



Disability Equality Scheme

December 2006 – November 2009

**Report of comments and feedback on our Disability
Equality Scheme**

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1 Acknowledgements

NHS Quality Improvement Scotland (NHS QIS) is grateful to the individuals and organisations that read through our Disability Equality Scheme (DES) 2006–2009 and gave us their views. We have now carefully considered the issues raised and suggestions made. Comments and our response to them, including changes made to the DES and its action plan, are summarised below.

Appendix 2 provides a list of individuals and organisations who submitted comments and feedback.

2 Background

NHS QIS worked with two other Special Health Boards to collaborate in the development of this Scheme. These were NHS Education for Scotland and NHS Health Scotland. Together we established two focus groups that met over three days to help develop the DES and the action plan. The group that met at Kirkcaldy was composed of people with sensory impairment, while the one that met in Glasgow was composed of people with physical disabilities and mental health issues. This joint approach provided the basis for the initial working draft of our DES.

3 Comments and feedback process

We published our DES in December 2006 as a dynamic document and, through a structured comment sheet, encouraged the public and all those who work with us, to give comments to strengthen our DES. We circulated a copy of the DES with a comment and feedback sheet to the following by post:

- people with disabilities
- disability organisations
- the wider public
- NHS QIS' public partners
- NHS QIS staff and,
- NHSScotland.

We also sent out hard copies to members of the focus groups who were involved in developing the DES, and published both the DES and the comment sheet on the website.

4 Summary of comments and feedback

The following is an analysis of the comments received and an explanation of how these have shaped the current version of our DES. Copies of this report will be sent to all who sent in comments, and it will also be published on the NHS QIS website.

Q1. Is the Disability Equality Scheme easy to understand?

There was broad agreement that the structure and layout of the DES is easy to access and understand. It is presented clearly and readers found it easy to cross reference the main document with the appendices. However, there were comments on the need to use a larger typeface and avoid jargon and abbreviations. The use of shorter sentences was requested.

Our comments on these issues are:

- We will follow good practice by using a strong clear typeface that is easy to read and at least 12 point font size as recommended by the Royal National Institute for the Blind (RNIB). We will provide the document in large print on request.
- We will avoid the use of abbreviations unless these have been used before in the document and an explanation has been given in full.
- We will aim to use short clear sentences to get our meaning across.

Q2. In the section 'About NHS Quality Improvement Scotland', we explain our role. Does this section improve your understanding of what we do?

The comments on this question were that the explanation given enhanced understanding of what NHS QIS does. However, it was suggested that there is a need to raise awareness of the work of NHS QIS. It was suggested that the inclusion of a chart might assist in understanding the relationships between NHS QIS and other organisations mentioned eg, Scottish Medicines Consortium (SMC). Also it was suggested that a press officer could help to raise our media profile and bring our work to the public's attention.

Our comments on these issues are:

- We will use the existing communication structures and personnel to continue to highlight the role of NHS QIS in national and regional media.
- We will use an organisational structure that will include all affiliated organisations.

Q3. The general duty is designed to promote equality of opportunity for people with a disability. Do you think the actions detailed in the plan will allow NHS QIS to meet this general duty?

There was a strong consensus that the action plan has clear objectives on how to promote equality of opportunity to disabled people working for NHS QIS. The timescales against actions are clear. However, there were comments about too much emphasis on equality and diversity impact assessment rather than a clear approach to the involvement of people with disabilities in our work. Although our programme of equality and diversity awareness training for all those who work with us was commended, it was suggested that disability training should be specific and provided on a stand-alone basis, in addition to the existing training programme. There was also a view expressed that we should promote positive discrimination in employment allowing more disabled staff to be recruited.

Concerns have been highlighted on how to deal with hidden disabilities and whether decisions by individual members of staff not to reveal their disability will be respected.

Our comments on these issues are:

- We will continue to use the training course that is in place, but endeavour to strengthen disability aspects of the course and, as appropriate, involve trainers with disabilities.
- We will promote positive action in addressing disability issues where appropriate, but cannot promote positive discrimination because it is illegal in the UK.
- We will continue to involve the members of the focus group who contributed to the development of the scheme and also consult with national disability organisations.
- We have a commitment to involve disabled people in all our functions as appropriate. Once the work has been screened for relevance and impact on people with disabilities, we will work to support and enable their involvement.
- All members of staff are encouraged to disclose their disability to enable management to address their issues more specifically. The records will be kept confidential and accessed only by authorised members of staff.
- Our Human Resources (HR) policy on harassment and victimisation is inclusive of disability issues. We will monitor the number of complaints made under this policy in relation to disability and use the outcomes to inform review of the policy.

Q4. Do you believe there are issues we have not addressed in our Disability Equality Scheme?

There was a general agreement that most issues have been addressed. Some respondents felt that education on confidentiality should be highlighted.

Our comment on this issue is:

- Staff who handle personnel records (HR Unit) receive training on confidentiality with regard to the Data Protection Act.

Q5. Have you personally experienced difficulties in accessing NHS QIS information because we did not take your particular needs into account?

All responses confirmed that information provided by NHS QIS is accessible.

Our comment on this issue is:

- We will continue to use our current strategy on information provision.

Q6. If you have any other comments you would like to make in relation to our Disability Equality Scheme, please use the box below.

Some of the comments we received in this section are covered in Q1. This included the need for accessible formats in line with best practice recommendations made by the Scottish Accessible Information Forum (SAIF). A request was made for clarification on the role of the NHS QIS Board with regards to the development and implementation of the scheme.

Our comments on these issues are:

- As indicated in Q1, we will commit to following existing good practice in the provision of accessible information.
- We have clearly indicated that the Board, through the Chief Executive, takes responsibility for the development and implementation of the DES. It monitors implementation through annual progress reports.

Q7. Objective 1 of our DES sets out how we will involve people with disabilities. We established a focus group that was involved in developing the DES. Do you believe this is an appropriate and effective approach?

All respondents agreed to this approach and recommended that we should build on it by involving a wider range of both national and local disability organisations. There were concerns that the composition of the focus group used for developing the DES may not have been representative of all disability groups.

Our comments on these issues are:

- We will include the names of organisations who have worked with us to develop our DES.
- We will create a database of disability organisations with whom we will aim to engage. This will enhance the consultation process and extend involvement in our work.
- We have also identified a role for disability champions, who will be self-selected members of staff acting as advisers on disability issues within the organisation.

Q8. Objective 2 of our DES sets out who is responsible within NHS QIS for ensuring implementation of the Scheme. Do you believe these arrangements are appropriate?

All comments received were in favour of the arrangements.

Our comment is:

- We will continue to build on good practice that is currently in place.

Q9. Objective 3 of our DES explains how we prioritised which functions, policies and practices to review. Do you believe the priority given to each function, policy and practice is appropriate?

There was no comment on this particular aspect. However, the need for clarity of format was expressed to enhance easy reading and understanding. There is a feeling that the way this information is presented is a bit difficult for many respondents to comment meaningfully.

Our comment on this issue is that:

- We have used prioritising guidance given in the Disability Equality Duty where policies should be ranked on their relevance to the general duty which is to:
 - promote equality of opportunity between disabled people and other people
 - eliminate discrimination that is unlawful under the Act
 - eliminate harassment of disabled people that is related to their disabilities
 - promote positive attitudes towards disabled people
 - encourage participation by disabled people in public life, and
 - take steps to take account of the disabilities of disabled people, even where that involves treating disabled people more favourably than other people.
- We will include an explanation in this section to enhance clarity.

Q10. Objective 4 of our DES sets out how we will gather comprehensive profiling information on our employees. Do you believe this approach is appropriate?

The comments received were positive about the approach we have followed in gathering information. However, clarification was sought on the type of information being gathered and why, and how we intend to deal with confidentiality issues on the information we gather from our staff.

Our comments on these issues are:

- Through the HR Unit we will know the number of disabled staff we have and their varied needs so we may address them specifically.
- HR will advise on confidentiality so we can work within accepted boundaries.
- We will amend the DES to make it clear that this objective is specific to employees with disabilities and does not refer to the work we do in other projects as has been reflected in the respondents' comments.

Q11. Objective 5 of our DES sets out how we will equality and diversity impact assess our functions, policies and practices and who we will consult with while doing this. Do you believe this approach is appropriate?

Many of the comments to Q11 reflected similar concerns to those for Q10. However, some expressed a need for clarification on whether disabled people will be involved in impact assessments.

Our comments are:

- At the moment, disabled people as a group will be involved in impact assessment of products/functions or policies that have relevance to disability, or if a full impact assessment is being undertaken.
- Groups carrying out impact assessments are drawn from members of staff with knowledge of the policy being assessed, equality issues and the impact assessment process. Members of this group may or may not have a disability which may or may not be relevant to the task at hand.
- Most of our projects have an inbuilt consultation process, during which time groups representing the interests of all equality strands are contacted with information on how to suggest changes or amendments. This can be done via the internet, in writing, in person at consultation meetings, or comments can be taken over the telephone. Sometimes, focus group meetings are held so that we can engage with specific groups of service users who may be affected by our outputs.

Q12. Objective 6 of our DES sets out how we will monitor NHS QIS policies for adverse impact on people with disabilities. Do you believe this approach is appropriate?

While there was general agreement to the objective, concerns were raised around lack of information on what will be monitored, how and what will happen if adverse impact is identified. There was a question about whether impact assessment on generic policies and functions could be done jointly by Special Health Boards.

Our comments are:

- We will gather data on the number of disabled people who apply for posts, are recruited and/or promoted. This information will assist in the design of strategies to address any existing gaps or inequalities.
- We will also carry out regular reviews of policies that affect accessibility of information and the built environment to ensure that they are frequently audited and in line with good practice.

Q13. Objective 7 of our DES sets out how we will publish the results of our assessment, consultation and monitoring of our functions, policies and practices. Do you believe this approach is appropriate?

There was an agreement to the appropriateness of publishing results of our processes for monitoring, consulting on and impact assessing as this will augment transparency in how we do things and enhance public understanding of NHS QIS' function. It has been suggested that placing hard copies of the DES in strategic points such as public libraries and GP surgeries will raise awareness of the scheme content to a wider audience.

Our comment is:

- The current arrangement of publishing the DES on our website and making it available on request is sufficient. If the end of year review reveals a need to change this arrangement, then we will explore other options that will close any detected gaps.

Q14. Objective 8 of our DES sets out how we will publicise our role and the results of our work through a fully accessible website and by the circulation of pamphlets to organisations of people with disabilities. Do you believe that this approach is appropriate?

There was a consensus that the approach we have taken is in line with good practice. However, it was suggested that it could be strengthened by engaging a press officer to raise the organisation's public profile. The distribution of leaflets and information aimed at raising awareness of projects that NHS QIS is engaged in should target disabled people who may neither have access to the website nor have the ability to access information through disability organisations.

Our comments on these issues are:

- Our approach on this is robust and takes account of the particular needs of disabled people. This issue was discussed with the focus group of people with disabilities who helped develop our DES and they agreed to things as they are at the moment. However, at the review stage, if there is a need to approach this differently, the issue will be addressed appropriately then.
- We will continue using the existing arrangements, and the review and evaluation of the DES action plan at the end of three years may highlight gaps. Any gaps can then be addressed with evidence of exactly what needs to be done.
- Our Communications Unit handles all press and media enquiries, and facilitates dissemination of information about all aspects of our work. The particular needs of people with disabilities are considered and addressed through the availability of alternative formats and targeted distribution.

Q15. Objective 9 of our DES sets out how we will train our staff to understand and be aware of the barriers placed in the way of disabled people. Do you believe that this approach is appropriate?

There were positive comments on our equality and diversity awareness training. However, there is a strong feeling that this approach is too general and may not sufficiently address disability issues. Specific training on disability awareness was proposed together with the need for regular updating of course material to reflect current best practice, legislative requirements and access issues, including built environment awareness. Training outcomes should also be audited.

Our ability to achieve the Disability Equality Duty depends on addressing barriers at both policy and practice levels. Training should be delivered by people operating within a social model of disability and organisations of (rather than for) disabled people. It is vital that this model is disseminated in healthcare policy and practice which by definition tends to focus on individual impairment and conditions.

There is a need to ensure that staff understand hidden disability and to enlist their willingness to be open minded about disability issues. This will enable them to build confidence around disability and feel less threatened.

Our comments on these issues are:

- We will regularly review the existing 'On Being Different' course material to ensure that it is robust in addressing disability issues.
- Together with our Corporate Secretariat, we will ensure that there is awareness of disability with regard to accessibility to all our premises.
- Training has already been provided to disability buddies and identified Health and Safety officers on the use of Evacuation Chairs in our building.

- Staff who have volunteered to be disability champions will work with the Equality and Diversity Officer to raise and address issues regarding building accessibility.
- An accessibility checklist has been developed for use across the organisation when arranging venues for NHS QIS events.

Q16. Objective 10 of our DES sets out how we will meet the specific duties placed upon us as an employer. Do you believe that this approach is appropriate?

There was a general agreement with the approach we have taken. Further suggestions were made to support the mainstreaming of disability issues in the organisation's functions and work. It has been suggested that we work towards achieving the double tick symbol and that we should take guidance from the Scottish Executive Health Department (SEHD) scheme which includes promotion of supported employment opportunities and a programme of positive action.

Our comments on these issues are:

- There are a number of disability initiatives that have been undertaken since the DES has been in place, for example the appointment of disability champions.
- At the end of every year, an evaluation report of the Scheme will be produced for the Board as part of our monitoring procedures to ensure effective implementation.
- The double tick symbol would be an asset to NHS QIS. Ways of achieving this will be considered at the annual report stage. This has now been noted in the action plan.
- We are currently reviewing our Recruitment and Selection Policy and we will consider the inclusion of good practice shown by our network members, including the Scottish Executive.

Q17. Objective 11 of our DES sets out how we will ensure that our procurement process is compliant with the general duty. Do you believe that this approach is appropriate?

We did not receive any responses to this question.

5 Conclusions

The comments that we have received about our DES confirm that we have developed a high quality DES with an action plan that will help us deliver equality of opportunity for both disabled staff and others that we work with.

We would like to acknowledge the contribution of the focus groups of disabled people and those organisations who were involved throughout the development of our DES. We also would like to thank the individuals, organisations, NHS QIS staff and public partners who took the time to provide us with constructive comments that we have used to improve our DES. Since this is a dynamic piece of work, we will continually seek comments from the public and stakeholders and we will endeavour to update the DES appropriately.

We are confident that this participative approach will ensure effective implementation of the DES and result in real improvement and positive experiences for people with disabilities involved in or affected by our work.

If you have any questions please contact:

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Appendix 1

We specifically sought comments and feedback on the Disability Equality Scheme (first published in December 2006) from the following people and organisations.

- Ability Net Scotland
- Arthritis Care Scotland
- Asthma UK Scotland
- Augment
- Capability Scotland
- Chest, Heart & Stroke Scotland
- Cleft Lip and Palate Association
- Craigmillar Heart to Heart
- Deafblind Scotland
- Disability Rights Commission
- Disabled Trust for Scotland
- Down's Syndrome Scotland
- ENABLE Scotland
- Health in Mind
- Inclusion Scotland
- Leonard Cheshire Scotland
- Lothian Centre for Integrated Living
- Mobility & Access Committee
- MS Society Scotland
- NHS Boards, including Special Health Boards (24)
 - Chief Executives
 - Designated Directors for Patient Focus and Public Involvement
 - Disability Equality Leads
- NHS QIS public partners (90)
- PAMIS
- Project Ability
- RNIB Scotland
- RNID Scotland
- Scottish Accessible Information Forum (SAIF)
- Scottish Association for Mental Health (SAMH)
- Scottish Autism Society
- Scottish Civic Forum
- Scottish Disability Equality Forum
- Scottish Executive Health Department (SEHD)
- Scottish Health Council
- Sense Scotland
- The ADAPT Trust
- UPDATE
- Voluntary Health Scotland
- Volunteer Development Scotland

Appendix 2

We received comments and feedback on our Disability Equality Scheme (first published in December 2006) from the following people and organisations.

- Augment (Scotland) Ltd
- Craigmillar Heart to Heart
- Lothian Centre for Integrated Living
- Members of the public (2)
- NHS 24
- NHS Ayrshire & Arran
- NHS Education for Scotland
- NHS Forth Valley
- NHS Lothian
- NHS QIS public partners (2)
- NHS QIS staff