

**Minutes of the
Heatherwood and Wexham Park Hospitals Disability and Carer Forum**

**February 15th 10.00am to 12.00pm
School of Nursing Room 6, Wexham Park Hospital**

Those present at the meeting should be aware that their names will be listed in the notes of this meeting, which may be released to members of the public on request.

Frimley Health Staff			In attendance /Apologies
Judith Leslie-Smith	JLS	Hidden Disabilities - Epilepsy	In Attendance
Najeeb Rehman	NR	Equality and Diversity Manager	In attendance
Tracey Cousins	TC	Epilepsy Society	In Attendance
Theodora Baron	TB	Lead Nurse for Safeguarding Adults	In Attendance
Deborah Rogers	DR	Equality Officer	In Attendance
Michelle Youens	MY	Head of Nursing – Medicine	In Attendance
Patient / Carers			
			Apologies
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			Apologies

Item	Title	ACTION
1.	The last meeting was the joint meeting of Heatherwood and Wexham and Frimley Park Groups. Therefore there were no prior minutes for this Group meeting.	
2.	<p>Learning Disabilities Risk Assessment Tool</p> <p>TB explained that the assessment tool was created by the Trust and the role of the assessment tool and stated that this is more relevant to a Ward setting and should be used as well as the Learning Disability Passport. The assessment tool would be used to identify if the patient needed extra help e.g. nutrition and hydration as well as understanding how much support the patient needed. The tool is completed on admission.</p> <p>MY added that a lot of the information which is on the assessment tool is also on the Learning Disabilities Passport.</p> <p>█ then spoke about her daughter's experience of coming into Emergency Dept over Christmas and how an assessment of the assessment should be carried out before the carer leaves. █ daughter was referred via 111 service and her daughter was not checked or clocked in</p> <p>MY replied that the Streaming Nurse should have been aware of █</p>	

	<p>daughter. All patient's should be assessed as whether fit to sit.</p> <p>There was discussion about GP referrals and MY stated that these kind of referrals should not come into Emergency Dept and will look into the issues</p> <p>MY talked about carer support when residents from the Epilepsy Society are admitted and getting Wexham management support together with Epilepsy Society support for a bid to Continuing Health Care for extra funding for those residents who already receive one to one support when in their care home to receive the same 1 to 1 care when in hospital.</p> <p>TC added that from patient/carers feedback patient passports are not being looked at.</p> <p>MY replied that it is important for Clinical Staff to know about patients' specific needs. The passport should be kept at the end of the patient's bed and the information on it should be shared at handover. MY added that on every Ward there is a Nurse in charge who wears a badge to that effect.</p> <p>TC mentioned that primarily the issues are in Emergency Dept and this would require upskilling of staff.</p> <p>TC suggested that the assessment tool should be linked to the Learning Disability Passport.</p> <p>Additional comments about the assessment tool were:</p> <ul style="list-style-type: none"> • More information on the tool about any initial risks associated with the patient and outcomes • If a risk has been identified how this will be brought down to a manageable level • What are the measures in relation to risks which are identified 	<p>MY to look into what action is being taken to stop of GP referrals into ED</p> <p>Identify who will be able to make the application for funding</p>
3.	<p>Accessible Information Standard (AIS) Update</p> <p>NR provided the Group with an update in relation to the AIS progress Which is being overseen by a AIS Working Group. Activity was as follows:</p> <p>Identification of Needs</p> <ul style="list-style-type: none"> • Safeguarding Vulnerable Adults (also covers Learning Disabilities) Alert form uploaded to ICE information system and now sits alongside the Safeguarding Vulnerable Children. This improves ease of access to the form for Emergency Department reception staff <p>Recording of Needs</p> <ul style="list-style-type: none"> • The description for British Sign Language on PAS and iPM have been changed to make them more clearer to staff when they are checking or recording patient requirements <p>Flagging of Needs</p> <ul style="list-style-type: none"> • Monthly list of deaf patients is checked to ensure BSL interpreters have been booked for deaf patients • There have been issues around ensuring flags are added against patients who are repeat patients in the Trust <p>Sharing of Needs</p>	

	<ul style="list-style-type: none"> • Reminder article sent for placing in GP newsletter describing progress against the Standard and importance of sharing of patients' needs with the Trust • CCG leads advised on changes to patient referral needed to ensure sensory needs of patients are identified and shared with the Trust <p>Meeting of Needs</p> <ul style="list-style-type: none"> • Video British Sign Language has been used, with the patient's permission, during appointments, with the feedback being positive notably around ease of use and effectiveness of communication 	
4.	<p>Work Plan for the Group</p> <p>NR asked the Group for comments about the content of the draft workplan. Discussion then followed on the Workplan and specific additions should include:</p> <ul style="list-style-type: none"> • Work closely with Groups such as the Epilepsy Society • Work closely with representatives and carers on Learning Disabilities and profound Autism <p>In relation to Group membership the Group agreed to the Clinical Education being invited to future meeting</p>	<p>TC to send NR a summary of Epilepsy Society for passing to Chair of Patient Experience Group</p> <p>NR to invite Clinical Education to the next meeting</p>
5.	A.O.B	