



NHS Borders Disability Equality Duty

Annual report

December 2009

1. Introduction

Under the Disability Discrimination Act (DDA) 2005, NHS Borders has a statutory duty to promote equality for disabled people across its organisation, in every aspect of its work. The duty requires NHS Borders to:

- Eliminate discrimination that is unlawful under the Act;
- Eliminate harassment of disabled persons that is related to their disabilities;
- Promote equality of opportunity between disabled persons and other persons;
- Promote positive attitudes towards disabled people;
- Encourage participation by disabled persons in public life; and
- Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than others;

Part of this duty is a requirement for NHS Borders to produce a Disability Equality Scheme with a clear action plan, which sets out how NHS Borders will address:

- the barriers faced by disabled people and steps to remove them;
- its legal duties;
- linking with other equality objectives;
- how it will ensure fairer services for people with disability;
- involvement, assessment and training arrangements;
- partnership working;
- contracting and procurement arrangements, ensuring compliance with the Disability Discrimination Act;
- implementation of the scheme through its action plan;
- Monitoring of its actions.

NHS Borders produced and published its Disability Equality Scheme in December 2006. This annual report aims to provide a summary of the work carried out over the last 12 months to support this scheme.

2. Leadership and Corporate Commitment

The Board and senior management teams have shown ongoing commitment and support to embed the scheme within NHS Borders in the following ways:

- NHS Borders Board have endorsed the Disability Equality Scheme and the implementation of the scheme through it's action plan;
- The Board have undertaken equality training during Board Development Sessions;
- The Board continue to focus on performance through regular update reports from the Lead for Equality and Diversity;
- Discussions are underway to appoint a non executive 'champion' for equality and diversity;
- The Board Executive Team have received training on Equality Impact Assessment;

- NHS Borders continues to be accredited with the Disability Two Tick symbol, recognising its commitment to good practice in employing disabled people;
- NHS Borders has demonstrated its commitment in 2009 by securing a joint approach to equality and diversity with Scottish Borders Council.

3. Training and Awareness

3.1 To ensure that disability discrimination is eliminated and equity is promoted, NHS Borders recognises the need to provide staff with information and knowledge. The following work supports this:

- NHS Borders has been chosen as a pilot site to implement training using NHS Health Scotland's "Happy to Ask, Happy to tell" training dvd. The dvd was designed to help staff to understand the reasons for collect diversity monitoring data. The dvd also aimed to equip staff with skills to be able to ask difficult questions and improve their general equality and diversity knowledge;
- Production of the NHS Borders Equality & Diversity Newsletter. The quarterly newsletter is designed to promote knowledge and understanding as well as to inform on important equality and diversity issues both locally and nationally;
- It has been agreed to allocate a larger session for Equality and Diversity on the corporate induction programme;
- Continuation of adult protection training programme, to help ensure the protection of vulnerable adults.

3.2 Deaf Awareness training

During 2009, 8 sessions of Deaf Awareness training were organised over 4 different dates with 49 people attending. The maximum of attendees for a 2.5 hour session was set at 12 people by the trainer, Michael Davis who is profoundly deaf. A British Sign Language interpreter was included in order to interpret for Michael and to demonstrate working with a British Sign Language interpreter. These sessions were designed as a brief awareness session to give an overview as to the issues faced by deaf and hard of hearing people.

The staff attending these sessions represented a cross section of frontline clinical – Physio, Psychiatry, Urology Specialist Nurse – and support – Dental Receptionist, Clerical Officer, Secretary.

The evaluations received contained very positive feedback with staff reporting a significant rise in their awareness of issues facing deaf and hard of hearing people. Those attending felt that there was a need for further more intensive deaf awareness training. Attendees felt that all staff should attend this training in order for awareness to take place across the whole organisation.

Topics covered in the training were:

- Terminology of Deafness
- Methods of Communication
- Ways of Attracting Attention
- Lip reading exercises
- Communication Tips
- Discrimination and the Disability Discrimination Act

- Overcome Barriers.

4. Access

4.1 NHS Borders continues to strive to eliminate all barriers to accessing its services by:

- ensuring information it produces is made available in different formats and languages on request to meet the specific needs of individuals;
- ensuring all public meetings are held in accessible buildings, and hearing loops and BSL interpreters are made available when required;
- consulting with disabled people when planning and designing new services and buildings as appropriate;
- providing interpreters for appointments and meetings;
- ensuring all health centres and hospitals have disabled parking, ground floor access and disabled facilities and that staff are sensitive to the needs of disabled clients;
- NHS Borders purchased the new voicemail + messenger + results telephone system in November 2009 and once the system is installed there is an opportunity to provide a text solution for Audiology Department.

4.2 Hearing Loops

NHS Borders has been investing in the installation and maintenance of induction loop systems throughout 'public facing' buildings, to help ease communication difficulties experienced by people who wear hearing aids.

For Loop systems to work to their potential it is essential that staffs are aware, trained and confident in their use.

The Equality and Diversity Department engaged with the company procured by the Estates Department, to facilitate awareness sessions for staff to participate in 'hands on demonstrations' and gain a better understanding of how loop systems function.

These particular sessions were seen as a pilot. Feedback was extremely positive with requests for further training across all disciplines.

NHS Borders has 69 loops installed throughout its premises/ departments. A maintenance programme is operational and managed by the Estates Department.

Statistics show that over 8,900,000 adults in the UK are deaf or hard of hearing. Scottish Borders population (c112,726) reflects a high percentage of elderly people. Many elder people become deaf or hard of hearing due to getting older.

4.3 The Equality and Diversity Department have been working alongside the Learning and Disability Service and Borders General Hospital Management to review the current signage provision within the hospital. The review has involved looking at provision from the perspective of a diverse range of service users (including, visually impaired, wheelchair users, PWLD users)

and aims to ensure that all signs are clear and effective. Work will continue into 2010.

5. Involvement

Scottish Borders Disability Partnership

NHS Borders and Scottish Borders Council have worked with the Disability Equality organisations at Local and National levels to bring together a Scottish Borders Disability Partnership. The aim of the partnership is to build the capacity of disabled organisations and disabled people and their carers in Scottish Borders to become a critical friend to NHS Borders and Scottish Borders Council. The partnership aims to support NHS Borders in the development of services at local level to ensure that disabled people are involved in the shaping of services and disability equality is taken into account.

NHS Borders has met with the partnership four times in 2009 and supports the meetings by providing venues to meet in and administering the meetings by minute taking and supporting the Chair and Secretary in their roles as office bearers of the partnership.

5.2 Access – Borders General Hospital

NHS Borders meets regularly with disabled people and their carers to discuss access issues to health services and have been involved with Estates and Facilities to review plans for the Borders General Hospital. As a result the new facilities at the Borders General Hospital have been commended.

Access – Scottish Borders

NHS Borders supported disabled people and their carers in Jedburgh to develop and publish an access guide for the Jedburgh area.

The access survey was carried out by Mrs Isobel McLeish and her carers of local services, businesses and shops. The survey was from Mrs McLeish's perspective in relation to accessing services in her local area.

The guide was launched in June 2009 supported by NHS Borders, Scottish Borders Council's DDA Group and Social Work department, and the voluntary sector in Jedburgh.

The guide is called "out and about in Jedburgh" and this work will now help and support other disabled people to carry out surveys in a number of Scottish Borders towns. The Scottish Disability Equality Forum (SDEF) will deliver access survey training to access panels in the Scottish Borders to equip them with the skills and knowledge required to carry out access surveys of services, business and shops in local towns. The training is scheduled for the 10th of March 2010 in Scottish Borders for access panel members

5.4 Public Partnership Forum

The Public Partnership Forum supported by NHS Borders Public Involvement and Communications team ran a session on disability equality and have fed in

their ideas and suggestions for improving areas within NHS Borders services for disability equality.

5.5 **Disability Tip Cards**

NHS Borders has implemented the Fair for All disability tip cards toolkit to support staff in the frontline services. The tip cards are to support health staff and give examples of good practice when caring for a disabled person. The tip cards have also been shared and disseminated with Scottish Borders Council colleagues

6 **Monitoring – Workforce**

All monitoring information has been provided by NHS Borders Human Resources Department.

6.1 **Headcount**

Date	Headcount	Disabled	Declined to comment
31/10/06	3597	27	43
31/10/07	3683	28	73
31/10/08	3651	28	61
31/10/09	3714	28	75

6.2 Recruitment

Calendar Year	Applied		To be interviewed		Successful		Withdrawn		Turned Post Down	
	Total	Disabled	Total	Disabled	Total	Disabled	Total	Disabled	Total	Disabled
2006 (from 15 Jun)	2083	38	1760	37	227	0	11	0	0	0
2007	4417	8	3617	5	634	2	9	0	0	0
2008	4968	85	3955	69	711	4	176	2	20	0
2009 (to 20 Nov)	6550	169	5618	140	783	4	237	8	22	0
Totals	18018	300	14950	251	2355	10	433	10	42	0

- The data includes multiple applications from a person.
- Successful – offered a post after interview
- Withdrawn – it is not identified at which point the candidate withdrew. Candidates who withdraw are not included in To be interviewed or Successful numbers.
- Turned Post Down is included in Successful.
- In 2009 – ‘Declined to advise disability status’ category introduced – 29 applied, 18 got interview, 2 successful, 1 withdrawn

6.3 Leavers

Calendar Year	Total Left	Total Disabled	Declined to advise disability
2006	367	1	0
2007	548	1	4
2008	705	4	10
2009 (to 20 Nov)	549	0	16
Totals	2169	6	30

- Exit Interviews are not recorded in Human Resources.
- A leaver is one who no longer works for NHS Borders.
- Data – a person is only counted once although may have held multiple posts. Do not use successful/leavers for turnover
- 2006 – Includes data from before 15 June as some were entered retrospectively
- 'Declined to advise' data has been retrospectively added for some employees.

6.4 **Good Practice**

In August this year it became mandatory for confirmation of completion of Return to Work Interviews following a sickness absence to be recorded on Staff Governance Information System.

In this period (August 2008 to date) there have been 1453 confirmations of Return to Work conducted of which 10 for disabled, 14 for declined to advise disability.

Number of entries with no confirmation 6015, of which 49 disabled, 70 declined to advise disability. This does not mean they were not done; simply they were not recorded on Staff Governance Information System.

Since August 2009, 747 recorded of which 4 disabled, 7 declined to advise.

7 **Complaints Monitoring**

NHS Borders Complaints Service has implemented Equality and Diversity Monitoring into the complaints procedure in 2008. This is in line with NHS Scotland and Information Statistics division nationally.

The DATA is collated centrally by the Information Statistics Division.

Local Complaint officers are responsible for sending the monitoring forms to those who complain at a local level about local services. NHS Borders will be able to monitor the complaints process and establish whether anyone has complained in relation to a disability as the monitoring form will ask this information.

The progress will be reported centrally by Information Statistics Division.

8 **Disability Equality 2010-2013**

NHS Borders and Scottish Borders carried out a joint consultation in Scottish Borders over the Autumn of 2009 to determine what was still needed to done in relation to disability equality. The questionnaire was designed to be as accessible as possible and provided in electronic, paper, easy read and large print. A BSL dvd version was provided on request. NHS Borders equality staff met with groups and individuals to gather their response to the consultation. The questionnaire was laid out into priority areas of disability equality in line with the legal framework and duties placed on NHS Borders and Scottish Borders Council.

8.1 **A sample of responses received from the consultation in relation to the priority areas**

Reporting, dealing with and eliminating harassment, victimisation and hate crime

- If staff were more aware and trained in all aspects of disability including Learning Disability it would go some way to alleviating the above. Focus is too much on 'physical disability'.
- Training and Awareness and monitor effectiveness. Promote respect.
- An individual to be identified who can be contacted very much like a helpline. Clear and obvious posters/leaflets on how to report any experiences in all areas.

Improving Disability Equality in the Workplace

- Customer Care Training
- Recruitment Process – two tick symbols needs to be more than lip service.
- Clear procedures and guidelines for staff who have acquired a disability and return to work e.g. automatic assessment of adaptation and support needs.
- Again, training and awareness of DED obligations for staff at a foundation level and second level for those with a line management responsibility.

Improving the Physical Environment

- Disabled people should be able to access anything, anywhere.
- Disabled Parking, toilets and transport.
- Signage should be suitable for people with a learning disability
- Consider appointment times and rural transport constraints
- Involve disabled people in all access audits, upgrades and refurbishment. This could be done via access panels.

Improving procurement and commissioning of services

- Disability Awareness Training before someone gets a contract.

Improving access to services

- More information readily available on ALL services – don't wait to be asked.
- Awareness and communication.
- A resource to ensure accessible information is more widely available. Ensure all leaflets have an easy read version.

Engagement in Public Life

- Too many inaccessible venues used for training and consultation and events. Consider timing of events and length of events.
- Support assistants assigned for meetings to help disabled people.
- Prepare a good practice checklist.

Disability Stakeholder Involvement

- Ensure disabled people are on key committees e.g. planning and community groups
- Improving knowledge and understanding of our disabled communities to enable NHS Borders to provide appropriate, accessible and responsive services

- Can only meet need of the user if they are specific to that individual - use person centred approach
- Training and Development for staff BY disabled people.

Is there any other service or employment development you would like to recommend?

- TRAINING AND AWARENESS.
- Review recruitment process.
- Alternative formats.
- Equality Impact Assessments.
- Common Sense.

A report submitted to Scottish Borders Council by the Scrutiny Review Panel in October 2009 stated that nearly one in five people of working age in Scotland are disabled. This means that approximately 13,082 people of working age in Scottish Borders were disabled in 2006. Currently there is limited information on the total number of disabled people.

The response from the population of Scottish Borders communities will shape the action plan for 2010-2013.

The aim of the action plan will be to ensure outcomes are achieved by improving health; improving patient experience; improving access to services; meeting legal compliance; enabling ease of access to employment and to education and training.

8.2 **NHS Borders Disability Equality Working Group**

After the involvement of disabled people and their carers in the development of the Borders General Hospital front entrance and the newly fitted fully accessible toilets, NHS Borders Lead for Equality and Diversity identified a need for NHS Borders to convene a Disability Equality Working Group to assist with the following areas of work:

- Accessibility (buildings, communication needs, hearing loops, alternative formats, signage, planning new services, car parking);
- Training for staff on all aspects of disability equality (building on current provision) ;
- Employment policies and employing disabled people;
- Equality impact assessment for disability equality;
- Involvement of disabled people ;
- Meeting the needs of disabled people while as an out patient, an in patient (user of primary and secondary care).

It is acknowledged that there are a number of areas which need to be addressed, developed and progressed. With this in mind the following departments/areas/boards were requested to become members of the Disability Equality Working Group:

- Estates and Facilities
- Human Resources
- Training and Development
- Occupational Health
- Risk and Safety

- Public Involvement and Patient Focus/Communication
- Clinical Boards
- Planning/Capital projects.

The response from these departments/areas/boards to be part of the Group was extremely positive. The Group has met on two occasions and will be responsible for **overseeing the implementation of the disability equality scheme and action plan 2010-2013.**

9 Conclusion

NHS Borders recognises the duty it has to eliminate discrimination and promote equality in all that it does as an employer, public service provider and commissioner. This summary report demonstrates the work that has been undertaken over the last twelve months and our commitment to achieving disability equality. NHS Borders will continue to strive to meet its duties and deliver the commitments outlined in its Disability Equality Scheme within its future work.

NHS Borders will publish the action plan for disability equality 2010-2013 in January 2010 and will reflect the consultation responses. The action plan will include actions to address recent issues that have been raised by the public in accessing services.

The action plan will be outcome focussed and will be monitored for progress by the Disability Equality Working Group and any trajectories that appear not to be progressing will be entered onto the NHS Borders risk register.

If you have any comments or queries in relation to this report or its associated work, please contact NHS Borders Equality and Diversity Department:

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