

December 2006



NHS Lanarkshire

Disability Equality Scheme

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Foreword by Chair of NHS Lanarkshire’s Diversity, Equality & Spirituality Committee and the Executive Lead on Diversity and Equality :

NHS Lanarkshire Board is fully committed to an agenda of continuous improvement in the important areas of Equality and Diversity.

Included in this commitment is the Board’s performance in meeting the needs of those with disabilities within our communities.

The Board recognises that evidence of this commitment must be real and meaningful as we energise ourselves to better understand and improve health in our diverse communities, create and sustain proper engagement with stakeholders within communities to influence the design of health services and as we discharge our moral and legal and responsibilities in health, healthcare and employment.

This is the Board’s first Disability Equality Scheme. The content of the Scheme has been heavily influenced by stakeholder engagement – and we are grateful to friends and colleagues within North and South Lanarkshire Disability Forums for their help, support and valuable contributions.

The Board will continue to engage with both Forums in a continuous process of monitoring and refinement of the Scheme.

The formal monitoring of progress and performance will be discharged by the Board’s Equality, Diversity and Spirituality Committee.

Neena Mahal,
Chair of the Diversity, Equality and Spirituality Governance Committee

Kenneth Small,
Director of Organisational Development and Executive Lead for Equality and Diversity.

2. Our Commitment :

NHS Lanarkshire has adopted the definition of a disability;

"A person has a disability if he has a physical or mental impairment, which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities ". (The Meaning of Disability: Disability Rights Commission: Code of Practice) (see Appendix 3 for fuller definition).

NHS Lanarkshire is fully committed to an agenda of continuous improvement in meeting the needs of people with disabilities in their interaction and contact with NHS services.

NHS Lanarkshire recognises the importance of meaningful engagement with the communities of Lanarkshire in production of this Disability Equality Scheme, which sets out our commitments and our plan for action.

In September and October 2006 two stakeholder events were held in partnership with North and South Lanarkshire Disabilities Forums to influence development of the Disability Equality Scheme.

It is the intention to continue to involve people with disabilities who live within the communities of Lanarkshire in the further development and refinement of the Scheme.

In creation of the Scheme the Board has taken full account of the recommendations of the Disability Rights Commission's in their Code of Practice on 'The Duty to Promote Disability Equality'.

The Disability Equality Scheme forms an integral part of the NHSL's equality and Diversity policy framework and is a significant component of NHSL's commitment to continuous improvement in the area of equality. The Board has an approved Disability, Equality and Spirituality Strategy and adopts an approach of delivery against associated annual action plans. Our approach to delivery in the area of disability will integrate with the overarching strategy.

The Board endorses the DRC's guiding principle that:

'We believe that disability is a social issue. 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 removing these barriers'.

(The Duty to Promote Disability Equality: Statutory Code of Practice)

3. Background :

The Disability Discrimination Act 2005 builds on the Disability Discrimination Act 1995 and introduces a statutory General Duty on all public authorities to promote disability equality.

The Disability Discrimination Act 2005 establishes both 'general' and 'specific' duties to promote disability equality.

The general duty means that the Board must, in carrying out it's functions, have due regard to:

- promoting equality of opportunity between disabled people and other people;
- eliminating discrimination which is unlawful under the Act;
- eliminating harassment of disabled people that is related to their disabilities;
- promoting positive attitudes towards disabled people;
- encouraging participation by disabled people in public life;
- taking steps to take account of disabled people's disabilities even where this involves treating disabled people more favourably than other people.

Under the specific duty NHS Lanarkshire is required to produce a Disability Equality Scheme.

The Scheme is the Board's statement of intent in meeting the general duties set out above.

The Scheme sets out the Board's guiding principles and commitments to disabled people and establishes clear objectives for performance and improvement in this important area.

The Statutory Code of Practice requires that NHS Lanarkshire should have a Disability Scheme in place by 4th December 2006.

In addition to the Scheme, **one and three year** action plans have been developed setting out key objectives and responsibilities (see Appendices 1 & 2).

The Disability Rights Commission publishes national statistics on disability on their web site www.drc-gb.org/default.aspx. The Board has, and will continue, to make reference to such statistical evidence in planning and decision making.

It is however recognised that disabled people are not a homogenous group.

A disabled person may experience barriers to access, treatment or employment because of gender, faith, sexual orientation, age, race, caring responsibilities etc and it is essential to ensure that in any action taken due account is taken of this diversity.

As national statistical indicators, the following are worthy of note :

- One-in-five of the Scottish population has a disability.
- In Scotland, a disabled person or a person with a long-term illness lives in (just over) one in three households.
- Approximately 42% of all households in which a disabled person lives have an annual income of £10,000 or less.
- Of the working age population 45 per cent of disabled people are in employment compared to 82 per cent of non-disabled people.
- One in five disabled Scots has experienced discrimination because of their disability.

- The 2001 Census found that 20 per cent of the Scottish population reported having a long-term illness, health condition or disability (General Registrars Office Scotland, 2003).
- It is estimated that there are 180,000 people in Scotland who have serious sight problems (RNIB Scotland).
- An estimated 18,000 adults with learning disabilities were known to local authorities throughout Scotland (Scottish Executive, 2004).
- One in four people will experience a mental health problem at some point in their lives (Scottish Association for Mental Health).

(Principle source Disability Rights Commission Statistics 2004)

4. The Disability Equality Scheme :

4. a General Duty

Under the Statutory Code of Practice NHS Lanarkshire is required to meet the following General Duties:

- carry out impact assessments
- collect and study evidence and identify and address gaps
- prioritise actions
- involve disabled people
- let people know what the Service is doing
- set an example to others
- train staff on disability equality issues and the general principles of the Disability Equality Scheme (DES).
- work with others to deliver disability equality

4. b Specific Duty :

NHS Lanarkshire also has a specific legal duty to prepare a DES setting out:

- how disabled people have been involved in the development of the Scheme
- the 'functions' of the Service
- current progress on disability equality
- how evidence will be collected and used in future
- the process to assess impact on disabled people
- performance as an employer
- a three year action plan
- arrangements for performance management and annual reporting

It is the intention of the NHS Lanarkshire Scheme to be both a Strategy and Action Plan setting out a vision for the service , taking stock of current performance and plans and establishing a clear , prioritised action plan for the future.

4. c Fair For All - The Wider Challenge – Health Guidance :

The Scottish Executive Health Department (SEHD), and the DRC are committed to improving the experiences of disabled people in contact with the NHS in Scotland, both as service users and as employees.

The Fair For All - Disability initiative is part of the national '**Fair For All Wider Challenge**' addressing equality and diversity in NHSScotland.

'Fair For All Wider Challenge' is an Equality and Diversity approach designed to address the challenge reducing inequalities and of developing more responsive, patient-focused and accessible NHS services , policy and practice.

The Board's Scheme has and will continue to be informed by the context of inclusion set out in the following national policy guidance:

- Patient Focus and Public Involvement
- Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies (currently in draft)

In order to achieve this and work within the current policy and legislative requirements it is essential that all policy , service developments and implementation plans within do not disadvantage people from the following minority or potentially disadvantaged communities :

- Black and Minority Ethnic Communities
(including Gypsy / Travellers and Refugees & Asylum Seekers)
- Women and Men
- Religious / Faith Groups
- Disabled People
- Older People
- Children and Young People
- The Lesbian, Gay, Bisexual and Transgender Community

5. Involving Disabled People :

NHS Lanarkshire's commitment to the involvement of key stakeholders is an important behavioural principle in discharging our responsibilities in relation to Patient Focus Public Involvement.

In the context of creation of the Disability Equality Scheme two public stakeholder events were organised in September and October 2006, in partnership with the two local Disability Forums.

The events were organised in workshop format and provided those present with the opportunity to contribute personal experience and views on the complete range of NHS Lanarkshire's services and areas of responsibility.

The views and contributions were captured and are reflected in the 3 year Action Plan set out in Appendix 2.

This Disability Equality Scheme will deliver real change for people with a disability in relation to employment and access to services across the NHS in Lanarkshire - and sets out a commitment from the Board to continue to :

- Identify barriers faced by disabled people and address these as a priority

- Identify poor service experience from disabled people and respond positively to make improvements
- Establish a 3 year Action Plan in support of implementation of the Scheme – updating this on an annual basis
- Further develop engagement with key stakeholders to review and refine the Scheme and monitor progress against the Action Plan as a continuous process

It is the Board's intention to work with the North and South Disability Forums to conduct service access audits to inform priorities for improvement.

NHS Lanarkshire will also continue to work with the Disability Rights Commission as part of the national Disability Equality Network (DEN) to continue to develop, introduce and support good practice at local and national level.

6. Partnerships :

Effective partnerships and partnership working are the key to achievement of a successful , inclusive, sensitive and influential approach to service development , planning and change.

NHS Lanarkshire is committed to the adoption of a fully inclusive partnership approach in the implementation of this Scheme.

NHS Lanarkshire will work in partnership with North and South Lanarkshire Councils, North and South Lanarkshire Disability Forums and other relevant stakeholder groups in the continued development and improvement of access and facilities for people with disabilities and in the discharge of our statutory and good practice duties and responsibilities under this Scheme.

7. Equality and Diversity Impact Assessment :

NHS Lanarkshire has established an absolute requirement for all policy, strategy or plans for service change to be the subject of Equality and Diversity Impact Assessment prior to acceptance for consideration by the Board.

The Impact Assessment (EDIA) (Appendix 3) approach provides for a detailed and systematic analysis of the potential or actual effects of a proposed policy , strategy etc to ascertain whether it has a differential impact on diverse groups or communities. The assessment will also anticipate or identify any possible barriers to care or service across diverse communities.

The Board of NHS Lanarkshire have endorsed the approach of compulsory EDIA and therefore all future submissions to the Board or from the Board to the SEHD will require a full and comprehensive EDIA document.

In reaching this decision the Board took due cognisance of the fact that failure to conduct such impact assessments could equate to a failure to meet the requirements of legislation and could result in an action being taken against the Board by the Commission for Racial Equality (CRE) & Disability Rights Commission (DRC), which has powers of enforcement under the RRAA and DDA.

The procedure for undertaking an EDIA involves :

- a. Identifying the aims of the policy, strategy etc
- b. Prioritising policies for inequality relevance/impact
- c. Consideration of data (internal and external)
- d. Collection of additional data (for example, via focus groups)
- e. Consultation (with internal and external stakeholders)
- f. Assessment of impact
- g. Mitigation of adverse impact

- h. Publication of results
- i. Planning further policy review (every three years)

It has been recognised that this process could be resource intensive.

The Board has therefore established a plan for investment in the development and training of a significant cohort of planning / project management staff to routinely undertake the process of EDIA as an integral part of their role.

The potential impact on people with disabilities of policy, strategy or plans for other service developments or changes will be taken into account as an integral part of the Board's approach to EDIA.

Copies of a EDIA document can be accessed from Hina Sheikh 01698 206386

8. Procurement :

NHS Lanarkshire has commenced a process to review it's procurement policy to ensure that the Board's duty to promote disability equality is built into the specifications for procured services.

Potential Contractors will be required to demonstrate their commitment to equality as an integral part of the procurement process by inclusion of an explicit statement of intent on adherence to NHS Lanarkshire's Equality Strategy or demonstrating commitment to an equality policy of their own that shows consideration and understanding of any disability equality requirements of the contract.

9. Communication :

NHS Lanarkshire is in the process of implementation of a Communications Strategy consistent with the guidance provided by Scottish Accessable Information Forum:www.saifscotland.org.uk and the DRC:
<http://www.drc.org.uk/fair4all/publicationsguidance/>

The diverse and different needs of people and communities already feature as a high priority in the style and approach which is taken by the Board in communication with the public and our staff.

External Communication:

The Board's Web Site has recently been redesigned to improve communication and access to information for the benefit of the general public. The needs of people with disabilities have been taken into account in the design and facilities available on the Web Site. The Web Site has been commended as a development of good practice by Quality Improvement Scotland.

In addition, interpreters, signers, hearing loops and translation services are routinely available to patients, carers, service users and staff on request at any hospital, health centre, clinic or other premises across NHS Lanarkshire.

Significant documentation, leaflets and patient information is routinely available in large typeset and translation. Personal explanation is available on request.

An NHS Lanarkshire scheme has been introduced to monitor the Board's complaints procedures in the context of disability. In addition the Board regularly undertakes customer satisfaction surveys to monitor that the diverse needs and expectations of communities are being met.

Internal Communication :

The Board continues to develop arrangements for internal communication with staff consistent with continuous improvement against the Staff Governance Standard requirement that staff will be fully informed and involved in planning and decision making.

Annual Communication Action Plans are developed and implemented in partnership with staff representatives in response to the results of Staff Surveys. Current internal communication initiatives include development and positive exploitation of the NHS Lanarkshire Intranet, review and development of the PULSE (the internal staff magazine) and introduction of an enhanced corporate staff briefing system.

The Board will fully utilise all methods of internal communication to promote standards, expectations, facilities and opportunities to influence improvements in relation to equality for people with disabilities.

Communication of the Disability Equality Scheme :

NHS Lanarkshire is concerned to ensure that the public and staff have full and equitable access to this Scheme.

The Scheme was published on the Board's Web Site on Monday 4th December 2006 meeting Statutory requirements and creating general public access.

The Board is currently making arrangements to publish paper copies of the Scheme to distribute widely to groups and individuals who contributed in the engagement process and to other partners and stakeholders with whom we will work in the implementation phase.

10. Employment :

Human Resources :

NHS Lanarkshire has developed and introduced contemporary standards of Human Resources Policy and practice in Recruitment and Selection sufficient to be awarded use of the Employment Service's " Double Tick " symbol.

Use of this symbol is public recognition that an employer has met or exceeded stretching standards set by the Employment Service to introduce positive and supportive measures into recruitment and selection practice in support of employment of people with disabilities.

NHS Lanarkshire continues to monitor and take steps to improve employment practice to maintain certification as an employer who is positive about disability.

The Board has an established system to capture and report equal opportunity staffing information through a Computerised Human Resource Information System.

The importance of capturing this data to facilitate effective monitoring of trends within the workforce is recognised and it is used to establish plans for positive action where the data demonstrates low representation from particular groups or communities.

The Board is committed to utilisation of an enhanced understanding of it's workforce to promote employment and / or retention within the workforce of those with disabilities.

Other initiatives within the field of employment which are currently under development include :

- Updating and automation of recruitment and selection policy and procedures, taking into account the needs of people with disabilities
- Increased accessibility of employment information in various formats
- Development of a Carer's Policy and flexible working practices that recognises staff that have responsibilities as Carers.

Development and Training :

NHS Lanarkshire recognises the importance of cultural , attitudinal and behavioural change amongst staff understanding and meeting the diverse needs of people with disabilities who are in contact with NHS services.

The Board is currently developing proposals for focused staff training and development in this important area , including induction training and specific programmes for Managers and staff.

11.Conclusion

NHS Lanarkshire is fully committed to an agenda of positive action seeking to reduce inequalities in health, access and treatment in the communities of Lanarkshire.

The Board recognises an agenda of specific need for people with disabilities within communities and our Disability Equality Scheme is a statement of intent for continuous improvement in this important area.

The Board fully acknowledges it's responsibilities under the new Disability Equality Duty introduced in December 2006 and the statutory duty to take steps to ensure that disabled people are treated fairly.

It is recognised that this duty is not just about alterations to buildings or special adjustments for individuals. It is primarily about development and change in the culture of NHS Lanarkshire as we seek to improve health and health services in Lanarkshire through genuine, meaningful engagement with the diverse and minority stakeholders in our communities. This will include people with disabilities.

In the provision of care and service, NHS Lanarkshire will :

- Ensure that the same level of service is provided for disabled and non disabled people
- Promote positive attitudes towards disabled people
- Encourage disabled people to take part in our patient forums
- Take steps to meet disabled people's needs
- Continue to engage with North and South Lanarkshire Disability Forums in relation to our plans and progress

This Disability Equality Scheme is the beginning of a process. The Board is confident that through continued partnership working and the maintenance of open dialogue with service users, carers, voluntary disability groups and other interested parties we will continue to deliver progress and improvement in this important area of our work.

Appendix 1

Disability Equality Scheme Action Plan Year 1 Priorities 2006 – 2007 .

This plan will run in parallel with the three year action plan

Year One Objective :	Activity	Lead	Target Date
NHSL Board to make a public commitment to promote equality of opportunity for disabled people	<ul style="list-style-type: none"> Stakeholder engagement in production of the DES DES to be approved by the NHSL Board DES to be published 	EDS Development Manager Director of OD EDS Development Manager	Sept/Oct 2006 Dec 2006 Dec 2006
Meet the access and building requirements of the DDA (2005)	<ul style="list-style-type: none"> Estates leading on recommendations from recent audit of access and facilities for disabled people. 5 year prioritised Capital Investment Programme agreed by the Board to deliver improvements. Ensure new build and planned capital programmes are DDA compliant. 	Director of Finance / Director of Property and Support Services	Prioritised programme of upgrades has commenced To continue 2006-2011
Establish a NHSL Equality and Diversity Steering group	<ul style="list-style-type: none"> Membership from within NHSL Local authority partners Performance monitoring role of the DES Regular feedback to Disability stakeholder groups 	EDS Development Manager / Director of OD	

Set a regular engagement process with Disability Stakeholder Groups	<ul style="list-style-type: none"> • Establish Disability Engagement group • Report to NHSL • Routine programme for meetings established. 	EDS Development Manager / Director of OD/ North &	March 2007 Quarterly from June 2007
To ensure the views of public and staff are heard across NHSL	<ul style="list-style-type: none"> • Build on from Steering Group which was involved in Stakeholder Events 	PFPI Lead E&D Lead	2007 – 2009 Ongoing
Meet the Employment duty of the DDA	<ul style="list-style-type: none"> • Undertake a census of staff to ensure data accuracy • Ensure all staff are aware of their rights and responsibilities under the DDA • Enhanced Workforce monitoring : <ul style="list-style-type: none"> - Staff in Post - Applicants for employment, training and promotion - Staff receiving training; experience of appraisal; grievances or subject to disciplinary procedures - Those leaving NHSL 	HR OD/HR HR	February 2007 Ongoing from March 2007 March 2007 and quarterly thereafter
Improved communication Documentation be available in an	<ul style="list-style-type: none"> • Language strap-lines to be printed on all patient information and NHSL publicity material, including website and intranet. 	Patient Services Manager (Acute)	Sept 2007

<p>accessible format to meet the needs of the local population i.e.easy read version, simple language, audio cassette, Braille and large print.</p>	<ul style="list-style-type: none"> • NHSL translation service clearly co-ordinated. • Explore possibility of accessing materials in alternative formats (including modern technology). • Auditing the dissemination and effectiveness of the NHSL's Patient Information materials and interpreting policies. 	<p>EDS Development Manager</p> <p>Patient Services Manager / EDS Development Manager</p> <p>Patient Services Manager / EDS Development Manager</p>	<p>From April 2007</p> <p>Sept 2007</p> <p>March 2008</p>
<p>Continuing to ensure that venues for public events are fully accessible</p>	<ul style="list-style-type: none"> • Accommodation Audit Checklist published. • Managers to ensure compliance. 	<p>EDS Development Manager</p> <p>All Managers and PFPI Co-ordinators.</p>	<p>March 2007</p> <p>April 2006 and ongoing</p>

Appendix 2

Disability Equality Scheme Action Plan 2006 – 2009 (It should be noted that this 3 year Action Plan is work in progress and requires refinement and further discussion)

Objective 1:	Activity	Lead	Target Date
Leadership and Organisational Commitment : The Board is recognisably committed to promoting equality of opportunities for disabled people, promote good relations and eliminate discrimination			
1.1 To assess functions and policies for relevance to meeting general duty	To check that all policies, strategies and plans presented to the NHSL Board have carried out a full equality and diversity impact assessment (EDIA) prior to renewal and initial approval. This should be integrated into the corporate system for policy governance. Over a three year period all relevant policies will be EDIA for any potential to discriminate against disabled people	E&D Lead	Nov 2006 and ongoing
1.2 NHSL Board to make a public commitment to promote equality of opportunity for disabled people	<ul style="list-style-type: none"> • DES to be approved by the NHSL Board • Awareness raising: understanding of duties under the DDA/DES • Nominated Executive lead • Report (Six monthly) to Diversity and Equality Governance Committee 	E&D Lead	Dec 2006 Dec 2006 From April 2007
1.3 Ensure structures and systems are in place to promote disability equality	<ul style="list-style-type: none"> • Steering group to be established, chaired by Executive lead • Divisional Directors & responsible officers to be asked to report to the steering group regularly on progress 	E&D Lead	April 2007 Ongoing

1.4 NHSL Board committed to financial implications of DDA Compliance	<ul style="list-style-type: none"> • Capital Programme to be approved by the Board • Steering group to report to the Board regularly and to include financial implications of activity. 	Director of Finance	Oct 2006
1.5 Conduct annual disability audits with divisions and functional departments	<ul style="list-style-type: none"> • Report to Involve stakeholders e.g. SL and NL Disability Forums Authorities & other Partner Agencies 	E&D Lead	
1.6 Identify Equality and Diversity (including disability) Champions in each function and division	<ul style="list-style-type: none"> • Deliver Equality & diversity Champions Pilot Project (in conjunction with SEHD) 	E&D Lead	Ongoing
1.7 Continuing the local initiatives and partnerships created to date	<ul style="list-style-type: none"> • Establish a Disability Reference Group (stakeholder engagement). 	E&D Lead	April 2007 – March 2008
		Partnership work with SL and NL disability Forums.	March 2007 and Ongoing

<p>speech to text transcribing systems be available and easily accessed</p> <p>2.4 Providing and creating accessible information to disabled people including staff</p>	<ul style="list-style-type: none"> • all front line staff to understand the need to communicate directly with service user, unless otherwise informed • All staff in contact with a service user should proactively ask what the person's individual requirements are. • Development of information directory/directory of services <ul style="list-style-type: none"> • Complete NHSL information audit. • Optimise use of IM&T solutions. • Publicise solutions. 	<p>All managers, SL and NL Disability Forums</p>	<p>Audit -Aug 2007 Actions - Sept 2007 and ongoing</p>
<p>2.5 NHSL documentation be available in an accessible format to meet the needs of the local population i.e. easy read version, simple language, audio cassette, Braille and large print.</p>	<p>Organise service so language strap-lines can be printed on all patient information and NHSL publicity materials. (on Intranet)</p> <ul style="list-style-type: none"> • NHSL translation service clearly co-ordinated • Explore possibility of accessing materials in video format. • Auditing the dissemination and effectiveness of the NHSL's Patient Information materials and Interpreting policies 	<p>Head of Patients Affairs</p>	<p>Annual Review from 2007</p>

2.6 Health promotion and illness prevention information available	<ul style="list-style-type: none"> • Work with health promotions to improve access to health promotion information for all disabled groups 	Health promotions	
2.7 Advocacy Service available as required to facilitate access to hospital services	<ul style="list-style-type: none"> • Clearly advocacy guidelines • Work with voluntary sector to improve community access to local advocacy services. 		
2.8 Involve disabled people in designing , reviewing and monitoring of hospital and community based services		Director of PPS, CHP Directors, GMs	2007
2.9 Ensure disabled people are involved in progressing all developments agreed under a Picture of Health		NHSL Modernisation Programme Board	commenced
2.10 Continuing to ensure that venues for public events are fully accessible		All Managers and PFPI coordinators	Continuous

2.11 Ensuring that auxiliary aids such as loop systems are in place for disabled people and that staff are trained in their use		Property and Support Services/GMs	Continuous
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Objective 3	Activity	Lead	Target Date
Patient and Public Involvement and consultation: involve disabled people and their organisations with our work and support them to achieve their full potential in public life and within the workplace			
3.1 Gaining a clearer picture of local and national groups that promote the views, or who are elected to speak on behalf of disabled people.	<ul style="list-style-type: none"> Leads Develop database 	E&D Lead & PFPI Divisional	2007 - 2009
3.2 To ensure the views of public and staff are heard across NHSL	<ul style="list-style-type: none"> Build on from Steering Group which was involved in Stakeholder Events 	PFPI Lead E&D Lead	2007 - 2009
3.3 Ensuring that venues for public meetings are accessible for all disabled groups and to ensure the promotion inclusive venues.	<ul style="list-style-type: none"> Using guidance given by S AI Forum: www.saifscotland.org.uk & the DRC: http://www.drc.org.uk/fair4all/publicationsguidance 	Communications Team E&D Team PFPI Team	Ongoing

3.4 Involving service users and staff in developing further methods of gaining feedback		All managers PFPI Steering Group	Continuing
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Objective 4	Activity	Lead	Target Date
Workforce and Training: all disabled staff experience the organisation as a fair & want to stay			
4.1 Make arrangements to meet the Employment duty of the DDA 4.2 Improve all aspects of equal opportunities and diversity, including access to NHS careers, training and working patterns	<ul style="list-style-type: none"> • Undertake a census of staff to ensure data accuracy • Ensure all staff are aware of their rights and responsibilities under the DDA • Work with local community and voluntary groups to participate in increasing recruitment and development of • Set targets then monitor to improve accuracy of disability monitoring of: <ul style="list-style-type: none"> - Staff in Post - Applicants for employment, training and promotion - Staff receiving training; experience of appraisal; involvement of grievances or subject to disciplinary procedures - Those leaving NHSL • Set targets and action for recruitment and retention; training and progression; bullying 	<p>HR</p> <p>OD/HR</p> <p>HR/Community Groups</p> <p>HR</p>	<p>February 2007</p> <p>Ongoing</p>

	and harassment. Annually review results of staff survey and implement appropriate action plans in partnership with unions.		
4.3 Ensure venues used by staff meetings and training are accessible for all disabled people	<ul style="list-style-type: none"> Introduce an effective system of checking. 	HR/Dept Heads Support from SALUS	
4.4 Promoting opportunities for flexible working for disabled people or their carers		General Managers and HR Support from SALUS	Commenced
4.5 New staff induction course to include diversity and equality.	<ul style="list-style-type: none"> Awareness of the impact D&E within the workplace, as a service provider and user's perspective built in with the support of equalities groups. 	Organisational Development Department.	
4.5 Continue to use reasonable adjustments to support continuous employment at work where appropriate		Support from SALUS HR team/GMs	Commenced
4.6 Fully implement the Carers' Information Strategy		Modernisation Directorate :	2007

4.7 Monitoring the Dignity at Work policy in relation to its impact on disability equality		Director of HR	Commenced
4.8 Review the computerised recruitment process in order to improve data capture and monitoring		Director of HR	commenced

Objective 5	Activity	Lead	Target Date
Procurement			
5.1 To ensure contractors comply with DES when fulfilling NHSL contracts	<ul style="list-style-type: none"> Contracts with other organisations include the requirement to comply with the DES. Contract review meetings used as to ascertain equality policies and practices of contractors. 	Director of Finance & Divisional Leads	December 2006

Glossary:

DDA = Disability Discrimination Act 2005

DRC = Disability Rights Commission

NHSL = NHS Lanarkshire

PFPI = Patient Focus and Public Involvement

DES = Disability Equality Scheme

EDIA = Equality and Diversity Impact Assessment

Appendix 3: The Meaning of Disability (DRC: Code of Practice)

When is a person disabled?

A person has a disability if he has a physical or mental impairment, which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

What about people who have recovered from a disability?

People who have had a disability within the definition are protected from discrimination even if they have since recovered.

What does 'impairment' cover?

It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

Are all mental impairments covered?

The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning disabilities.

What is a 'substantial' adverse effect?

A substantial adverse effect is something, which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability, which might exist among people.

What is a 'long-term' effect?

A long-term effect of an impairment is one which has lasted at least 12 months, or where the total period for which it lasts is likely to be at least 12 months, or which is likely to last for the rest of the life of the person affected. Effects, which are not long-term, would therefore include loss of mobility due to a broken limb, which is likely to heal within 12 months and the effects of temporary infections, from which a person would be likely to recover within 12 months.

What if the effects come and go over a period of time?

If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to recur; that is if it is more probable than not that the effect will recur.

What are 'normal day-to-day activities'?

They are activities, which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or a sport, to a professional standard or performing a

skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition.

The test of whether impairment affects normal day-to-day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 to the Act. They are mobility, manual dexterity, physical coordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, or perception of the risk of physical danger.

What about treatment?

Someone with impairment may be receiving medical or other treatment which alleviates or removes the effects (though not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if substantial adverse effects are not likely to recur even if the treatment stops (i.e. the impairment has been cured).

Does this include people who wear spectacles?

No. The sole exception to the rule about ignoring the effects of treatment is the wearing of spectacles or contact lenses. In this case, the effect while the person is wearing spectacles or contact lenses should be considered.

Are people who have disfigurements covered?

People with severe disfigurements are covered by the Act. They do not need to demonstrate that the impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities.

Are there any other people who are automatically treated as disabled under the Act?

Anyone who has a diagnosis of HIV, Cancer or Multiple Sclerosis is automatically treated as disabled under the Act. In addition, people who are registered as blind or partially sighted, or who are certified as being blind or partially sighted by a consultant ophthalmologist are automatically treated under the Act as being disabled. People who are not registered or certified as blind or partially sighted will be covered by the Act if they can establish that they meet the Act's definition of disability.

What about people who know their condition is going to worsen over time?

Progressive conditions are conditions, which are likely to change and develop over time. Where a person has a progressive condition he will be covered by the Act from the moment the condition leads to an impairment which has some effect on ability to carry out normal day-to-day activities, even though not a substantial effect, if that impairment is likely eventually to have a substantial adverse effect on such ability.

Are people with genetic conditions covered?

If a genetic condition has no effect on ability to carry out normal day-to-day activities, the person is not covered. Diagnosis does not in itself bring someone within the definition. If the condition is progressive, then the rule about progressive conditions applies.

Are any conditions specifically excluded from the coverage of the Act?

Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed)
- seasonal allergic rhinitis (e.g. hay fever), except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism

Also, disfigurements which consist of a tattoo (which has not been removed), non-medical body piercing, or something attached through such piercing, are to be treated as not having a substantial adverse effect on the person's ability to carry out normal day-to-day activities.