

Disability Equality Scheme

2006 – 2009

“making equality a reality for disabled people”

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Other Formats and Languages

For a large print, Braille, or audio-tape version of the Disability Equality Scheme please contact the Disability Service at the address below.

Cantonese

若你希望索取本文件的中文摘要、特大字體版、錄音帶版，或失明人士凸字版，請循上述途徑聯絡我們。

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان، بڑے حروف، آڈیو ٹیپ یا بریل میں چاہیے، تو براہ کرم درج بالا تفصیلات کا استعمال کرتے ہوئے رابطہ کریں۔

Arabic

إذا كنت ترغب في الحصول على ملخص لهذه الوثيقة باللغة العربية ، يرجى الإتصال بالأرقام التالية يمكنك أيضاً الحصول على هذه الوثيقة بالأحرف الكبيّره أو بأحرف برايل أو بالإنسجیل الصوتي

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ, ਆਡੀਓ ਟੇਪ ਜਾਂ ਬ੍ਰੇਲ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਵੇਰਵਿਆਂ ਦੀ ਵਰਤੋਂ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ।

Polish

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Lithuanian

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Slovakian

Ak potrebujete verziu Projektu Rovnosti v Invalidite (Disability Equality Scheme) vo väčšom formáte, v Brailovom písme alebo na audio-kazete, prosím kontaktujte Služby Invalidity (Disability Service) na dole uvedenej adrese.

BSL

Please contact the NHSFV Disability Service.

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There is differing opinion about the terminology that should be used to individually and collectively describe people who have disabilities. The two most common terms are ‘disabled person/people’ and ‘person/people with a disability’.

Disabled person / people: People who use this term say that by placing disabled first, it emphasises the disabling nature of society and not the impairment or condition of the person.

Person / people with a disability: People who use this term say it emphasises the person first and the disability second.

Take the lead from the person, service user or organisation you are working with, and use whichever term they prefer.

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Foreword

NHS Forth Valley (NHSFV) is committed to both the principles and the practice of Equality and Diversity. In all that we do we strive to deliver services and offer opportunities which are fair for all. Equality and Diversity sits as an identified strategic objective within our Strategy Map which sets out our strategic priorities.

The NHSFV Fair for All Framework is an integral part of our Patient Focus and Public Involvement (PFPI) strategy. The essence of our Fair for All Framework is based on continuous improvement focussing on agreed priorities which will make a difference to the population which we serve and to the staff which we employ.

This revised Disability Equality Scheme sits within this approach and underlines our commitment to meeting the needs of disabled people as well as fulfilling our statutory duties. Our scheme sets out our responsibility to meet both the General and Specific duties under the Disability Discrimination Act (1995) amended in 2005.

As a Health Board we recognise that promoting equality and eliminating discrimination and harassment is more than just meeting our statutory duties. This scheme outlines what we intend to do to improve fair and equal access to services and employment for disabled people. This includes a continuous process of improvement and monitoring. We have made progress towards improving our services for patients and our employees with disabilities however this work is still evolving and ongoing.

To support the development of this scheme we have undertaken a range of initiatives where we have actively involved and will continue to involve disabled people in the process of identifying and progressing our priorities for action. We are proud of what we have achieved to date, but we are not complacent, we will continue to work towards promoting equality of opportunity for all.

The legal duty is important and sets the framework for what NHSFV must do to comply with the legislation, however the heart of the matter is our commitment to provide services and employment opportunities for our local population which are fair for all and which;

- ◆ Contribute to health improvement,
- ◆ Help tackle inequalities in health

This commitment places the Equality and Diversity agenda at the centre of all that we do within NHSFV to deliver on our Integrated Healthcare and Workforce Modernisation Strategies.

Fiona Mackenzie
Chief Executive

Helen Kelly
Director of Human Resources

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1 Introduction to our Disability Equality Scheme

It is recognised and research has confirmed that discrimination and disadvantage can be compounded because of an individuals: age, disability, gender, race, religion, belief or sexual orientation.

Through previous work with disabled people and in line with legislative requirements NHSFV recognises that it is not disabled people who need to change to “fit in” with healthcare services, but services need to change and develop a culture of:

- recognising and valuing difference
- removing barriers
- becoming more inclusive

The Disability Discrimination Act 1995 defines disability as:

“A person having a physical or mental impairment that has a substantial and long-term adverse affect on their ability to carry out normal day to day activities.”

This definition can include individuals with cancer or HIV, and with severe disfigurements and individuals with mental health needs.

Whilst the above is a guide to our diverse communities, it does not highlight every disability, therefore it is important that we recognise people as individuals and reflect this in our service provision.

The Disability Discrimination (amended) Act 2005 (DDA), requires all public sector organisations to produce a Disability Equality Scheme (DES), this scheme sets out how we propose to fulfil the General and Specific Duties and what steps we will take to ensure that anyone with a disability has the same access to our services and information as everyone else.

A key role in the review of our DES was the involvement of a diverse group of people including staff and other stakeholders from a range of backgrounds and with different conditions and impairments.

The revised DES has been written with full involvement from the Disability Review Group (DRG), see appendix A for details.

Board Commitment and Leadership

The NHS Board and each of the Executive Directors of the Board are committed to achieving Equality and Diversity in all that they do. The Board itself holds a governance role and the Executive Directors each have individual objectives relating to Equality and Diversity.

The Human Resources (HR) Director holds the Executive Lead role on behalf of the Chief Executive across the whole organisation and chairs both the Fair for All

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Development and Operational Groups tasked with leading on the Equality and Diversity agenda for NHSFV.

NHSFV Strategic Objectives

Equality and Diversity is a key component of NHSFV’s strategic objectives. It features within the strategy map for the organisation (Appendix B). This relates to the delivery of all Health, Efficiency, Access and Treatment (HEAT) targets and the Local Delivery and Health Plans.

NHSFV supports the vision of the Disability Rights Commission, which ultimately leads to;

“a society in which all disabled people can participate fully as equal citizens”.

The focus of NHSFV Disability Equality Scheme is that this work leads to real outcomes and practical improvements in the day to day life and experiences of disabled people.

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2 What are the General and Specific Duties?

The Disability Discrimination Act (1995) amended in 2005 places a statutory general duty on all public authorities to promote disability equality. The duty provides a framework within which public authorities can carry out their functions more effectively and tackle discrimination and its causes proactively, by making disability equality part of all their decisions and activities.

General duty

Under the general duty, in carrying out their functions, public authorities must have “due regard” to the need to

1. Promote equality of opportunity between disabled people and other people.
2. Eliminate discrimination which is unlawful under the Act.
3. Eliminate harassment of disabled people that is related to their disabilities.
4. Promote positive attitudes towards disabled people.
5. Encourage participation by disabled people in public life.
6. Take steps to meet disabled peoples needs, even if this requires more favourable treatment.

“Due regard” means that you should give due weight to the need to promote disability equality in proportion to its relevance to the organisation.

Specific duties

NHSFV is also covered by the specific duties and must:

- Publish a Disability Equality Scheme (including within it an Action Plan)
- Involve disabled people in producing the Scheme and Action Plan
- Demonstrate they have taken actions in the Scheme and achieved appropriate outcomes
- Report on progress
- Review and Revise the Scheme

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3 NHSFV

NHSFV provides healthcare services for people in Central Scotland. It serves a population of nearly 300,000 and covers a geographic area from Killin and Tyndrum in the North and Strathblane and Bo'ness in the South. NHSFV is responsible for providing health services and improving the health and wellbeing for the local population.

NHSFV is a single integrated system comprising acute hospital services, and community based services which are delivered through three Community Health Partnerships in Clackmannanshire, Falkirk and Stirling. Community Health Partnerships are responsible for the provision of services such as:

- Family Health Services
 - GPs
 - Dentists
 - Pharmacists
 - Opticians

- Community Health Services
 - District Nurses
 - Health Visitors
 - Community Child Health Services

- Mental Health Services
- Learning Disability Services
- Services for Older people
- Clinical Services
 - Chiropody
 - Creative Arts Therapies
 - Continence Services
 - Disability Service
 - Family Planning
 - Nutrition and Dietetics
 - Psychology
 - Physiotherapy
 - Speech and Language Therapy

NHSFV employs around 8000 staff from a wide range of professional and support occupations in two acute hospitals, five community hospitals and 59 health centres and clinics.

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4 Our Commitment

The Disability Equality Duty provides an excellent opportunity to promote disability equality throughout the organisation. A key driver of Equality and Diversity in NHSFV is Fair for All –The Wider Challenge, the name given to the national approach to promoting equality and diversity.

Our Commitment

The HR Director holds the Executive Lead role on behalf of the Chief Executive across the whole organisation and chairs both the Fair for All Development and Operational Groups tasked with leading on the Equality and Diversity agenda for NHSFV. The work of these groups has ensured;

- Awareness of the Disability Equality Duty has been raised using the Board’s existing communication and training methods, including the use of widespread national advertising campaign materials relating to FFA – Disability.
- Commitment of Acute and Community Health Partnership (CHP) General Managers’ (GMs) and Community Planning Partnerships to ensure Equality and Diversity maintains a high profile.
- Disability Equality features in Agenda for Change and Knowledge and Skills Framework (KSF) implementation.

NHSFV’s vision is that all disabled people can access local healthcare services and employment opportunities, and are able to participate fully and equally, even if this requires more favourable treatment, through;

- Ensuring commitment to best practice.
- Integrating equality into policy development, implementation, evaluation and review.
- Ensuring that each service or department accepts responsibility for promoting equality of opportunity and challenging discrimination.
- Removing barriers and encouraging positive attitudes towards disabled people.
- A commitment to equality and diversity impact assess all of our services, policies and strategies.
- Creating a culture where harassment and discrimination against disabled people is unacceptable. Where both employees and service users feel able to declare their disability so that accurate information is available to help us to identify any reasonable adjustments, priority areas and allow accurate workforce profiling.

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Our Framework for Action

NHSFV Disability Equality Scheme is the agreed framework within which all departments and services commit to make equality happen for disabled people. Our plan of action is to:

Continually **“Involve”** disabled people and expert stakeholders from a range of backgrounds and with different conditions and impairments in the development, review and monitoring of our Disability Equality Scheme and Action Plan.

“Gather Evidence” to provide a basis for preparing disability Action Plans and to enable us to review and demonstrate the effectiveness of actions taken and to assist NHSFV to plan better for mainstream services.

Become a **“Model Employer”** and in line with the duties set out by the Disability Equality Scheme we will work continuously to achieve the Staff Governance Standard through our employment policies and practices which are underlined by the principles of equality and valuing diversity.

“Training of Staff” ensuring Equality and Diversity is an integral part of the training being delivered across NHSFV and is a core component of our induction and statutory training programme. Disability Awareness training provided is a participatory process where people are introduced to the real issues and discrimination facing disabled people, with a view to changing behaviour, policies and practices.

“Equality Impact Assessments” will enable NHSFV to identify and assess the impact of its existing policies and practices, identify and remove or reduce barriers to disability equality, and/or to maximise positive impact for disabled people.

We will involve disabled people in the preparation of our **“Annual Report”** on the Disability Equality Scheme. This will evidence what has been done over the past year, the information we have gathered and our future actions.

Set out an **“Action Plan”** that will meet the six requirements of the general duty, is outcome focused and aims to make practical improvements for disabled people.

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5 Development of our Scheme

Our ongoing work to deliver Disability Equality has included a variety of events and activities, which saw the participation of disabled people from a cross section of the community. These events included; open forums, targeted focus groups, online involvement and utilising existing structures. These events also assisted us to identify and take steps to proactively remove disabling barriers, such as social, culture and environmental barriers.

In addition we raised awareness through;

- Disability and Equality and Diversity staff training, including Induction and Statutory training takes place regularly as does topic specific disability training.

“I was involved in training within NHSFV and at Stirling University for Midwifery students regarding Deaf issues. I gave students some feedback and ideas from personal experience of accessing health as a deaf person. It was big impact and successful with the students, they would like to see more of this sort of thing.”

P Simpson, Stirling

- Diversity event for NHSFV senior managers which was chaired by NHS FV Fair for All Disability – Lead
- Presentation and debate at NHSFV Partnership Forum meetings to raise the profile further among senior managers and staff side representatives
- Sharing knowledge of Disability Equality with other public bodies including, Local Authority, Voluntary agencies, Disability Organisations and local and national groups.

“I would like to thank NHSFV Disability Service for previous assistance in helping one of our clients undertake British Sign Language Training (BSL) this has helped her greatly and she has now progressed into employment. I feel this was an excellent opportunity to work in partnership and look forward to continuing this relationship in the future”.

B. Shaw, Shaw Trust.

Shaw Trust is a national charity that provides training and work opportunities for people who are disadvantaged in the workplace due to disability, ill health or other social circumstances.

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The key themes and barriers in relation to Disability Equality which emerged from the activities included:

Themes

- Communication
- Training and training providers
- Flexibility of services
- Health promotion

Barriers

- Lack of alternative formats
- Suitability of venues
- Provision of local services
- What’s available and where

We have integrated these themes and barriers into our Action Plan.

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6 Involvement

At the heart of this duty is the need to involve disabled people who will identify the barriers faced, highlight their priorities for Action Plans, assist in planning activity in the future and will be a critical part of the revised scheme and any future reviews.

NHSFV recognise there is no defined way of involving people and disabled people have told us that there are a variety of methods when involving and consulting with them.

Establishment of our Disability Review Group

As part of the establishment of a Disability Review Group and to identify those who had an interest in the review of NHSFV’s revised scheme we contacted existing networks of disabled people, their organisations and NHSFV staff.

Our aim was to ensure a fully inclusive approach and involve as wide a range of disabled people and staff as possible. This utilised various involvement mechanisms including email, letters, and visits to specific disability groups to ask if they would like to be involved in the review of NHSFV’s Disability Equality Scheme. This delivered a positive outcome with several individuals, who were interested in becoming involved as members Disability Review Group,

This led to the establishment of a Disability Review Group, chaired by the executive lead for Diversity and Equality. The group agreed set aims and objectives (Appendix C). These aims and objectives were the foundations for the production of our revised Disability Equality Scheme.

“I am pleased to be invited to be involved with this Disability Equality Scheme. My personal involvement will aim to ensure that the main focus that every person gets fair treatment and their individual needs met. Disabled people are encouraged to be involved and remain involved in every part of this Scheme. That the disabled community are involved in future changes at the earliest point and, their needs are not addressed as an afterthought or an add on. That at long last the needs of our disabled community are being met.

I am a mum with 2 sons, one of which has special needs (Autistic tendencies, Floppy muscles, Globally disabled with Epilepsy) and as I am deaf myself I know what it entails as a parent accessing services. I know the barriers children, young adults and adults face in every day situations both positive/negative.” P. Simpson, Stirling

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To ensure that the group had knowledge and confidence to become involved in the review of NHSFV's Disability Equality Scheme it was important that we provided training to all members on the Disability Equality Duty and its relevance to the Public Sector Duties. This training was delivered by Capability Scotland.

“Capability Scotland's Equality Unit has been working with NHSFV to help promote disability equality since 2005. This has involved delivering a series of training sessions and also acting in a consultant capacity to help with disability equality queries as and when they arise.

The Equality Unit Manager also delivered a presentation on the Disability Equality Duty to the members of the NHSFV Disability Review Group in 2007. This provided background to the duty to promote disability equality and facilitated a discussion on best practice in involvement of disabled people in progressing the DES.”

Elsbeth Moloney, Capability Scotland

The aim was the development of the revised NHSFV Disability Equality Scheme (2007) and setting the priorities for a revised Action Plan. To further inform the prioritisation of actions a questionnaire (Appendix D) was developed. This questionnaire was presented to the Disability Review Group and through their involvement the final version was produced and agreed. The questionnaire was cascaded via various networks both internally and externally, this included:

- NHSFV Fair For All Development Group
- NHSFV Fair For All Operational Management Group
- Patient Involvement Network (PIN)
- Patient Focus Public Involvement (PFPI)
- Public Partnership Forum (PPF)
- NHSFV Website
- Visits to Disability Groups
- Partners in the Forth Valley Sensory Centre

Included in the above was a market research day which involved members of the DRG and this helped us to understand need, confirm key themes and informed the development of our scheme.

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The key themes from the market research day and audit were;

1. Better access to services
2. Transport
3. Waiting times
4. Access/environment in new hospital
5. Staff awareness/training on disability and attitudes
6. Need for local services

This is an on-going process and will be reflected in our annual report.

“The Falkirk and District Access and Assessment Group are pleased to be invited to be involved with this Disability Equality Scheme. Our Groups involvement will aim to ensure that the main focus stays on the fundamental principles of the Scheme. That every policy, good practice, process and procedure meets the needs of our disabled community. That our disabled people are encouraged to be involved, and remain involved, in every part of this Scheme. That the disabled community are involved in future changes at the earliest point. That disabled peoples needs are not addressed as an afterthought or an add on. That at long last, the needs of our disabled community are met.”

Henry Sherlock
Falkirk and District Access and Assessment Group

“What makes the Disability Equality Scheme different from any other Scheme is the Involvement of Disabled people, not only within the Scheme but within NHS services and Policies.

Forth Valley in my view have one of the most enthusiastic and dedicated teams along with their user groups who have a vast knowledge of disability issues, and I have no doubt that they will succeed in having a good working relationship and show others how involvement should be done”

Jackie Maceira
Fair for All Disability Team

The DRG was fully involved in the development of the revised scheme and action plan and the final versions were approved by the group on the 9th October 2007. The group further recommended that a shortened user friendly version of the scheme be developed and this has been incorporated in the revised action plan.

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7 Gathering Evidence

We believe it is vital to the success of our disability equality scheme that robust evidence is available so we can monitor our performance. The purpose of gathering information is to identify key issues and priorities that help us identify, evidence progress and improvements on policies and practices.

The Disability Rights Commission report “Disability in Scotland 2004” provides an overview and summary drawn from a number of sources to give the fullest current picture of the numbers of disabled people in Scotland.

Information from national surveys indicates that there are around 29,000 individuals in Forth Valley with some form of disability. You will find in (Appendix E) some of the local and national statistics in relation to disability.

NHSFV continues to gather evidence of need as an on-going process. This assists us by providing a basis for preparing our disability Action Plans to deliver disability equality.

This evidence will also enable us to demonstrate the effectiveness of actions taken to ensure that the Action Plan and any activities are and will be reflected in future schemes.

The process by which NHSFV gathers evidence has been informed by disabled people. This includes some of the different methods of gathering information as follows:

Interpreter Service Audit

A consortium of Forth Valley Statutory Agencies including NHSFV provides a Forth Valley wide Sign Language Interpreting Service. This project has been developed as a “pilot” for one year initially.

An audit, using the questionnaire in Appendix F, is currently underway involving both the service users and NHSFV departments to evaluate current services. This will highlight areas of good practice for replication and areas for development. The results will merge with feedback received throughout the duration of the contract and will be supporting evidence for the future Interpretation service development.

Local/National Disability Groups/Organisations

Our work with Deaf Connections and the local Deaf club as well as available research information has shown that access to health services, for people whose first language is British Sign Language, is often difficult.

To support this evidence a project was developed including British Sign Language (BSL) and Deaf Culture awareness training to ensure that NHSFV staff had the opportunity to gain the underpinning knowledge to support this client group and reflect this in their service provision. We continue to work with other local and national organisations and gather evidence from them to support current and future projects.

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NHSFV Patients Concerns Service

Locally work is currently underway to improve access to the Patient Concerns Service. We provide information in alternative formats and arrange support for anyone raising a complaint to ensure they have the same access to our complaints systems as anyone else.

Through this work the information gathered from these concerns informs training, influences service delivery and develops practice. It may also highlight environmental barriers for example inappropriate use of accessible parking.

There is also national work being undertaken to develop systems to monitor the diversity information of people using the concerns service.

Improving Patient Care and Experience Framework (IPCE)

The development of the IPCE began as a means to ensure that the quality of care and the manner in which it is delivered is of the highest standard. To enable NHSFV to evaluate patient experiences, audits have been undertaken within Acute Inpatient areas, Maternity services and Outpatient services.

Questionnaires were disseminated which focused on patient experience giving people the opportunity to give their opinion on the various aspects of their care. Reasonable adjustments were made to ensure that information was provided in accessible formats and support was offered to people requiring assistance to complete forms.

The information gained enabled NHSFV to monitor patient's experiences from the previous year and enable them to design their services around patient requirements. The development of an appropriate and sensitive approach for measuring experience in community hospitals is underway. This includes developing methods that will allow very frail patients who need support with communication to express their views.

It is planned that this work will be extended to patients in the community during 2008.

Staff Survey

The last staff survey was conducted in early 2006 and included a section on disability. Of the 2151 responses received 58 respondents identified themselves as having a disability. Future staff surveys will continue to monitor the disability status of respondents, along with other diversity information, and will allow further analysis of these responses.

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Quality Outcomes Framework Review

An example of how NHSFV is mainstreaming Equality and Diversity into existing evidence gathering mechanisms is the inclusion of 2 questions into the Quality Outcomes Framework Review process completed within GP Services. Following feedback from the Fair for All Development group the agreed questions are:

- 1) Have staff received Equality and Diversity Training?
If yes: How Many? Please identify numbers by staff groups
If No: How could Equality Training be delivered to meet your needs?
 - CREATE Sessions
 - On-line training
 - Evening Training Sessions
 - Face to face training
 - Practice Managers Meeting
 - Other (please specify)

- 2) Do you Equality Impact Assess your policies and service functions?
If Yes: Where are these findings recorded?
If No: How can we support you to achieve this?

The findings from the assessment process will be available later next year. The answers to the 2 equality questions will enable NHSFV to establish baseline data and will be used to influence future work in relation to Equality and Diversity in GP services

Purpose of Gathering Evidence

The purpose of gathering information is to identify key issues and priorities that help us evidence and progress improvements. Examples of these types of improvements are;

- British Sign Language (BSL) video clip
- Monitoring of accessible parking

NHSFV will mainstream Disability Equality into existing assessment processes which will enable us to gather information and identify any impact to service provision. Disability Equality will not be the same for all disabled people and in gathering our evidence we will need to take account of this.

Monitoring Process

The scheme will also be monitored in relation to its effectiveness. The monitoring process will be co-ordinated by the Disability Review Group however this group will also liaise with other groups to ensure a wide sample of evidence is gathered. These groups will include;

- NHSFV Fair For All Development Group
- NHSFV Fair For All Operational Management Group
- Patient Involvement Network (PIN)
- Patient Focus Public Involvement (PFPI)
- Public Partnership Forum (PPF)

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8 Employment

Under the Disability Discrimination Act 1995 (DDA), disabled people had the legal right to fair treatment in employment. The Disability Equality Duty takes this a step forward and compliments the legislation set out by the original act.

In working towards becoming a model employer and in line with the duties set out by the Disability Equality legislation we will work continuously to achieve the Staff Governance Standard through our employment policies and practices which are underlined by the principles of equality and valuing diversity. During 2007/08 NHSFV will roll out the national Diversity Champions Initiative ensuring that our workforce is further supported in terms of equality.

Within this modern culture, there is no place for discrimination or harassment. We have a positive track record in developing and implementing Human Resources policy in this area with the recently launched Dignity at Work policy which was commended by Full Time officials within the Area Partnership Forum. We will promote disability equality as part of our overall commitment to equality and we will use our Dignity at Work policy and associated training to reinforce this message.

In terms of current and future focus during 2007/8 we will also have a new Equal Opportunities Policy set within NHSFV’s strategic framework for Equality and Diversity which will be based on the new NHS in Scotland Partnership Information Network (PIN) policy to be published in December 2007.

It is our workforce which will provide the healthcare developments which will bring health improvements for our population and it is therefore fundamentally important that our workforce is knowledgeable and competent in delivering services which are free from bias and discrimination, which are in the context of this Disability Equality Scheme and sensitive to the needs of disabled people.

We will work continuously to develop our workforce through the NHSFV Workforce Modernisation Strategy. This strategy describes our aim to become a model employer, promoting equality and fairness and ensuring our workforce is equipped to deliver services that will benefit our patients.

Pay Modernisation

The Knowledge and Skills Framework supporting the Agenda for Change Pay Modernisation Strategy will play a key role in embedding Equality and Diversity across all of the equality strands. Staff competence in this area is fundamental to pay and career progression and this is further reinforced through the development of Personal Development Plans which highlight skills in Equality and Diversity.

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Employment Monitoring

NHSFV will continue to focus on making improvements in its employment monitoring capacity. We can provide reports on disability disaggregated data using our existing and developing workforce and HR systems.

We will report on the following:

- Applications for employment
- Applications for training and numbers trained
- Numbers of grievances and disciplines
- Those who suffer detriment or benefit from appraisals
- Leavers

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9 Training

In aiming to meet the general duty, NHSFV has endeavoured to ensure that training opportunities exist for all staff and that commitment to equality and diversity is fundamental to the way the NHSFV delivers its service

At present Equality and Diversity is an integral part of training being delivered across NHSFV and is a core component of our induction and statutory training programme.

A variety of topic specific training, in relation to Disability is offered and customised for staff to enable it to meet the needs of their service, for example visual impairment training

“The following developed from our two ticks application process. It was highlighted at interview stage that the applicant had a hearing impairment and used lip reading as his first form of communication. As he was the right applicant for the post I then had to consider what steps were required to be put into place to ensure a smooth transition into post.

After discussion with the Disability Service, Deaf awareness training was delivered to the staff team prior to the individual taking up post to ensure that they understood the successful applicant’s communication requirements and were supported with any concerns they may have had. We also met and discussed the equipment which would be required i.e. a fire alarm pager and the provision of mobile phones to allow tasks to be distributed from the main communication point via text message instead of the two way radio system and made arrangements for these to be available on commencement of post.

The above preparation was fundamental in ensuring this applicant had the best possible start to his new post”.

K McKay, Manager

The Disability Equality training provided is a participatory process where people are introduced to the real issues and discrimination facing all disabled people, with a view to changing behaviour, policies and practices.

The disability equality training provided includes:

- Involving disabled people in delivering the training
- Questioning stereotypes, prejudice, myths and misconceptions
commitment to change institutionalised discrimination

We will continuously review our equality and diversity training, to ensure it has specific focus on ensuring staff understand their responsibilities to promote equality and in

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particular the needs of disabled people. We will also develop access to training for those responsible for completing Equality Impact Assessments

Information gained from both national and local sources including involvement activities, patient experience surveys and from the findings from the NHSFV Patients Concerns Service will also be used to develop training for staff.

“The disability equality training provided by the Equality Unit and delivered by disabled trainers focused on the social model of disability, identifying barriers and tackling attitudinal issues. Delegates on the training commented on how much they had gained from discussing issues with the disabled trainers”.

Capability Scotland

Training will continue to feature prominently in our Fair for All agenda and the current Diversity Champions initiative which is being piloted in three Boards including NHSFV will be a key vehicle for delivery.

This initiative will support any individual who is experiencing difficulty however importantly these champions will also be at the forefront of our Equality and Diversity strategic focus to eliminate discrimination and promote equality.

10 Equality Impact Assessment (EQIA)

Why we need to do it

The specific duty requires that we conduct impact assessments on existing or proposed functions or policies to ensure that due regard is given to disability equality in decision making and activities undertaken and that these policies, functions and decisions do not disadvantage disabled people.

Disability Equality Impact assessment enables NHSFV to identify the impact of its current activities and to make changes that will remove or reduce barriers to disability equality.

What is an EQIA?

An EQIA is a process where we assess existing and new services and policies to ensure that they deliver fair and equal access to all.

What we already do

NHSFV has been working on equality impact assessments since 2005 when we screened and prioritised our current services and policies as identified in connection with the Race Equality Duty imposed by the Race Relations (Amendment) Act 2000.

This screening method looked at:

- Purpose of function or policy
- Evidence available
- The impact of the function or policy on service users or staff
- Prioritisation to conduct EQIA

During 2006 twelve high priority areas underwent an EQIA across all diversity strands.

The following twelve areas proposed for EQIA during 2007 were reviewed by the Disability Review Group who agreed that these were still considered as high priority for disabled people. The services highlighted in adverted commas are considered to be of particular concern to disabled people:

- “Cancer services”
- “Family Health Services: Interpreter and translation”
- Community Health Services
- Gynaecology Services and Day Care and combined child health services
- Oral and Maxillofacial Surgery
- Speech and Language Therapy
- Human Resources
- Public Health
- “Health Promotion Services”
- Local Health Care Planning
- Risk Management
- Procurement

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Decision and Policy Making Processes

An NHSFV Policy Steering Group is currently preparing a framework for the development, approval and management of policies that includes EQIA. This will ensure the quality and consistency of policies and provide assurances to the Board that these policies are routinely monitored and reviewed to ensure they remain relevant.

EQIA Training

NHSFV has initiated EQIA training for staff delivered by the Scottish Association for Mental Health and in partnership with NHS Ayrshire and Arran

The process for completing an EQIA in NHSFV is contained within (Appendix G)

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11 Procurement

National guidance in relation to procurement is currently being awaited. In the meantime NHSFV asserts its commitment to fair treatment in procurement practice. Equally NHSFV will require contractors to comply with the anti-discrimination provisions of all equalities legislation.

12 Annual Report

NHSFV in partnership with key stakeholders will publish an annual report on our Disability Equality Scheme.

This will involve engaging with disabled people both internally and externally to provide feedback on the Disability Equality Scheme and Action Plan. It will also demonstrate what we have done with the information gathered and what actions have been taken as a result of this.

We will also use the information gathered and its results to influence our service delivery and maintain our focus for the following 3 years.

The means of publishing the results will vary. They will be published within reports provided to NHSFV staff, discussed at relevant meetings and cascaded to Forth Valley Disability Organisations and groups in accessible formats.

There will be full and summarised reports, in alternative formats provided on the NHSFV web pages, information will also be available in the form of newsletters.

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13 Action Plan

Within the Action Plan we have highlighted the steps that we propose to take to ensure the fulfilment of the general disability equality duty.

Developing the Action Plan

Within our revised Action Plan we have involved staff and disabled people to inform the priorities for achieving disability equality. We considered the full range of our functions and each of the six elements of the general duty with our aim to integrate and give due regard to all six in the delivery of our actions.

1. Promote equality of opportunity between disabled people and other people
2. Eliminate discrimination that is unlawful under the Disability Discrimination Act
3. Eliminate harassment of disabled people that is related to their disability
4. Promote positive attitudes towards disabled people
5. Encourage participation by disabled people in public life
6. Take steps to meet disabled people’s needs even if this requires more favourable treatment

The Action Plan will detail:

- Outcome
- Actions
- Lines of accountability
- Timescales
- Findings

NHSFV’s Action Plan is an evolving document which will be reviewed and updated. This allows for changes and improvements to be made taking account of new roles, initiatives and emerging priorities.


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Appendix A Disability Review Group Membership (DRG)

Membership	Link to NHSFV
Helen Kelly	NHSFV HR Director Executive lead for Disability
Louise Burnhead	Stirling Visual Impairment Group
Charlene Condeco	NHSFV Disability Advisor
Tom Hart	NHSFV Employee Director
Jackie Maceira	Disability Rights Commission Fair for All – Disability
Jessie Anne Malcolm	NHSFV Patient Partnership Forum Co-ordinator
Joe McGhee	NHSFV Senior Planning and Development Manager
Teresa McNally	Lay Advisor
Caroline Nisbet	NHSFV Disability Equality Advisor
Henry Sherlock	Falkirk Access Group (Chair)
Pamela Simpson	Parent of Disabled Child Deaf Trainer
Lynn Waddell	NHSFV Equality and Diversity Project Manager
George Williamson	Physical Disability Strategy Group (service user)

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Appendix B NHSFV Strategy Map

Vision	Improving Health & Healthcare in Forth Valley Integrated Healthcare Strategy					
Corporate Objectives	Modernising services	Improving the Health of the local population	Ensuring effective use of resources	Managing and improving capacity and access across the system	Improving the quality of patient care	
Strategic Priorities	<ul style="list-style-type: none"> Integrated Health Care Strategy - Shifting the balance of care CHP Development Implementing new models of care – OD Mental Health & MH Delivery Plan Child and Maternal Health Primary care development MCN's 	<ul style="list-style-type: none"> Health Improvement & Inequalities Local Health Plan Priorities Anticipatory care development Partnership working & community planning Health Protection Compliance with Civil Contingencies 	<ul style="list-style-type: none"> Staff Governance Pay Modernisation Workforce Development Regional Planning Financial Balance Best Value eHealth & IT 	<ul style="list-style-type: none"> Unscheduled Care Diagnostics Planned Care Waiting Times Capacity Delayed Discharges <p style="text-align: center; font-style: italic;">Shifting the balance of care</p>	<ul style="list-style-type: none"> Clinical Governance Risk Management National patient Safety Initiative Patient centred Safe & effective care Patient Experience PFPI HAI Equality and Diversity 	
Core Ministerial Objectives LDP	Health Health improvement for the people of Scotland		Efficiency Efficiency and Governance Improvements	Access Access to services more quickly	Treatment Treatment most appropriate to the individual	
←————— Local Health Plan & Financial Plan - Risk Management —————→						
←————— Performance Management & Improvement Framework - ForthStat —————→						
←————— External Assessment —————→						
←————— Individual Objectives —————→						

Appendix C Aims and Objectives (DRG)

NHSFV Disability Review Group (DRG)

Aims and Objectives

- To produce NHSFV’s revised Disability Equality Scheme and Action Plan.
- To ensure that those disabled persons who have an interest in the way NHSFV carries out its functions have full involvement opportunities.
- Participate in the review of NHSFVs Disability Equality Scheme and become involved in the development of a revised scheme.
- Review NHSFVs existing Action Plan and agree future priorities.
- To develop a statement which encapsulates the way in which disabled persons have been involved in the development of the revised scheme
- Ensure that the group have the opportunity to assist the Board in any decision making in relation to priorities for Action Planning and/or Impact Assessment.
- To understand the key requirements of a Disability Equality Scheme and support NHSFV in delivering a scheme that reflects these.

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Appendix D Questionnaire and Summary

NHSFV operates under the social model of disability. We consider people to be disabled by external barriers in society rather than by their impairments. We believe that it is the attitudinal, communication, information, environmental and institutional barriers in society that disable people with impairments.

In thinking about Disability Equality, please answer as many of the following questions as you can.

Information/feedback will be reflected in NHSFVs Disability Equality Scheme and your contribution will help to assist in future service provision.

If you wish to discuss anything included or require support to complete this form we would be happy to arrange this. Please contact Disability Services on Tel/text 01324 590870 or E-mail charlene.condeco@nhs.net or caroline.nisbet@nhs.net

1 When we talk about health services, what do you think of?

2 Using your answer/s from question 1 which of these services is most important to you and why?

3 In which area i.e. Falkirk, Stirling, Clackmannanshire etc do you attend health services. If in more than one area please give details.

4 If you think about the word disability what does this mean to

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you?

5 Do you, or anyone in your household, consider themselves to be disabled person?

Yes

No

What is the main disabling barrier you experience? If more than one please tick

Attitudinal
(prejudice, stereotyping, lack of understanding)

Communication
(lack of interpreters, lack of awareness)

Information
(lack of large print, Braille, audiotape)

Environmental
(physical barriers in the built environment)

Institutional
(policies, practices and procedures of NHSFV)

6 When accessing NHSFV Services what do you feel has been the biggest barrier?

7. When thinking about the barriers mentioned in questions 5 and 6 how could NHSFV make accessing services better

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8. When accessing NHSFV Services what do you feel has been the most positive experience?

9. When thinking about opportunities in relation to employment how could NHSFV be more accessible.

10. Have you been involved in the development of NHSFVs Disability Equality Scheme? Yes

Would you like to become involved in the review of the above scheme and other future activities in relation to Disability Equality Yes No

11. If YES please give your contact details and state format required:
.....
.....
.....

12. Do you have any other suggestions that would assist NHSFV to provide services in the future.

NHSFV thank you for completing this questionnaire.
Please return your response by Wednesday 5th September 2007
E-mail charlene.condeco@nhs.net or caroline.nisbet@nhs.net
Secure fax 01324 590867 or post to: NHS FV Disability Service
Forth Valley Sensory Centre
Redbrae Road, Camelon
FK1 4DD

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Questionnaire Summary

Key themes emerging from people with a disability.

- Attitudes/training of staff throughout the responses was highlighted as an issue. However, some services were singled out as demonstrating good practice in particular Speech and Language, Ambulance service, some GP services and Orthopaedic services.
- Listening to the patient
- Communication both 1 to 1, as well as information in accessible formats.
- Lack of information about what NHSFV does or offer's via a variety of mediums incl. press, information at surgeries
- Lack of thought in which format they send information to service users, even when they are aware that some one has a specific requirement
- Accessible parking was a major issue not only in existing premises but as an area of concern in the new hospital. It was highlighted that people without blue badges park in accessible parking spaces
- Environmental considerations should be addressed both external and internal. This was highlighted in both existing and the new hospital facilities.
- Policies, practices and procedures- should consider appointment times and appointments clashing with each other
- Travelling and transport
- Access to SRI A&E Services was also a problem for people with a disability in particular
- Access to NHS 24 was a difficulty for a few people
- Flexibility of services and appointments
- Cleanliness of care areas
- Ambulance service not taking carers with the patient to appointments was a problem for some

Employment

An idea was suggested that we should have a NHSFV Employment open day.

In the development of the revised scheme of the 50 respondents to the questionnaire 12 people with a disability and 1 non disabled person would like to become involved in the review and further activities.

Top 6 Key themes:

1. Better access to services
2. Transport
3. Waiting times
4. Access/environment in new hospital
5. Staff awareness/training on disability and attitudes
6. Need for local services

These will be taken into consideration along with areas identified as above.

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Appendix E Local and National Statistics

The Forth Valley Adult Health and Lifestyle Survey (FVAHLS) asked a range of questions using a 5% sample of the population in relation to long-standing disability (all types), preliminary results when applied to the general population give the following estimates:

Table 1 FVAHLS estimates

Forth Valley Population (av. of projected values for 1999 and 2003)		Estimated number with long-term disability	% from survey
By Age			
16 – 24	34,957	6,362	18.2%
25 – 34	37,490	7,498	20%
35 – 44	43,159	12,948	30%
45 – 54	37,411	14,777	39.5%
55 – 64	31,240	17,182	55%
65 – 74	23,684	14,210	60%
75 +	18,501	14,227	76.9%
Total	226,442	87,204	38.5%

The estimated number of hearing impaired adults in the three Local Authorities of Forth Valley in the year 2000 was as follows:

Table 2

Clackmannanshire	16 – 60 years
Mild Deafness	1,345
Moderate Deafness	468
Severe Deafness	59
Profound Deafness	29
All Degrees of Deafness	1,901
Falkirk	16 – 60 years
Mild Deafness	4,057
Moderate Deafness	1,411
Severe Deafness	176
Profound Deafness	88
All Degrees of Deafness	5,732
Stirling	16 – 60 years
Mild Deafness	2,417
Moderate Deafness	841
Severe Deafness	105
Profound Deafness	53
All Degrees of Deafness	3,416

Source: GROMYE Estimates 2000 and RNID.

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The table below is taken from the Office of National Statistics mid 1996 population estimates, estimates for 1996 of visually impaired individuals (i.e. registered) and the number of individuals registered as blind and partially sighted as at 31 March 1997 in Scotland.

Table 3

	Visually Impaired Ages 16 – 64	Visually Impaired (All Ages)	Registered Blind All Ages	Partially Sighted (All Ages)
Clackmannanshire	139	798	273	68
Falkirk	424	2330	468	377
Stirling	243	1479	268	103

Source: O.N.S. Estimates 1997 and RNIB

Identification of Need

It is recognised that there has not been a comprehensive Health Needs Assessment in relation to people with a disability, undertaken in NHSFV.

The Disability Rights Commission report ‘*Disability in Scotland 2004*’ provides an overview and summary drawn from a number of sources to give the fullest current picture of the numbers of disabled people in Scotland.

- The Family Resources Survey reports there are about 10 million disabled adults and 700,000 disabled children covered by the DDA in Great Britain (Bajekal et al, 2004).
- Scotland is estimated to have almost 1 million (0.9 million) disabled adults likely to be covered by the DDA.
- 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).
- 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 there are 180,000 people in Scotland who have serious sight problems (RNIB Scotland).
- In May 2003 an estimated 18,066 adults with learning disabilities were known to local authorities throughout Scotland (Scottish Executive, 2004f).
- It is estimated that 729,000 people have some form of hearing loss, deafness or may be a Deaf person.
- Eighty per cent of hearing impaired people are aged over 60 years (Scottish Executive, 2003).
- One in four people will experience a mental health problem at some point in their lives (Scottish Association for Mental Health).

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It is nevertheless possible to infer need from routinely available information, and from the involvement with stakeholders that has been carried out in developing the NHSFV Disability Equality Scheme.

Information from national surveys indicates that there are around 29,000 individuals in Forth Valley with some form of disability.

Accurately estimating the numbers of individuals who have a Sensory Impairment is not straightforward. Agencies are grappling with this and have tended to use a mixture of registration (where this exists), prevalence data, local records and active contact

The numbers of individuals with dual sensory loss are noted to be small and elusive. However, *Deafblind Scotland* estimate that there are around 5,000 people in Scotland with a dual sensory impairment.

According to the Scottish Executive, 1732 people are registered blind with a hearing impairment and 880 are registered partially sighted with a hearing impairment. All of these people would meet the criteria for deafblindness; however this may not be recognised.

Think Dual Sensory report also indicates that half the 75+ population with a Visual Impairment are likely to be hard of hearing.

Neurological conditions are relatively common and responsible for a large proportion of disability. These conditions have certain characteristics:


















- large in number.
- often without cure although new and expensive disease modifying drugs are currently being introduced for some conditions.
- associated with many and diverse symptoms.
- a major cause of disability and account for a high proportion of severely disabled individuals under the age of 65.

At present many disabled people do not have the same opportunities or choices as non-disabled people. Nor do they enjoy equal respect or full inclusion. Statistics have shown that poverty, lower life expectancy, disadvantage and social exclusion are experienced by many disabled people.

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Appendix F Interpreter Service Audit Questionnaire

Client Questionnaire Sign language Interpreter Service

Your Details (optional)			
Name		Date	
Address:		Time: From: _____ to _____	
		Phone number	
Interpreter Name:			
Feedback Information			
Who booked the interpreter for your appointment today?			
 You:	 Your carer or social worker:	  Health professional: e.g. doctor / dentist	 Someone else:
Have you used the interpreter service before?		 Yes	 No
Were you happy with the service?		 Yes	 No
Did the interpreter arrive on time?		 Yes	 No
Did the interpreter stay for the full appointment?		 Yes	 No
Did you understand the interpreter?		 Yes	 No
Is an interpreter at every appointment?		 Yes	 No
If no interpreter, why not?			
Do you want to say anything else?			
Thank you for your taking the time to complete this form. This form is to check how well the service is working. It will not be passed to the interpreter.			
If you would like this form interpreted for you please contact:-			
Fax:	Forth Valley Sensory Centre	01324 590889	
Text:	Forth Valley Sensory Centre	01324 590888	
Please return the completed form in the attached envelope. No stamp required.			

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Service Questionnaire - Sign language Interpreter Service

Organisation Details		Job details	
Service / Department		Date	
Address		Client name:	
		Location of appointment	
Phone number		Time From _____ to _____	
Interpreter Name(s):			

Feedback Information					
Who arranged the interpreter for the appointment? (Please tick)					
Your organisation	<input type="checkbox"/>	Service User	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>

On the scale of 1 to 5 please indicate what it was like to contact the interpreter service.						
Easy	1	2	3	4	5	Difficult
Comments:						

On the scale of 1 to 5 please indicate what it was like to make your arrangements with the interpreter service.						
Easy	1	2	3	4	5	Difficult
Comments:						

Have you requested this service previously for other appointments?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
If you answered no is this because:-					
a) were not aware service existed					
b) difficulties in arranging service					
c) client did not ask for service					
other reason – please state					

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On the scale of 1 to 5 please rate the benefit to your service / department of using the interpreter service.						
No benefit	1	2	3	4	5	Great benefit
Comments:						
On the scale of 1 to 5 please rate your overall experience of the interpreter service.						
Negative experience	1	2	3	4	5	Positive experience
Comments:						
What barriers, if any, affect your use of the service?						
Comments:						
Did the appointment take place on time?			Yes	No		
If no is this because:						
a) of your organisation (please comment)	b) of the client		c) of the interpreter			
Was any other information provided to the client at the time of the appointment e.g. leaflets, contact details? If so, please provide details.						
Is this appointment part of a series of appointments?					Yes	No
If yes, has a block interpreter booking been made?					Yes	No
Was a specific gender of interpreter requested for this appointment?					Yes	No
Would your service/department benefit from further information or training in relation to:						
Interpretation	Deaf Awareness	Communication Tactics/skills				
Please enter any additional comments below.						

Appendix G (EQIA)

Process for Completing an EQIA

NHSFV has developed an Equality Impact Assessment (EQIA) tool which is aimed at improving the quality of local health services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the NHSFV’s policies and services on different communities, using local, national and departmental research and data, this could include; organisational questionnaires, patient experience surveys, targeted group work with specific groups of disabled people.

Using this process will enable the organisations to make sure that any negative consequences are eliminated or minimized and opportunities for promoting equality are maximised.

The EQIA consists of two main stages:

1. A Rapid Impact Assessment.
2. A full assessment, if the initial assessment has identified a possible adverse/negative impact.

A negative or adverse impact is an impact that could disadvantage one or more equality groups or communities. This disadvantage may be differential, where the negative impact on one particular group is likely to be greater than on another.

A positive impact is an impact that could have a positive effect on one or more equality groups, or improve equal opportunities and /or relationships between communities. This positive impact may be differential, where the positive effect on one particular group of individuals is likely to be greater than on another.

Full Impact Assessments

NHS Forth will conduct a full EQIA in those cases where the decision from Stage 1 is that the proposal is likely to have an adverse impact on some groups.

As an organisation we developed an EQIA tool which has incorporated equality in its widest sense, taking into account the impact on age, disability, gender, race, religion and belief and sexual orientation.

A full impact assessment will involve questioning all aspects of the document and forecasting the likely effects and impact on different equality groups and putting actions in place to address the situation by considering further information and data (evidence) both quantitative and qualitative, will consider alternatives, consult on the proposal and monitor the proposal when operational. Service users where appropriate would be actively involved in the process.

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The requirements relating to disability equality impact assessment arrangements apply to both new policies and existing policies. All of our new policies, including reviews of and changes to existing policies, will be equality impact assessed. In parallel with this, we will also prioritise for screening and schedule for impact assessment our existing policies and practices by March 2008.

When we will carry out an Equality Impact Assessment

An impact assessment will be carried out when:

- Developing a new policy, strategy, service or function
- Reviewing existing policies, strategies, services or functions
- The NHSFV Board, Senior Management Team and relevant others have identified policies, strategies, services or functions as specifically requiring an EQIA.

Who is responsible for conducting EQIA?

The manager responsible for the policy or service under consideration is the person responsible for ensuring that an EQIA is carried out and any areas identified as barriers to services are actioned. However, all employees and health professionals, including independent contractors (such as GPs and dentists), have some degree of responsibility for ensuring that EQIA's are conducted.

NHSFV is ultimately accountable for ensuring that EQIA are completed and published and any area requiring to be addressed is actioned. A summary of EQIA results will be published each year using a wide variety of mediums including the internet, staff and public briefings and alternative formats.

Appendix H Glossary and Abbreviations

Access

Access refers to the methods by which people with a range of needs (such as disabled people, people with children, people whose first language is not English) find out about and use services and information.

Bisexual

A man or woman who is emotionally, physically and/or sexually attracted to both males and females.

Disability

The loss or limitation of opportunities, which prevent people who have impairments from taking part in the life of the community on an equal level with others owing to physical and social barriers.

Diversity

The differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexuality, skills, knowledge and life experiences of each individual in any group of people. This term refers to differences between people and is used to highlight individual need. It can be used inappropriately as an alternative to equal opportunities. It avoids reference to discrimination and the impact that power imbalances have on different communities.

Disability Discrimination Act

For the purposes of the DDA, an individual is covered by the DDA if they currently have, or have had in the past, a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The DDA makes it unlawful to treat a disabled person less favourably than other people for a reason related to their disability, unless the treatment can be justified.

Equalities

Used as a short hand term to refer to all work addressing issues of discrimination and disadvantage, particularly as it relates to race equality, disability, gender, sexuality, faith and age.

Equality

The vision or aims of creating a society free from discrimination where equality of opportunity is available to individuals and groups enabling them to live their lives free from discrimination and oppression.

Ethnicity

An individual's identification with a group sharing any or all of the following: nationality, lifestyles, religion, customs and language.

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Gay

This term refers to gay men or women and is preferred to the word ‘homosexual’ which is clinical in origin (implying a condition or illness) and is usually viewed as an offensive term by gay people. The word ‘gay’ is normally attributed to men.

Gender

A concept that refers to the social differences between women and men that have been learned, are changeable over time and have wide variations both within and between cultures.

Heterosexual

Sexually oriented to persons of the opposite sex

Impairment

The functional limitation within the individual caused by physical, mental or sensory impairment.

Lesbian

A woman who is emotionally, physically and/or sexually attracted to women. Not all lesbians are comfortable with the term and choose to identify as either gay or a gay woman.

Mainstreaming

The phrase is used to describe the integration of equalities into policy development, implementation, evaluation and review. Each part of the organisation accepts its own responsibility for promoting equality of opportunity and challenging discrimination.

Minority ethnic people

This term is widely used as a general term to refer to people who belong to an ethnic group numerically smaller than the predominant white group in the UK. This includes groups distinguished by their skin colour, as well as others such as Irish, Turkish, Cypriot, Jewish and travelling people.

Sexuality

Sexuality is a person’s emotional, physical and/or sexual attraction, and the expression of that attraction. It is not a choice that people make; rather sexuality is something that people are born with. Sexuality refers to both gay and heterosexual people.

Transgender

An inclusive term used to describe the diversity of gender identity and gender expression. The term can be used to describe all people who do not conform to common ideas of gender roles, including transsexual people, transvestite people, intersex people and bi-gendered.

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BSL	British Sign Language
NHSFV	NHS Forth Valley
PFPI	Patient Focused Public Involvement
DDA	Disability Discrimination Act
DES	Disability Equality Scheme
AP	Action Plan
DRG	Disability Review Group
HR	Human Resources
GP	General Practitioner
HEAT	Health, Efficiency, Access and Treatment
FFA	Fair for All
GM	General Manager
CHP	Community Health Partnership
KSF	Knowledge and Skills Framework
PIN	Patient Involvement Network
PPF	Public Partnership Forum
EQIA	Equality Impact Assessments
QOF	Quality Outcome Framework

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Appendix I References and other useful links

British Standards (2004), **PAS 78: A guide to good practice in commissioning accessible websites.**

www.bsi-global.com/british_standards

British Standards (2001), **BS 8300:2001, Design of buildings and their approaches to meet the needs of disabled people – A code of practice.**

www.bsi-global.com/Building/Disability/bs8300.xalter

British Standards (1999), **BS 5588-8:1999, Fire precautions in the design, construction and use of buildings. Code of practice for means of escape for disabled people.**

www.bsi-global.com/Fire/Detection/bs5588series.xalter

Council for the Advancement of Communication with Deaf People

<http://www.cacdp.org.uk/>

Capability Scotland

<http://www.capability-scotland.org.uk/>

Central Scotland Fire Service

<http://www.centuralscotlandfire.gov.uk/central/home1.htm>

Central Scotland Police

<http://www.centuralscotland.police.uk/home/index.php>

Centre for Change and Innovation (2003), **Talking matters: developing the communication skills of doctors.**

http://www.cci.scot.nhs.uk/cci/cci_display.jsp?pContentID=1850&p_applic=CCC&p_service=Content.show&

Communities Scotland (2006) **National Standards for Community Engagement.**

www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/lccs_008411.pdf

Disability Rights Commission (revised 2006) **The code of practice – Rights of access: services to the public, public authority, private clubs and premises.**

http://www.drc.org.uk/the_law/legislation_codes_regulation/codes_of_practice.aspx

Disability Rights Commission (2006a), **The duty to promote disability equality: statutory code of practice: Scotland.**

www.dotheduty.org

Disability Rights Commission (2006b), **Putting disability at the heart of public policy in Scotland: priorities for action.**

www.disabilitydebate.org/

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Disability Rights Commission (2006c), **Authorities covered by the DED in Scotland.**

www.dotheduty.org

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