

The Scottish Ambulance Service  
A Special Health Board of NHS Scotland

# **Disability Equality Scheme 2009 – 2012**

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## 1.Foreword

This is the Scottish Ambulance Service second Disability Equality Scheme. The scheme has been developed in partnership with disabled people, the public, our own patients, stakeholders and voluntary organisations. The Service has been able to share the expertise, resources and experiences of those who have taken part in this development and has been able to build on existing relationships and establish new ones.

It is recognised that significant work has been undertaken since the introduction of the first Disability Equality Scheme we are keen to ensure we build on the good work done and acknowledge that there is still much to do.

In this context we are mindful of the relevant parts of our values which are;

- Put the patient at the heart of everything we do
- Treat each and everyone with respect and dignity
- Act with integrity, openness and honesty
- Encourage learning, creativity, innovation and new ways of working
- Challenge abuse, discrimination or harassment

We are determined to deliver a disability equality action plan that will both make a real difference to the disabled communities we serve and reflects the values of our Service.

Pauline Howie  
Chief Executive Officer

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## 2. Introduction

At the frontline of the NHS in Scotland the Scottish Ambulance Service provides an emergency and non emergency service to more than 5 million people across mainland Scotland and its island communities.

The Service employs 4 thousand highly skilled staff and responds to nearly 600 thousand Accident and Emergency calls each year, around 430 thousand of which are 999 calls. Almost 1.6 million patients are carried to and from hospital by our Patient Transport Service and our air ambulance service deals with 3 thousand incidents per year.

Demand for ambulance services is increasing every year. Scotland's population lives longer, is more culturally diverse, is better informed, has greater expectations and has more complex needs than ever before.

A Disability Equality Review has been conducted to report on the progress made since the introduction of our first Disability Equality Scheme in 2006. As part of this review the Disability Equality Scheme has been revised and updated to ensure that it is fit for purpose and reflects the priorities identified to take our disability equality work forward.

The key tasks identified are detailed on the Action Plan 2009 – 2012. We now have much more information on which to base these priorities than we had in 2006. This Action Plan can be seen at Appendix 1.

### 3. Legal framework

The Disability Discrimination Act 1995 was amended by the Disability Discrimination Act 2005 placing a general duty on all public authorities to have due regard to the needs of people with disability when carrying out its functions and to promote disability equality. They will need to:

- promote equality of opportunity between disabled people and other people
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled people that is related to their disabilities
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life, and
- take steps to take account of people's disabilities, even where that involves treating disabled people more favourably than other people.

The overarching goal of this general duty is to promote equality of opportunity for disabled people. The other elements of the duty support this goal although they must be considered in their own right.

A listed public authority must involve disabled people in the development of a Disability Equality Scheme which demonstrates how it intends to fulfill its general and specific duties and which includes a statement of:

- the way in which disabled people have been involved
- the methods for impact assessment
- steps which the authority will take towards fulfilling its general duty (the Action Plan)
- the arrangements for gathering information in relation to employment and, where appropriate, its delivery of education and its functions.
- the arrangements for putting the information gathered to use, in particular to review the effectiveness of its action plan and in preparing subsequent Disability Equality Schemes.

Within 3 years of the Scheme being published, take the steps set out in its action plan and put into effect the arrangements for gathering and making use of information.

Publish an annual report containing a summary of the steps taken under the action, the results of its information gathering and the use to which it has put the information.

## 4. Adopting a social model of disability

The Disability Discrimination Act 1995 [DDA] says that:

"A person has a disability if he/she has a physical or, mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities" [See Appendix 2 for more details]. Some disabled people feel this focuses too much on a 'medical model of disability. In the past, many public services framed the issue of disability as a 'medical' model where the solutions tended to focus around the idea of curing the person or making them 'better'.

The term 'mental impairment' covers a wide range of disabilities relating to mental functioning, including what is often known as 'learning disabilities'. A 'substantial adverse effect' is one that is more than minor or trivial, and 'long-term' means it has lasted, or is likely to last, at least 12 months, or for the rest of the person's life.

So disabilities include a wide range of physical and mental impairments, such as Alzheimer's disease, arthritis, depression and diabetes. The scope of the DDA was extended in 2005 to cover, from the time of diagnosis, people with HIV infection, cancer or multiple sclerosis.

The code of practice for the DDA 2005 moves this issue on by explaining that:

"The poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers."

This is known as 'the social model of disability'. The social model of disability explains that it is social 'barriers' that cause 'disability' not impairments. These barriers can be:

- prejudice and stereotyping
- little or no access to information, buildings or transport
- the way things are organised or run

By following the Social Model the Service is working to reduce barriers that can exclude many disabled people.

The social model of disability was created by disabled people themselves. . It was primarily a result of society's response to them but also of their experience of the health and welfare system which made them feel socially isolated and oppressed.

The denial of opportunities, the restriction of choice and self determination and the lack of control over the support systems in their lives led them to question the assumptions underlying the traditional dominance of the medical model.

Disabled people, irrespective of the nature of their impairment, all too often still share a commonality of exclusion. It follows that if disabled people are to be able to join in mainstream society, which is their human right, the way society is organised must be changed.

The Service recognises that many people who use British Sign Language see themselves as a linguistic minority and not as 'disabled' people.

'Deaf' is a way of describing a culture with its own sign language, lifestyle, history, and a sense of belonging. This is a cultural model of deafness rather than a medical model and defines being Deaf as a positive way of experiencing the world visually.

The medical model of deafness focuses on how much someone's hearing differs from the norm and attempts to improve the underlying disease/condition.

This Scheme is only intended to address disability issues. However, the Service will adopt a cultural model as and when necessary. This may be relevant to a number of other groups who do not necessarily recognise themselves as being disabled e.g. diabetics etc., but are afforded the same degree of legislative protection.

## **Population profiling**

It is recognised that public authorities including the Service must have access to accurate and current demographic information. To this end, the Service is working in collaboration with the local authorities, territorial Health Boards and other service providers to develop an accurate, reliable and fact based demographic profile for our territorial operating divisions and nationally to support service planning and employment practices.

## **Information on disability**

- One-in-five of the Scottish population has a disability.
- In Scotland, there is a disabled person or a person with a long-term illness living in just over one in three households.
- Approximately four in ten [42 per cent] of all households with a disabled person have an 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.

- Households with a disabled person, or a person with a long-term illness, are more likely to rent from a local authority or a housing association than to rent privately or to own their home.
- Disabled people hold only 3 per cent of public appointments.
- One in five disabled Scots has experienced harassment because of their disability.
- Scotland has an ageing population and the probability of having a disability increases with age. The average age of a person with a long-term illness, health condition or disability is 58 years [General Register Office Scotland, 2003].
- It is estimated that 729,000 people have some form of hearing loss, deafness or may be a deaf person [RNID]
- Eighty per cent of hearing impaired people are aged over 60 years [Scottish Executive, 2003].
- It is estimated that between 5,000 and 7,000 hearing impaired people use British Sign Language in Scotland.
- It is estimated that there are 180,000 people in Scotland who have serious sight problems [RNIB Scotland]
- Around 44,900 people registered as blind and 43,000 people registered as partially sighted in the UK were reported as having an additional disability [NHS - National Statistics March 2008]
- Five percent of disabled people use wheelchairs
- In May 2003 an estimated 18,066 adults with learning disabilities were known to local authorities throughout Scotland [Scottish Executive, 2004]
- One in 10 people in Scotland is thought to be dyslexic to some degree and of these one in four could be severely dyslexic [Dyslexia Scotland]
- One in four people will experience a mental health problem at some point in their lives [Scottish Association for Mental Health].
- The World Trade Organisation predicts that depression will be the leading cause of disability by 2020.
- The 2001 Census found that 20 per cent of the Scottish population reported having a long-term illness, health condition or disability [General Register Office Scotland, 2003].
- There are 2.6 million with diabetes in the UK and there are up to half a million people with diabetes who have the condition and don't know it [Diabetes UK]
- HIV is the latest growing serious health condition in the UK. By 2009 it is estimated that there will be over 80,000 people living with HIV, a quarter of which will not know it [Terence Higgins Trust]

## 5. Implementing the Disability Equality Scheme – make a firm commitment to disability equality and show effective leadership in service delivery and employment

The overall responsibility for the scheme remains with the **Chief Executive Officer** as the Accountable Officer, ensuring that the Service meets its responsibilities under the Disability Discrimination Act and ensuring that the Scheme is implemented.

The **Director of Human Resources and Organisational Development** is responsible for ensuring progression of the Disability Equality Scheme (and Equality & Diversity functions) at a strategic level and for monitoring progress within employment, as well as providing an annual report to the Service Board. The **Chief Operating Officer, General Managers** and **Heads of Department** are responsible to the Board for implementation and operational progression of this Scheme.

The **Equalities Manager** has responsibility for raising awareness of disability and promoting best practice across the Service in order to progress this Scheme through the Equality and Diversity Steering Group.

**Heads of Service** and individual **Managers** have a responsibility to promote disability equality within their departments and ensure that the principles of the Disability Equality Scheme are embedded within their business plans, action plans, policies, practices and procedures. They also have a responsibility to protect members of staff from unfair treatment, discrimination, prejudice, harassment or bullying and take positive action to address disability issues, support staff and respect confidentiality at all times. They also have a duty to ensure staff are aware of their responsibilities under the Disability Equality Scheme through access to training and awareness raising.

The operational responsibility for meeting the requirements of the Act and integrating disability equality into service provision and employment lies with **all** members of staff. This includes an individual responsibility to maintain an awareness of disability issues, ensure that behaviours are appropriate at all times, ensure training is obtained where relevant and openly challenge inappropriate behaviour.

Trade Unions and **Staff Side Representatives** have a responsibility to work in partnership with the Service to tackle disability discrimination, prejudice and harassment at work.

The implementation of the Scheme is supported by the Patient Focus and Public Involvement Steering Group and Equality & Diversity Steering Groups. The Service's Equal Opportunities Policy and Race and Gender Equality Schemes also encompass the broader principles of this Scheme.

A report will be produced annually detailing progress made towards the achievement of the outcomes detailed in the Action Plan.

In updating our Disability Equality Scheme we have taken into account the report of the Ministerial Task Force – Equally Well<sup>1</sup> [June 2008] and recommendations relevant to our Service. We continue to act as an exemplar in increasing and supporting healthy employment for vulnerable groups [recommendation 22]. This has and will continue to include providing additional support where appropriate for disabled people in the workplace.

The Service recognises the need to take opportunities to play a leadership role in promoting good relations within communities, recognising the impact of discrimination and disadvantage to health [recommendation 62] We continue to involve and engage groups of people, including disabled people across Scotland with our work.

We have also taken into account the report of Scottish Ministers<sup>2</sup> particularly those areas highlighting where progress on access to health care has been less evident in Disability Equality Schemes.

## **6. Involving disabled people – involve disabled people and their organisations in our work**

We are committed to continue to involve disabled people in the development of our Disability Equality Scheme. In formulating our Action Plan we have taken in to account the views of disabled people including patients, carers, staff, groups representing disabled people and stakeholders.

Nationally we have developed links with a number of organisations including the Royal National Institute for the Deaf, Health Happiness, Dyslexia Scotland, Depression Alliance Scotland, Epilepsy Scotland, Capability Scotland, Carers Scotland and Scottish Disability Equality Forum.

At a local level operating divisions have links with groups based within their own communities and engage with these regarding service development / redesign and how the Service is able to improve the experience and access to the service for our patients. For example a joint event 'Shaping Emergency Services' was held at the Sensory Centre, Falkirk on 26<sup>th</sup> September. Representatives from Central Police, Central Fire and Rescue, Forth Valley Health Board and the Scottish Ambulance Service were present. Focused discussion took place with the sight impaired and hearing impaired communities. The event was well received and prompted some good suggestions as to how access to our service could be improved for these communities. It has been agreed that a follow up event will take place in

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<sup>1</sup> The Ministerial Task Force on Health Inequalities – Equally Well - June 2008

<sup>2</sup> Report on progress towards equality of opportunity between disabled persons and other persons made by Public Authorities in Scotland: Scottish Ministers Duties – Health & Wellbeing

approximately 6 months time to provide feedback and to report on the progress made.

Stakeholder events have also been held to engage with communities across Scotland in the development of 'Our future Strategy'. More focus groups are planned to involve as many disabled people as possible in this development work which is key to determining the future of our service provision.

Appendix 3 highlights the breakdown of disabled patients who have contributed to the development of this Disability Equality Scheme and Action Plan.

## **7. Impact assessment – consider the effect of service and policy change for disabled people**

We have revised our list of functions, policies and practices relevant to the general duty. This list can be seen at Appendix 4. We have followed a three stage process in listing all our functions, policies and practices, have assessed the degree of relevance to the general duty and consulted staff and stakeholder organisations on this list to determine a final list of priorities.

We continue to monitor our programme of Equality Impact Assessing our new policies, functions and practices relevant to the duty to promote equality of opportunity for disabled people and to eliminate discrimination. Particular attention is being given to the equality impact assessment of all projects to ensure any negative impacts are avoided, learning can be shared and outcomes monitored. We endeavour to involve disabled staff where appropriate in the assessment process and engage with groups representing disabled people to ensure their needs are taken in to account.

The programme of equality impact assessment training continues to ensure we build capacity across the Service and an increased awareness of equality and diversity issues. Our equality impact assessment process includes assessment across all six equality strands including disability.

We will continue to use the knowledge, information and experience that emerges as we implement our action plan to ensure we are able to review and reprioritise our policies, functions and practices where appropriate.

## **8. Gathering and using information – measure and monitor to ensure we meet the disability equality objectives we set**

To enable us to assess and analyse the impact of our policies on disability equality we continue to monitor our staff establishment through staff disclosure as disabled / non disabled in the following areas;

- Those who apply and receive training

- Applicants for promotion
- Those who benefit / suffer detriment from performance appraisals
- Those involved in grievance procedures
- Those who claim bullying, harassment or victimisation
- Those who are subject to disciplinary action
- Those who end their service with us

The number of applications for employment with the Service from disabled people are also monitored.

In order to improve the capture of this information from current employees we write to staff every year as part of our commitment to the 'Positive about disabled people' initiative to encourage self disclosure of disability.

Gathering this data assists the service in identifying whether the employment practices in place are fair and equitable.

We also make use of data we gather by way of the following;

- Staff surveys
- Partnership Forums
- Information from specific conferences and workshops
- Local Continuous Improvement / Involving People Groups
- Questionnaires and surveys
- Involvement of disabled people on project boards
- Specific involvement with disabled people e.g. vehicle design
- Complaints data
- Requests for information in accessible formats

## **9. Training and awareness – build a positive and well informed disability equality culture based on the Social Model of Disability**

The Service strives to improve training and awareness of disability equality for all staff.

The revision of the induction handbook is nearing completion. The updated material will include additional information on equality and diversity including disability equality.

The Service induction programme has been reviewed, revised and updated and launched across the Service and this includes corporate and local induction programmes. The equality and diversity section includes details specifically relating to the disability equality duty

Under the Agenda for Change programme all Health Boards within NHS Scotland have introduced the Knowledge and Skills Framework [KSF]. Under

KSF all staff will have a description of the knowledge and skills needed to fulfil the requirements of their role [post outline], a personal development plan detailing their learning requirements and the ability to access learning and development opportunities. It will now be possible to identify common training needs and identify gaps in knowledge and skills. There are six core dimensions which apply to all roles / KSF post outlines. One of these is equality and diversity [core dimension 6] and as such common gaps in this area will assist and inform future training plans.

Epilepsy Scotland are supporting the Service with the epilepsy course delivered at the Scottish Ambulance Service College.

## **10. Accessibility – create accessible environments**

During the last three years work has been completed to ensure equality of access to our premises.

Work continues to ensure our website is accessible and further revisions are to be made to the internal intranet to ensure easier access to information for staff. Information provided on our website is available in alternative formats upon request.

We will ensure patient information e.g. patient leaflets are produced in accessible formats.

We will also ensure this Disability Equality Scheme is available in word and easy read formats on our website.

## **11. Communicating the results**

Our Disability Equality Scheme will be reviewed again in 2012. We will continue to monitor our Action Plan to ensure progress is made.

Annual reports will be published in December 2010 and 2011 to provide specific detail on the progress made during the year.

This revised Disability Equality Scheme will be published on the Scottish Ambulance Service website as well as the intranet. We will continue to raise the profile of disability equality as widely as possible through communications with our staff including articles in the staff magazine, the weekly Chief Executive Bulletin and divisional newsletters.

## **12. Acknowledgements**

The Duty to Promote Disability Equality – Statutory Code of Practice Scotland – Disability Rights Commission

Disability Equality Schemes: the three yearly review – Equality & Human Rights Commission

Report on progress towards quality of opportunity between disabled persons and other persons made by Public Authorities in Scotland: Scottish Ministers' Duties – Health & Wellbeing

The Social Model of Disability, G Carson, Scottish Accessible Information Forum

Report of the Ministerial Task Force on Health Inequalities ('Equally Well', 19 June 2008)

## Disability Equality Action Plan 2009 - 2012

## Appendix 1

### 1. Implementing the Disability Equality Scheme – make a firm commitment to disability equality and show effective leadership in service delivery and employment

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
Review Disability Equality Scheme	Dec 2009	Publish Disability Equality Review on website	Equalities Manager	High – non compliance with specific duties	To ensure tasks detailed on the Action Plan are progressed, revised and where appropriate key areas are reprioritised
Identify gaps where progress is not being made and recommend interventions as appropriate	On going	Monthly reporting to Director of HR & OD Liaison with identified Leads to ensure support provided	Equalities Manager / Leads	Medium – outcomes intended will not be achieved	To ensure progress is made against tasks prioritised in Action Plan
The Carers Strategy will be reviewed, updated and published in 2010.	Sept 2010	Publish Carers Strategy on website	Continuous Improvement Manager	Low – to establish ways to improve the service and access for carers	To build on work already done to ensure carers rights and needs are taken into account as appropriate
Continue our work in partnership with British Heart Foundation and we	On going	Monthly reports of Community Resuscitation Development	CDRO's Patient Focus Public Involvement Lead	Medium – to ensure community engagement continues to develop	Sustained dialogue and involvement with disabled people / representative groups.

will identify where support can be provided specifically for disabled people within local communities by way of emergency life support training		Officers PFPI quarterly updates			
Review the current procurement pre qualification questionnaire to ensure this is accessible to all	March 2010	Reviewed document with changes where appropriate	Head of Procurement Equalities Manager	High – to ensure policy is not discriminatory	Compliance with disability duties

## 2. Involving disabled people – involve disabled people and their organisations in our work

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Where links have been established with disabled groups and individuals, continue to work in	On going	Actions from meetings – tasks taken forward	Equalities Manager Divisional Leads	High – involvement with disabled people is key specific duty	Better informed staff and disability sensitive services. Sustained involvement with groups / individuals.

partnership to ensure the needs of disabled people are taken into account, e.g. new vehicle design					
Continue to increase the number of disabled people who would be willing to work with the Service	On going	Increased number of people on data base. Minutes of meetings	Patient Focus Public Involvement Lead	High – involvement with disabled people is key specific duty	Better informed staff and disability sensitive services
Establish a group of staff to work with the Equality Lead to identify ways to raise awareness of dyslexia and to produce guidance for line managers.	Confirm group Dec 2009  Produce guidance April 2010	Guidance for managers produced	Equalities Manager	High – improve understanding of dyslexia will promote equality of opportunity a key element of the general duty	Increased understanding of dyslexia. Increased accessibility for staff with dyslexia.

### 3. Impact assessment – consider the effect of service and policy change for disabled people

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
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Continue to provide Equality Impact Assessment training to build capacity across the Service [to include Managers, Service Redesign, Health & Safety, NRRD teams and those disabled staff who wish to become involved]	July 2010	Training records Completed EQIA records	Equality Manager	High – impact assessment is key specific duty	Increased capacity and understanding of EQIA across organisation. Ensure EQIA is considered at the start of policy development / service redesign. The views of disabled people are taken into account and future policy / services are inclusive.
Continue to assess the functions, policies and practices highlighted as high priority across all equality strands and ensure all projects go through EQIA	On going	EQIA reports	Equality Manager Project Leads Service Redesign Managers	High – impact assessment is key specific duty	Identify positive and negative impacts on disabled groups. Take appropriate action to minimise negative impacts. Ensure learning outcomes are shared.
Monitor all EQIA activity centrally	On going	EQIA central log	Equality Manager	High – impact assessment is key specific duty	Ensure learning is shared and outcomes are monitored.
Monitor the number	On going	Monthly reports to	Equalities	High– identify trends	Address any trends relating

of cases raised through the Anti Bullying and Harassment Campaign, identify any trends relating to disability equality and take necessary action where appropriate.		Director of HR & OD	Manager	– key to general duty	to disability equality and identify ways to intervene as appropriate to improve behaviours.
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**4. Gathering and using information – measure and monitor to ensure we meet the disability equality objectives we set**

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Write to staff on an annual basis to encourage self disclosure of any disability, raise any concerns they have and to provide the appropriate support to facilitate adjustment / continued	Nov 2009, 2010 & 2011	Copy letter Updated records	Personnel Services Manager	High – key to general duty	Provide additional support to staff where appropriate to facilitate continued employment

employment.					
Identify ways of increasing the number of disabled people applying for posts in order to increase the number of disabled staff.	Dec 2009	Examples of advertising	Recruitment Manager	High – Key to general duty	Increase the number of disabled people applying for posts to 3%. Increase the number of disabled staff employed to 2% by end 2010 and 3% by end 2011
Provide further guidance to encourage applicants to disclose equality details and ensure this information is captured.	Dec 2009	Updated guidance.	Equalities Manager	Low – support disabled applicants	Increase in number of applicants using 'two tick' guaranteed job interview
Publish the results of disability equality monitoring annually as part of the Equality Monitoring Report.	Dec 2009 & Dec 2010	Report published on website	Equalities Manager	Medium – gathering information key to the specific duties	With improved reporting gaps and trends can be identified and consideration given to intervention required for improvement

## **5. Training and awareness – build a positive and well informed disability equality culture based on the Social Model of Disability**

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Deliver 'train the trainer' courses for divisional leads to facilitate the delivery of the 'safe talk' suicide prevention training across the Service.	Dec 2010	Training records	College Training Manager	Low – to increase awareness	Raise awareness of mental ill health / suicide prevention for clinical / non clinical staff. Provide guidance for managers to support staff where issues are identified.
Further develop the cab based communication tool to provide additional support for those patients with hearing impairments, a learning disability, speech impairments or whose first language is not English.	March 2011	Tool available through cab based terminals	Clinical Improvement Manager	High – part of general duty	Increased understanding of communication support that may be required by disabled people. Better communication for all patients and particularly those with additional support needs. Identify how many patients use this facility and what specific needs they have.
Consider and develop ways to further raise	June 2010	Training records	Equalities Manager College Training	Medium – to ensure a better understanding	Improved disability sensitive service and employment practices.

disability equality awareness for all staff			Manager		
Review and revise consent strategy taking into account the need to include reference to adults and children with incapacity / use of welfare guardianship	June 2010	Consent strategy	Clinical Improvement Manager Continuous Improvement Manager Equalities Manager	Medium – improved access key to the general duty	Updated and more appropriate strategy

## 6. Accessibility – create accessible environments

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Further work will continue to upgrade the layout of the intranet to ensure communication links across the Service and access are improved.	Dec 2010	New sections of the intranet will be upgraded and re-launched	Website & Intranet Communications Officer	Medium – improved layout will increase accessibility and is key general duty	Increased accessibility in the use of the intranet for staff who have a disability.

Develop ways to encourage hearing impaired people to register for SMS messaging.	June 2010	Engagement with voluntary organisations. Usage of SMS through EMDC	Equalities Manager	High – improved accessibility for disabled people is key general duty	Increased awareness of SMS across hearing impaired community. Use of SMS increases through EMDC
Monitor the use of SMS messaging in order to establish how effective this service is, how well it is received by users and where improvements can be made	March 2010	Usage reports – EMDC Discussion with SMS Users and their Carers	EMDC Quality & Development Manager	High – improved accessibility for disabled people is key general duty	Increased usage of SMS. Ways to improve this service are identified and fed into national group implementing service across emergency services
Identify ways of improving access to the Patient Transport Service booking system in general and for the hearing impaired community in particular.	Dec 2010	Increased use of booking system by hearing impaired community	Equalities Manager Service Redesign Lead	High – improved accessibility for disabled people is key general duty	Disabled people are able to access and book their own transport.
Develop a patient leaflet detailing how to access Patient Transport Services	Dec 2010	Leaflet	Equalities Manager Patient Focus Public Involvement Lead	High - – improved accessibility for disabled people is key general duty	Improved communication with disabled people who are more aware of the services provided and know how to access these

			Communications Manager		
Develop a policy for the transport of guide dogs / hearing dogs with disabled patients	June 2010	Policy	Equalities Manager Divisional Leads Heads of Service – Patient Transport Services	Medium – will increase accessibility for disabled people	Clear understanding of Service policy. Increased awareness of the needs of disabled people and consistent approach

## 6. Communicating the results

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Produce annual progress reports	Dec 2010 Dec 2011	Publish Disability Equality Scheme reports on website	Equalities Manager	High – non compliance with specific duties	To ensure tasks detailed on the Action Plan are progressed

## Appendix 2: The Meaning of Disability (taken from the 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.

## Appendix 3

Disabled patients / members of the public were asked if they had any of the following conditions that had lasted, or were expected to last, at least 12 months.

Summary table to illustrate the types of disabilities experienced – shown by percentage of total

Deafness /severe hearing impairment	34	A learning disability, such as Down's syndrome	4	A chronic illness, such as cancer, HIV, diabetes, heart disease or epilepsy	15	Male	47
Blindness or severe vision impairment	27	A learning difficulty, such as dyslexia or dyspraxia	1	Other condition	9	Female	53
A physical disability [a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying]	58	A mental health condition, such as depression or schizophrenia	4	No	4		

A high proportion of those asked had multiple disabilities.

## Appendix 4

# Review of functions, policies and practices for relevance to the general duty on disability equality

All of the policies and functions have been reviewed in relation to how relevant they are to the general duty as laid out in the Disability Discrimination Act 2005 and as defined in the Statutory Code of Practice on the Duty to Promote Disability Equality.

To assess relevance, the table lists what part of the general duty each policy or function relates to as follows;

- A promote equality of opportunity between disabled persons and other persons
- B eliminate discrimination that is unlawful under the Act
- C eliminate harassment of disabled persons that is related to their disabilities
- D promote positive attitudes towards disabled persons
- E encourage participation by disabled persons in public life
- F take steps to take account of disabled persons disabilities, even where that involves treating disabled persons more favourably than other persons

The potential to affect disabled groups differently is considered on the following scale

- 0 none
- 1 a little
- 2 some
- 3 substantial

Priority

- 0 – 1 low
- 1 – 2 medium
- 2 – 3 high

Policies & functions	Status	Internal or external	Relevance			Comments
			Link to 6 aspects of general duty	Potential to affect disabled groups differently	Priority High, Medium or Low	
	Current / proposed		Link to 6 aspects of general duty	Potential to affect disabled groups differently	Priority High, Medium or Low	
<b>Function: Operations - Chief Operating Officer</b>						
Transporting patients to hospital appointments	Current	Both	A B C D F	3	High	Scope for different treatment / adverse impact
Attending patients in an emergency	Current	Both	A B C D F	3	High	Scope for different treatment / adverse impact
Emergencies – mental health	Current	Internal	A B C D & F	2	Medium	Influences practical delivery of general duty
Mental health care & treatment	Current	Internal	A B C D & F	2	Medium	Influences practical delivery of general duty
Project development – mental health first aid training	Current	Internal	A B C D & F	1	Medium	Influence practical delivery of general duty
Paramedic / Technician JRCALC Guidelines	Current	Internal	A B C D & F	1	High	Impact on direct patient care
Mental Health	Current	Internal	A B C D & F	2	Medium	Influences practical delivery of general duty
<b>Function: Clinical – Director of HR &amp; Clinical Development</b>						
Clinical reporting standard	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
FAQ's	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Memo of understanding	Current	Internal	-	0	Low	Little evidence of potential for adverse impact

<b>Function: Finance – Director of Finance</b>						
Payroll procedures	Current	Internal	F	1	Low	Little evidence of potential for adverse impact
Purchasing / ordering	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Financial planning	Current	Internal	A B C D E & F	2	Medium	Investment in improving access to property and scope for promoting good relations
Processing of accounts	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Petty cash/ banking	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Disposal of assets	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Expenses	Current	Both	A B D E & F	2	Medium	Scope for differential treatment / adverse impact
<b>Function: Procurement – Head of Procurement</b>						
Dealing with suppliers – guidance	Current	Both	A B C D & F	2	Medium	Fairness, openness & transparency are key. Scope for promoting good relations and positive external image of the organisation
Environmental policy	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Tendering process / guidance /specification setting	Current	Both	A B C D & F	2	Medium	Fairness, openness & transparency are key. Scope for promoting good relations and positive external image of the organisation
Uniform disposal	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Uniform – contract review	Current	Internal	-	0	Low	Little evidence for potential for adverse impact
Computerised ordering system [PECOS] training	Current	Internal	A	1	Low	Little evidence for potential for adverse impact
Procurement Strategy	Current	Internal	A B D E	1	Low	Little evidence for potential for adverse impact
<b>Function: Fleet – General Manager Fleet Services</b>						
Blue light status	Current	Internal	-	0	Low	Little evidence of potential for adverse

						impact. Status dependent on role
Lease car scheme	Current	Internal	-	0	Low	Dependent on role
Acquisition / procurement	Current	Internal	A B C D & F	2	Medium	Scope for promoting good relations and positive external image of organisation
New vehicle specification	Current	Internal	A B D & F	2	Medium	Takes into account special needs of individuals & therefore scope for differential treatment / adverse impact
Environmental policy	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
<b>Function: Estates – Estate Manager</b>						
Construction regulations	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Guidance for Safe Working i.e. asbestos, electrical etc	Current	Internal	-		Low	Little evidence of potential for adverse impact
Fire safety policy	Current	Internal	F	1	Low	Little evidence of potential for adverse impact
Environmental strategy	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Spillages	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Sustainable development	Current	Internal	A B D & F	2	High	Essential to meet the general duty. Action plan in place to improve physical access to premises
<b>Function: Information, Communications &amp; Technology – General Manager ICT</b>						
Equipment adoption request	Current	Internal	A B D & F	2	Medium	Essential to meet the general duty
Use of equipment	Current	Internal	A B D & F	1	Low	Little evidence of potential for adverse impact
Internet & email policy	Current	Both	A B	1	Low	Little evidence of potential for adverse impact
Website / development	Current	Internal	A B D E & F	2	Medium	Essential to meet the general duty

Staff training plan	Current	Internal	A B & F	2	Medium	Essential to meet the general duty
Guidelines – good practice	Current	Internal	A B & F	1	Low	Little evidence of potential for adverse impact
Intranet [Samson] user guide	Current	Internal	A B	1	Low	Little evidence of potential for adverse impact
ICT Security Policy	Current	Internal	-	0	Low	No evidence of adverse impact
Data backup and transfers policy	Current	Internal	-	0	Low	No evidence of adverse impact
Code of practice for service issued equipment	Current	Internal	A	1	Low	Little evidence of potential for adverse impact
ICT Strategy	Current	Internal	A B D	1	Low	Little evidence of potential for adverse impact
<b>Function: Emergency Medical Dispatch Centre / PTS Call Handling – Head of Control / Head of Service</b>						
Command & control operating procedure [call taker protocols]	Current	Internal	A B C D & F	2	Medium	Essential to meet the general duty. Scope for different treatment
Patient Transport Service booking procedure	Current	Internal	A B C D & F	2	Medium	Essential to meet the general duty. Scope for different treatment
Critical incident reporting	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Continuity plans for loss of operating procedure	Current	Internal	-	0	Low	Little evidence of potential for adverse impact
Command & control Audit Procedure	Current	Internal	A B C D & F	2	Medium	Essential to meet the general duty. Scope for different treatment.
Use of interpreting service [Language Line]	Current	Both	A B D	2	Medium	Scope for different treatment
<b>Function: Personnel – Head of Personnel</b>						
Absence management	Current	Internal	A B C D & F	2	Medium	Potential for different treatment. No evidence of adverse impact
Adoption & fostering	Current	Internal	A B C D	1	Low	No evidence of potential for adverse impact

Driving licence administration	Current	Internal	-	0	Low	No evidence of adverse impact
Appraisal / Performance Development & Review	Current	Internal	A B D & F	2	Medium	Use of this will assist in mainstreaming equality & diversity into all staff work objectives and training plans
Occupational stress	Current	Internal	-	0	Low	No evidence of adverse impact
Dignity at work / bullying and harassment	Current	Internal	A B C D & F	2	Medium	Policy to identify & challenge discrimination in the workplace.
Discipline	Current	Internal	A B C D & F	2	Medium	Tool for dealing with discrimination in the workplace
Whistle blowing policy	Current	Internal	B	1	Low	No evidence of adverse impact
Disclosure	Current	External	-	0	Low	No evidence of potential for adverse impact
Equal opportunities	Current	Both	A B C D & F	3	High	Vehicle for promoting equality across the whole of the organisation. Essential to meet the general duty.
Facilities for TU Reps	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Career breaks	Current	Internal	A B D & F	2	Medium	Scope for different treatment
No smoking	Current	Internal	-	0	Low	No evidence of potential for adverse impact
Job sharing	Current	Internal	A B D & F	2	Low	No evidence of potential for adverse impact
Management of Aids/ HIV	Current	Internal	A B D & F	1	Low	No evidence of potential for adverse impact
Management of change	Current	Internal	A B	1	Low	No evidence of potential for adverse impact
Capability	Current	Internal	A B D F	2	Medium	Essential to meet the general duty. Scope for different treatment
Maternity provisions	Current	Internal	A B D & F	1	Low	No evidence for potential adverse impact
Parental leave	Current	Internal	A B D & F	1	Low	No evidence for potential adverse impact
Paternity leave	Current	Internal	A B D & F	1	Low	No evidence for potential adverse impact
Relocation & expenses	Current	Internal	A B & F	1	Low	No evidence for potential adverse impact
Resolution of differences	Current	Internal	A B D & F	2	Low	No evidence for potential adverse impact
Special leave	Current	Internal	A B D & F	2	Low	No evidence for potential adverse impact
Business conduct	Current	Internal	A B C D & F		Low	No evidence for potential adverse impact
Recruitment and selection	Current	Both	A B C D & F	3	High	A critical element of meeting the general duty
Flexible working policy	Draft	Internal	A F	2	Medium	Scope for different treatment
Race Equality Scheme	Current	Internal	A B C D E & F	1	Low	Contributes to integration of equal

						opportunities across communities
Disability Equality Scheme	Current		A B C D E & F	3	High	Essential to meet the general and specific duties
Gender Equality Scheme	Current		A B C D E & F	1	Low	Future contribution to equal opportunities across organisation
Workforce plan	Current	Internal	A D	1	Low	No evidence of potential adverse impact
Training, Education & Development	Current	Internal	A B D & F	2	Medium	Scope for different treatment
HR Strategy	Current	Internal	A B C D & F	2	Medium	Scope for different treatment
Shift review policy	Proposed	Internal	A F		Low	No evidence of potential adverse impact
Staff handbook	Proposed	Internal	A B C D	2	Medium	Scope for different treatment
Job evaluation note for managers	Proposed	Internal	<b>B</b>	2	Medium	Scope for different treatment
Relationships at work – guidance note	Current	Internal	A B	2	Medium	Scope for different treatment
<b>Function: Health &amp; Safety – Health &amp; Safety Manager</b>						
Substance abuse	Current	Internal	A B	1	Low	No evidence of potential adverse impact
Infection control policy, procedures and guidance	Current	Internal	F	1	Low	No evidence of potential adverse impact
Display Screen Equipment & guidance	Current	Internal	F	1	Low	No evidence of potential adverse impact
Health & Safety policy, organisation & responsibility	Current	Internal	F	1	Low	No evidence of potential adverse impact
Accident & incident reporting	Current	Internal	F	1	Low	No evidence of potential adverse impact
Risk assessment & RA Forms	Current	Internal	A F	2	Medium	Scope for different treatment
Violence & aggression	Current	Internal	A B D & F	1	Low	No evidence of potential adverse impact
Violence & aggression training needs analysis						
Violence & aggression address tagging process						

Manual handling/assessments	Current	Internal	F	1	Low	No evidence of potential adverse impact
Key training competencies						
Audit & review	Current	Internal	A B F	2	Medium	Scope for different treatment
Control of working at height	Current	Internal	-	0	Low	No evidence of potential adverse impact
H S & W committee	Current	Internal	A B F	2	Medium	Scope for different treatment
Functions of Trade Union Safety Representative	Current	Internal	A B F	2	Medium	Scope for differential treatment
Equipment maintenance & inspection	Current	Internal	-	0	Low	No evidence of potential adverse impact
Driver fatigue	Current	Internal	-	0	Low	No evidence of potential adverse impact
Management of workplace stress	Current	Internal	A B	1	Medium	Scope for differential treatment
Decontamination following exposure to CS spray	Current	Internal	-	0	Low	No evidence of potential adverse impact
Structure and role of safety committees [division / dept]	Current	Internal	A B F	2	Medium	No evidence of potential adverse impact
No smoking policy	Current	Internal	-	0	Low	No evidence of potential adverse impact
Lone worker policy and guidance	Current	Internal	A F	1	Low	No evidence of potential adverse impact
RIDDOR guide	Current	Internal	A F	1	Low	No evidence of potential adverse impact
Disposal – clinical waste	Current	Internal	-	0	Low	No evidence of potential adverse impact
Vehicle cleaning & disinfection	Current	Internal	-	0	Low	No evidence of potential adverse impact
Carriage of infectious disease cases	Current	Internal	-	0	Low	No evidence of potential adverse impact
Needlestick injuries	Current	Internal	-	0	Low	No evidence of potential adverse impact
Incidents & radioactivity	Current	Internal	-	0	Low	No evidence of potential adverse impact
Admin of radioisotopes	Current	Internal	-	0	Low	No evidence of potential adverse impact
Ambulance operation risk assessment	Current	Internal	A F	1	Low	No evidence of potential adverse impact
Deployment of airbags	Current	Internal	-	0	Low	No evidence of potential adverse impact
Occupational health	Current	Internal	A B D F	2	Medium	Scope for different treatment
Operating procedure for morphine sulphate	Current	Internal	-	0	Low	No evidence of potential adverse impact

Compensatory rest	Current	Internal	-	0	Low	No evidence of potential adverse impact
<b>Function: Corporate Affairs – Corporate Affairs Manager</b>						
Freedom of information	Current	Both	A B C D E & F	2	Medium	Scope for different treatment
Complaints procedure	Current	Both	A B C D E & F	3	High	Essential to meet general duty
Standing orders – board	Current	Both	A B C D E & F	2	Medium	Scope for different treatment
Standing orders - finance	Current	Both	A B C D E & F	2	Medium	Scope for different treatment
PFPI Strategy	Current	Both	A B C D E & F	2	Medium	Essential to meet general and specific duties
<b>Function: Performance &amp; Planning – General Manager PPU</b>						
Disposal of contaminated waste	Current	Current	-	0	Low	No evidence of potential adverse impact
Management of risk strategy	Current	Current	A F	1	Low	No evidence of potential adverse impact
Information governance	Current	Both	A F	1	Low	No evidence of potential adverse impact
Access to personal health records	Current		-	0	Low	No evidence of potential adverse impact
Confidentiality – visitors	Current		-	0	Low	No evidence of potential adverse impact
Data protection strategy	Current		-	0	Low	No evidence of potential adverse impact
Disclosure health information	Current		F	1	Low	No evidence of potential adverse impact
Protection patient confidentiality	Current		A B F	1	Low	No evidence of potential adverse impact
Storage, maintenance & disposal of records	Current		-	0	Low	No evidence of potential adverse impact
<b>Function: Service Developments – Project Boards</b>						
Cab based terminal project	Proposed	Internal	A B C D & F	1	Low	No evidence of potential adverse impact
Environmental management	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Patient Transport Service redevelopment programme Board	Proposed	Internal	A B C D & F	2	Medium	Scope for different treatment
Radio systems replacement project - Airwave	Proposed	Internal	-	0	Low	No evidence of potential adverse impact

Re-procurement of air ambulance services	Proposed	Internal	-	0	Low	No evidence of potential adverse impact
Inter Hospital Service	Proposed	Internal	A B D F	2	Medium	Scope for different treatment
Rural health solutions / on call	Proposed	Internal	A B C D & F	1	Low	No evidence of potential adverse impact
Reducing health inequalities	Proposed	Internal	A B C D & F	2	Medium	Scope for different treatment
Developing enhanced skills	Proposed	Internal	A B D F	1	Low	No evidence of potential adverse impact
Reducing hospital admissions	Proposed	Internal	A B D F	2	Medium	Scope for different treatment
Absence management	Proposed	Internal	A F	1	Low	No evidence of potential adverse impact
New ways of clinical working	Proposed	Internal	A B C D	2	Medium	Scope for different treatment
Organisational Learning Strategy	Proposed	Internal				
Our Future Strategy	In progress	Both	A B D	2	Medium	Scope for different treatment