

DISABILITY WORKING GROUP

Key Messages May 2022

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-related but some are longer term, such as the parking spaces on the concourse.
- A lot of opportunity available. New Hospital Group are very focused on getting significant consumer representation.
- Importance of different groups, e.g. those with Alzheimers and those with low vision, as there is often a lot of crossover in accessibility requirements.
- Glass doors at Wakari discussed as not being confirmed as not being safety-compliant. Considering an accessibility audit of Wakari. Question around the process for getting these concerns highlighted – as simple as raising them in forum such as this, or via feedback system, however few feedback items are around building and property. Suggestion of revamping feedback form to make more provision for building complaints.
- Working with DCC in regard to roadworks in the 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
- To find out about existence of Hazards Register
- Paper presented to Disability Support Advisory Committee about a redesign of patient stories. Looking at brief stories about particular aspects of communication. Wanting to embed 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 forum observed to be 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 section for question. Will provide members with guiding document for setting up meetings.
- Quality Service Marker – self assessment which is then moderated by a small group, including consumers. Most services were fairly accurate in their answers. Dimensions covered were Engagement, Responsiveness and Experience. Most respondents were clinical but some were non-clinical. Start of a journey, opportunity for improvement.