

DISABILITY WORKING GROUP

Key Messages May 2022 – Easy Read

Members: Jasmin Taylor, Simon Fogarty, George Kerr, Te Aroha Springford

Standing members: William Robertson, Kathryn Harkin, Mel Warhurst

Apologies: John Marrable, Jack Devereux

Guests: David Bainbridge-Zafar

The Disability Working Group members met on Friday 13 May 2022.

- A number of actions from the Accessibility Audits have been acted on recently. Some are Covid-linked, but some are longer term, such as the parking spaces near the emergency department.
- A lot of opportunity available. New Hospital Group are very keen on getting significant consumer representation.
- Importance to have different groups represented, e.g. those with Alzheimers and those with low vision, as there is often a lot of crossover in accessibility needs.
- Glass doors at Wakari discussed as not being compliant due to the risk of injury. An Accessibility audit of the Wakari Hospital entrance to be done.

Question around the process for getting these concerns highlighted – as simple as raising them in meeting such as this, or via the hospital feed-back system, however few issues are around building and property

Suggestion of re-writing feed-back form to make more provision for building complaints.

- Working with DCC in regard to roadworks in the hospital area – unclear when or if this will result in changes.
- William to be included in a lot of project planning going forwards, and a recurring invitation to David Bainbridge-Zafar
- To find out about existence of Dangers Register
- Paper presented to the Disability Support Advisory Committee about changing the format of patient stories. Looking at brief stories about specific parts of dealing with the hospital.

Wanting to include these into culture by having them heard at the beginning of meetings, ensuring a patient-centred approach. Looking at how access can be created in these stories.

- Quarterly meeting confirmed as a good summary of the work that is being done by the group. Some messages were lost. Key changes were to leave time at the end of each part

for question. Will provide members with guiding document for setting up meetings.

- Quality Service Marker – self assessment which is then looked at by a small group, including consumers.

Most services were fairly correct in their answers.

Most answers were medical, but some were non-medical.
Start of a journey, opportunity for improvement.