

# Weston Area Health Trust

## Disability Equality Scheme 2006 - 09

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# **WESTON AREA HEALTH TRUST**

## **DISABILITY EQUALITY SCHEME 2006/09**

### **1 Foreword**

Weston Area Health Trust welcomes the new duties placed upon it to promote disability equality and produce a 'disability equality scheme'.

This is Weston Area Health Trusts first disability equality scheme. In developing it we have followed closely the guidance produced by the Disability Rights Commission and the Department of Health. Our scheme is not just about responding to a new legal requirement but it is a moral commitment to improve the services we provide as a Trust and improve the opportunities available for those who have disabilities/impairments. We aim to ensure, through our scheme, that people with disabilities can participate more fully in public life, whether through employment, training or family and community engagement.

This scheme forms an integral part of the wider Trust planning processes and governance framework. We aim to ensure that equality is mainstreamed into the services provided by the Trust. Equality cannot be restricted to individual themes of disability, race, gender, faith, sexual orientation or age, but must be taken as a whole. As people we all belong to several of these strands, they make us who we are. The policies and the services of the Trust need to reflect our priorities and this diversity. The Trust intends to ensure that it provides full equality in its service provision, procurement activities and in its role as a good employer. This scheme will set out the Trusts plans and commitment to improve the lives of both its staff and service users. Its actions will be looking towards equitable objectives and be outcome focused.

Weston Area Health Trust therefore acknowledges the important role and responsibility it has to ensure that this scheme delivers what it sets out to do, in a transparent, honest manner and receives the highest priority within the Trust. We believe that our scheme and action plan make a serious attempt to build on the good work already undertaken by the Trust to ensure that our services and policies are as responsive and inclusive as they can be to disabled people within current resources.

We recognise as a major employer within North Somerset that we have corporate social responsibilities and will therefore strive to ensure that our partner organisations and stakeholders subscribe to anti discriminatory values.

Finally we are both pleased to jointly put our names and commitment to this scheme and wish to thank those people involved in its development. If you in any way feel that the Trust is not fair or respectful and is not meeting its duties please contact either the Chief Executive or Chair, who will gladly respond to any concerns that you may wish to raise.

**Mark Gritten**  
**Chief Executive**

**Linda Skinner**  
**Chair**

## **2 Introduction**

The Trust serves a diverse population (190,000) which has more than doubled since the 1950's. We have a significant number of disabled people, with a wide range of impairments, living in our catchment area. The 2001 census indicates that 18.05% of the North Somerset population described themselves as having a long term illness/health problem or disability which limits their daily activity. This compares against 17.05% nationally.

The Department for Work and Pensions has updated its estimates, which show there are over 10 million disabled people (including people with limiting longstanding illnesses) in the UK based on a population of just over 60 million citizens. 4.6 million people with disabilities are over 65 and there are over 700,000 children. There have been an increasing number of people reporting impairments over the past 30 years. One in twenty under 16's are disabled and there are increasing numbers of children with complex needs. Refer to Appendix A 'Demographic Data' for further information.

The Annual Local Area Labour Force Survey 2001-2 reported that the pattern of impairment is broadly similar across gender groups. This survey also identified that 9.6% of disabled adults in the area are from black and minority ethnic groups. This contrasts with black and minority ethnic groups making up 1.38% of the North Somerset population (2001 Census). A further 1.27% can be added to this figure for people who are classified as "white other". This category includes people from other European countries, Russia and Gypsies and Irish Travellers etc.

## **3 Weston Area Health Trust**

Weston Area Health Trust provides a range of acute hospital and community services to the people of North Somerset area and beyond. Within the National Health Service we are known as a 'secondary' provider. This means that except in one or two cases (e.g. Accident and Emergency and Maternity) patients will normally only access our services if they have firstly contacted their GP (the Primary Care Provider). We operate across two main sites:

- Weston General Hospital where our hospital services are located
- Drove Road where our children's and some other activities are based

Weston General Hospital has a mix of medical and surgical beds. We also have an Accident and Emergency Department and a complete range of diagnostic and treatment services (such as Radiology, Pathology, Physiotherapy etc.). These are supported by other activities which, taken together, make the hospital and services we offer work.

Each year the Trust treats (in the broadest terms) over 100,000 patients. In addition, we employ around 2,000 staff, across the complete range of health care professions and support roles. We spend over £60 million a year and are therefore, an important part of the local economy and public life.

In 2004 the Trust agreed a strategic direction for 2004-8. Our vision for this period is to:

'Work in partnership and to a new strategic model, to provide high quality local health care that has discarded traditional arrangements of care into primary, secondary and tertiary streams'.

#### **4 Values and Behaviours**

In 2004 and with the full encouragement of staff, their representatives and other stakeholders, the Trust developed and adopted a set of Values and Behaviours, as follows:

Our Values:

- Act with courtesy, dignity and respect
- Embrace diversity, involve staff and the public and strive to meet expectations
- Be transparent, honest and open
- Look after our staff and support each other through teamwork
- Put patients' needs first

Our Behaviours:

We will demonstrate our commitment to these Values by:

- Tackling bullying, harassment and abuse whenever it occurs
- Celebrate and reward success
- Communicate more and explain what is and what is not possible

#### **5 Board Statement of Commitment**

Consistent with our Values and Behaviours, the Trust positively supports equality of opportunity and the promotion and celebration of diversity. It is committed to promoting disability equality and eliminating unlawful discrimination in all its functions and promoting equality of opportunity for employees and job applicants.

The Trust is committed to ensuring that its services are accessible, appropriate and fair. To do this, we recognise the need for a diverse workforce, capable of understanding the needs and culture of existing and potential service users, and communicating effectively with them.

Starting with a clarification of who is responsible for what, the Trust has since 2002 developed significantly the extent to which it involves patients and the public in its affairs and, at the same time, has also improved staff relations and modernised employment practice. This has impacted positively on patients and staff irrespective of whether they have a disability.

#### **6 Vision Statement**

The Trust is committed to eradicating disability discrimination so that service users, staff, visitors and contractors can feel safe and supported in a working environment which positively reinforces equality of opportunity. The Trust is concerned about the divisive and harmful effects of disability discrimination, which mainly subject disabled people to negative attitudes and treatment.

The Trust, through this Scheme, aims to use people's talents to the full. The Trust recognises that its service users and staff comprise a diverse group of people of different cultural and ethnic backgrounds and with a wide range of abilities, experiences and skills. It is important to harness this diversity to promote greater respect between people, new ideas, greater learning and productivity.

The Trust aims to ensure that all service users, staff and applicants are treated equally in service access and delivery, recruitment, selection, training, development and promotion in accordance with the Trust's policies. It is the Trust's policy that no individual or group will be subject to unlawful direct or indirect discrimination based on gender, colour, race and nationality, national or ethnic origin, religion, disability, sexual orientation, political beliefs, or offending background.

In its commitment to promote equality, the Trust seeks to work collaboratively with local community and external organisations to eliminate disability discrimination in its functions and structures, as well as continuing to foster positive changes in behaviours and attitudes. It will also ensure that due regard is given to disability equality in everything the Trust does and the decisions it takes.

The Trust will seek to involve people with experience of discrimination in all the equality strands in its governance arrangements and to be able to secure the support of a wide range of stakeholders, including employees and trade unions through the Trust Consultative Forum.

## 7 Aims of the Disability Equality Scheme

The strategic aim of the scheme is to mainstream disability equality into every aspect of the Trust's activities.

We recognise that equality legislation is a tool that can help the Trust to do two things. The first is to deliver patient centred services that are accessible to everyone who needs them. The second is to become a model employer that attracts and retains the best employees who reflect the population served.

The Disability Discrimination Act 1995, as amended by the Disability Discrimination Act 2005, requires all public authorities to develop and implement a Disability Equality Scheme (DES) by 4<sup>th</sup> December 2006. Public authorities, including NHS Trusts, will need to meet the **statutory general duty (or disability equality duty)** which is:

<b>1. To promote equality of opportunity between disabled people and other people.</b>	e.g. through employment or patient and public involvement
<b>2. To eliminate unlawful discrimination on the grounds of disability.</b>	e.g. by providing equipment to enable people to access services and by providing information in alternative formats.
<b>3. To eliminate any harassment of disabled people that is specifically related to their disability.</b>	e.g. by challenging derogatory or abusive comments or "jokes" or "teasing".
<b>4. To promote positive attitudes towards disabled people.</b>	e.g. by presenting positive images of disabled people in our literature/publicity.

<b>5. To encourage the involvement of disabled people in public life.</b>	e.g. by ensuring involvement/consultation takes place where changes to services or employment are proposed.
<b>6. To take account of disabled people's disabilities even where that appears to be treating them more favourably.</b>	e.g. by providing accessible parking next to main entrances, or by seeing people with learning disabilities or mental illness 'out of turn' if they are distressed and agitated by waiting in the outpatients/A&E departments.

The general duty applies to all WAHT functions/activities, including budget and target setting, strategic planning, procurement and commissioning.

Implementing the scheme will, in addition, assist the Trust to address the following:

- Ensure that the principles of understanding differences become a practical reality in how we deliver our services and how we treat our staff and service users. This needs to be embraced by the organisation as a whole
- Provide staff with the necessary skills, understanding and support to deal professionally with people from diverse backgrounds
- Ensure that the staffing profile is representative of the community we serve and that we remove barriers to the recruitment and retention of disabled staff
- Ensure that the existing policies and procedures do not directly or indirectly discriminate against any particular group of people unless, as in the case of positive action initiatives or with disabled people, there can be a clear justification for such actions
- Protect staff from abuse and harassment
- Identify areas for change and implement action in order to ensure equality is a feature of all service delivery
- Review, consider and adopt where necessary 'good practice from elsewhere'
- Recognise the need for all service users to have equal access to services of equal equality
- Improve our ability to plan our services in a way that meets the individual requirements of service users, ensuring fair access and distribution of resources
- Ensure the Trust includes service equality as part of its performance culture
- To integrate disability equality into the Trust's mainstream business
- To create a climate in which disability discrimination is unacceptable and where good relations between disabled and non-disabled people will flourish
- To provide services to patients in ways that respect them as individuals and put their needs at the centre of all that we do
- To develop a workforce which includes disabled people at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion
- To create an accessible environment and, where physical barriers cannot be removed, to find alternative ways to enable access to services or employment
- To ensure that in carrying out its functions none of its staff or service users is disadvantaged because of their disability
- Working together with disabled people, disability organisations and disability access groups to achieve equality of opportunity
- Involving disabled people (including our disabled employees) on employment matters and the services we provide

- Training our own employees, so they are more aware of and have the skills to take positive action in removing the barriers placed in the way of disabled people by society
- Creating a culture where harassment and discrimination against disabled people is unacceptable and will be stopped. Creating a culture where both employees and service users feel able to declare their disability so that accurate information is available to help us to look at such things as reasonable adjustments, priority areas and to set targets
- Acting as an example of good practice to other organisations.

## 8 The Social Model of Disability

The Trust recognises that being disabled is a **social issue** and that an impairment causes an individual to be disabled because of the social, attitudinal and environmental barriers that the individual faces. This is known as the social model of disability. Our efforts will be focussed on identifying and removing these barriers which either prevent or make it difficult for disabled people to use our services or to be employed by us.

We will be guided by the following principles:

- *Anti-discrimination - so that disabled people do not face discrimination arising from bad practice*
- *Equality of opportunity or making things fairer - for disabled people in every aspect of their contact with the Trust*
- *Increasing the independence and choices that disabled people have*
- *Individual needs - recognising that a disabled person is an individual who, like all others, has his or her own needs, abilities, human rights and responsibilities*
- *Integration – such that services are made accessible to disabled people and offer choice*
- *Involvement in decision making - so that disabled people, and/or their advocates, are consulted before decisions which affect them are made*

## 9 Implementation of the Disability Equality Scheme

As a public authority WAHT is required to produce a three yearly Disability Equality Scheme to demonstrate how the Trust will fulfil its 'specific' disability equality duties. This scheme will identify how disabled people have been involved in its development and provide a focus on the following eight core areas from which the Trust will address disability equality issues and take the necessary actions.

1. Making sure that the DES is put into practice
2. Identifying relevant functions and policies
3. Assessing and consulting on the likely impact of proposed policies
4. Monitoring Trust policies for adverse impact
5. Communicating the results of assessment, consultations and monitoring
6. Making sure that service users have access to Trust buildings, information and services
7. Employment duties – monitoring staff and providing support
8. Providing adequate training for staff/managers

## **10 Disability Equality Impact Assessment**

There is a legal requirement to 'have due regard' to disability equality in all that the Trust does. This will be achieved through a process of equality impact assessment. Firstly policies and functions need to be screened to see if they are relevant to achieving one or more of the six elements of the disability equality duty (outlined above). Everything that is found to be relevant must be assessed to see what its impact on the full range of disabled people might be. If it appears that some groups of disabled people might be disadvantaged either by things that are omitted or included then changes must be made. Consideration should also be given as to whether there is anything that could be included or changed to support the promotion of disability equality and equality of opportunity for disabled people.

However, the impact assessment needs to be proportionate. Proportionality means that greater attention will be paid to the policies and functions that have the greatest effect on disabled people. Such changes must be given added weight as compared to other considerations.

Guidance will be issued on how to carry out impact assessments on both policies and functions with some policies having already been assessed. There is still work to do, however, in ensuring that there is a proper timetable for this work and that there is appropriate involvement of disabled people where necessary especially in the development of new policies and strategies.

Policies and functions that have been assessed will be published on the Trust website and reported in the annual report.

## **11 Involving Disabled People**

The Trust has involved people with disabilities in the development of this scheme and action plan. We are in regular contact with a number of disabled people and groups. Over the years these groups have made significant contributions to improving the Trust's services and responsiveness to the needs of people with disabilities.

The draft DES was circulated widely within the Trust including the Disability Discrimination group which has disabled patient and employee representatives. Additionally the draft DES was produced and agreed by a disability reference group which included disabled and employee and trade union representatives. The draft DES has been subject to consultation with the Public, Patient Involvement forum (PPI) and the North Somerset councils Physical and Sensory Impairment Board which includes local authority and North Somerset PCT employees along with representatives from a range of disability groups (including hearing, sight, speech, mental and physical impairments).

In continuing to involve disabled people in the functions and policies of the Trust, understand any difficulties they experience in contacting or using Trust services and what their priorities for changes would be the Trust will undertake a major consultation exercise in February and March 2007. This will be over and above the regular surveys undertaken with patients and the annual survey completed by staff. Information about this consultation and the survey form will be placed on the Trust's website and publicised in the Trust's newsletter. Copies of the survey will also be sent to individual groups and accessible versions of the survey will be made available on request. All responses will be considered in refining and enhancing the DES.

## 12 Assessment of Function and Policies and Impact on Disability Equality

The Trust is required to ensure that all relevant activities are scrutinised for any real or potential adverse impact on disability equality. These activities are set out as follows:

Breast Surgery	Cardiology
Chemical Pathology	Child and Adolescent Psychiatry
Clinical Haematology	Clinical Oncology
Colorectal Surgery	Community Paediatrics
Dermatology	Diabetic Medicine
Ear, Nose and Throat	Emergency Department Endocrinology
Gastroenterology	General Surgery
General Medicine	Gynaecology
Geriatric Medicine	Medical Oncology
Maternity	Obstetrics
Neurology	Oral Surgery
Ophthalmology	Palliative Medicine
Paediatric Medicine	Respiratory Medicine
Rehabilitation	Sexual Health
Rheumatology	Trauma & Orthopaedics
Thoracic Medicine	Urology
Upper Gastrointestinal Surgery	
Vascular Surgery	

The following tasks in support of key functions have been assessed as relevant to the disability equality scheme:

- Provision of health services
- Communication (internal and external) on all matters
- All employment matters including recruitment, retention, education and training and contact with potential employees
- The provision of services by third parties to the Trust
- Procurement of supplies and services

The following tasks in support of key functions were assessed as not relevant to disability equality:

- The processing of data associated with internal business and patient management systems

A policy assessment guide is to be issued to assist service managers with the ongoing process of determining whether operational policies or procedures are likely to have an impact upon equality issues, including disability equality. Use of this guide will continue for assessment of new/amended policies. This work is included in the Action Plan.

Existing written policies and protocols will be reviewed at an appropriate juncture by the relevant managers in order to:

- Assess whether there is any adverse impact of operational policies or practices on disabled people
- Where an adverse impact is identified, investigate the causes and propose remedial action
- Draw up priorities and targets

- Monitor progress and review their plan on an annual basis

Where a potential adverse impact is identified, a policy review will be undertaken as follows:

- Identified by or to and then analysed by the relevant Senior Manager
- Recommendations are made to the Trust Executive Team
- Changes are made and the revised policy submitted through the established decision-making process within the Trust. Local consultation will take place according to each Division's patient/public involvement strategy. In addition to this, specific advice can be sought from the Disability Rights Commission
- Changes are reported to the Board. In addition any policies that are amended will form part of the Equality Annual Report

### 13 Employment

The Trust has a well-developed People Strategy, underpinned by a full set of employment policies and procedures which aim to ensure compliance with all relevant employment legislation. This Disability Equality Scheme supplements the People Strategy in terms of the Trust's employment duties.

The Trust has already taken a number of actions to ensure that employment policies and procedures promote equality and recognise and celebrate diversity. An Equality and Diversity Policy was introduced in April 2005. This was part of a comprehensive review and modernisation of employment policies, which included the following policies:

Adoption Leave	Annual Leave
Attendance (sickness)	Bereavement Leave
Career Break	Collective Grievance and Disputes
Dignity at Work	Disciplinary
Domestic/Carer Leave	Equal Pay
Equality and Diversity	Fertility Leave
Fostering Leave	Grandparent Leave
Individual Grievance	Job Share
Maternity – Guide to	Mental Health at Work
Non Christian Religious Festival	Parental Leave
Organisational Change	Performance Management
Paternity (Partner) Leave	Professional Registration
Personal Relationships	Psychometric Test
Race Equality Scheme	Reserve Forces Leave
School/College Governor Leave	Retirement Policy
Severe Weather	Secondment
Whistle blowing	V Time
Work Life Balance	Winter Break Leave

The Trust's Anti-Harassment/Bullying Policy (Dignity at Work policy) has also been recently reviewed. As part of this Harassment Advisers, as an additional support for employees, have been introduced. These will supplement existing support, which includes trade unions, the HR team, Occupational Health and the Employee Assistance Programme. The Policy specifically includes disability equality and encourages a climate at work where dignity and respect for all staff is the norm.

All policies are available to staff. All potential staff are made aware of the Trust's commitment to equality of opportunity. This is reinforced as part of the induction process.

Mandatory Equality and Diversity training is to be delivered. This will continue on an on-going basis to ensure all employees receive the training.

The Trust attained the two ticks disability symbol in 2002 and was awarded the NHS Improving Working Lives Practice Plus standard in 2005. We are committed to guaranteeing disabled applicants, meeting the essential criteria for vacant posts, with an interview. The Trust has a good track record in providing reasonable adjustments to role/working arrangements and retraining/redeployment opportunities where existing employees develop long term conditions/disabilities whilst in employment.

## **Training**

The Trust will develop Equality and Diversity Workshops for Managers (which will cover all aspects of discrimination and deal with Sex Discrimination, Race Relations, Disability Discrimination, Age, Sexual Orientation, Religion, Human Rights and Harassment and Bullying) and deliver a training and awareness programme to ensure that all staff are aware of the content and implications specifically of the Disability Equality Scheme and that they understand their role in its implementation. It will be particularly important to ensure that the Board understand their responsibilities and that managers have the necessary understanding and skills to recruit, screen policies, undertake impact assessments and consult on these issues.

In addition, we will continue to make available to staff cultural awareness, equal opportunities and eliminating discrimination training on a regular basis. This will be supplemented by training and events to ensure managers, and other staff, can update and extend their knowledge, understanding and skills in race equality.

We will evaluate the effectiveness of staff training and awareness raising on the Disability Equality Scheme along with other equality issues.

## **14 Access to Information and Services**

We will continue to be pro-active in communicating about the Trust's services and new developments to all sectors of the community and staff. Information is published on the Trust's website. The Trust's communications policy includes the following:

- All public-facing material is offered on request in any format including large print, Braille, audio and language versions and appropriate to those with visual or hearing impairment or with learning difficulties
- Public-facing material will be developed to include input from patient/public stakeholder groups
- Public-facing material is to be produced in a format suitable for the audience. Regardless of the format, the information should be presented to the same level of quality and be mindful of implied discrimination
- Communications that contain images or representation of people must include a sample that is representative to the target audience for the information, product or service

The Freedom of Information Act 2000 requires public authorities to specify the kinds of information they publish, how it is made available, and whether it is available free of charge or upon payment. The Trust has the following in its Freedom of Information Policy.

If you are asking for the information on behalf of somebody else you can put their name and address into the relevant sections of the form. The information will then go directly to the person who wants it.

There are two ways in which the Trust will provide information to people who have difficulty reading or writing.

- Someone can contact the Information Authority on their behalf and use the Request For Information In A Format Suitable For People Who Have Difficulty In Reading to ask for information to be sent to them in a suitable format
- The person can telephone and ask for the information they want. They will be asked to verbally give the information requested by the form.

Responding to requests to provide information in Braille or on to an audio tape will take time, particularly when large volumes of information is required. If you provide us with a daytime telephone number, we will contact you and make sure that we are providing you with exactly the information that you want.

If you are asking for the information on behalf of somebody else you can put their name and address into the relevant sections of the form. The information will then go directly to the person who wants it.

## **15 Consultation Arrangements**

The Trust consults with its staff and service users using a variety of arrangements including:

- Team meetings
- Trust Consultative Forum
- Staff surveys
- Patient reference groups
- Stakeholder reference groups
- Patient and Public Involvement Forum
- Overview and Scrutiny Committee

Each Manager is responsible for ensuring that appropriate consultation takes place on issues within his/her area of responsibilities.

## **16 Monitoring the Disability Equality Scheme**

The Trust will establish mechanisms for review and audit its own performance in relation to these standards and other targets and priorities. It will seek to monitor any adverse impact of function or policies it undertakes directly or which are carried out on its behalf by contractors or through partnership agreements. The Chief Executive will be held to account by the Board for progress.

An annual report will be published in order to provide an update on progress against agreed targets and priorities and details of the outcome of the annual review. Quarterly reports will be made to the Trust Executive Team.

### **Monitoring Data**

The Trust will monitor and assess its position with regard to staff by utilising the baseline outlined in the policies and functions section.

Data is collected to monitor and assess training (by disability, where applicable)

- Training courses available
- Training target groups
- Training attended
- Whether training is compulsory or voluntary
- The impact of training

For procurement, the following data will be collected and monitored:

- Criteria for selecting contractors and suppliers
- Tendering
- Contract conditions/compliance

Other areas to be monitored will include visitors and community representation

- Representation on committees and external groups
- Complaints received by the Trust, other than from staff

Informal channels (including reference groups) for receiving feedback from staff and the public will complement formal mechanisms.

### **Monitoring information**

We will continue to take a pro-active approach to monitoring and improving collection of disability data and incorporating it as part of general information strategy and provision within the Trust. Strategies include:

- Training for groups of staff responsible for collection of data
- Resources explaining the purpose of data collection and stressing confidentiality
- Use of the data to note any variations between ethnic groups that might need addressing
- Action plans will be drawn up to address any issues raised as a result of the monitoring activity

## **17 Action Plan**

A key part of this DES is the action plan which covers the life of the scheme. This will ensure that the Trust builds on what it has already achieved, further embedding disability equality into mainstream activity. The plan sets out the additional steps that will be taken to meet the needs of disabled patients and employees and to ensure compliance with the disability duty. This plan will not be static but will change and

develop over time as new issues arise and tasks are completed. The plan is attached at Appendix B.

## **18 Complaints procedures**

If anyone believes The Trust is failing to comply with its Disability Equality Scheme and/or action plan please contact the following for advice:

Nigel Hodkinson  
Acting Director of HR  
Weston Area Health Trust  
Grange Road  
Uphill  
Weston-super-Mare  
Somerset  
BS23 4TQ  
Telephone: 01934 636363

Where a member of staff alleges non-compliance with the Disability Equality Scheme he or she may lodge a formal complaint. Alternatively, recourse may be sought through the Trust's Grievance Policy/Procedure. Service users and members of the public can make a formal written complaint to the above named in cases where they believe that they have not been treated by the Trust or its contractors according to the requirements of this Scheme.

Complaints about disability discrimination against staff, made by colleagues or service users/members of the public, will be taken very seriously and could, following a full investigation, provide grounds for disciplinary action including dismissal. Complaints made against service users/members of the public regarding disability discrimination will also be taken seriously and may to the withholding of treatment or expulsion from Trust premises. Staff or service users should note that disability discrimination or acts of harassment against disabled people are unlawful and individuals could be prosecuted under the Disability Discrimination Act 1995 or Protection from Harassment Act 1997.

## **Disability Equality Scheme 2006 – 2009**

### **Demographic Data**

#### **National Statistics**

- 60.2 million UK population
- 10 million disabled people (Dept of Work and Pensions)
- 5.8 million people who are deaf and hard of hearing
- 50 – 70,000 people communicate by British Sign Language
- 100,000 people who are deafened i.e. sudden loss of hearing
- 0.2% of 0 – 50 year olds; 18% of 51 – 60 year olds and 36% of 61 – 70 year olds are hard of hearing
- 500,000 people have a speech impairment
- 1.7 million people are blind and partially sighted
- 4 million people have impaired mobility (other than wheelchair users)
- 600,000 people use a wheel chair
- 250,000 people have a facial disfigurement
- 1 in 5 people experience Mental health issues at some time in life
- 92% of people are not born with their impairment
- 5.8 million disabled people are of working age (Labour Force survey)
- 50% of adults will be over 55 by 2026

## Weston Area Health Trust

## Disability Equality Scheme Action Plan – 2006/09

DES Requirement	Actions	Lead	Timescales
<b>Premises/facilities</b>			
Ensure an accessible environment free from avoidable barriers	Carry out a comprehensive accessibility audit on Trust premises which provides a baseline assessment on the degree to which disabled service users are able to access our buildings and facilities.	Clive Duran (Estates and Facilities Manager)	February 2007
	Integrate disabled patient/employee audits to complement accessibility audit.	Clive Duran	February 2007
	Consult with disabled groups and employees on the results of the accessibility audit and determine agreed priorities and an action plan.	Clive Duran/Nigel Hodkinson (Acting director of HR)	March 2007
	Review availability and current usage of appropriate disabled car parking spaces for disabled service users and employees.	Clive Duran	March 2007
	Complete work to provide three 'speaking' lifts in the main hospital building together with appropriate handrails and, if appropriate, fold up seats.	Clive Duran	January 2007
	Review provision of suitable grips and treads on stairs in the main hospital building and report findings to disability group.	Clive Duran	February 2007
	Review current provision and provide further recommendations for installing fold up seats in hospital corridor areas and at other Trust premises.	Clive Duran	March 2007
	Amend building design guidelines and ensure property services staff and project managers are trained and/or briefed on DDA requirements and best practice.	Clive Duran	April 2007

<b>DES Requirement</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescales</b>
<b>Service delivery - policies and functions</b>			
Assess impact of current service strategies, policies and functions in relation to the disability equality	Divisions/departments to undertake assessments of their services, functions and policies in respect of potential adverse impact on disability equality.	Divisional managers/heads of department	Programme to be agreed by TExT.
	Review availability of British Sign Language interpreters, minicom, loop systems, talking signs and make recommendations for extending these arrangements within the Trust.	Divisional managers/heads of department	May 2007
	Consult with PPI forum and wider disabled/service users on proposals to introduce a 'meet and greet' service for the main hospital.	Corinne Gower (PALs Mgr)/Sue Tarpey (Voluntary Services Mgr)	January 2007
	Review accessibility and provision of alternative arrangements for 'nurse call' bell for disabled patients.	Peter Dunstone (Telecommunications Mgr)	January 2006
<b>Employment</b>			
Raise awareness and understanding of disability equality for all employees.	Deliver equality/diversity training (including disability equality) to all Trust employees.	Nigel Hodkinson	April 2007
	Undertake impact assessments on all Trust employment policies, proposing and implementing any such amendments where these adversely impact on disability equality.	Nigel Hodkinson	April 2007
Increase positive action initiatives, work placements and appointments for disabled people.	Develop positive action guidelines, work placement protocols/networks and recruitment targets, with divisions/departments.	Nigel Hodkinson	May 2007
Improve disability monitoring in employment	Devise and implement systems which record disability status in grievance/dispute, harassment and disciplinary cases.	Susie Sims (Acting Employee Relations Manager)	March 2007
	Publish monitoring results in the DES annual report.	Nigel Hodkinson	March 2007
	Undertake a disability data audit of the Trusts ESR system to accurately record each employee's disability status.	Amy Hanson (Staff Services Manager)	April 2007

<b>DES Requirement</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescales</b>
Encourage retention of employees encountering chronic conditions and/or disabilities	Produce a Toolkit for managers for making reasonable adjustments in the workplace	Susie Sims	January 2007
Eliminate harassment of disabled people	Provide further guidance/top up training for Trust harassment advisers	Nigel Hodgkinson	January 2007
<b>Consultation and involvement</b>			
Encourage the involvement of disabled people in public life	Determine revised governance/meeting arrangements to oversee implementation, monitoring and evaluation of all Trust equality schemes, including the DES and action plan.	Trust Board	November 2006
	Ensure that revised equality group(s) are made up of appropriate representation (Director lead, employee and patient reps) and that there are clear, agree terms of reference in place.	Nominated lead directors	February 2006
	Equality groups to establish relevant group contacts (staff/service users) and networks with partner organisations.	Nominated lead directors	February 2006
	Significant service change proposals, new developments and strategies must be subject to consultation with disability and BME network service users prior to implementation.	Nominated lead directors	Ongoing
<b>Patient information</b>			
To ensure availability of appropriate information in a range of accessible formats	Carry out a comprehensive audit on all patient information which establishes a baseline assessment on the appropriateness of letters, leaflets, floor guides, booklets etc. This audit will also determine alternative and more accessible formats which remove barriers to understanding for all Trust patient information.	Yvonne Preece (Director of IM & T)/Caroline Thomas (Head of Communications)	Programme to be determined
	Consult with disabled groups and employees on the results of the information audit and determine agreed priorities and an action plan.	Yvonne Preece/Caroline Thomas	Programme to be determined

<b>DES Requirement</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescales</b>
To promote positive attitudes towards disabled people	Ensure that all Trust publications, advertising and publicity include images and portray disabled people positively.	Caroline Thomas	February 2007
<b>Transport</b>			
To ensure that disabled people's disabilities are taking into account even where this may appear to be treating them more favourably.	Review disabled car parking arrangements for service users and employees, monitoring the appropriateness of current usage and taking action where there is abuse by employees and making recommendations as necessary.	Clive Duran	April 2007
To ensure that information about transport to and from the hospital is available to disabled service users.	Review transport leaflet and ensure availability in alternative and more accessible formats. Provide further information about voluntary service providers at point of discharge from hospital.	Caroline Thomas	April 2007