed it would be constructive from the point of view of Medway's residents, and helpful to the Commission to concentrate on a core standard where the Healthcare Commission had qualified (ie disagreed with) a Trust's declaration of compliance against a particular standard in 2007/08 and where there would usually be an action plan in place

for the Trust to improve its performance in time for the 2008/09 health check. The following core standards fell into this category in 2007/08:

<b>Medway NHS Foundation Trust</b>	<b>Kent and Medway NHS and Social Care Partnership Trust</b>
C9 Records management – <b>not met</b>	C4a Infection control – issues relating to documentation and record keeping <b>-not met</b>
C12 Research governance – <b>not met</b>	
Safe, secure environment – <b>not met</b>	

- 3.11 The Task Group decided to review the extent to which Medway NHS Foundation Trust was now able to demonstrate compliance with core standard C20a – safe and secure environment, a standard that had been qualified by the HCC in the 2007/08 annual healthcheck. The Task Group agreed that within core standard C20a it would concentrate on one key line of enquiry relating to disability which seeks to establish “*the extent to which the healthcare organisation has considered the health, safety and environmental risks for patients, staff and visitors with a disability and has made reasonable adjustments to effectively manage these risks.*” The Task Group felt that this line of enquiry went to the heart of inequalities often experienced by people with disabilities and their carers.



# THIRD PARTY COMMENTARY

## 4. OBJECTIVE, METHODOLOGY AND APPROACH

### 4.1. Objective

The objective of the Task Group was to produce a third party commentary to the Healthcare Commission for the 2008/09 annual healthcheck on the extent to which Medway NHS Foundation Trust (Medway Maritime Hospital) is able to demonstrate compliance against one key line of enquiry under core standard 20a which relates to the safety and security of the hospital environment. The particular key line of enquiry selected by the Task Group seeks evidence of the hospital having considered the health, safety and environmental risks for patients, staff and visitors with a disability and has made reasonable adjustments to effectively manage these risks. After the 2007/08 annual healthcheck the Healthcare Commission found insufficient evidence of reasonable assurance for all aspects of this line of enquiry.

The Task Group sought to collect evidence substantially based on feedback from service users and their carers.

At the time of planning this review and signing off its report the Task Group did not have access to the Trust's self assessment for 2008/09.

### 4.2. Methodology and approach

The Task Group decided to collect evidence for the third party commentary by:

- Seeking patient feedback via Focus Groups involving patients and carers who had used Medway Maritime Hospital in the last year
- inviting the Head of Governance from Medway NHS Foundation Trust to provide evidence and answer questions and
- reality checking by making an unaccompanied visit to the public areas of Medway Maritime Hospital

The work to scope the task, gather evidence and reach conclusions took place between December 2008 and early March 2009 as follows:

<b>Date</b>	<b>Who present</b>	<b>Invitees</b>	<b>Where</b>	<b>Purpose of event</b>
11 December 2008	Councillors Gulvin, Shaw and Sutton with Shirley Griffiths, LINK, Rosie Gunstone and Teri Hemmings, O&S Co-ordinators	Tawa Dowling, Regional Adviser, Healthcare Commission	Gun Wharf, Chatham	To select a core standard to gather third party commentary on.
28 January 2009	Councillors Gulvin, Griffin, Shaw and Sutton with Shirley Griffiths, LINK, Julie Keith, Head of Democratic Services, Rosie Gunstone and Teri Hemmings, O&S Co-ordinators	Paul Cutler, Centre for Public Scrutiny consultant	Gun Wharf, Chatham	Initial planning meeting to discuss the methodology and evidence-gathering strategy to be used and define the key line of enquiry to be followed.
17 February 2009	Councillors Gulvin, Griffin, Shaw and Sutton with Shirley Griffiths, LINK, Julie Keith, Head of Democratic Services, Rosie Gunstone and Teri Hemmings, O&S Co-ordinators	Helen Goodwin, Head of Governance, Medway NHS Foundation Trust, Jill Norton, NHS Medway		
23 February 2009	Councillors Gulvin, Griffin, Shaw and Sutton	None	Medway Maritime Hospital	To provide an independent unannounced inspection to check against information provided on 17 February 2009
9 March 2009	Councillors Gulvin, Griffin, Shaw and Sutton with Shirley Griffiths, LINK, Rosie Gunstone and Teri Hemmings, O&S Co-ordinators	Focus groups – adults with a disability and a carers group	Gun Wharf, Chatham	To ask a series of questions in relation to patient/carer experience of the hospital
12 March 2009	Abi Cooper, Senior Research and Review Officer Michelle Lofting, Research and Information Manager	Focus group – young people	Children with a physical disability at a Medway Junior school	To ask a series of questions in relation to young people's experience of the hospital



### 4.3. Patient and service user feedback

- a. The Centre for Public Scrutiny was commissioned by the Task Group to assist in planning how best to acquire feedback from patients and service users for use as evidence in the third party commentary. A range of options was considered including workshops, deliberative events, reflective diaries and semi-structured interviews.
- b. Focus groups are group discussions that explore a specific area using open questions and the sharing of views and experiences between participants. They are closed groups with formal ground rules and boundaries. The Task Group chose this method because it would provide rich insights into the experiences of local people through group discussion and debate. It was also relatively quick to establish given the deadlines for a third-party commentary to be submitted.
- c. The following objectives were agreed in terms of the arrangements for the focus groups:
  - To identify small groups of local people based on a clear selection and invitation process based on principles of diversity and representativeness
  - To create a safe space for participants to share their experiences and knowledge
  - For participants to identify themes, common experiences and perceptions of the issues raised by KLOE 1i.
  - To identify areas where Medway NHS Foundation Trust is effectively meeting the needs and expectations of local disabled people.
  - To identify any areas of concern for local people about the health, safety and environmental risks for disabled people.
  - To capture high quality data to incorporate into the third-party commentary
  - To offer alternative ways to contribute for local people who are interested but unable to participate in the focus groups
  - To evaluate this pilot and learn lessons for future engagement of local people in health scrutiny
- d. It was agreed to hold three separate focus groups for three different groups of local people:
  - Disabled patients and service users who have used Medway NHS Foundation Trust in the last year
  - Disabled young people who have used Medway NHS Foundation Trust in the last year
  - Carers and parents of disabled people

The aim was for each focus group to involve six to eight participants and last 90 minutes.

An independent person from the Centre for Public Scrutiny was commissioned to moderate the groups and a note taker was also present to record the discussion.

Whilst individual contributions have been collated and analysed, the identities and contributions of individual participants have been anonymised in this report. Instead the Task Group has identified key themes and issues for local people. It was agreed that this report will be shared openly with the Focus Group participants and other interested stakeholders.

#### **4.4. Selection of Focus Groups**

Every effort was made to select a representative group of people from across Medway to be involved in the Focus Groups. NHS Medway, Medway NHS Foundation Trust, Medway LINK, local groups and networks were all invited to help identify interested individuals. Participants were then selected to create a sample of participants for each focus group based on a number of principles of diversity and representativeness. These principles included:

- A good spread of geographical areas in Medway
- A gender balance
- A recognition of the positive value of issues of diversity such as ethnicity, culture and faith
- A diversity of ages
- Patients and service users who may lack other formal mechanisms for having a voice
- Reference to the Joint Strategic Needs Assessment (JSNA) analysis of different groups within the wider population and health inequality issues

Individuals who were unable to take part in the focus groups were offered the opportunity to submit written contributions and the Medway LINK has also been fully involved in the work of the Task Group.

The Task Group recognised from the outset that small-scale engagement work using qualitative tools such as focus groups is designed to reveal insight and local voice and would complement the work of the Healthcare Commission rather than measure the views of a wide representative sample through large-scale formal research.

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## 5 SUMMARY OF EVIDENCE COLLECTED

### 5.1 INTERVIEW WITH HEAD OF GOVERNANCE, MEDWAY NHS FOUNDATION TRUST

On 17 February 2009 the Task Group met with the Head of Governance, Medway NHS Foundation Trust and asked a series of questions based on the disability access audit undertaken in early 2007 and re-audit of disabled access at the hospital undertaken in November 2008. Members also looked at the detailed action plan and questioned the Head of Governance about action taken since the last annual healthcheck.

The task group were advised that a review of parking was being undertaken and the task group was given an assurance that the needs of people with a disability would be taken into account as part of this review. Details were given of signage improvements for the areas identified in the action plan.

Members questioned the evaluation of evidence and findings contained in the Healthcare Commission inspection relating to C20a, which stated that *'no evidence was provided of further risk assessments undertaken to minimise the health, safety and environmental risks for patients, staff and visitors with a disability during the year from 1 April 2007 to 31 March 2008'*

In response Members were shown a copy of a risk assessment form, which, it was explained, was used by Departmental Managers and regularly monitored by the Trusts Health and Safety Committee.

Details were given of mandatory training for clinical staff on moving and handling and it was stated that although capital sums had been allocated for improvements at the hospital there was no specific funding for Disability Discrimination Act (DDA) improvements.

It was accepted by the Head of Governance that it would have been useful to have involved service users with a variety of disabilities (other than just one staff member with a disability) in the access audits to ensure that the wide variety of issues affecting people with a disability were covered and that patient experience was reflected in the action plan.

### 5.2 UNACCOMPANIED VISIT BY MEMBERS TO MEDWAY MARITIME HOSPITAL

Four Members of the Task Group undertook a reality check against information provided on 17 February 2009 by making an unannounced, unaccompanied visit to the public areas of Medway Maritime Hospital on 23 February 2009. The following areas were examined:

- External issues including access and signage
- A&E area
- CT area
- Eye unit
- Diabetes Centre
- `A' block

The Task Group was mindful of the fact that there are building works ongoing at the hospital but identified a number of specific actions that could be taken to immediately improve access to the building, parking arrangements, signage and practical issues in relation to the use of the facilities provided, including the toilet facilities. Many of these are already included in the Foundation Trust's action plan arising from the re-audit.

### 5.3 FOCUS GROUPS

On 9 March 2009 an independent facilitator from the Centre for Public Scrutiny moderated two focus groups. The Task Group members were not present during the exercise of evidence gathering but held informal discussions with the focus group participants afterwards.

The initial focus group comprised four adults with a disability. The second group was made up mainly of young carers together with two adults who added their experience as carers/relatives of people who had accessed the hospital. Both groups had to have had experience over the past year of Medway Maritime Hospital.

On 12 March 2009 officers from the Research and Review section of the Council moderated a small focus group at a school in Medway. The group consisted of three female and four male students each with a disability. Four of the group were 9 years old and two were 11 years old. Two of the children use wheelchairs regularly and one uses a wheelchair from time to time.

The format for each focus group was broadly as follows:

- Welcome, Introduction and Purpose of the focus group
- Ground rules (including guarantee of anonymity for participants and promise of feedback)
- Warm-up questions – getting to know each other
- Gentle questions
  - What was your most recent contact with the hospital?
  - How often do you visit the hospital?
- Focused questions – exploring aspects of KLOE 1i

- How easy do you find it to arrive at the hospital?
  - How accessible are the entrances?
  - How do you use the information provided?
  - What are your experiences of the toilets and other personal areas?
  - How accessible and safe are the wards?
  - What advice and support have you used?
  - When you leave or are discharged from the hospital what are your experiences?
- Projective questions
    - If you were to describe the hospital to another disabled person who was visiting for the first time, what would you say?
    - What advice would you give the hospital from your expert opinion as a disabled person?
    - If you had the opportunity to meet the Chief Executive or Board members from Medway NHS Foundation Trust what would you say to them?

There were a range of issues and themes, which were mirrored across the three focus groups around difficulties with access, signage, and use of the toilets for the disabled. Full details of the issues are contained in section 6.



# THIRD PARTY COMMENTARY

## 6 FINDINGS AND RECOMMENDATIONS

- 6.1 Data on which to base the evidence was sought from an initial evidence-gathering event with the Head of Governance, Medway NHS Foundation Trust at which the task group were advised of action taken by the Trust in response to an original audit on disability access. Details were also given of a re-audit which took place in November 2008. The Task Group was reassured that the Trust had taken some positive action in response to the Healthcare Commission findings and were making reasonable adjustments to effectively manage the health, safety and environmental risks for patients, staff and visitors with a disability. They were, however, concerned that many of the original findings had not been followed up. There was also an acceptance that the views of users with a disability had not been sought.
- 6.2 Having taken this evidence the Task Group undertook an independent visit to the hospital where they found that there were still a number of areas, which needed attention to improve the position as far as managing risk was concerned.
- 6.3 The focus group work built on this evidence to test how the public perception of these risks. As a result of this exercise the Task Group were encouraged to receive some very positive feedback relating to the hospital. These were as follows:
- ❖ There were examples of excellent care from the hospital staff and some were found to be exceptionally helpful
  - ❖ The presence of volunteer greeters at the hospital was welcomed although not all people were aware of this service
  - ❖ There was positive feedback from young people with a disability about the variety of food at the café
  - ❖ There was a willingness expressed across the focus groups to engage with the hospital with the aim of improving services and understanding of disability including an expression of interest in being involved in staff training
  - ❖ The use of a noticeboard in the waiting room to explain delays had been very useful to deaf patients/carers

Inevitably as part of this evidence gathering there were a number of other issues relating to patient experience, which were raised. Although not specifically relative to the key line of enquiry the Task Group felt they were valid points to raise. These are set out below under specific subject headings:

Key: AD – Focus group for adults with a disability  
 C – focus group for carers for a person with a disability  
 YP – focus group for young people with a disability  
 IMV – independent Member visit

<b>Access issues on arrival - Issue raised</b>	<b>Source of evidence</b>
<p>Not everyone is aware that they can claim back the cost of parking at the hospital if they hand in their blue badge. Some people were unable to claim as there were no disabled parking spaces left to park in.</p> <p>The last bus from the hospital on certain bus routes is 6.30 p.m whereas visiting time finishes at 8.30 p.m. which made hospital visiting by public transport difficult</p>	<p>AD, C</p> <p>AD</p>
<p>There is no taxi rank near the bus stop, which means that the taxis have to drive around the hospital incurring the minimum charge before the taxi has left the hospital grounds</p>	<p>AD</p>
<b>Building and environment related issues raised</b>	<b>Source of evidence</b>
<p>Suggestions were made to improve the overall experience of attending the hospital and this included the need to improve customer service skills of staff at the first point of contact</p>	<p>AD, C, YP</p>
<p>Young people, both those with a disability and young carers, felt that there was not always age appropriate material for their benefit in all waiting areas. Young carers questioned the youth-friendliness of the hospital environment and the young people generally felt that many of the play facilities were not accessible to them (climbing frame etc) because of their disability. They requested more play activities such as puzzles, play doh etc.</p>	<p>C, YP</p>
<b>Other issues</b>	<b>Source of evidence</b>
<p>Patients/carers not always aware of the existence of the Patient Advice and Liaison Service (PALs) and how to make a complaint</p>	<p>C</p>



6.4 The overall findings and recommendations of the Task Group are as follows:

- Medway NHS Foundation Trust has an equity and diversity scheme which encompasses its disability equity scheme although feedback to the Task Group from patients with disabilities and their carers suggests a mismatch in some areas between the commitment and undertakings given in the scheme and patient experience on the ground.
- There is firm evidence of the Foundation Trust's renewed commitment to address problems with disabled access and use of the hospital environment. A re-audit of disability access to all its buildings was undertaken in the Autumn of 2008 to refresh and update the Audit undertaken in early 2007
- However the re-audit established that many of the original audit's recommendations had not been followed up and that an action plan was needed to take these issues forward.
- The action plan arising from the 2008 re-audit was shared with the Task Group and documented a range of measures and improvements required to remedy problems affecting access by disabled people including signage, parking facilities, paving and upgrades to WC facilities. Some were underway or completed but there were a significant number of actions still to be programmed or awaiting budget allocation.
- There had been no involvement by disabled service users or their carers in the re-audit and there does not seem to be any mechanism in place to seek or capture the experience of disabled patients and their carers more generally or to involve them in the planning of service provision.
- The Task Group recommends Medway NHS Foundation Trust to consider setting up arrangements to engage specifically with groups involving people with disabilities to acquire feedback on services and involvement in service planning.
- The Task Group also suggests that groups involving patients with disabilities and their carers are invited to work with the Trust on future changes to services at the hospital, including the ongoing building works, to ensure that the needs of people with disabilities are fully taken into account and that their expertise is used with regard to identifying health, safety and environmental risks;
- Assurances have been given by the Foundation Trust that all Departmental Service Managers are required to undertake risk assessments using a standardised template and the Trust's Health and Safety Committee monitor compliance with this requirement.
- Feedback from patients and carers via Focus Groups set up by the Task Group have reinforced the areas of risks identified by the Foundation Trust in its Disability Access re-audit and associated action plan but has also identified other areas of risk associated with standards of communication, cleanliness and access.
- Finally the Task Group asks the Medway NHS Foundation Trust to take on board a range of other associated recommendations arising from this review as follows:

- i) To consider setting up arrangements to engage with groups involving people with disabilities more generally to acquire feedback on services and involvement in service planning;
- ii) To consider sending a map of the hospital with directions and details of how to get there to patients with their appointment letters;
- iii) To put measures in place to avoid appointments for deaf or hearing impaired patients being delayed or having to be rearranged as a consequence of difficulties in accessing the support of a signer; perhaps by the hospital automatically making a booking for a signer on behalf of these patients at the point of issuing the appointment letter.
- iv) To consider arranging for a mix of magazines/reading material to suit all ages to be left in waiting areas through the hospital to take account of young carers waiting with their relatives;
- v) To consider displaying leaflets about Medway Young Carers Group in hospital waiting areas for the purpose of signposting young carers to the support provide by this group
- vi) To consider inviting a group of young carers to audit the hospital in a year's time to assess how the hospital has responded to the Department of Health guidance in relation to making health services young people friendly.
- vii) That consideration be given to putting measures in place to ensure carers (particularly young carers) have the clinical information they need to fulfil their caring role at home.

Appendix 1 to this report sets out the commentary derived from feedback at the focus groups in relation to the Key Line of Enquiry C20a 1 (i).

# THIRD PARTY COMMENTARY

## GLOSSARY

<b>Item</b>	<b>Title</b>
1	Healthcare Commission State of Healthcare 2008 report
2	Medway NHS Foundation Trust disability audit and action plan following re-audit
3	Medway NHS Foundation Trust single equality scheme 2007-2010
4	'Your part in the annual health check 2008/09 update' by the Healthcare Commission
5	Healthcare Commission Inspection Guide 2007/2008
6	Emergency Department Picker Survey Action Plan 2008/2009
7	You're welcome quality criteria – making health services young people friendly – Department of Health guidance 2007
8	Medway Carers' Strategy 2009



## Appendix 1

### THIRD PARTY COMMENTARY FROM MEDWAY HEALTH AND ADULT SOCIAL CARE O&S COMMITTEE (HOSC) TO BE SUBMITTED TO THE HEALTHCARE COMMISSION IN RELATION TO CORE STANDARD C20a – 1(i) – The healthcare organisation has considered the health, safety and environmental risks for patients, staff and visitors with a disability, and has made reasonable adjustments to effectively manage these risks

**Key:** AD – focus group for adults with a disability  
 C – focus group for carers for a person with a disability  
 YP – focus group for young people with a disability  
 IMV – independent Member visit

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<b>Access issues on arrival</b>				
Lack of dropped kerbs around the hospital/difficulties with finding parking spaces close to the hospital.	Wheelchair/scooter users unable to access the building without great difficulty causing risk of falls and accidents and delay in arrival	AD, C, IMV, YP	<ul style="list-style-type: none"> <li>Disability access audit 2007</li> <li>policy for safe operation of land and buildings</li> <li>notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> <li>notes of independent visit held on 23 February 2009</li> <li>Inspection guide 2007/2008</li> </ul>	Assurance given, on 17 February 2009, by the Head of Governance, Medway NHS Foundation Trust that 'as part of the parking review the areas for people to park who have a disability would be looked at'

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<p>Parking spaces for people with a disability are not under cover. For people in wheelchairs this can be a problem in inclement weather as getting in and out of a car takes considerable time - particularly in the light of the need to find an area with a dropped kerb, which was accessible. The focus groups expressed concern that people without a disability often use these disabled parking spaces and their cars often block access areas making it difficult for wheelchairs to get through.</p>	<p>Difficult for wheelchairs to get past parked cars. Also people in wheelchairs are likely to get very wet and then have to sit in their damp clothes during their visit to the hospital.</p>	<p>AD,C</p>	<ul style="list-style-type: none"> <li>• Disability access audit 2007</li> <li>• policy for safe operation of land and buildings</li> <li>• notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> <li>• notes of independent visit held on 23 February 2009</li> <li>• Inspection guide 2007/2008</li> </ul>	<p>Assurance given, on 17 February 2009, by the Head of Governance, Medway NHS Foundation Trust that 'as part of the parking review the areas for people to park who have a disability would be looked at'</p>
<p>For those people using a mobility scooter there did not appear to be anywhere specifically to leave the scooter safely outside the building</p>	<p>Risk to security of the scooter</p>	<p>C</p>		

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<b>Building and environment related issues</b>				
There was some concern about the potential lack of cleanliness at the hospital particularly during the extensive building works at present. There was also concern expressed that spillages of bodily fluids eg blood and vomit are not always cleaned up promptly – examples were given of paper towels being placed over the spillage which was then left for a number of hours.	Risk of slipping to the patient/carer and associated health risks to bodily fluids not being cleaned up	C, YP	Policy for the safe operation of land and buildings	The policy states that the trust is committed to providing a safe and comfortable environment for patients, visitors, staff and contractors who visit or work at any property owned or leased by the trust.
Toilets with disabled access were very often closed for a long time with no signage explaining where the next available toilet is located	Patients/carers may be unable to relieve themselves in time	AD, C, IMV	<ul style="list-style-type: none"> <li>• Disability access audit and associated action plan following re-audit</li> <li>• Inspection guide 2007/2008</li> </ul>	
The opinion from the carers group was that it would be helpful if the toilets were cleaned or stocked more frequently bearing in mind	Infection control issue plus lack of patient dignity/discomfort	C, YP		

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
the amount of usage they get. This was reflected in the focus group of young people.				
Toilets with disabled access have flush on the wrong side of the toilet. Emergency pulls often too short and not easy to grasp.	The disabled person has to stretch over the pan to flush the toilet risking falls and unbalancing. May be unable to use emergency pulls as they are out of reach.	AD, IMV		This matter was reported to the hospital by a focus group participant and an undertaking was given that the problem would be rectified as toilets are replaced.
There did not appear to be any toilets in `A' block.	Patient/carer unable to find the toilet quickly enough	IMV		
Signage around the hospital not always easy to read. In phlebotomy department it would be useful if the sign could be in front of appointments so it can be seen as you walk into the main seating area. There are no signs or information at the entrance to the hospital about the existence of a hearing loop.	Patient may not be able to attend their appointment on time  Patients/carers may not take advantage of the hearing loop	IMV,AD, C, YP	<ul style="list-style-type: none"> <li>• Disability access audit</li> <li>• Notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> </ul>	An assurance was given on 17 February 2009 that, following the Disability access audit, changes would be made to ensure that the signage would be at the correct level and would be light reflecting and of a larger print



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<p>A&amp;E signs perfect size and easy to read but would be helpful to have an extra sign by the door. The sign on the road outside A&amp;E would send people on foot the wrong way. The CT department signs are clear and very easy to read.</p>	<p>Patients may miss their appointment or not able to access A&amp;E quickly enough</p>	<p>IMV</p>	<ul style="list-style-type: none"> <li>• Disability access audit</li> <li>• Notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> </ul>	<p>An assurance was given on 17 February 2009 that, following the Disability access audit, changes would be made to ensure that the signage would be at the correct level and would be light reflecting and of a larger print</p>
<p>Some signage in the hospital was too high for people using a wheelchair and in too small print. There seemed to be a lack of re-direction signs during the building work.</p>	<p>Patients may miss their appointment or may be unclear about process</p>	<p>AD, IMV, YP</p>	<ul style="list-style-type: none"> <li>• Notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> <li>• Disability access audit</li> </ul>	<p>This matter is partly being addressed as part of the improvements flowing from the disability audit</p>
<p>In areas of the hospital where buzzer access was required this caused problems for people in a wheelchair who are not visible on the camera and for deaf people who were unable to respond to the intercom</p>	<p>Patients/carers are unable to obtain access to certain areas until such time as someone recognises their problem.</p> <p>Risk of missed appointments and consequential</p>	<p>AD</p>		

<b>HOSC commentary linked to the above Key Line of Enquiry</b>	<b>Risk identified</b>	<b>Source of evidence for commentary</b>	<b>Links to other documentation/evidence</b>	<b>Comment</b>
	implications for health.			
Lifts in the hospital were rather cramped for people with a disability to use comfortably. There is no handrail in the lifts.	Risk of people unsteady on their feet falling inside the lift.	AD,C, IMV	<ul style="list-style-type: none"> <li>Notes of meeting with Head of Governance, Medway NHS Foundation Trust held on 17 February 2009</li> </ul>	During the evidence taking on 17 February 2009 Members were informed that Medway NHS Foundation Trust had no record of any incidents or complaints relating to a lack of a handrail in the lift.
On occasion automatic doors are broken causing problems for people with a disability as they are difficult to push open manually because of the doors extra weight and resistance.	Risk of physical damage to the people trying to get through the door	AD	<ul style="list-style-type: none"> <li>Disability access audit and action plan</li> </ul>	The disability audit highlighted doors, which need to be changed to automatic doors although it did not refer to how quickly action is taken where doors are broken.
<b>Staff and ward related issues</b>				
Views expressed in every focus group that staff do not always understand the needs of people with a disability and do not make appropriate adjustments for patients about their needs to ensure they maintain their dignity and privacy and minimise any potential	See below	AD,C		

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<p>environmental risks and barriers.</p> <p>For example it would be very helpful if:</p> <ul style="list-style-type: none"> <li>• alarm buzzers/light switches/food could be always left in easy reach of the patient</li> <li>• patients' pressure points( for those patients unable to turn themselves in bed) could be regularly checked</li> <li>• patients could be asked if they need assistance with movement/tests/using seated scales</li> <li>• patients could be asked if special mattresses are needed</li> </ul>	<p>Patients are unable to attract staff attention when needed or to eat their food</p> <p>Pressure sores will appear which could have been prevented</p> <p>Risk to patients physical health if they are manhandled or fall</p> <p>Risk of pressure sores</p>	<p>AD, C</p> <p>AD</p> <p>AD</p> <p>AD</p>		

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<ul style="list-style-type: none"> <li>• communication needs of deaf patients could be given more consideration – example of deaf person left waiting in room for appointment not realising their name had been called</li> <li>• hoists could be available when these are needed</li> <li>• a signer could be arranged for deaf people prior to a hospital appointment letter being sent</li> <li>• letter sent could explain how to get to the right area in the hospital and identify accessibility issues ie suggest 'outpatients 2' and a map of the hospital layout</li> </ul>	<p>Patient may miss appointment</p> <p>Patients with a disability may be unable to access bathing facilities</p> <p>Patients health risk as appointments delayed unnecessarily</p> <p>Risk to patient being late for appointment/ distress to patient/carer</p>	<p>AD</p> <p>AD</p> <p>AD</p> <p>AD, C</p>		

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
<p>Included in the letter</p> <ul style="list-style-type: none"> <li>• communication between patients and staff could be improved example was given that a carer visited their relative in hospital only to find that she had been transferred without any notification</li> <li>• signers could be made more available</li> <li>• Care for patients could be explained to young carers. There is a perception amongst the young people that the responsibilities of young carers are not always recognised by hospital staff.</li> </ul>	<p>Unnecessary stress and anxiety placed on carer/patient</p> <p>Deaf patients may be unable to make themselves understood</p> <p>Patients unable to follow through advice given on discharge which could lead to risks to that person's health</p>	<p>C</p> <p>AD</p> <p>C</p>	<p>Carer's Strategy</p>	<p>The existence of a new Carer's Strategy adopted on 10 March 2009 between Medway Council and NHS Medway should bring about improvements for carers. There is an assumption that NHS Medway will take account of this in their commissioning of the</p>

<b>HOSC commentary linked to the above Key Line of Enquiry</b>	<b>Risk identified</b>	<b>Source of evidence for commentary</b>	<b>Links to other documentation/evidence</b>	<b>Comment</b>
<p>(examples given indicated that the patients themselves were advised by staff but often did not remember advice given. The young carers were then left having to determine the best course of action without the appropriate information to guide them) Young carers frequently felt excluded from advice given by clinicians despite being the sole carer and managing patient risks after discharge – this applied both to parents with physical health and mental health needs</p>		C		hospital.
<p><b>Issues on discharge/ departure from hospital</b></p>				
<p>Once told that a patient can be discharged there is often a considerable delay caused by waiting for pharmacy to dispense medicine (ie examples given of patient being told they can be discharged at 10am but at</p>	<p>Carer may not be available for entire day to assist with discharge. Also blocks the bed to other patients needing to be admitted.</p>	AD	<p>Emergency Department Picker Survey Action Plan 2008/2009</p>	<p>This has been identified by Medway NHS Foundation Trust as an area, which needs attention following the patient survey, which highlighted that patients were not fully told of the purpose of medication.</p>

HOSC commentary linked to the above Key Line of Enquiry	Risk identified	Source of evidence for commentary	Links to other documentation/evidence	Comment
4pm still waiting for medicines to be dispensed)				The report highlights a current shortage of pharmacists and states that the Trust will review the position.
It would be helpful if an assessment of home care could be sought before a patient is discharged from hospital as at times patients are not asked if they have anyone to care for them at home before they are discharged.	Patient may be discharged inappropriately and may end up having to be readmitted	C		
There were difficulties being experienced with the office where people with a disability could claim travel allowance. The office is currently not located in an easily accessible place. Not every person understands the rights they have to consider making a claim.	Patient/carer may feel unable to attend for their appointment if they have financial difficulties	C		