

Disability Equality Scheme

December 2006 – December 2009

Statement of Commitment

The Trust's first Equality and Diversity Scheme was published in May 2002 to meet the requirement of the Race Relations (Amendment) Act 2000. Over the next few years the scheme was developed into a single equality scheme to include other aspects of discrimination including disability and published on the Trust's website. In response to the Disability Discrimination Act 2005, the Trust has prepared a separate Disability Equality Scheme to highlight its response and action plan to meet the general and specific responsibilities under the Disability Discrimination Act.

We recognise that promoting equality and eliminating discrimination and harassment is more than just meeting our statutory obligations. The scheme outlines what we intend to do to improve fair and equal access to services and employment. This includes a continuous process of improvement and not a one off initiative.

The Trust has made progress towards improvements to its services for patients with disabilities and its disabled employees, nevertheless we appreciate that we still have a long way to go. We have undertaken a range of initiatives and audits involving over 800 patients to develop stage one of this scheme. Stage two will involve wider consultation with external stakeholders, Foundation Trust members, community organisations and other relevant agencies. We are keen to engage in dialogue and further feedback on all equality & diversity issues and therefore further consultation events are planned for the coming months.

The outcome of this consultation will help shape a new Equality & Diversity Strategy incorporating a comprehensive action plan to address a range of Equality Schemes: disability, race and gender.

Vision and purposes

1. The Trust's vision informs and guides its strategic direction, the delivery of care and the development of the organisation. The vision sees the Trust as:

'...an academic clinical centre of international stature, contributing to the health and well-being of the communities we serve through the provision of care; the generation of new knowledge; and the education of healthcare staff.'

2. The Trust's five purposes give direction to the operational business of the Trust under this overarching vision.

The Trust's purposes are to provide:

- **accessible high-quality healthcare** for local people;
- **specialist services** for people in the east of England and beyond;
- **support for education and training** of clinical professionals, and a workplace where all staff have access to continuing learning and personal development;
- **support for research and development** generating new knowledge leading to improvements in population health and in healthcare delivery; and
- **a contribution to economic growth**, sustainable communities and a good quality of life for those they serve.

3. The Trust's website has comprehensive information about the Trust's services, please visit www.addenbrookes.org.uk

Disability Discrimination legislation in the UK

The background

The Disability Discrimination Act (1995) was introduced over a decade ago, however barriers remain that prevent disabled people from fair and equal access. The Government has set out the following vision for disability equality:

“By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society”

The Disability Equality Duty

Disability for the purposes of the Disability Discrimination Act 1995 is defined as “ a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. The Disability Discrimination Act 1995 amended by the Disability Discrimination Act 2005 places a general duty on all public authorities to promote disability equality.

The General duty requires the Trust to:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the DDA which relates to less favourable treatment due to their disability or failure to make reasonable adjustments
- Eliminate harassment of disabled people
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take steps to meet disabled people’s needs even if this requires more favourable treatment

The Disability Discrimination Act 2005 imposes a number of specific statutory duties on the Trust as a scheduled public authority listed in the Disability Discrimination (Public Authorities Statutory Duties) Regulations 2005. These duties are intended to assist public authorities in meeting the General Duty, in particular by setting out what public authorities should do to plan, deliver and evaluate action to eliminate discrimination and promote equality. The core requirements are:

- The preparation and publication of a Disability Equality Scheme which contains a three year Action plan outlining how the trust will fulfill its general and specific duties
- To involve people with disabilities in the scheme
- Implementation of the Disability Equality Scheme
- Annual reporting

The Trust’s vision for disability equality

This Scheme sets out the Trust's overall objectives for improving and addressing disability inequalities and the action plans for delivering improvements to access, services and employment. It will therefore help us to achieve a number of things:

- To meet the requirements of the Disability Discrimination Act and set out our plans to improve disability access to employment and services
- Make sure that we are taking the needs and view of disabled people into account when we design or deliver services, make access improvements or develop policies
- Continuously monitor and improve the ways in which we deliver services to disabled people

It meets the principles of the Social Model of Disability. The social model of disability was developed by disabled people as a change to the Traditional or Medical model. The main difference between the two models is the concept of "where the problem lies". In the Traditional or Medical model, the impairment is given as the reason the disabled person is unable to participate fully in society. It takes the approach of looking at specific limitations to an individual according to impairment. As a contrast the social model looks at people with impairments as being disabled by physical and social barriers in society. It is not the disability itself that poses barriers but rather social structures and attitudes towards it.

Developing the Trust's Disability Equality Scheme

1. Involvement in development of an action plan

1.1 The Trust has developed a range of initiatives and interventions to improve access to its service and employment, to eliminate discrimination and promote equality for patients and staff with a disability. Development of our equality & diversity strategy to date has included the involvement of a range of stakeholders internally and externally. Our progress has been publicized and remains on the Trust's website.

1.2 There has been increased activity in recent years particularly as we have focused attention to disability and equality issues using the Essence of Care Standards. This work commenced in 2004 through working groups by developing core care standards and using audit tools to assess the needs of patients and staff using questionnaires and auditing of documentation. The outcome of some of the Essence of Care Audit report work has led to a number of recommended actions for the Disability Equality Scheme action plan. Over 800 patients have been involved in this work stream and it has proved invaluable in highlighting our need to improve standards, improve access and improve the overall patient experience.

1.3 The Equality & Diversity Patient & Carer Group meets quarterly and sets a number of priorities from the Essence of Care Audits.

1.4 Staff have been involved through the Annual Staff Survey, focus groups and staff questionnaires in the Essence of Care Audits

1.5 Feedback from complaints have also fed into the development of the scheme

1.6 The Trust's Equality and Diversity Staff Group and the Trust's Equality & Diversity Management Group have been actively involved in developing actions to improve disability equality issues.

2. Mapping: Information gathering

We will continue to gather information from the following sources:

2.1 Cambridge's disabled population: As the Department for Work and Pensions (DWP) observe, there is no single or 'gold standard' measure or estimate of disability. As equalities monitoring of disabled people, especially using the Disability Discrimination Act definition, is not widely carried out, we must rely on indicative data. A key challenge for the Trust is to establish the diverse range of needs of people who have different types and levels of disability, also there are many people with impairments or long term health conditions who do not consider themselves disabled.

There is currently a lack of clarity around definition which affects both the presentation and analysis of statistical information in this area. No longer do disabled people have to 'register' that they have a disability. It will therefore be important to develop a much clearer picture of the Cambridge community in order to establish a baseline in terms of current performance and to be able to set meaningful, challenging, but realistic performance improvement targets. Some indicative statistics are attached at **appendix A**.

2.2 Patient records: Data is being collected via an Alert system on the HISS patient database and by a paper alert via a questionnaire for all in patients upon admission administered by nursing staff to ascertain whether a patient has a disability. An audit of the inpatient disability data is currently being carried out.

The Trust acknowledges that it needs to do more to collect and monitor patient data. It needs to explain the reasons for requesting information on disability to ensure that patients do not think that this will be used to their detriment, emphasizing that the benefits of disclosure can lead to improvements in services. This will also improve complaints monitoring highlighting potential discrimination issues in the way patients or their carers are treated.

2.3 Employee data: The Trust is one of the largest employers in the area employing over 6,500.

In line with our responsibilities under the Race Relations (Amendment) Act 2000 and the disability equality duty the Trust currently collects data:

- Recruitment and selection data who applies for posts, who are shortlisted and who are appointed by gender, ethnic origin and disability
- Who are employed by the Trust and staff in post by grade distribution by ethnic group gender and disability
- No of staff promoted by disability gender and ethnic origin
- No of disciplinary/grievances/capability and harassment and bullying cases by ethnic origin, disability and gender
- No of staff receiving training by gender, ethnic origin and disability
- No of leavers by ethnic origin, gender and disability

The information for employment is gathered via the equal opportunities monitoring form attached to the Standard job application form. On the application form the applicant is asked if they consider themselves to have a disability. Employees are also asked the same question upon commencement on their starting documentation.

The Trust has an opportunity to update all its employee data following a data cleansing exercise currently underway (in preparation for the migration of staff information to the national electronic staff record (ESR). It is anticipated that we will have more reliable data from early 2007.

The Trust continues to collect data on the number of applicants applying for post who declare a disability and those short listed and appointed.

2.3 Data from staff survey 2006: The 2006 survey will be analysed in the new year and its findings will be incorporated into the DES.

2.4 Annual survey of disabled staff: in accordance with the employment service "Two ticks" symbol commitments, an annual survey (Appendix D) is sent to all staff who have declared they have a disability to ascertain feedback from disabled staff on access to training and development opportunities.

2.5 Feedback from Equality and Diversity Staff Group and informal focus group interview feedback.

2.6 Feedback from Equality and Diversity Patient and Carer Group

2.7 Essence of Care Audit

2.8 Disability Access Audits.

2.9 Information from complaints incidents.

2.10 Series of focus groups for the public

2.11 Ongoing research

3. Equality Impact assessment

As part of the DES the Trust is required to impact assess its services, policies and functions in relation to disability. The purpose of the equality Impact assessment (EIA) is to both ensure that Trust policies functions and services do not disadvantage people with disabilities, and also identify where this might promote equality of opportunity.

With the introduction of the Trust's single Equality and Diversity scheme in 2002 and its revision in May 2005 a Trust wide corporate approach has been taken, where all departments are responsible for the equality impact

assessment of their respective policies. A Trust Policy for Developing Policies was ratified in 2005 whereby all Policies have to have an EIA. Consequently the implementation of equality impact assessment of is already underway. The equality impact assessment is carried out in three stages, for which there are three proformas.

- *Initial Assessment:* In the initial assessment we are identifying the aims and objectives of the policy, responsibilities, intended outcomes, stakeholders, perceived adverse impact, etc. If the policy is perceived as having an adverse impact, clinical or otherwise, then the assessment is carried forward to the partial assessment stage, otherwise not.
- *Partial Assessment:* Partial assessment involves a more detailed, relative to the initial, assessment of the likely risks and consultation with expert groups within and outside the Trust to specify risks, such as litigation, misdiagnoses, etc. If the policy is regarded as having risks, clinical or otherwise, then the assessment is carried forward to the full assessment stage, otherwise not.
- *Full Assessment:* Full assessment involves detailed consultations with the groups which are likely to be affected by the policies. In the light of these consultations, the policy is then to be discontinued, or modified. If modified, the impact of this policies will continued to be monitored

All Trust policies have to be ratified by the Trust's Corporate and Clinical Governance Committee and a completed EIA proforma has to be submitted with the Policy for ratification to ensure EIA has taken place.

4. Assessment of existing provision

Information currently placed on the Trust's website prior to the publication of this scheme remains available and provides information on the progress made with regard to improving access and facilities for patients and staff with a disability. A summary is also provided at appendix B of this document.

5. Overall aims over the next 3 years

Over the next 3 years we will:

- We will review and act upon our Disability Equality Scheme
- Ensure equal treatment is at the heart of all the Trust's policies, procedure and guidelines
- Continue to ensure equality and diversity is integral to our employment practices
- Develop consultation, support and links with local community groups both with health and employment initiatives

- Adhere to and support equality legislation, guidelines of good practice and Department of Health strategies and make sure these are communicated to our staff
- Continue to ensure equality and diversity is embedded into our organizational culture
- Continue to influence and share good practice nationally and with our neighbouring Trusts and other organisations
- Consult with and encourage and empower our patients, the public and our staff in improving the patient experience

The Action Plan is detailed in appendix C

6. Monitoring of Policies/Services

Monitoring the schemes implementation

There is an established structure in place within the Trust that will make sure that this scheme is interpreted by each department into specific actions for their services over the next three years. The Trust Equality & Diversity Management Group will be responsible for overseeing its introduction. This reports directly to the Clinical and Corporate Governance Committee who report into the Trust Board.

The Trust has introduced equality & diversity performance indicators, which are now incorporated within the Trust's overall performance management system. An E&D balanced scorecard has been prepared which includes indicators both on service delivery and employment. Information on these indicators will be collected on a quarterly basis from 2007.

7. Publishing the scheme

During the first stage of the Disability Equality Scheme, this document will be published on the Trust's Internet alongside our long-standing information that supports our commitment to disability equality and it will be available in a range of other formats on request.

There will be further detailed communication internally and externally with a range of agencies, patient groups and support networks to ensure wider consultation in addition to planned focus groups over the coming months.

This will include looking at a range of ways to communicate with people who will benefit from the actions described in the scheme.

8. Further consultation and feedback opportunities

There is on-going development of this scheme and further opportunity to feedback by 31st January, 2007. Further focus groups are planned for February,

2007 and access to these will be published on the website and on our notice boards and communicated widely.

9. Complaints

Complaints about how we are meeting our duties or other complaints about disability equality will be dealt with through our established complaints procedure. Please telephone the **Patient Advice and Liaison Service (PALS)** on 01223 216 756, or e-mail Box 53, Cambridge University Hospitals NHS Foundation Trust, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ pals@addenbrookes.nhs.uk

10. Further information

For further information about the Disability Equality Scheme or a request for the document to be available in different format, please contact: **Lyn McIntyre**, Assistant Chief Nurse and Equality and Diversity Lead. Box 132, Addenbrooke's Hospital, Hills Rd, Cambridge CB2 0QQ; Tel: 01223 256221 lyn.mcintyre@addenbrookes.nhs.uk,

Appendix A

Disability Statistics for Cambridge

Disability – UK, Eastern Region, Cambridge (2001 census figures):

	UK	East	Cambridge
Population	58,789,194	5,388,140	108,863
Disability/limiting long-term illness	10,855,853 18.5%	873,168 16.2%	1,495 13.7% 9.16% of people of working age

Registered blind and partially sighted people – Cambridgeshire

Age	Reg blind	Reg part-sighted	Total vision-imp
0 – 4	-	0	0
5 – 17	30	-	30
18 – 49	170	10	180
50 – 64	140	5	145
65 – 74	125	20	145
75 +	1,155	75	1230
Total	1,625	115	1730

Appendix B

Disability Equality – A summary of interventions to 2006

The Trust's established a group to concentrate on disability issues in 1997. This group was responsible for introducing a number of initiatives including an access audit in 2002 and subsequent survey in 2003, this led to the following:

To improve the physical access to our buildings

- Improvements to external ramps and steps
- Alterations to entrance doors, lobbies and reception areas
- Modifications to main entrance door with additional "slow control" buttons installed
- alterations to the reception desk in the outpatient Hall to provide wheel chair access
- replacement carpet in the Rosie Maternity hospital lobby to enable wheelchair access
- improvements in sanitary facilities to clinics and ward areas
- replacement of "D" handles and push plates to Rosie and F&G lift lobby areas to provide a colour contrast
- freephone telephones have been lowered to meet DDA requirements
- additional seating has been provided between car parks and the hospital entrance to provide places of rest for patients who cannot manage the journey without a break

To improve employment opportunities for disabled people

The Trust was awarded a Two Ticks symbol employer in 1997 by the Employment Service. Employers who use the two Ticks symbol have agreed with the Employment service and Job Centre Plus that they will take action on the five commitments:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities
- to ensure there is a mechanism in place to discuss at any time but at least once a year with disabled employees what can be done to make sure they can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment, this includes working with Access to Work
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- each year to review the five commitments and what has been achieved plan ways to improve on them and let employees and employment service know about

The Trust's recruitment documents (application form, information for candidates etc.) are available in alternative formats: Braille large print and audio cassette tape. An induction loop has been fitted in the recruitment and personnel reception. Recruitment staff have attended Deaf awareness training sessions.

Widening opportunities for access to employment

In March 2004 the Trust bid for monies from the Strategic Health Authority for funding to introduce a *Widening Access project* to work with outside agencies such as the Papworth Trust to encourage recruitment from all sectors of society including disabled groups, BME groups and mature workers. In 2005 the Trust successfully bid to the European Social fund and Job centre Plus for funding to introduce a work placement scheme called the *Opportunities Scheme* which is successfully arranging work placements for disabled people and other groups who may experience barriers to employment.

Training for staff

To raise awareness of disability issues, promote attitudes and eliminate discrimination the following has been provided:

- dissemination of "Welcoming disabled people " booklet to every member of staff
- Delivery of Disability Awareness training at staff induction
- Half day workshops disability workshops involving CAMTAD and CAMSIGHT
- Putting People First (customer care training incorporate equality & disability issues for new staff)
- First Impressions Count (for existing staff)

Disability Equality formed part of the Trust's overall [Equality & Diversity Scheme](#)

**Disability Equality Scheme
The Action Plan 2006 – 2009**

a. Patient Profiling (Knowing Who The Trust's Patients Are)

Objective

Develop and maintain an improved Monitoring system for Service Users

Action	Responsibility/ Lead	Desired Outcome	Target Date
Consider the implementation of a Trust-wide system of classification for monitoring Disability amongst Service Users	Equality & Diversity Lead	A plan to introduce a system is developed ready for consultation internally	Year 1 2007
Develop a process for monitoring service usage by disability and strategy for promotion, usage and compliance using the planned Patient Monitor system	Equality & Diversity Lead	Plans in place for introduction and process for monitoring compliance	Year 1 2007
Objective			
Ensure that current monitoring data is accurate and usable			
Establish first year targets for the collection of disability monitoring data	Performance & Planning Lead	The Trust collection rates for Disability monitoring data are maintained	Year 1 2007

Action	Responsibility/ Lead	Desired Outcome	Target Date
Monitor the collection rates of Disability monitoring information and take action to improve collection rates where necessary	As above plus Equality & Diversity Lead	Targets are met	Year 1 2007
Objective Establish system for "Flagging" patient records to alert staff to patients' Disability			
Improve the process for flagging both paper and computerised patient records	Patient Service Manager	Staff at all points of the patient pathway are aware of the needs of disabled patients and are able to respond to those identified needs	Year 1 2007
Review referral forms with the PCT to encourage GP's to identify disabled patients.	Equality & Diversity Patient and Carer Group	Patients requirements are identified at the point of referral	Year 2 2008
Devise mechanisms for ensuring that patients needs identified on referral forms are met.	Clinical Areas	Disabled patients needs are met and delays in treatment are avoided.	Year 2 2008
b. Community Engagement			
Objective Obtain the views of disabled service users on Trust services			
Introduce forums for formalized information sharing with key stakeholders and opportunities for joint working	Equality & Diversity Lead & Human Resources	<ul style="list-style-type: none"> Disability Scheme updated in light of these forums 	Yrs 1 & 2 2007- 2008

Action	Responsibility/ Lead	Desired Outcome	Target Date
Introduce forums for formalized information sharing with key stakeholders and opportunities for joint working	Equality & Diversity Lead & Human Resources	<ul style="list-style-type: none"> Partnership forums introduced 	Yrs 1 & 2 2007-2008
Encourage increased representation of disabled people as members of the Foundation Trust through positive action	Foundation Trust Office	<ul style="list-style-type: none"> The Trust's Equality and Diversity Action Planning priorities have been informed by the Disability Equality Group Further consultation underway as described in this document 	Yrs 1 & 2 2007-2008
c. Accessible Communication			
Objective Ensure that communications with service users and the public are accessible to them			
Development of the Care of the Disabled handbook	Equality & Diversity Patient & Carer Group	Handbook developed, promoted and widely accessible including a laminated poster available in all clinical areas	Year 1 2007

Action	Responsibility/ Lead	Desired Outcome	Target Date
Establish minimum standards and best practice guidance for information aimed at service users and the public with particular regard to <ul style="list-style-type: none"> • General Communication • Public meetings • Events • Consultations to ensure that they are accessible to a wide range of people (including disabled people)	Communications	Trust standards are developed to ensure information for service users and public is useable by them and events are accessible to all	Year 2 2008
Objective To ensure there is adequately and timely British Sign Language interpretation and general interpretation service and policy available to service users			
Interpretation Policy reviewed to ensure range of interpretation service accessible and understood	Equality & Diversity Lead	Policy revised, circulated and published	Stage 1 2007
d. Physical Access and Signage			

Action	Responsibility/ Lead	Desired Outcome	Target Date
Objective Trust to comply with the requirements of the Disability Discrimination Act 1995			
Continue to prioritise improvements to Trust building to comply with the Disability Discrimination Act	Estates & Facilities	A programme of physical improvements to existing building continues	Yrs 1 - 2007 - 2009
To continue to implement the Way Finding signage project	Estates & Facilities	Planned improvement and programme of replacement of signs is underway	Yrs 1 & 3 2007 - 2009
Establish mechanism for feedback from patients, visitors and staff to advise of access improvements that are required.	Equality & Diversity Patient and Carer Group	The Trust complies with the requirements of the Disability Discrimination Act and buildings are accessible to people with a wide range of impairments, whilst identifying new barriers.	Yrs 2 & 3 2008 – 2009
Objective Improvement to the patient experience particularly within reception and waiting areas			

Action	Responsibility/ Lead	Desired Outcome	Target Date
To undertake accessibility audit using volunteers and/or the introduction of the 'mystery shopper'	Equality & Diversity Patient and Carer Group	The Trust is aware of how many reception etc conform to Trust Accessibility standards and action plan developed to address this	Yrs 1 & 2 2007 - 2008
Essence of Care Equality & Diversity Action Plan implemented	Equality & Diversity Patient and Carer Group	<p>Audit of induction loops in all reception areas.</p> <p>To ensure that new Trust Uniform posters identifying 'Who is who' in the nursing team are displayed in all clinical areas to help patients and carers identify key staff roles and thereby improve communication.</p> <p>To conduct an audit of vulnerable adult needs in order to identify further project work.</p>	Yrs 1 & 2 2007 - 2008
Objective Improvements to the patient experience upon arrival on the site			

Action	Responsibility/ Lead	Desired Outcome	Target Date
To explore the use of volunteers to promote way finding assistance to any service users who require such support including volunteer staff engagement	Voluntary Services and HR	Way finding support is available to all service users	Yrs 1-3 2007-2009
Assess the accessibility of wheelchairs for those needing such support	Equality and Diversity Patient & Carer Group	Consider ways to improve access if this is highlighted as a problem area	Yrs 2 & 3 2008-2009
e. Employment			
Objective			
To publish an annual workforce profile which includes monitoring on the basis of disability			
Through data cleansing exercise (for migration to the electronic staff record) ensure that disability status is highlighted to improve recording	Human Resources	The Trust has an up to date record of disabled and non-disabled staff within the Trust	Ongoing
Continue to publish an annual workforce profile which includes information about the numbers of disabled staff employed by the Trust	Human Resources	The Trust staff and the public are aware of the Trust progress on employing disabled staff	Yrs 1 -3 2007-2009
Objective			
To have a workforce that reflects the make-up of local community			
<ul style="list-style-type: none"> ▪ Develop systems for increasing the number of disabled people employed by the Trust through positive action 	Human Resources & Appointing Officers	Increase in numbers of disabled staff employed by the Trust	Year 2 2008

Action	Responsibility/ Lead	Desired Outcome	Target Date
Objective To gain understanding of the experiences and concerns of the Trust's disabled staff			
To gain an understanding of disabled staffs views and experiences as employees within the Trust through the use of: <ul style="list-style-type: none"> • Focus groups • Questionnaires • Interviews 	Equality & Diversity Staff Group Human Resources	The Trust has a better understanding of the issues and concerns of disabled staff and changes they would like to see	Yrs 1 & 2 2007- 2008
Improve representation on the Equality & Diversity Staff group	Human Resources Equality & Diversity Staff Group Staff side reps	Disabled staff have access to peer support and are able to collectively voice their concerns. The Trust has a formal consultation mechanism for engaging disabled staff	Yrs 2 & 3 2008 - 2009
Objective Increase knowledge of the legal provisions in relation to disability			
Training staff and service managers to understand their responsibilities under the Disability	Human Resources	Staff are more knowledgeable	Ongoing

Action	Responsibility/ Lead	Desired Outcome	Target Date
Discrimination Acts		about legal responsibilities in relation to disability and less likely to unlawfully discriminate	
Objective Ensure training programmes address disability equality issues.			
To review existing training for staff and managers to ensure disability issues are addressed (where relevant)	Human Resources	Revised training programmes are introduced including e-learning packages and compliance monitored	Yrs 1 - 3 2007 - 2008
Review Patient complaints to identify specific training needs to inform proposed new communications skills training program	Human Resources PALS	Strategy in place for roll out of Trust wide communications skills training	
Objective To ensure that the relevant Human Resources policies are addressed			
Continue to review all existing Personnel policies to ensure they adequately promote disability equality	Human Resources and Staff Side representatives	Personnel policies within the Trust promote best practice in	Yrs 1 & 3 2007 - 2009

Action	Responsibility/ Lead	Desired Outcome	Target Date
		relation to disability equality	
f. Assessing Policies, functions and practices			
Objective Implement a Trust-wide Equalities Impact Assessment Process			
Continue to implement the Trust's Equalities Impact Assessment Framework	All directorates/departments using the Trust's framework	The Trust has reviewed all policies, functions and practices through the Equalities Impact Assessment process (which includes disability) to promote equality and avoid discriminating against service users and staff	Ongoing
g. Corporate Governance – Planning and Performance			
Objective Produce Annual Equalities Reports			
To publish on the Trust's Internet/Intranet site on an annual basis a Trust Equalities Report, which sets out the Trust's progress in promoting equality and managing diversity. (Report available in other	Communications	Service users and Staff and the public are informed of the	Years 1-3 2007- 2009

Action	Responsibility/ Lead	Desired Outcome	Target Date
formats on request)		Trust's work and progress on the area of equality and diversity. Progress on the implementation of the Trust's Equality Schemes (race, disability and gender) will be highlighted.	
Objective To review formal procedures for dealing with harassment of service users and staff			
To review the Dignity at Work policy to ensure that it is accessible to disabled staff	Human Resources & Staff Side representatives	Disabled staff feel confident at raising concerns about harassment and bullying. Specific findings from the 2006 staff survey are actioned	Year 1 2007
Review the Trust Service Zero Tolerance approach with particular regard to harassment of service users	Human Resources and PALS	Recommendations of this review are implemented through revised policy and promotion	Year 1-2 2007- 2008

Action	Responsibility/ Lead	Desired Outcome	Target Date
Objective Produce a Disability Equality Scheme for the period 2009-12			
Consult with staff and service users and the public on priorities for the DES for 2009-12	Equality & Diversity Lead	The Trust has an understanding of what the current concerns and priorities are in relation to the Trust's service and employment	Year 3 2009
Review progress and performance of the current Disability Equality Scheme	Clinical and Corporate Governance Committee and Trust Board on an annual basis Equality and Diversity Groups Staff Side Service Users	There is a clear foundation for developing the Trust's next Disability Equality Scheme There is a clear foundation for developing the Trust's next Disability Equality Scheme	Year 3 2009 Year 3 2009
Review all the information collected by the Trust and how it will be used	Equality & Diversity Lead and Communications	There is a clear foundation for developing the next Disability Equality Scheme	Year 3 2009

Action	Responsibility/ Lead	Desired Outcome	Target Date
Develop a consultation on the Disability Equality Scheme for 2009-12	Equality Lead	The Trust reviews the views of disabled people on its proposed Disability Equality Scheme for 2009-12	Year 3 2009