

LEEDS TEACHING HOSPITALS NHS TRUST

DISABILITY EQUALITY SCHEME

2006 – 2009

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Dec 2006 - Nov 2009

1. Introduction

At the Leeds Teaching Hospitals Trust we provide acute hospital services to the people of Leeds, the West Yorkshire area and beyond. Patients from all over the country may be treated in one of our hospitals, which are, St James' University Hospital, The Leeds General Infirmary, Cookridge (which will move to a new wing at St. James' in December 2007), Seacroft, Chapel Allerton, Wharfedale, the Chest clinic and the Leeds Dental Institute. We also provide community midwifery services and services at satellite kidney dialysis units.

We serve a very diverse population with a significant number of disabled¹ people with a wide range of impairments living in Leeds. The 2001 census indicates that 18% of the Leeds population described themselves as having a long term illness/health problem or disability which limits their daily activity. Over half the people responding to our annual inpatient surveys indicate that they have a long term health condition/disability. Disabled people are not a homogenous group. A definition of the meaning of disability under the Act and more detailed demographic breakdown is attached at Appendix A.

1.1. Purpose Of the Disability Equality Scheme (DES)

Equality legislation is a tool that can help us to do two things. The first is to deliver patient centred services that are accessible to everyone who needs them. The second is to become a model employer that attracts and retains the best employees who reflect the population served.

It is a legal requirement under the Disability Discrimination Act 1995 as amended by the Disability Discrimination ACT 2005 for all public authorities to develop and implement a Disability Equality Scheme (DES). Its purpose is to set out how public authorities will meet the **statutory general duty (or disability equality duty)** which is:

• To promote equality of opportunity between disabled people and other people.	e.g. through employment or patient and public involvement.
• To eliminate unlawful discrimination on the grounds of disability.	e.g. by providing equipment to enable people to access services and by providing information in alternative formats.
• To eliminate any harassment of disabled people that is specifically related to their disability.	e.g. by challenging derogatory or abusive comments or "jokes" or "teasing".
• To promote positive attitudes towards disabled people.	e.g. by presenting positive images of disabled people in our literature, publicity
• To encourage the involvement of disabled people in public life.	e.g. by ensuring that involvement and consultation work includes disabled people.
• To take account of disabled people's disabilities even where that appears to be treating them more favourably.	e.g. by providing accessible parking next to main entrances, or by seeing people with learning disabilities 'out of turn' if they are distressed and agitated by waiting.

¹ Under the DDA, a disabled person is someone with a physical, sensory or mental impairment which has a substantial adverse effect on normal day to day activities and which is likely to last for at least twelve months. Disfigurement is included. Mental impairments include for example learning disability and mental illnesses but not addiction. Long term conditions such as cancer, HIV, MS, are included (Further details see Appendix A)

The NHS Standards for Better Health require that we demonstrate that we are meeting the needs of disabled people. Our DES will make a significant contribution to achieving elements of the standards and hence to our rating by the Healthcare Commission

1.2. Values And Principles

Our vision states "We will ensure the Leeds Teaching Hospitals NHS Trust is a locally, nationally and internationally renowned centre of excellence for patient care, education and research. We will deliver this vision by ensuring we attract the best possible staff and invest in their development." In the Trust values attention is drawn to the fact that services will be provided in response to patient needs and expectations and that they are cared for on the basis of equality. All staff are valued, whatever their function and are the key to our success

1.2.1. The Social Model Of Disability

We have already stated our commitment to the social model of disability in our Equality and Diversity Strategy. This means that we will recognise and remove the barriers that prevent or make it difficult for disabled people to use our services or to be employed by us.

These barriers are not just in the physical environment but may be in the attitudes and behaviour of staff or in the policies, systems and processes that govern how we carry out our functions.

1.2.2. Mainstreaming

To make disability equality a reality it must be embedded in all that we do. This means that staff at all levels, whatever their function must think about how the way that they carry out their role will affect disabled people either directly or indirectly. Staff must not only take steps to make sure that disabled people are not disadvantaged in any way by what they do and how they do it, but they must also aim to promote equality for disabled people.

In implementing our DES our aims are:

- To integrate disability equality into our mainstream business.
- To create a climate in which disability discrimination is unacceptable and where good relations between disabled and non-disabled people will flourish.
- To provide services to patients in ways that respects them as individuals, maintains their dignity and puts their needs at the centre.
- To develop a workforce which includes disabled people at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion.
- To ensure that staff are treated with respect and dignity.
- To create an accessible environment and, where physical barriers can not be removed, to find alternative ways to enable access to services or employment.
- To ensure that in carrying out our functions none of our staff or service users is disadvantaged because of their disability.

1.3. The Current Position

We have been working on many fronts over several years to ensure disability equality in both service provision and employment. As a consequence there is already much in place which contributes to our compliance with the legislation. Examples are attached at Appendix B:

2. Involving Disabled People

We are in regular contact with a number of disabled groups. Over the years these groups have made significant contributions to improving our response to disabled people. We have our own Deaf and Hard of Hearing, Blind and Partially Sighted and Learning Disabilities Equality Advisory Groups each of which meet between four and six times a year. The two sensory impairment groups are made up of people who themselves have sensory impairments and some of them also work with those groups. The Learning Disability group has learning disabled members, carers and people who work with people with learning disabilities. All the groups have some members who are also from ethnic minorities. We also have contact with specific individuals who have both particular expertise and an impairment. These include people who use wheelchairs.

There are a number of groups that are service specific which provide regular input e.g. the wheelchair user group.

The Modernisation Team Disability is a multi agency group working across the city on disability issues. It has a reference group made up of people with a wide range of impairments and we are able to have dialogue with this group on a range of issues. Some members of this group are also from ethnic minorities.

Specific discussions have taken place with the above groups re the DES.

Information about the development of the scheme, including a user friendly leaflet was circulated to a wide range of disabled groups and individuals inviting comment and involvement.

Information for inclusion in the DES was also gained from a specific consultation with people with learning disabilities and more generally from the national inpatient survey.

Information from local research on sensory impairment was taken into account as was information from the Royal College of Nursing on the health needs of people with learning disabilities.

The draft was circulated widely: internally including the diversity reference group and staff side, and externally to a number of organisations and groups.

A full list is attached at Appendix C.

A list of specific issues raised by disabled people is in Appendix D. These are addressed in the action plan

3. Disability Equality Impact Assessment

There is a legal requirement to “have due regard” to disability equality in all that we do. This will be achieved through a process of equality impact assessment. Firstly policies and functions² need to be screened to see if they are relevant to achieving one or more of the six elements of the disability equality duty (see 1.1 above) Everything that is found to be relevant must be assessed to see what its impact on the full range of disabled people might be. If it appears that some groups of disabled people might be disadvantaged, either by things that are omitted or included, then changes must be made. Consideration should

² Under the DDA 2005 “policies and functions” covers all that an organisation does and includes: formal policies and associated procedures, strategies, projects, planning, guidelines, protocols, “the way we do things”, and the physical environment.

also be given as to whether there is anything that could be included or changed to support the promotion of disability equality and equality of opportunity for disabled people.

However, the impact assessment needs to be proportionate. Proportionality means that greater attention must be paid to the policies and functions that have the greatest effect on disabled people. Such changes must be given added weight as compared to other considerations.

Guidance has already been issued on how to carry out impact assessments on both policies and functions and some policies and functions have already been assessed. Guidance on carrying out policy impact assessments has been circulated to Directors and Heads of CMTs and guidance on carrying out impact assessments on functions has been circulated to Heads of CMTs. The guidance is also available on the Trust's intranet, on the Equality and Diversity pages under Patient Information and Services. The website address is: http://lthweb/departments/equal_access

The requirement to assess functions and policies is included in the Trust Performance Framework which is our plan for meeting the NHS Standards. However there is still work to do on ensuring that there is a proper timetable for this work and that there is appropriate involvement of disabled people where necessary especially in the development of new policies and strategies.

Policies and functions that have been assessed will be published on our website and reported in the annual report.

4. Monitoring

4.1. Staff

We have introduced a new electronic staff record system. Disability is recorded if staff choose to declare it. Expanded disability categories are not in place but we will give consideration to this in discussion with disabled people. A group will be established to progress this in January 2007

The current system poses some challenges in that the demographic data is not linked to all the categories that we need to monitor. This is being raised with the supplier and it will be rectified as soon as possible. In the meantime a manual system is being explored.

The purpose of this data collection is to monitor whether our jobs and development opportunities are equally open to disabled people and that we make reasonable adjustments to facilitate employment for both new disabled employees and newly disabled existing employees. Monitoring will also enable us to see whether there are any differences in training, disciplinary and grievance and to separate out absence due to disability from absence due to sickness.

Where monitoring indicates gaps or potential problems the responsible staff will investigate further and take remedial action as necessary

4.2. Patients

We have yet to determine the categories for patient monitoring and how this can be achieved. When patients are admitted their needs should be assessed and recorded so that they are available in the patients' records. However there is no system for transferring this information onto the patient administration system. A group will be established in January 2007 to take this forward

The response from disabled people is that their primary concerns are that their needs are met and appropriate adjustments made whether they are employees or patients. Recording categories is of secondary importance and for some people, not important at all. However there was recognition that some form of categorisation may be needed for monitoring purposes.

This is not without problems. The purpose to be served by any data collection must be clear since its collection and recording are not ends in themselves. Before we embark on this it is important to clarify how we will be able to use it. It is not sufficient to collect it because we believe that we have to. However we will explore this further as part of the work on patient profiling and we will involve disabled people in the process.

The process we have put in place and piloted for impact assessing our functions will allow us to see how our policies and procedures work in practice for disabled people and any problems or gaps will be highlighted and the appropriate changes made.

4.3. Monitoring the DES

The Diversity Action Group and our existing equality groups will play a part in monitoring the implementation of the plan but consideration will need to be given as to whether we should establish a specific group for this purpose.

5. Action Plan

A key part of this DES is the action plan which covers the life of the scheme. This will ensure that we build on what it has already achieved, further embedding disability equality into mainstream activity. The plan sets out the additional steps that will be taken to meet the needs of disabled patients and employees and to ensure compliance with the disability duty. This plan will not be static but will change and develop over time as new issues arise and tasks are completed. The plan is attached at Appendix E

6. Dissemination Reporting

The scheme will be disseminated internally through Directors, Heads of CMT, Heads of Service, e-mail information through the week following Board approval, Team Brief and Bulletin article. Information will be displayed in key areas in the Trust.

Progress will be reported to the board annually to coincide with the production of the Trust Annual Report.

Disability Equality Scheme 2006 – 2007 Definition of Disability and Demographic Data

Definition of Disability

Under the Disability Discrimination Act 2005, a disabled person is someone with a physical, sensory or mental impairment which has a substantial adverse effect on normal day to day activities and which is likely to last for at least twelve months. Severe disfigurement is included but not tattoos or non medical body piercing. Mental impairments include for example learning disability and mental illnesses but not addictions. Long term conditions such as Cancer, HIV, Multiple Sclerosis are automatically included.

If a person has a progressive condition they will be covered by the Act from the moment that the condition leads to an impairment which has some effect on ability to carry out normal day to day activities.

A person will be covered by the Act even if the adverse effects of their condition fluctuate.

People who are being treated to alleviate or reduce the effect of the impairment are still considered disabled for the purposes of the disability legislation. This does not include people whose eyesight is corrected by glasses. Other exclusions are: hay fever, tendency to set fires, tendency to steal, tendency to physical or sexual abuse of another person, exhibitionism, voyeurism,

Normal day to day activities include: mobility; manual dexterity; physical coordination; continence; ability to lift, carry and otherwise move everyday objects; speech, hearing or eye sight; memory or ability to concentrate, learn or understand or perception of the risk of physical danger.

National Statistics

- 60.2 million UK population
- 8.3 million disabled people (Family research survey)
- 5.8 million people who are deaf and hard of hearing
- 50 – 70,000 people communicate by British Sign Language
- 100,000 people who are deafened i.e. sudden loss of hearing
- 0.2% of 0 – 50 year olds; 18% of 51 – 60 year olds and 36% of 61 – 70 year olds are Hard of hearing
- 500,000 people have a speech impairment
- 1.7 million people are blind and partially sighted
- 4 million people have impaired mobility (other than wheelchair users)
- 600,000 people use a wheel chair
- 250,000 people have a facial disfigurement
- 1 in 5 people experience Mental health issues at some time in life
- 92% of people are not born with their impairment
- 5.8 million disabled people are of working age (Labour Force survey)
- 50% of adults will be over 55 by 2026

For Leeds the estimates are (out of a total population of around 710,000)

- Physically disabled 83,000
- Learning disabled 2,000
- Blind and partially sighted 20,000
- Registered blind 5,400
- Deaf and hard of hearing 107,000
- Deaf sign language users 1,300
- Mental health problems at some time in their lives 142,000

Disability Equality Scheme 2006 – 2009 The Current Trust Position

A number of advisory groups and reference groups consisting of patients and public with specific impairments and/or long term conditions have been in existence for some years to provide us with advice and guidance on both specific services and general service, access and employment issues. We are also linked into a number of city wide groups related to the National Service Framework for Long Term Conditions and the Modernisation Team Disability. The involvement of disabled people has significantly shaped our achievements.

General

- We have an overarching Equality and Diversity policy and plan
- Strategic Group in place.
- Staff diversity reference group in place.
- Our intranet has information for staff on Equality and Diversity with links to relevant organisations including the Disability Rights Commission, the Department of Health Equalities Unit and NHS Employers. It also includes links to sites providing information on how to produce information accessible to people with learning disabilities.

Services

- There are procedures in place so that when patients are admitted an individual assessment can be made of their needs (based on the twelve activities of daily living)
- We have had a contract with the Leeds Sign Language Interpreting Service based at Centenary House, the Leeds Centre for Deaf and Blind People, for several years. British Sign Language interpreters are provided. In 2004/5 five hundred and thirty assignments were delivered. Lip speakers and note takers are also available.
- We were an essential partner in the development of the Deafblind Communicator Guide Service with Centenary House. In 2004/5 three hundred and thirty three assignments were delivered.
- Induction loops are located at main receptions and other areas of the Trust and there is an arrangement with members of the local deaf forum to do spot checks to see if they are working in addition to a six monthly maintenance contract with a specialist provider.
- A number of neck loops are available for use by patients who are hard of hearing.
- Minicomms are available for use by patients who need them.
- Text is available on some channels on the Patientline televisions and our Deaf and Hard of Hearing Advisory Group have been working with Patientline to improve publicity about this facility.
- A Braille transcribing service is available in house.
- Braille menus are available and these are publicised through the hospital radio.
- The newly refurbished lifts have Braille buttons, audible announcements and visual display.
- There are some talking signs.
- Volunteers are in place in parts of the Trust and are able to guide people to where they need to be if necessary.
- Tactile, colour contrasted pathways have been installed in some areas.

- The quality of computer generated patient letters has been improved and the font size increased to 14 point.
- Talking books are available via the volunteer library service.
- Work has been done in different parts of the Trust to improve accessible toilet facilities.
- Accessible car parking is available near main entrances.
- Most reception desks have lowered sections for access by people who use wheel chairs.
- Wheelchairs are available at main reception areas for use by visitors.
- Written guidance is available in all wards and departments setting out good practice in working with disabled people and in making an accessible environment
- The department of health booklet on disability “You can Make a Difference” has been distributed.
- The new Wharfedale hospital and the new oncology wing which is currently under construction has taken into account the needs of disabled people and disabled people have been involved in the planning and made recommendations as to what should be included.
- Piloted equality impact assessment of functions in two departments with resultant actions to improve the response to disabled people.
- Some policies have been assessed for their impact on disabled people.

Employment

- Two Ticks Symbols awarded.
- IWL Practice Plus awarded. Praise for equality and diversity section.
- Computerised monitoring systems installed within occupational health service
- Pre-employment training programme provided with referrals from Job Centre Plus (for those on incapacity benefit), Remploy and the Shaw Trust. National awards received for this project since 1999.
- All job advertisements include a statement that reasonable adjustments will be made to accommodate the needs of disabled applicants
- Recruitment advertising report for targeting disabled people provided for managers
- HR policies impact assessed with regard to disability
- We have our own Occupational Health Department that advises on adjustments for people who become disabled whilst in employment.
- Moving and Handling training is mandatory for many staff groups and regular training is offered on the use of hoists.
- Disability Equality training has been delivered by a network of local trainers who are themselves disabled. More recently, we have worked in partnership with mental health services to deliver training on working with people with learning disabilities, and with the local centre for deaf and blind people to deliver a range of sensory equality training.

Estates

- Ward refurbishments and upgrades take into account DDA access issues
- Design Guidance includes specific DDA guidance
- Design team received training re DDA which included sessions delivered by disabled people
- Disabled people give specific advice on specific schemes
- All new build programmes take DDA requirements into account.

**Disability Equality Scheme 2006 – 2009
Consultation List**

<ul style="list-style-type: none"> • Deaf and Hard of Hearing Advisory Group • Blind and Partially Sighted Advisory Group • Learning Disabilities Advisory Group • Modernisation Team Disability Reference Group • Wheelchair Users Group • Patient Forum • Shire View Centre for Visually Impaired People • Let's Face It • Leeds Area Riding for the Disabled • D.I.A.L. • HOPE • Action for Gipton Elderly - Stroke Group • Leeds Hard of Hearing Forum • Muscular Dystrophy Campaign • Belle Isle Stroke Club • Leeds and District ME Group • Middleton Equestrian Centre • Access Committee Leeds • Leeds and District Hard of Hearing Club • D.R.E.A.M. • ASBAH • Brigshaw Disabled Group • LIP Service User and Carer Involvement • Care and Repair • Positive Strokes - Changing Outlooks • Alliance of Service Users and Carers • Women's Health Matters 	<ul style="list-style-type: none"> • Caring Together in Woodhouse and Little London • Headway - Leeds • Different Strokes • Henshaws Society for Blind People • Arts to Share • Musical ARC • Guide Dogs for the Blind Association • William Merrit Disabled Living Centre • Leeds Centre for Deaf and Blind • Leeds People First • Asking You • Through the Maze • Learning Disabilities Forum • People in Action • Voluntary Action Leeds • Leeds Older People's Forum • West Yorks MS Therapy Centre • Leeds Bereavement Forum • Osmondthorpe Women's Group • Federation of Disability Sports Organisations • Parkinson's Disease Society (Leeds Branch) • LTHT staff • Staff side • Diversity reference group
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Specific issues raised by disabled people

- We need to ensure that all staff who come into contact with a disabled patient are aware of their needs and provide assistance when the patient requires it in the way that is most helpful to them.
- Patient information must be in different accessible formats including for people with learning disabilities
- Information about your stay and when you are discharged.
- Clarify the role of carers in relation to our staff when patients with learning disabilities have a formal or informal carer with them when they are admitted
- Appointment letters should be in appropriate formats so that patient privacy is respected.
- There is a need for disability awareness/equality training for staff
- We should present positive images of disabled people in its publicity, advertising and patient information.
- Advertise more positively for disabled people.
- Better access to complaints and PALS.
- There needs to be Transport for disabled people to the back of the site from the main entrance at Seacroft.
- Action needs to be taken to improve access to and around the Trust for people with walking difficulties as well as wheelchair users.
- There is a need for longer disabled parking places to accommodate ramped vehicles to enable disabled people and their wheelchairs to exit safely.
- There is a need for more disabled (Blue Badge) parking close to main entrances
- Patients and visitors who use wheelchairs and who arrive independently are not always provided with help to get to where they are going when they need it.
- Fire doors can present problems for disabled people when they have closed during the sounding of a fire alarm.

LEEDS TEACHING HOSPITALS NHS TRUST
Disability Equality Scheme 2006 – 2009 Action Plan

DES requirement	Actions	Lead	Time
Employment			
Improve disability monitoring in employment	<ul style="list-style-type: none"> • Devise and implement a manual system to record disability in grievances and disciplinaries 	Maxine Morris (Head of HR, Diversity)	System in place by March 2007
	<ul style="list-style-type: none"> • Work with ESR provider to update system to link data with events 	Maxine Morris, (Head of HR, Diversity)	Dependent on national provider
	<ul style="list-style-type: none"> • Publish monitoring results in annual report 	Maxine Morris, (Head of HR, Diversity)	Annually from March 2007
	<ul style="list-style-type: none"> • Improvement in data quality through a trawl of ESR 	Maxine Morris (Head of HR, Diversity)	Dependent on national provider
	<ul style="list-style-type: none"> • Separation of disability related sick absence from general sick absence reporting 	Maxine Morris (Head of HR, Diversity)	Dependent on national provider
	<ul style="list-style-type: none"> • Establish a group to decide on extended categories for monitoring purposes 	Maxine Morris (Head of HR, Diversity)	Group established Jan 07
	<ul style="list-style-type: none"> • Add further actions based on monitoring information 		
Equip staff to deliver disability equality	<ul style="list-style-type: none"> • Produce tool kit for managers on making reasonable adjustments in employment 	Maxine Morris (Head of HR, Diversity)	March 2007
	<ul style="list-style-type: none"> • Deliver sensory equality training 	Cathy Peacock (Head of PPSS)	Minimum of two cycles per year
	<ul style="list-style-type: none"> • Deliver course on working with people with Learning Disabilities in acute settings 	Cathy Peacock (Head of PPSS)	Minimum of 3 per year
	<ul style="list-style-type: none"> • Roll out Grass Roots e-learning baseline equality 	Maxine Morris	From January 2007

DES requirement	Actions	Lead	Time
	training to all staff, monitor uptake and take remedial action as necessary	(Head of HR, Diversity)	onwards
	<ul style="list-style-type: none"> Establish the required content of training to meet the KSF 	Maxine Morris (Head of HR, Diversity)	Sept 2007
	<ul style="list-style-type: none"> Incorporate disability elements into Trust training plan and deliver to staff 	Head of Training	Completed by November 2009
	<ul style="list-style-type: none"> Provide regular briefings and articles in Trust publications 	Cathy Peacock (Head of PPSS) Maxine Morris (Head of HR, Diversity)	At least one per quarter
Ensure an accessible environment	<ul style="list-style-type: none"> Audit and Review current Design Guidance and make any necessary amendments 	Ian Wilkes (Deputy Head of Estates – Corporate Services)	June 2007
	<ul style="list-style-type: none"> Reissue amended guidance and audit compliance 	Ian Wilkes (Deputy Head of Estates – Corporate Services)	June 2008
	<ul style="list-style-type: none"> Estates to draw up their own DDA scheme incorporating comments from consultation Establish a group and implement work resulting from above 	Andy Proud (Head of Estates)	March 2007
	<ul style="list-style-type: none"> Investigate and install appropriate seating on long corridors 	Andy Proud (Head of Estates)	Assessment currently underway – installation during 2007
Assess impact of current strategy and policies on disability equality	<ul style="list-style-type: none"> Provide support to Directorates that have not yet begun this process and agree timescales 	Cathy Peacock (Head of PPSS)	Plans in place by July 2007
	<ul style="list-style-type: none"> Ensure that new Trust strategies, policies and their 	Lead Director	

DES requirement	Actions	Lead	Time
	associated procedures are screened and assessed as necessary		Ongoing
	<ul style="list-style-type: none"> Incorporate the impact assessment of policies into our process for policy review development and approval 	Ross Langford (Deputy Director of Marketing and Communications)	March 2007
Monitor impact of relevant policies and strategies	<ul style="list-style-type: none"> Establish a group to determine how patient profile data on disability could be used and the categories needed 	Cathy Peacock (Head of PPSS)	Jan 2007
	<ul style="list-style-type: none"> Dependent on the above, ensure PAS can deliver agreed categories and that appropriate staff are trained in the collection of disability data 	Balbir Bhogal (Assistant Director of Informatics - Patient Services & Health Records)	Dependent on above
Assess impact of functions on disability equality	<ul style="list-style-type: none"> Complete plan for roll out of diversity pilot project 	Cathy Peacock (Head of PPSS)	March 07
	<ul style="list-style-type: none"> Provide support to CMTs to complete the impact assessment of their functions 	Cathy Peacock (Head of PPSS) Suzy Hansford (Interpreting Service Manager)	April 07 – March 09
	<ul style="list-style-type: none"> Identify common gaps, problems and good practice and ensure that the information is shared 	Suzy Hansford (Interpreting Service Manager)	Review 6 monthly
Consultation and Involvement	<ul style="list-style-type: none"> Determine whether it is necessary to establish a specific DES implementation/monitoring group 	Cathy Peacock (Head of PPSS) Maxine Morris, (Head of HR, Diversity)	By Feb 07
	<ul style="list-style-type: none"> Revitalise the staff Reference group and encourage 	Maxine Morris,	Jan 07

DES requirement	Actions	Lead	Time
	more disabled staff to participate	(Head of HR, Diversity) Oretha Gaskin (Business Manager, Leeds Cancer Centre)	
	<ul style="list-style-type: none"> Draw up a list of organisations and individuals who are willing to be contacted to be involved in working with the Trust. 	Cathy Peacock (Head of PPSS)	Feb 07
In response to consultation			
Access to services	<ul style="list-style-type: none"> Arrange for minicom in patient relations and provide complaints and PALS leaflets in Braille 	Karen Dunwoodie (Patient Relations Manager)	Jan 07
	<ul style="list-style-type: none"> Pilot a project to help staff to recognise and respond appropriately to disabled inpatients 	Dawn Marshal (Deputy Chief Nurse)	Report Jan 08
	<ul style="list-style-type: none"> Clarify the respective roles of carers and staff during inpatient stays for people with learning disabilities accompanied by a formal or informal carer 	Cathy Peacock (Head of PPSS)	Dec 07
Patient information	<ul style="list-style-type: none"> Devise a systematic way to facilitate communication about appointments using alternative formats/technology and including e-mail, Roll out plan to be determined following pilot 	Balbir Bhogal (Assistant Director of Informatics - Patient Services & Health Records)	Pilot March 07
	<ul style="list-style-type: none"> Amend the principles in the policy on the production and management of written patient information to include the responsibility to provide easy to understand information for patients with learning disabilities as well as other accessible formats 	Ross Langford (Deputy Director of Marketing and Communications)	March 07

DES requirement	Actions	Lead	Time
	<ul style="list-style-type: none"> Ensure the inclusion of an Easy Read version when the hospital Welcome Pack is developed 	Ross Langford (Deputy Director of Marketing and Communications)	Dependent on the timescale for the production of the Welcome Pack
Positive images of disabled people	<ul style="list-style-type: none"> Ensure that disabled people are positively reflected in publicity, patient information and advertising 	Matt Toogood (Director of Marketing & Communications)	Ongoing
Transport	<ul style="list-style-type: none"> Include disability as a factor in the transport plan and ensure the involvement of disabled people Roll out of specific individual plans as MLB develops. (separate plan to be developed) 	Kevin Westwood (Assistant Director of Strategic Projects)	Framework to support consultation by summer 2007
Transport	<ul style="list-style-type: none"> Investigate the provision of longer as well as wider parking bays to accommodate parking for people using ramped vehicles 	Bob Bilton (Deputy Head of Logistics)	June 2007
	<ul style="list-style-type: none"> Work with the various user groups and the Patient Forum to resolve the problems of disabled access at Seacroft. 	Bob Bilton (Deputy Head of Logistics)	Proposals by April 2007
Monitoring the Scheme	<ul style="list-style-type: none"> The Diversity Action Group and the equality advisory groups will monitor the scheme. Determine whether it is necessary to establish a specific disability group for monitoring the scheme Review annually and report to Trust Board 	Maxine Morris, (Head of HR, Diversity) Cathy Peacock (Head of PPSS)	Jan 07 To coincide with annual report
Further actions will be added as required during the life of the scheme			