

FINDINGS	ACCEPT/DISAGREE	ACTION	COST	RESPONSIBILITY	TIMEFRAME
1.1. Hospital approach:					
Two of the team were from out of area and found the signage off the A2 confusing, which resulted in them heading for Bluewater Shopping Centre rather than the Darent Valley Hospital turnoff. From London Kent bound at the Bean Interchange the signage is confusing at the slip road to Bluewater.	Accept	None	None	Nial Prosser has liaised with Dartford Borough Council	No response yet
1.1. Car parks:					
The car park to the hospital was well signposted	Acknowledged with thanks				NA
Limited availability for all public access. Queues at all available car parks between 11.00am and 2.00pm; suggest that appointment letters indicate the need to arrive at least half an hour beforehand to avoid missing appointment	Accept	PPI and Comms Manager have added this information to the updated draft Patient Information Leaflet 2010	None anticipated	PPI Manager/Communication Manager	PIP 01/09/2010 Bedside Folder 2011
Our blue badge holder was unable to find a disabled parking bay in the main car park	Accept	PPI Manager to speak with Meteor ? Needs a signpost notice for Blue badge holders to contact the Meteor staff prior to attending appt to ensure someone is there to assist Added to draft updated Patient Information Leaflet 2010 and Bedside Folder 2011	None anticipated	PPI Manager/Communication Manager	PIP 01/09/2010 Bedside Folder 2011
Not enough disabled bays and not wide enough to enable occupants to get out easily – especially in the A&E car park	Accept	PPI Manager has spoken to The Hospital Company - there are 22 spaces in total. However, under the current contract it is not feasible to make changes to the width of the spaces. Staff always happy to help patients get in and out of their cars. Making the spaces wider would inevitably reduce the numbers of spaces. Non-disabled drivers should in the first instance be encouraged to use the buses. This been added to the patient Information Leaflet and the Bedside Folder.	None anticipated	PPI Manager/Communication Manager	PIP 01/09/2010 Bedside Folder 2011
The disabled bays were some distance from the main entrance	Accept	It is not possible to site the disabled bays closer to the front of the hospital. Disabled members of the public are welcome to use the benches provided by the Trust and in addition help is always available from our portering staff. There also drop off zones at the front of the hospital.	None anticipated	Closed	Achieved
A&E car park – only two spaces allocated for the disabled	Accept	Patients can park anywhere in the car parks and free of charge	None anticipated	Closed	Achieved

Not adequately signed at eye level. Space allocated is insufficient to allow drivers or passengers to exit their vehicles easily	Need more clarification - please elaborate further.		None anticipated	Await feedback	tbc
Access to ticket machine for exit is difficult for those with limited mobility in their shoulders	Accept Do the LINK have any suggestions	Help always available	None anticipated	Await feedback	tbc
Access to Payment Booth for Disabled Badge Holders not easy due to height of counter and the narrow path makes turning around impossible for some wheelchairs. Kath felt that it would be useful to have somewhere to validate a disabled parking ticket inside the hospital building	Accept	Plans in place to improve disabled parking issues in hand and this is included in the plan. The Hospital Company will be meeting Dartford Borough Council re plans in early July.	tbc	The Hospital Company	01 September 2012
There is a dropping off point close to the main entrance but the whole area was very congested with people parking on the double yellow lines. Our visitor with local knowledge said that the drop off point for passengers tends to be blocked at many times of the day due to "illegal" long term parking	Accept	Meteor regularly put stickers on the offenders cars, but if the driver is not in the car it cannot be moved on. The public have a responsibility to park fairly. Sentence added to Patient Information Leaflet and Bedside Folder	None anticipated	Meteor asked to monitor Monday to Sunday	PIP 01/09/2010 Bedside Folder 2011
1.1. Hospital entrance:					
The entrance and surrounding area is level and accessible to all users	Acknowledged with thanks				
Our guide dog was confused by the closure of one of the main entrance doors, which had been closed to reduce draughts. The notice advising that the door was non-operational was on the other side the glass door, which the dog could not see	Accept	The doors are maintained in this position because it is extremely windy and affects the well being of the patients in the foyer even during the summer. With regards to the notice PPI Manager has discussed this with Hospital Company to ensure an 'obstacle' is viewable by assistance dogs. There is a capital plan to improve the entrance to the hospital.	None anticipated	The Hospital Company	01 September 2010
It would have been helpful to have had some audible system advising on the operation of the gel dispenser	Disagree	Audible 'notices' have been trialed in the past at the Trust and the consensus of opinion was that it was too noisy, irritating and distracting. Dispensers are automatic and notices are provided on use.	None anticipated	Closed	PIP 01/09/2010 Bedside Folder 2011
Our blind visitor and the visitor in a mobility scooter visited the café just off the reception area. When the blind visitor asked the café staff member to remove her teabag for her, she was told, "sorry, we don't do that".	Accept	Toujours is an independent café. The Hospital Company is monitoring retail units in the foyer and feedback on issues identified by the public.	None anticipated	The Hospital Company	01 September 2010
Neither of our visitors were offered assistance with taking hot drinks to a table. I believe that the café is an independent concession, but the staff should be made aware of the need for assistance for disabled visitors	ditto	ditto	SA	The Hospital Company	SA
Reception Desk is fitted with a Loop System	Acknowledged with thanks				

When we arrived there was a single 'meet and greet' volunteer but when we later returned at 11.53am to the reception area there were none. We later learned that cover tends to concentrate on the busiest times – 10.00am to 12noon and 2.00pm 4.00pm, but it was acknowledged that it was often difficult to provide two meet and greeters during these times. There were none after 6.30pm.	Accept	Volunteers are a welcome asset to the Trust who are highly valued in what they do for the Trust. But they are volunteers and we cannot insist the foyer is covered after 6.30 pm. PPI Manager has spoken to the Voluntary Services Manager who will try to get more volunteers involved	Travel expenses are paid for volunteers who spend a minimum of 3 hours per day and live within 10 miles of DVH.	Fundraising & Voluntary Services Manager	01 September 2010
Also the one male 'meet and greeter' we spoke to had been waiting some few months for his t-shirt that would enable him to be easily identifiable. Female 'meet and greeters' are provided with a sash. In the absence of a meet and greeter the receptionist at the information desk keeps a watch out for those who need advice	Accept	This T-shirt was newly designed and made. A stock is now available in the Trust	NA	Closed	Achieved Summer 2010
The meet and greeters we met had not had deaf awareness training. The greeters should also be aware that a white stick denotes a blind person, but a deaf / blind person has a red and white striped stick	Accept, although this is not a requirement for volunteers.	Training is now available for Volunteers. Fundraising and Voluntary Services Manager is monitoring uptake of training.	TBC	Fundraising & Voluntary Services Manager	01 September 2011
Also the meets and greet volunteers are not able to accompany the patients to the areas they need to get to – they have to get a porter to do this	Disagree	Some volunteers are not physically able to do this and a porter would be organised. Some volunteers have had moving and handling training and will perform this task, otherwise it is not appropriate for volunteers to move patients around the Trust	None anticipated	Closed	01 September 2011
We found the main hospital notice information directional board too confusing and difficult to follow. The use of medical terminology, such as phlebotomy, radiology instead of blood testing and x-ray, as an example. It would in our opinion have been helpful to have separated out patient areas and wards. Listings in alphabetical order are helpful but not when the word 'the' is placed before the name. No mention of ENT or Audiology Clinics, despite the fact that these patients need visual information	Accept	Facilities Managers to include in new business plans in the future.	tbc	Facilities Manager	01 September 2012
There was no signage (outside of the lifts) in Braille	Accept	Facilities Manager to make contact with lift company to add Braille		Facilities Manager	01 September 2012
Although there was plenty of seating there weren't any with arms to aid those without strength in their legs to get up	Accept	PPI Manager speaking to Procurement for costs	tbc	Procurement Manager	01 September 2012
1.1. Main Outpatients:					
Lynne found the subdued lighting in the corridor out the outpatient area difficult, particularly in seeing the signs	Disagree	Lighting conforms to Lux levels. Help always available	None anticipated	Closed	NA
Kath could not see some sign because a leaflet rack obscured her vision at the main entrance to out patients	Accept	Leaflet rack moved.	None anticipated	General Manager, Women & Children's, OPD and Therapies	01 September 2010

The fire doors in this and other areas, except those that were open and controlled by the fire alarm system	What is the problem here, please clarify the issue				
We noted the following in relation to disabled access in the main waiting area:					
Individual Reception Desks fitted with Loop systems but there was no visual call-system. Patients have to hope that they hear their name called out	Accept	OPD redesign will offer a call service which will have audio and visual prompts to direct patients into clinic rooms later this year. Portable listeners are currently available by calling PPI Manager	tbc	General Manager, Women & Children's, OPD and Therapies	01 September 2011
Height of reception desk – Kath waited outside one for a period without seeing the receptionist or being seen by her	Accept	There is a low reception desk in OPD for wheelchair users and feedback has been given to staff..	None anticipated	General Manager, Women & Children's, OPD and Therapies	01 September 2010
When Kath spoke to the staff member at the only desk, she could see over and was told that the staff member was from another department, and that Kath should go to see 'the supervisor' at the other end of the desk. It was the supervisor that couldn't see Kath and vice versa	Accept	ditto	None anticipated	General Manager, Women & Children's, OPD and Therapies	01 September 2010
No easily visible area identified for audiology patients, although space is reserved in one section of the waiting area for several Clinics. For audiology patients staff have to come out and fetch patients. Could this limit the number of patients able to be seen? No information leaflets regarding ancillary services for audiology patients on view in the Waiting Area.	Unlikely, there are targets to maintain	Audiology patients are told to sit in the front row of the waiting area on the left of the main department. For all clinics staff come out and call patients by name. OPD redesign will offer a call service which will have audio and visual prompts to direct patients into clinic rooms later this year. Portable listeners are currently available by calling PPI Manager - all OPD staff will be reminded. Leaflets have been requested from Medway Trust for 'ancillary services'.	None anticipated	General Manager, Women & Children's, OPD and Therapies	01 September 2011
Patient Information Notices stuck to the walls but in positions where it was impossible to read them unless seated next to them	Accept	This has been rectified by department Manager.	None anticipated	General Manager, Women & Children's, OPD and Therapies	01 September 2010
Public telephones situated in a position where it is virtually impossible to use them especially when the waiting area is crowded	Please clarify where these telephones are		None anticipated	The Hospital Company	01 September 2011
Fire evacuation notices not clear and at difficult height for wheelchair users. Are they really necessary? Much better to have designated staff to evacuate public and patients if necessary and have much simpler notices	Please clarify where these telephones are		None anticipated	The Hospital Company	01 September 2010
There were no chairs in this area that had arms, making it difficult for those without the strength to get up unaided.	Accept	PPI Manager awaits costs from Procurement Department	tbc	Procurement Manager	01 September 2010
1.1. Signage:					

Colour coded carpet might have been correct at the time when the hospital was first opened but there are now anomalies. For example, Urgent Care Department. Might be better now to use coloured lines on the walls	Accept coloured carpets are out of date	Facilities Manager to consider future arrangements.	tbc	Facilities Manager	01 September 2012
We attempted to use the colour symbols, colour coded carpet route map and symbol system to find the urgent care area. Our team found the carpet route difficult to follow – the carpet has faded and they take you in various directions. We believed that a clear colour line on the wall would have been easier to follow	ditto	ditto	SA	Facilities Manager	SA
We found on our way to the urgent care ward a number of bedsteads left in the corridor with other containers and trolleys. As Lynne pointed out to us for a blind person with a white stick a bedstead in such an area would be a serious and dangerous obstacle.	Accept	Head of portering agreed this was an ongoing issue due to lack of storage. He has instructed his chargehands to police the corridors and help in any way they can. Also wards/departments to inform him via the helpdesk that items require moving from public areas.	None anticipated	Closed	01 September 2010
Staircases had no signs other than on the wall above the opening in the wall. There was no tactile signage for the staircases.	Accept	Facilities Manager to add to signage to future revision plan	tbc	Facilities Manager	01 September 2012
1.1. Urgent Care:					
We were pleased to see a tactile sign on the toilet doors and chairs with arms	Acknowledged with thanks				
Several notices stuck to the walls – not professional appearance	Accept	PPI Manager has spoken to Matron for the UCC	None anticipated	Emergency Medicine General Manager	01 September 2010
No Loop system at Reception Point	Accept	Same as above - to install a loop but portable listeners available by calling PPI Manager	tbc	Emergency Medicine General Manager	01 September 2011
TV operational in waiting area but not set for subtitles for the hard of hearing	Accept	PPI Manager has spoken to UCC Matron	None anticipated	Emergency Medicine General Manager	01 September 2010
Trolley and other obstacles in a door way.	Accept	PPI Manager has spoken to Matron for the UCC	None anticipated	Emergency Medicine General Manager	SA
1.1. X-ray:					
No arms on chairs in main waiting area.	Accept	PPI Manager awaiting Procurement Manager's costings	tbc	Procurement Manager	01 September 2010
1.1. Accident and Emergency:					
No Loop system at Reception Point	Accept	Department redesign to incorporate a loop. Matron reminded that portable listeners are available by calling PPI Manager	tbc	Emergency Medicine General Manager	01 September 2011
No arms on what looked like uncomfortable wooden chairs	Accept	PPI Manager awaiting Procurement Manager's costings	tbc	Procurement Manager	01 September 2010
Baby changing and feeding facilities available in Paediatric area and gynaecology area	Acknowledged with thanks				
Reception area quite cluttered with wheelchairs.	Accept	PPI Manager has spoken to Matron for A&E	None anticipated	Emergency Medicine General Manager	01 September 2010
1.1. Physiotherapy					

No Loop system at Reception Point	Accept	Department to purchase a loop	tbc	Head of Physiotherapy	01 September 2011
There is a notice requiring patients to remove Hearing Aids before entering the treatment areas. Is this really necessary? Even for carers of patients in wheelchairs? Presents problems and anxiety for those who cannot communicate without a hearing aid.	Disagree	Some of the equipment used in dept will interfere with, and damage, hearing aids and other devices sensitive to an electromagnetic field. The department has procedures to manage this. Additional information is available on the attached document. Help always available.	NA	Closed	NA



Darent Valley Hospital Access Visit

Thursday, 29 April 2010

11.00am to 2.20pm

Darent Valley Hospital, Darent Valley Hospital, Darenth Wood Road, Dartford DA2 8DA

Conducted by

- | | |
|------------------|---|
| John Beadle | LINK participant and representing users with a hearing disability |
| Lynne Martindale | LINK participant and member of the Tunbridge Wells Access Group and Kent Association for the Blind, representing sight impaired users and those with a hearing loss |
| Kath Pavely | LINK Governor and participant and member of the Tunbridge Wells Access group representing wheelchair users and double amputees |

Supported by

Graham Hills Operational Director, Kent LINK

1. Introduction

The LINK had been approached by Darent Valley Hospital to help with the development of their Single Equality Scheme by providing an independent review of the hospital's accessibility.

The team met with Lesley Goldsmith of the Trust before the visit and was pleased to learn of some innovations that make services at the hospital more accessible:

- i. Introduction of a volunteer 'Feeding Team' to help feed patient who need help and with making choices on the menu. The team currently has 14 such volunteers and hope to recruit more
- ii. Easy to read menus are in the process of being developed
- iii. Lesley agreed to look into the arrangements for the Trust to provide deaf awareness training.

2. Findings

2.1. Hospital approach:

Two of the team were from out of area and found the signage off the A2 confusing, which resulted in them heading for Bluewater Shopping Centre rather than the Darent Valley Hospital turnoff.

2.2. Car parks:

- i. The car park to the hospital was well signposted
- ii. Limited availability for all public access. Queues at all available car parks between 11.00am and 2.00pm; suggest that appointment letters indicate the need to arrive at least half an hour beforehand to avoid missing appointment
- iii. Our blue badge holder was unable to find a disabled parking bay in the main car park
- iv. Not enough disabled bays and not wide enough to enable occupants to get out easily – especially in the A&E car park
- v. The disabled bays were some distance from the main entrance
- vi. A&E car park – only two spaces allocated for the disabled
- vii. Not adequately signed at eye level. Space allocated is insufficient to allow drivers or passengers to exit their vehicles easily
- viii. Access to ticket machine for exit is difficult for those with limited mobility in their shoulders
- ix. Access to Payment Booth for Disabled Badge Holders not easy due to height of counter and the narrow path makes turning around impossible for some wheelchairs. Kath felt that it would be useful to have somewhere to validate a disabled parking ticket inside the hospital building
- x. There is a dropping off point close to the main entrance but the whole area was very congested with people parking on the double yellow lines. Our visitor with local knowledge said that the drop off point for passengers tends to be blocked at many times of the day due to “illegal” long term parking.

2.3. Hospital entrance:

- i. The entrance and surrounding area is level and accessible to all users
- ii. Our guide dog was confused by the closure of one of the main entrance doors, which had been closed to reduce draughts. The notice advising that the door was non-operational was on the other side the glass door, which the dog could not see
- iii. It would have been helpful to have had some audible system advising on the operation of the gel dispenser
- iv. Our blind visitor and the visitor in a mobility scooter visited the café just off the reception area. When the blind visitor asked the café staff member to remove her teabag for her, she was told, “sorry, we don’t do that”.

Neither of our visitors were offered assistance with taking hot drinks to a table. I believe that the café is an independent concession, but the staff should be made aware of the need for assistance for disabled visitors

- v. Reception Desk is fitted with a Loop System
- vi. When we arrived there was a single 'meet and greet' volunteer but when we later returned at 11.53am to the reception area there were none. We later learned that cover tends to concentrate on the busiest times – 10.00am to 12noon and 2.00pm 4.00pm, but it was acknowledged that it was often difficult to provide two meet and greeters during these times. There were none after 6.30pm. Also the one male 'meet and greeter' we spoke to had been waiting some few months for his t-shirt that would enable him to be easily identifiable. Female 'meet and greeters' are provided with a sash. In the absence of a meet and greeter the receptionist at the information desk keeps a watch out for those who need advice
- vii. The meet and greeters we met had not had deaf awareness training. The greeters should also be aware that a white stick denotes a blind person, but a deaf / blind person has a red and white striped stick
- viii. Also the meets and greet volunteers are not able to accompany the patients to the areas they need to get to – they have to get a porter to do this
- ix. We found the main hospital notice information directional board too confusing and difficult to follow. The use of medical terminology, such as phlebotomy, radiology instead of blood testing and x-ray, as an example. It would in our opinion have been helpful to have separated out patient areas and wards. Listings in alphabetical order are helpful but not when the word 'the' is placed before the name. No mention of ENT or Audiology Clinics, despite the fact that these patients need visual information
- x. There was no signage (outside of the lifts) in Braille
- xi. Although there was plenty of seating there weren't any with arms to aid those without strength in their legs to get up
- xii. We visited the toilets in this area and have the following observations to make:
 - Pleased to see dedicated baby changing and feeding room
 - Two disabled toilets provided – Kath commented on the practical problems for her in operating a foot pedal waste bin.

2.4. Main Outpatients:

- i. Lynne found the subdued lighting in the corridor out the outpatient area difficult, particularly in seeing the signs
- ii. Kath could not see some sign because a leaflet rack obscured her vision out the main entrance to out patients
- iii. The fire doors in this and other areas, except those that were open and controlled by the fire alarm system
- iv. We noted the following in relation to disabled access in the main waiting area:

- Individual Reception Desks fitted with Loop systems but there was no visual call-system. Patients have to hope that they hear their name called out
 - Height of reception desk – Kath waited outside one for a period without seeing the receptionist or being seen by her
 - When Kath spoke to the staff member at the only desk, she could see over and was told that the staff member was from another department, and that Kath should go to see ‘the supervisor’ at the other end of the desk. It was the supervisor that couldn’t see Kath and vice versa
 - No easily visible area identified for audiology patients, although space is reserved in one section of the waiting area for several Clinics. For audiology patients staff have to come out and fetch patients. Could this limit the number of patients able to be seen? No information leaflets regarding ancillary services for audiology patients on view in the Waiting Area.
- v. Patient Information Notices stuck to the walls but in positions where it was impossible to read them unless seated next to them
 - vi. Public telephones situated in a position where it is virtually impossible to use them especially when the waiting area is crowded
 - vii. Fire evacuation notices not clear and at difficult height for wheelchair users. Are they really necessary? Much better to have designated staff to evacuate public and patients if necessary and have much simpler notices
 - viii. There were no chairs in this area that had arms, making it difficult for those without the strength to get up unaided.

2.5. Signage:

- i. Colour coded carpet might have been correct at the time when the hospital was first opened but there are now anomalies. For example, Urgent Care Department. Might be better now to use coloured lines on the walls
- ii. We attempted to use the colour symbols, colour coded carpet route map and symbol system to find the urgent care area. Our team found the carpet route difficult to follow – the carpet has faded and they take you in various directions. We believed that a clear colour line on the wall would have been easier to follow
- iii. We found on our way to the urgent care ward a number of bedsteads left in the corridor with other containers and trolleys. As Lynne pointed out to us for a blind person with a white stick a bedstead in such an area would be a serious and dangerous obstacle.
- iv. Staircases had no signs other than on the wall above the opening in the wall. There was no tactile signage for the staircases.

2.6. Urgent Care:

- i. We were pleased to see a tactile sign on the toilet doors and chairs with arms
- ii. Several notices stuck to the walls – not professional appearance
- iii. No Loop system at Reception Point
- iv. TV operational in waiting area but not set for subtitles for the hard of hearing
- v. Trolley and other obstacles in a door way.

2.7. X-ray:

- i. No arms on chairs in main waiting area.

2.8. Accident and Emergency:

- i. No Loop system at Reception Point
- ii. No arms on what looked like uncomfortable wooden chairs
- iii. Baby changing and feeding facilities available in Paediatric area and gynaecology area
- iv. Reception area quite cluttered with wheelchairs.

2.9. Physiotherapy

- i. No Loop system at Reception Point
- ii. There is a notice requiring patients to remove Hearing Aids before entering the treatment areas. Is this really necessary? Even for carers of patients in wheelchairs? Presents problems and anxiety for those who cannot communicate without a hearing aid.

3. In conclusion

Our thanks go to all the Darent Valley Hospital staff that helped up during our visits and for their obvious enthusiasm for wanting to improve access for all users of the hospital.