

Disability Equality Scheme

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1. Document Definition

1.1 Revision History

Version	Status	CR No. or Reason For Change	Date	Author
0.0	Draft	New document		Job Title
0.1	Draft	Incorporated Initial review comments		
1.0	Issued	After Final Review		

1.2 Review and Approval History

For the avoidance of doubt, the latest approved version of a document remains valid until it is superseded or withdrawn, regardless of whether the date for the next review has passed.

Version	Reviewer / Approver	R / A	Scope	Date
0.0			New Document	
0.1		R	Context, completeness and accuracy	
1.0		A	Current and compliant	

1.3 References & Further Reading

Ref. No.	Document Title	Document Location

1.4 Glossary/Definitions

The following acronyms are used within the document ...

1.5 Purpose

1.6 Scope

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1.7 Regulatory Position

1.8 Special Cases

1.9 Equality Impact Statement

Great Western Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of its service, population and workforce, ensuring that none are placed at a disadvantage over others.

This document has been assessed against the Trust's Equality Impact Assessment Tool. This document has been assessed as relevant to the duty.

1.10 Comments

Any comments on this document should, in the first instance, be addressed to the author.

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2. Policy Details

The Great Western Hospitals NHS Foundation Trust provides a range of acute health services to a population of 300,000. We are also a major local employer, employing 3,300 staff from our local communities. As both a provider of health care and as an employer we are committed to ensuring we meet and where possible exceed our responsibilities to promote disability equality and diversity.

This is our first Disability Equality Scheme, it is an integral part of our wider equality and diversity strategy. We welcome the opportunity to explain to our stakeholders how we intend to ensure diversity and fair and equitable access to health care and employment – both as a health care provider and an employer. We will listen to the views of our stakeholders, users and staff so that we can continually develop and respond to their needs. Health care is rapidly changing as it strives to meet the expectations of users, promoting disability equality and diversity is an integral part of those changes.

We have set out our Trust Values, which include collaboration, openness, honesty and innovation we believe these values are fundamental principles upon which diversity may flourish. We believe that in order to provide excellent health services every individual must be able to easily access health care and in the case of staff or volunteers opportunities for training and personal development.

Disability equality will be integral to how we manage the Trust and work with other organisations. Staff will be expected to lead by example and to conduct their duties in line with the Trust values.

The Disability Equality Scheme sets out our strategic aims in relation to valuing disability, equality and diversity. This is supported by a three year action plan which explains what we are going to do, what we expect the outcomes to be and how we will monitor progress against what we said we would do. These documents will evolve over time as receive feedback and as we set our sights higher.

Our intention is to ensure that we offer first rate care and employment without discrimination and to promote equality of opportunity and access for all.

Bruce Laurie
Chair

Lyn Hill-Tout
Chief Executive

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3. Introduction and Background

3.1 Legal Requirements

Amendments to the Disability Discrimination Act (DDA) 1995 which came into force in December 2006 required all NHS Authorities to actively promote disability equality.

In 1995 the Disability Discrimination Act (DDA) became law. In 1999 the government set up a Disability Rights Taskforce to review how the Act was working and to make proposals to strengthen the Act. The outcome of this work was the Disability Discrimination Act 2005, which has amended the original act in several ways to improve it.

A new measure brought in is the "general duty to promote Disability Equality" set out in section 49a of the Act. The duty applies to all public authorities, including local councils. It requires Great Western Hospitals NHS Foundation Trust to be proactive in ensuring that disabled people are treated fairly.

3.2 Aims of the Disability Equality Scheme.

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination
- eliminate harassment
- promote positive attitudes towards disabled persons
- promote participation in public life
- meet the needs of disabled people through better planning, delivery and monitoring of healthcare services.

3.3 What is a Disability Equality Scheme?

In its report 'Improving the Life Chances of Disabled People' the Government sets out its vision of disability equality as follows:

'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'.¹

3.4 Definition of Disability

Disability for the purposes of the Act is defined as

'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.

A long-term effect of impairment is one:

- which has lasted at least 12 months, or
- where the total period for which it lasts is likely to be at least 12 months, or
- which is likely to last for the rest of the life of the person affected.

Disabled people include people with:

- physical and sensory impairments,

¹ Prime Minister's Strategy Unit. Improving the life chances of disabled people. London:2005
http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf

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- deaf BSL users,
- learning disabilities,
- specific learning disability such as:
 - dyslexia
- mental and emotional distress.
- HIV,
- cancer
- multiple sclerosis (MS)

The DDA 2005 has broadened this definition to remove the requirement that a mental illness must be 'clinically well recognised' before it can count as an impairment and people with other conditions will be deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

Extending the coverage of the DDA in this way will mean that the protection of the DDA will be afforded to another 250,000 Disabled people nationally.

3.5 Discrimination

Great Western Hospitals NHS Foundation Trust Diversity Scheme identifies discrimination as:

"less favourable treatment because of, or for a reason related to, a person's disability or a failure to make a reasonable adjustment. Even if the discrimination, harassment or victimisation is unintentional it will still be against the law".

Great Western Hospitals NHS Foundation Trust accepts this definition, as it is set out in law.

3.6 The Social Model of Disability

Great Western Hospitals NHS Foundation Trust will adopt the social model of disability. The social model of disability describes how poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers.

Specifically, for health what stops or hinders a disabled person doing something, such as achieving access to a health service are the barriers that society has put in place or failed to remove. It is society that disables a person not their impairment.²

The social model of disability makes the important distinction between 'impairment' and 'disability'. It is the response of the disabled people's civil rights movement to the oppression of disabled people that:

'Barriers' or elements of social organisation, which take little or no account of people who have impairments, cause disability'.

It follows that if disabled people are to be able to join in mainstream society, which is their human right, the way society is organised must be changed. Removing the barriers that exclude (disable) people who have impairments can bring about this change.³

² Disability Rights Commission. *Health and Disability Equality Duty*. London: DRC, 2006
http://www.drc.org.uk/pdf/DED_health_guidance_england_and_wales.pdf

³ The Greater London Authority's Disability Equality Scheme. Moving towards equality for Disabled and Deaf Londoners. London: Greater London Authority; 2005.

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3.7 General and Specific Duties

The Disability Equality Duty requires NHS organisations to develop a "Disability Equality Scheme" (DES) as follows:

- actively promote equality of opportunity and eliminate discrimination and harassment
- take steps to meet disabled people's needs, even if this requires more favourable treatment
- publish a Disability Equality Scheme demonstrating how it intends to fulfil its general and specific duties
- actively involve disabled people in all aspects of the disability equality scheme from the outset, including gathering information, impact assessment and development of the action plan
- the scheme should include a statement of:
 - the way in which Disabled people have been involved in the development of the scheme
 - the methods for impact assessment
 - steps to be taken towards fulfilling its general duty (the "Action Plan")
 - arrangements for gathering information in relation to employment, and, where appropriate, its delivery of services
 - arrangements for putting the information gathered to use, in particular in reviewing the effectiveness of its action plan and in preparing subsequent Disability Equality Schemes
- implement the disability equality scheme, measure progress and use information gained to inform future planning
- report annually a summary of the steps taken under the action plan, the results of its information gathering and the use to which it has put the information.
- Review and revise the scheme every three years

3.8 Great Western Hospitals NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust was formed in 1994, employs some 3,300 staff with an annual budget of £154 million. The Trust serves the population of Swindon and surrounding areas providing acute health services including maternity, paediatrics, child and adolescent mental health, scheduled elective care, and general surgery.

The population has been growing since the Census 2001; however there is not yet a firm figure for the population in early 2006. The working estimate of the population served is about 300,000 people, although the number could increase this year as new housing is coming on-stream all the time. Of this population the 2001 census indicates that 15.3 % consider themselves disabled, compared to 17.9% nationally.

3.9 Health Inequalities and Disability

The health and well being of disabled people are affected by the same range of influences as non-disabled people. The importance of different influences may differ markedly, however. For example, accessibility - of services and of different aspects of the environment - is key to the quality of life of most disabled people. Similarly, the attitudes of some non-disabled people can profoundly affect the lives of disabled people, for example some educators or employers make assumptions about abilities or limitations, so restricting access to choice about education and employment opportunities.

Organisations of disabled people have significant concerns that the attitudes of some non-disabled health professionals influence access to health and related services.

There is considerable evidence to show that people in less advantaged circumstances experience poorer health. This is especially true for disabled people who maybe faced with both poverty and ill health. Research shows that disabled people fare worse on all seven determinants of health for which information is available⁵.

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4. Involving Disabled People

A vital aspect of Great Western Hospitals NHS Foundation Trust's disability equality scheme is the involvement of disabled people. It is important to involve disabled people as they can bring tremendous expertise and knowledge to the organisation.

Great Western Hospitals NHS Foundation Trust has tried to involve people who have a wide range of disabilities in the development of this strategy, so they can highlight the areas of the Great Western Hospitals NHS Foundation Trust's work in Swindon that needs to be changed and to inform action plans. An effort has been made to include people with disabilities in a variety of ways through existing local networks and organisations, carer organisations, voluntary organisations, suppliers, and disabled staff. In particular the Trust is working with the Hearing and Sight Impairment Group who are very pro-active in reviewing and recommending improvements to service.

4.1 External Involvement

A questionnaire distributed to external bodies representing disabled people. Appendix A outlines the organisations involved. The Disability Planning Group gave advice on who to send the questionnaire to and how to approach the task logistically. The questionnaire covered transport, access to buildings and wards/departments/services, the Trust's services, and complaints and concerns. The questionnaire was available in a variety of formats. On 1st December 2006 a public focus group meeting was held at University of Bath, Oakfield Campus, with the event published widely through local media and Disabled Groups. There were two BSL interpreters and one speech to text translator. Transport costs for disabled people were paid by the Trust. Through feedback from those who attended the meeting and the information gathered from disabled people via questionnaires our action plan has been formed. However the Trust recognises that this plan is ever changing and evolving and will continue to liaise with disabled groups to ensure appropriate focus and action.

4.2 Internal Involvement

The Great Western Hospitals NHS Foundation Trust Disability Equality Scheme has the commitment of Chair, Bruce Laurie and Chief Executive, Lyn Hill-Tout. Internally the Trust has endeavoured to involve employees who consider themselves to be disabled, by publishing a questionnaire on the staff intranet asking for involvement, support and feedback from disabled employees.

4.3 Long Term Strategy

Great Western Hospitals NHS Foundation Trust will develop an advisory committee so it can ensure a deep involvement of disabled people in the Disability Equality Scheme. The aim is that disabled people will play a role in helping to monitor revise and evaluate the scheme and to be involved in equality impact assessments by giving their advice. An annual report will be produced which will be distributed to disabled people and all who have been involved in the disability equality scheme to give feedback on the progress of the action plan. This report will be discussed at an open forum and feedback will inform revised actions.

4.4 Lessons learnt for future schemes

- Work in partnership with Swindon Borough Council, police, education and other NHS providers so that disabled people are not overloaded with requests for involvement
- Work in partnership with representatives from groups representing disabled people and from disabled employees to monitor and review the action plan.
- Have "diversity champions" across the Trust who will be actively involved in the roll out of the Disability Action Plan.

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5. Data Collection and Statistics

It is important that Great Western Hospitals NHS Foundation Trust has an idea of how it is currently performing on disability equality to inform its Disability Equality Scheme. Current performance has been mapped as a way of identifying further actions. This in combination with the involvement of disabled people has aided decisions about which actions can best improve disability equality. The Great Western Hospitals NHS Foundation Trust has tried to identify areas where it is doing well on promoting disability equality and also areas where performance is not so good. It is important that Great Western Hospitals NHS Foundation Trust has specific mechanisms in place for identifying our performance on disability equality.

The process of gathering information is a vital mechanism to enable Great Western Hospitals NHS Foundation Trust to make better decisions about which actions would best improve disability equality; the information will allow Great Western Hospitals NHS Foundation Trust to:

- assess its performance
- carry out effective impact assessments
- identify barriers to good performance and actions for improving
- review progress and adjust actions as appropriate
- set targets for improving outcomes
- benchmark against other comparable authorities

5.1 Data on Disability

Great Western Hospitals NHS Foundation Trust understands the importance of gathering information and statistics on disabled people. It is important to have as accurate a picture as possible of how many disabled people there are in the area, the numbers of disabled people using the Great Western Hospitals NHS Foundation Trust's services and what experiences they have of those services. This information will assist the Great Western Hospitals NHS Foundation Trust in planning and developing services and is especially important when undertaking impact assessments.

There are unfortunately a limited number of sources of information about disabled people both nationally and locally. This is further complicated by different sources using different definitions of disability. This has been identified as a gap and will be addressed in the action plan. There is a local research and planning database, which can provide an estimate of people with learning disabilities, however this is a voluntary register and therefore not exhaustive. There are also practice based registers of people with long-term health conditions.

5.2 National Data

The Disability Rights Commission (DRC) estimates that there are 8.5 million disabled people of all ages in Great Britain, around one in seven of the overall population.

In 2002-03, 19 per cent of men and 13 per cent of women reported having hearing difficulties, and in 2004, 55,000 people were registered as deaf.⁴ In 2003, 157,000 people were registered as blind.⁵ In

⁴ Office for National Statistics. General Household Survey. London: HMSO, 2002. <http://www.statistics.gov.uk/cci/nugget.asp?id=867>. Department of Health. People registered as deaf or hard of hearing. London: DH, 2002

⁵ Department of Health. Health Survey for England. London: HMSO; 2001. <http://www.archive2.official-documents.co.uk/document/deps/doh/survey01/disa/disa01.htm>

⁶ 2002 Department for Work and Pensions (DWP)

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terms of hidden disabilities, there are about 1.8 million diabetics in the UK and over 350,000 people with epilepsy, for example.⁶

5.3 Long Term Health Conditions

The number of people with a long-term health condition is increasing rapidly. At the beginning of 2005, 17.5 million people in this country had a long-term health condition (such as diabetes, asthma or arthritis).

5.4 Limiting Long Term Illness

Census data records 'limiting long-term illness', (LLTI), which can be any condition that limits a person in his/her usual daily activities, and 'permanently sick or disabled', which is more strictly defined in relation to entitlement to benefits.

5.5 Mental Health

In England, over 900,000 adults claim sickness and disability benefits (incapacity benefit or Severe Disablement Allowance). The Social Exclusion Unit Report, Mental Health and Social Exclusion (2004) states that only 24% of adults with long-term mental health problems are in work.

5.6 Research and Data which has informed the Disability Equality Scheme

- The Great Western Hospitals NHS Foundation Trust Disability Equality Scheme questionnaire was sent out to a range of disabled people. It provided qualitative data on health service provision, communication, complaints and concerns, and barriers to access.
- A questionnaire for disabled staff was posted on the intranet that has provided both qualitative and quantitative data on staff experiences.
- Data is routinely collected by the Occupational Health Department by means of the questionnaire issued to all new employees to enable self-reporting of disability.
- The Human Resources function also monitor numbers of disabled people requesting application forms, returning applications, the number short listed for interview and the number of successful applicants. This data is analysed for the percentage of disabled candidates applying for posts, receiving an interview and being appointed to posts. This can help highlight any discriminatory practices.

The data collected from application forms is dependent upon self-reporting. There may be an element of stigma attached to reporting which skews the figures, e.g. dyslexia. Individuals with a disability as defined by the Act may not consider themselves disabled and therefore this may be unreported.

5.7 Evidence Gaps

Data is routinely collected by the Human Resources function, however in other functions and areas of service delivery, data collection may be inconsistent or incomplete. This will be addressed through the action plan, as there is a need for a co-ordinated and well-organised approach to data collection with a clear methodology. It is important that the Trust has consistent systems and processes for information collection and benchmarking its performance in relation to disability equality.

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6. Impact Assessment

One of the key ways of embedding disability equality into the policies and activities of Great Western Hospitals NHS Foundation Trust is to systematically undertake disability equality impact assessments. New policies and also some existing policies are already being assessed for their impact on disability equality. A copy of all impact assessments will be kept electronically on the Equality and Diversity Impact Assessment folder

6.1 New Policies

Any new policy, process or function will be impact assessed by the author to make sure it does not disadvantage disabled people. Initially it will be screened to establish if it is relevant to disability equality and if it is it will then undergo a full impact assessment. All policies presented for ratification by the Trust Board of the Great Western Hospitals NHS Foundation Trust will include an explicit statement on their likely impact on disability equality.

6.2 Assessing existing policies

All current policies, processes and functions will be continuously monitored and reviewed for relevance to the duty. Existing policies will be assessed for relevance to the disability equality and their priority for review. They will be assigned a high, medium or low impact rating. If there are negative outcomes, changes will be made to the policies or other measures will be bought in to mitigate the effects. A timetable will be drawn up so the assessments are completed within the three- year lifespan on the Disability Equality scheme. The results of impact assessments will be reported as they are carried out.

6.3 Procurement and Commissioning

All managers responsible for procurement and commissioning will ensure that the services they purchase or commission are assessed for any relevance to disability equality. This will mean ensuring the contractor has measures in place to meet the Disability Equality Duty. Great Western Hospitals NHS Foundation Trust will build disability considerations into the procurement and commissioning processes of all its services.

All present contracts will be reviewed and revised to include the following criteria:

- information on the DDA in standard terms and considerations for contracting services
- inserting a clause in contracts specifying that the contractor must comply with the anti discrimination provisions of the DDA
- specifying in a contract what evidence the contractor needs to gather to demonstrate compliance with the duties and specific outcome measures
- ensuring that disability equality is appropriately reflected and given due consideration in the specification, selection and award criteria, and the contract conditions
- ensuring that contractors fully understand the disability equality requirements of the contract
- monitoring the performance of disability equality where relevant to the contract.

7. Monitoring the action plan

It is essential that the Great Western Hospitals NHS Foundation Trust has an effective system of monitoring and reviewing the Disability Equality Scheme and particularly the action plan. The following chapter sets out how this will be achieved.

7.1 The Trust Board

The Trust Board has responsibility for the provision of strategic overview and holding its Executive to account on compliance with legislative frameworks including the Disability Discrimination Act. This

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entails the commitment to ensure the implementation of the Disability Equality Scheme. The Great Western Hospitals NHS Foundation Trust Chair will head the Diversity Steering Group and with the Director of Workforce and Education will champion disability equality.

The Trust Board will receive annual reports on progress upon the implementation of the Disability Equality Scheme. The report will highlight exceptions, any difficulties in meeting the action plan, and what action is proposed to resolve this. A draft report will be shared using a variety of consultation mechanisms with disabled people. This will mean that disabled people will be key to the process of monitoring on delivery of the scheme and will be able to give their views on progress. The report will be published on the Great Western Hospitals NHS Foundation Trust web site and also available in hard copy and in other formats on request.

7.2 The Workforce and Education Strategy Group

The Workforce and Education Strategy Group will lead on the development of a Workforce and Education Strategy aligned to the Trust's integrated business plan. As such it has a responsibility to identify areas that are relevant to the duty to promote disability equality.

The Workforce and Education Strategy Group will identify and agree the process for assessing, consulting on and the monitoring of the likely impact of policies and functions for any adverse impacts on the general duty to promote disability equality.

7.3 Lead Director and Lead Manager

All Directors will have a responsibility to ensure compliance with the Act by ensuring that the policies and functions for which they have responsibility are adhered to. The Director of Workforce and Education will be the lead director and ensure through the Diversity Equality Steering Group that all departments show 'due regard' to the positive duty to promote disability equality, and that the arrangements laid out in this Scheme will be implemented.

Human Resources will co-ordinate and support implementation of this Scheme.

7.4 Engagement

Great Western Hospitals NHS Foundation Trust will work with internal and external partners to ensure continuous improvements in service provision and employment for disabled people. The Great Western Hospitals NHS Foundation Trust is accredited with the Two-Tick Disability Symbol.

7.5 Revision of the Disability Equality Schemes

At the beginning of the third year of the scheme in 2008 there will be a major involvement process with disabled people and all other key stakeholders to draft the next Scheme which from December 2009. This process will consider all the lessons learnt from the first Scheme. The annual report in 2009 will therefore contain a progress report on the final year of the scheme, an overall report on the whole scheme and the DES for April 2008 to March 2009. The report will be published on the Great Western Hospitals NHS Foundation Trust web site will be available in other formats on request.

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8. The Action Plan

The action plan has been based on the needs of disabled people identified through their involvement in developing the scheme. Issues have been identified which need to be addressed. Part of the work of the Disability Equality Scheme Steering Committee, in conjunction with the relevant Directorates will be to identify in more detail the steps that need to be taken to deliver the outcomes, the financial implications and the timescales. The DES action plan is a dynamic document and new actions will be added as projects and initiatives are identified.

Area	Issue to be addressed	Outcome	Priority
Data Quality	Lack of data on numbers of people with a disability living in catchment areas and those accessing services	Processes in place to collect relevant data on disability. Database developed	1
Procurement and Commissioning	Contracts need to include clauses to include DES and outcome measures	Services contracted to deliver services in line with the DES	1
Impact assessment	Services, functions and policies need to be screened for adverse impact on disabled people	Prioritised plan for impact assessments	1
Human Resources	Promotion of mandatory awareness raising for all staff covering both physical and mental disability.	All Trust staff to have raised awareness of disabled people's issues and appropriate service provision	1
Human Resources	Encouragement of positive attitudes towards disabled people	Develop Disabled led training programme for frontline staff (including deaf awareness)	1
Human Resources	Develop ways to encourage feedback from disabled staff	Disabled staff feel supported	2
Human Resources	Proactive encouragement of disabled applicants	Great Western Hospitals NHS Foundation Trust is regarded as providing good employment opportunities for disabled people	3
Monitoring	Communication to public of progress on DES and outcomes of disability equality impact assessments	Annual report to Board Publish summaries on web Updates to disabled groups. Co-work issues and review with other public sector bodies.	2
Participation	Inclusion of all groups of disabled people	Increase involvement of all disabled people, especially disabled children, homeless and those with mental health problems	2
Participation	Continued involvement of disabled people	Steering Committee made up of disabled	1

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Area	Issue to be addressed	Outcome	Priority
		people fully involved in reviewing and monitoring all aspects of the disability equality scheme.	
Transport	Signage to disabled spaces to be improved and more visible	Disabled people will find parking more accessible	2
	Possibility of increasing number of disabled parking spaces to be investigated	Disabled people will find parking more accessible	2
	Information booklet to be reviewed to include map signing disabled parking	Disabled people will find parking more accessible	2
	Signage to drop off points to be improved.	Access to building improved.	2
	Review of positioning of drop off points for better accessibility	Access to building improved.	2
Access to Building	Doors from Atrium and into ward/department to be easier to open (magnetic openers)	Improved access	2
	Signage to wards/departments to be improved	Improved access	2
	Signage in lift areas to be improved so early indication of where ward etc is sited	Improved access	2
	Investigate whether lighting in lift areas (facing Atrium) can be improved	Improved access	1
	Raise profile of volunteers as meeter/greeter for escorting	Improved access	1
Access to wards/department/services	Ensure telephone in Atrium is accessible	Improved facilities	2
	Improve access into and within shop in Atrium	Improved facilities	2
	Improve intercom system into wards, departments (height, voice response)	Improved access	3
Access to wards/department/services	Raise awareness on what action to take to ensure safety of disabled people in case of fire	Improved safety	1
	Ensure publicity to reassure public that staff are aware of action to be taken in case of fire.	Improved safety	1
Communications	Disability awareness in relation to reception staff (meet and greet)	Improved service provision and perception of Trust	1
	Disability awareness to help managers manage	Improve staff experience which improves quality of patient care	1
Services	Improve response in booking centres, inpatient accessibility	Improve quality of patient care	1
	Standardisation of information supplied and accessibility in different font, language etc.	Improve quality of patient care	1

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Disability Equality Scheme

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Area	Issue to be addressed	Outcome	Priority
	Improve internet access including availability of information in different format/language	Improve quality of patient care	2
	Review interpreter policy including suppliers and how accessed.	Improve quality of patient care	1
	Review supply of information regarding aftercare, access to disability support groups etc.	Improve quality of patient care	1
	Consider central information desk/point or signage to individual specialism information points.	Improve quality of patient care	2
	Raise awareness with regard to feeding/nutritional issues	Improve quality of patient care	1
	Review pre-assessment and discharge process to raise awareness of particular issues in relation to disabled people	Improve quality of patient care	1
Complaints	Publicise PALS process ensuring accessibility by disabled people	Improve response to patients issues and concerns	1
General	Review self management of drug regime	Improve quality of patient care	1
Staff support	Ensure disability awareness across all staff groups.	Improved awareness of colleagues' needs	1
	Review Occupational Health referral and reference to disability	Improved awareness of colleagues' needs	1
	Encourage staff to disclose if disabled. Review application form and application process.	Improved awareness of colleagues' needs	1
	Ensure links into KSF and accessibility of disabled staff to appraisal process.	Improved awareness of colleagues' needs	2

KEY:

- 1 high priority/quick win**
- 2 medium priority**
- 3 low priority**

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APPENDIX 1

Disability Organisations Contacted

Swindon Coalition of Disabled People	Home Care
Wiltshire & Swindon Users Network	Youth Information Service
Mencap	Dressability
Living Options	Age Concern
SUNS	Wiltshire & Swindon Users Network
Deaf Essentials	Swindon Carers Centre
Swindon Advocacy Movement	Wiltshire Blind Association
Deaf Essentials	Citizens Advice Bureau
Swindon Mind	Swindon College
RFET Wiltshire QEST	Swindon Kidney Patients Association
Swindon Tourist Information Centre	Options Plus Independent Living Centre
Children's Information Service	Twigs
Millen Advice Point	Lifestyle Centre
Voluntary Action Swindon	Real Home Care Trust
Shopmobility Swindon	

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