

The Scottish Ambulance Service  
A Special Health Board of NHS Scotland

# **Disability Equality Review December 2009**

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## 1. Foreword

The Scottish Ambulance Service published its first Disability Equality Scheme in December 2006. The aim of this scheme was to promote disability equality across the organisation in order to improve services for disabled patients and employment for disabled staff. In doing so we wanted to ensure disability equality was not reliant upon the commitment of a few individuals but rather that it formed part of our everyday business.

Whilst we recognise that significant work has been undertaken since the introduction of this first Disability Equality Scheme we are keen to ensure we build on the good work done and acknowledge there is still much to do.

In this review we renew our commitment to continue to promote disability equality ensuring that the needs of disabled people are taken into account in all that we do.

Pauline Howie  
Chief Executive Officer

If you require this document in large print, Braille or summary translation please contact

**Corporate Affairs Manager  
Scottish Ambulance Service National Headquarters  
Tipperlinn Road  
Edinburgh  
Eh10 5UU**

**Telephone: 0131 446 7000**

## 2. Legal framework

The Disability Discrimination Act 1995 was amended by the Disability Discrimination Act 2005 placing a general duty on all public authorities to have due regard to the needs of people with disability when carrying out its functions. They will need 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 people's disabilities, even where that involves treating disabled people more favourably than other people.

The overarching goal of this general duty is to promote equality of opportunity for disabled people. The other elements of the duty support this goal although they must be considered in their own right.

A listed public authority must involve disabled people in the development of a Disability Equality Scheme which demonstrates how it intends to fulfill its general and specific duties and which includes a statement of:

- the way in which disabled people have been involved
- the methods for impact assessment
- steps which the authority will take towards fulfilling its general duty (the Action Plan)
- the arrangements for gathering information in relation to employment and, where appropriate, its delivery of education and its functions.
- the arrangements for putting the information gathered to use, in particular to review the effectiveness of its action plan and in preparing subsequent Disability Equality Schemes.

Within 3 years of the Scheme being published, take the steps set out in its action plan and put into effect the arrangements for gathering and making use of information.

Publish an annual report containing a summary of the steps taken under the action, the results of its information gathering and the use to which it has put the information.

### **3. Review of the Disability Equality Scheme**

Since the publication of the Disability Equality Scheme in 2006 annual progress reports have been published in December 2007 and 2008. As a public authority the Scottish Ambulance Service has a legal obligation to review the Disability Equality Scheme every three years. This document provides a summary of progress made since the introduction of that Disability Equality Scheme. As part of this review the Disability Equality Scheme itself will be updated and this will include a revised Action Plan for 2009 – 2012 reflecting the priorities identified through the involvement with disabled people during this process.

## 4. Progress

Whilst there have been significant changes for the service between 2006 and 2009 it is considered fitting as a starting point to undertake a review of progress made. In doing so we recognise the need to ensure future actions reflect both the needs of our patients and those of our staff. The following narrative provides a summary of the progress made in each of the key objectives. The Action Plan developed for 2009 – 2012 can be seen at Appendix 1.

### **1. Leadership and culture: make a firm commitment to disability equality and show effective leadership in the area of employment and service delivery.**

Progress made

The Reducing Health Inequalities and Reducing Hospital Admissions projects are now managed through the New Ways of Clinical Working Board. The aim of the work undertaken by this Board is to ensure the Service continues to deliver a safe and effective service that meets the needs of patients and to respond to how healthcare is being delivered across Scotland.

A number of initiatives were taken forward with hard to reach groups and vulnerable adults and children by the Reducing Health Inequalities Project. These included;

- The Carers Strategy was developed and introduced across the Service.
- A pilot project within the Highland and Grampian was established to pre-register critical information on asthmatic patients with the Emergency Medical Dispatch Centre in Inverness. This has proven to be successful and has been extended to include details of other vulnerable patients. In this way patient details are flagged in the data system and information is readily available should the patient need emergency care.
- In partnership with the British Heart Foundation, four Community Resuscitation Development Officer [CRDO] positions have been funded and commenced work with the operating divisions in August 2008. The CRDO's work with schools to provide teaching staff with emergency life support training under the Heartstart UK Scheme. They also provide training within the local community, ensure public access to defibrillators and assist in the development of community and first responder schemes.
- Over 80 staff have volunteered to be Heartstart instructors and they will continue to deliver 2 hour free lifesaving courses to members of the public in their own areas.
- Links have been established with social work colleagues to share materials, for example 'going in an ambulance' pictorial sheet which helps to raise awareness of the Service.

Through the Reducing Hospital Admissions project the following initiatives have been taken forward;

- Funding was secured through NHS Education for Scotland enabling the Service to further develop work on demographic mapping to identify clusters of patients with low risk and non life threatening conditions and how such conditions have an impact on the services provided. This piece of work has been done in partnership with the Information and Statistics Division of National Services Scotland, NHS24 and NHS Highland. The results of this research have been passed to the Remote and Rural Implementation Group who will consider how the provision of pre hospital health care within NHS Highland can be further developed. The work on demographic mapping will continue through the Service as a work stream of the Remote and Rural Implementation Group.
- Leaflets have been designed that can be provided to those patients who have been treated and left at home. The Service has involved disabled groups and patients in the development of these leaflets. Examples include the treatment of asthma, epilepsy and diabetes.
- A pilot study was undertaken with GP practices in the North West of Scotland to identify groups of patients in the community where local Paramedics and Technicians could support routine health care management. Typically these include those with chronic conditions and the mentally ill. Improved care within the community can help reduce the need to transport patients to hospital from remote and rural areas where this can be significant and can further complicate a patient's condition.
- Significant work has been undertaken to increase our ability to treat patients safely within the community without the need to take patients to hospital. The development of See and Treat protocols and Care Pathways will continue to further enhance the range of conditions that can be safely treated within the community e.g. non- injured / ill patients / palliative care. As a result of this the Service has closer links with other parts of the NHS Scotland and the wider social care system.

Cab based terminals have now been introduced across the whole of the Accident and Emergency service. Patient information is collected through the electronic patient record form [ePRF] and these details can be readily accessed nationally to inform service development. It is now easier to monitor clinical performance and better analysis can be made of the data captured including the age of the patient, long term conditions and those who did not travel to hospital. This is of great benefit when new models of clinical working are considered e.g. see and treat procedures.

Through this system it will be possible in future to access Emergency Care Summaries with the patient CHI number [Community Health Index] which will provide staff with further background information regarding the patient they

are treating. Essential information regarding a patients particular support needs would be included and this would ensure that operational staff could take this into account at the earliest opportunity.

The Service has commenced a research project funded by Diabetes UK to develop and assess an intervention to promote follow-up hypoglycaemic emergencies [episodes of low blood sugar levels]. The study will explore peoples experiences of hypoglycaemic emergencies, attendance by ambulance clinicians and follow up care, develop a research based prompt card / telephone protocol for people left at home after such an emergency, assess the acceptability of this intervention and investigate its potential impact on patients' attendance for review. It is anticipated that the intervention will improve patients' health and reduce the likelihood of them experiencing future hypoglycaemic emergencies.

### Patient Transport Services

A large proportion of those patients transported by the Service have a disability. The eligibility to travel criteria has been reviewed with patients, carers, partners and stakeholders to ensure those who have a medical need / require additional support are provided with the appropriate transport.

### What we plan to do

- The Carers Strategy will be reviewed, updated and published in 2010.
- Continue our work in partnership with British Heart Foundation and we will identify where support can be provided specifically for disabled people within local communities by way of emergency life support training.
- Review the current procurement pre qualification questionnaire to ensure this is accessible to all communities

## **2. Training and awareness: build a positive and well informed disability equality culture based on the Social Model of Disability.**

### Progress made

- In partnership with Carers Scotland additional training has been provided for managers. Further work has been done to develop materials provided for patients to ensure reference is made to the rights of carers.
- In keeping with the 'Choose Life' initiative, being rolled out across NHS Scotland the Service has participated in the 'Safe Talk' training which provides an introduction to suicide prevention.

- Disability Tip Cards have been distributed across the Service and are available in each vehicle for all operational staff. The cards provide an important reminder of the communication needs of disabled people.
- Work is underway to develop a disability resource section and communication tool within the cab based terminals. This will assist the Service in identifying disabled patients and provide staff with further guidance with regard to the best ways to communicate with patients who have additional support needs. The use of Expressive Boards has been piloted and some of the details from these will be incorporated in the development of this tool.
- In February 2008 the Service introduced best practice guidance for the recruitment and employment of individuals with diabetes. This model has now been adopted to ensure recruits and staff with other disabilities are assessed as individuals and are involved at every stage of the process.
- In order to improve services for staff with dyslexia who attend the Scottish Ambulance Service College one of the administration team has attended a three day course on understanding this condition. As a result of this changes have been made to course materials to support the needs of those individuals.
- Locally operational staff have visited schools and disability groups in order to raise awareness of the Service and provide an opportunity for groups to familiarise themselves with an ambulance and our staff.
- British Sign Language training has been provided for a small number of reception staff in the North West by the Deaf Society.
- In partnership with Forth Valley Health Board a training the trainer's course for raising disability awareness has been provided for key staff who have expressed an interest in working in this area.
- We have worked together with the Scottish Partnership for Palliative Care to produce an End of Life Care Plan as part of the Scottish Government Living and Dying well initiative. This ensures high standards of care are maintained for those who are approaching the end of their life. It has been recommended that the do not resuscitate form produced as part of the plan is adopted across NHS Scotland.
- The Anti Bullying and Harassment Campaign was launched in March 2009. Briefings have been provided to staff groups across the Service in order to promote the campaign and reinforce acceptable behaviours in the workplace including building a culture of dignity and respect, promoting equality and raising awareness of equality strand specific issues.

We recognise more work needs to be done to ensure we are further able to raise the awareness of disability across the service.

#### What we plan to do

- Deliver 'train the trainer' courses for divisional leads to facilitate the delivery of the 'safe talk' suicide prevention training across the Service.

- Establish a group of staff to work with the Equality Lead to identify ways to raise awareness of dyslexia and to produce guidance for line managers.
- Further develop the cab based communication tool to provide additional support for those patients with hearing impairments, a learning disability, speech impairments or whose first language is not English.
- Consider and develop ways to further raise disability equality awareness for all staff.
- Review and revise consent strategy taking into account the need to include reference to adults and children with incapacity / use of welfare guardianship

### **3. Involvement: involve disabled people and their organisations in our work.**

#### Progress made

- Considerable effort has been made to increase the numbers of patient representatives who work with the Service both nationally and locally including disabled people and groups representing disabled people.
- Operational divisions have their own links with local groups where they can engage with patients and the public regarding service development / redesign and how to improve the patient experience and access to the service. For example South Lanarkshire Disability Access Forum, Fife Hospitals Kidney Support Focus Group and the Disability Community Forum hosted by partners NHS Grampian.
- Nationally the Service has developed links with organisations representing disabled groups including, Royal National Institute for the Deaf, Health Happiness, Dyslexia Scotland, Depression Alliance Scotland, Epilepsy Scotland, Capability Scotland, Carers Scotland and Scottish Disability Equality Forum.
- Disabled people have been involved in national events including the Scottish Ambulance Service Strategic Stakeholder events and Our Future Strategy consultation events.
- A considerable number of patients transported by Patient Transport Services have a disability and where appropriate we engage with individuals at clinics / hospitals to discuss any planned service change which may affect them and also to seek their views regarding service improvement.
- A Communications Strategy, Patient Focus and Public Involvement Strategy and PFPI User Guide have been developed and introduced. These provide guidance for staff involved in public engagement to ensure the Service is accessible and inclusive.
- Epilepsy Scotland are supporting the Service with the college component of the Service's epilepsy course. They are cascading information to their Epilepsy Scotland network regarding the

information needed when they contact the Emergency Medical Dispatch Centre for help and are working with the Service's pharmacy adviser on care plans for brittle epilepsy in order that ambulance crews can administer medication in the patient's home.

### Our future strategy

During 2009 the Service embarked upon a national consultation programme with key stakeholders as part of the process of reviewing its strategy for the next three to five years. The four key areas for discussion

- Accessing the right help in an emergency
- Delivering for remote and rural healthcare
- Getting patients to and from hospital
- Enhancing the care we provide

The Service has involved a wide range of groups during this consultation including patients, carers, the public, stakeholders and NHS partners.

The consultation has generated a great deal of interest and presentations have been well received. Plans are in place to hold Focus Groups for particular communities to ensure the specific needs can be discussed more fully.

### What we plan to do

- Continue to increase the number of disabled people who would be willing to work with the Service.
- Where links have been established with disabled groups continue to work in partnership to ensure the needs of disabled people are taken into account.

## **4. Potential: support disabled people to achieve their full potential in public life and within the workplace.**

### Progress made

- Employment monitoring  
The service continues to monitor the staff profile of staff including disability. Of the 4,212 staff in post as at 1<sup>st</sup> April 2009, 64 staff had identified themselves as being disabled. This represents a total of 1.5% compared with 1.7% in 2008 and 1% in 2007.
- Applicants – total disabled applicants for posts

	Apr 2006 – Mar 2007	Apr 2007 – Mar 2008	Apr 2008 – Mar 2009
Disabled	37 [.88%]	32 [1.31%]	25 [.69%]

Non disabled	4160	2406	3574
Total	4197	2438	3599

A high proportion of posts advertised are for operational / vehicle crew staff. The majority of applications from disabled people are for support service posts.

- The Service ran a pilot scheme with partners at Job Centre Plus and the Scottish Government under the social inclusion recruitment initiative. Eight potential applicants for Call Taker positions were provided with pre employment training. A number of these individuals had a disability.
- Starters and leavers - during the period April 2008 to March 2009, 377 people joined the service. None of these individuals disclosed that they had a disability. Of the 209 people that left the Service 10 had a disability.

#### What we plan to do

- Write to staff on an annual basis to encourage staff to self disclosure any disability, raise any concerns they have and to provide the appropriate support to facilitate continued employment.
- Identify ways of increasing the number of disabled people applying for posts in order to increase the number of disabled staff.
- Provide further guidance to encourage applicants to disclose equality details and ensure this information is captured.
- Publish the results of disability equality monitoring annually as part of the Equality Monitoring Report.

## **5. Accessibility: create accessible environments.**

#### Progress made

- The Disability Accessibility Audit highlighted areas where improvement was required to ensure equality of access to our premises for disabled people. Work commenced in April 2006 and this rolling programme of work was completed in March 2009.
- Considerable work has been done to improve the design and layout of the website and intranet to improve access and ease of use.
- The Equality and Diversity page on the intranet now has a specific area for disability equality making it easier for staff to locate information.
- The service has taken part in a Scottish Government project to produce a multi lingual DVD resource. The resource is due to be completed by the end of 2009 and this will provide generic advice on making appropriate and informed use of the NHS Scotland including the Scottish Ambulance Service. The advice will be provided in a number of language including British Sign Language.

- SMS messaging has been introduced across the three Emergency Medical Dispatch Centres. This service is designed to ensure that persons who are deaf, deafblind, deafened, hard of hearing or speech impaired have immediate access to the 999 system by a means which supports their personal needs. This service will only be accessible to users who have registered their handsets and offers a similar but enhanced functionality to the Type Talk/Text Relay services which have been operating for some time.

#### What we plan to do

- Further work will continue to upgrade the layout of the intranet to ensure communication links across the Service and access are improved.
- Develop ways to encourage hearing impaired people to register for SMS messaging.
- Monitor the use of SMS messaging in order to establish how effective this service is, how well it is received by users and where improvements can be made.
- Identify ways of improving access to the Patient Transport Service booking system for the hearing impaired community.
- Develop a patient leaflet detailing how to access Patient Transport Services
- Develop a policy for the transport of guide dogs / hearing dogs with disabled patients

## **6. Measuring and monitoring: to ensure that we meet the disability equality targets and objectives we set.**

#### Progress made

- An Equality Impact Assessment pack has been produced which is tailored to meet the needs of the Service and covers all the equality strands.
- An EQIA training programme continues to be implemented across the Service to raise awareness of the importance of EQIA for managers.
- Project management documentation has been amended to include reference to EQIA as a key element of any project plan.
- Through the Patient Experience Programme – Better Together complaints are being monitored under the equality strands including disability. Whilst this is still relatively new the Service will use the feedback whether positive or negative to inform any change required in service delivery.
- Additional questions relating to disability have been added to the annual patient survey. As this information is gathered more routinely it will be possible to identify whether the experience for patients with a disability is improving.

- The Service continues to develop an open and fair culture with regard to handling complaints by involving complainants and staff in order to learn from their experiences. Questionnaires are now sent to complainants to ask for feedback on the complaints process. The complainants are also asked if they would be willing to assist the Service in future consultation and participation in patient groups and committees.
- As part of the Patient Transport Service review a survey was conducted to seek the views and experiences of service users and find out what was important to them and how this information could be used to improve services.

#### What we plan to do

- Continue to provide Equality Impact Assessment training to build capacity across the Service.
- Continue to assess the functions and policies highlighted as high priority across all equality strands.
- Monitor the number of cases raised through the Anti Bullying and Harassment Campaign, identify any trends relating to disability equality and take necessary action where appropriate.

## Disability Equality Action Plan 2009- 2012

## Appendix 1

### 1. Implementing the Disability Equality Scheme – make a firm commitment to disability equality and show effective leadership in service delivery and employment

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
Review Disability Equality Scheme	Dec 2009	Publish Disability Equality Review on website	Equalities Manager	High – non compliance with specific duties	To ensure tasks detailed on the Action Plan are progressed, revised and where appropriate key areas are reprioritised
Identify gaps where progress is not being made and recommend interventions as appropriate	On going	Monthly reporting to Director of HR & OD Liaison with identified Leads to ensure support provided	Equalities Manager / Leads	Medium – outcomes intended will not be achieved	To ensure progress is made against tasks prioritised in Action Plan
The Carers Strategy will be reviewed, updated and published in 2010.	Sept 2010	Publish Carers Strategy on website	Continuous Improvement Manager	Low – to establish ways to improve the service and access for carers	To build on work already done to ensure carers rights and needs are taken into account as appropriate
Continue our work in partnership with British Heart Foundation and we will identify where	On going	Monthly reports of Community Resuscitation Development Officers	CDRO's Patient Focus Public Involvement Lead	Medium – to ensure community engagement continues to develop	Sustained dialogue and involvement with disabled people / representative groups.

support can be provided specifically for disabled people within local communities by way of emergency life support training		PFPI quarterly updates			
Review the current procurement pre qualification questionnaire to ensure this is accessible to all	March 2010	Reviewed document with changes where appropriate	Head of Procurement Equalities Manager	High – to ensure policy is not discriminatory	Compliance with disability duties

## 2. Involving disabled people – involve disabled people and their organisations in our work

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Where links have been established with disabled groups and individuals, continue to work in partnership to	On going	Actions from meetings – tasks taken forward	Equalities Manager Divisional Leads	High – involvement with disabled people is key specific duty	Better informed staff and disability sensitive services. Sustained involvement with groups / individuals.

ensure the needs of disabled people are taken into account, e.g. new vehicle design					
Continue to increase the number of disabled people who would be willing to work with the Service	On going	Increased number of people on data base. Minutes of meetings	Patient Focus Public Involvement Lead	High – involvement with disabled people is key specific duty	Better informed staff and disability sensitive services
Establish a group of staff to work with the Equality Lead to identify ways to raise awareness of dyslexia and to produce guidance for line managers.	Confirm group Dec 2009  Produce guidance April 2010	Guidance for managers produced	Equalities Manager	High – improve understanding of dyslexia will promote equality of opportunity a key element of the general duty	Increased understanding of dyslexia. Increased accessibility for staff with dyslexia.

### 3. Impact assessment – consider the effect of service and policy change for disabled people

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
Continue to provide	July 2010	Training records	Equality Manager	High – impact	Increased capacity and

Equality Impact Assessment training to build capacity across the Service [to include Managers, Service Redesign, Health & Safety, NRRD teams and those disabled staff who wish to become involved]		Completed EQIA records		assessment is key specific duty	understanding of EQIA across organisation. Ensure EQIA is considered at the start of policy development / service redesign. The views of disabled people are taken into account and future policy / services are inclusive.
Continue to assess the functions, policies and practices highlighted as high priority across all equality strands and ensure all projects go through EQIA	On going	EQIA reports	Equality Manager Project Leads Service Redesign Managers	High – impact assessment is key specific duty	Identify positive and negative impacts on disabled groups. Take appropriate action to minimise negative impacts. Ensure learning outcomes are shared.
Monitor all EQIA activity centrally	On going	EQIA central log	Equality Manager	High – impact assessment is key specific duty	Ensure learning is shared and outcomes are monitored.
Monitor the number of cases raised	On going	Monthly reports to Director of HR & OD	Equalities Manager	High– identify trends – key to general duty	Address any trends relating to disability equality and

through the Anti Bullying and Harassment Campaign, identify any trends relating to disability equality and take necessary action where appropriate.					identify ways to intervene as appropriate to improve behaviours.
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**4. Gathering and using information – measure and monitor to ensure we meet the disability equality objectives we set**

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Write to staff on an annual basis to encourage self disclosure of any disability, raise any concerns they have and to provide the appropriate support to facilitate adjustment / continued employment.	Nov 2009, 2010 & 2011	Copy letter Updated records	Personnel Services Manager	High – key to general duty	Provide additional support to staff where appropriate to facilitate continued employment

Identify ways of increasing the number of disabled people applying for posts in order to increase the number of disabled staff.	Dec 2009	Examples of advertising	Recruitment Manager	High – Key to general duty	Increase the number of disabled people applying for posts to 3%. Increase the number of disabled staff employed to 2% by end 2010 and 3% by end 2011
Provide further guidance to encourage applicants to disclose equality details and ensure this information is captured.	Dec 2009	Updated guidance.	Equalities Manager	Low – support disabled applicants	Increase in number of applicants using 'two tick' guaranteed job interview
Publish the results of disability equality monitoring annually as part of the Equality Monitoring Report.	Dec 2009 & Dec 2010	Report published on website	Equalities Manager	Medium – gathering information key to the specific duties	With improved reporting gaps and trends can be identified and consideration given to intervention required for improvement

## **5. Training and awareness – build a positive and well informed disability equality culture based on the Social Model of Disability**

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Deliver 'train the trainer' courses for divisional leads to facilitate the delivery of the 'safe talk' suicide prevention training across the Service.	Dec 2010	Training records	College Training Manager	Low – to increase awareness	Raise awareness of mental ill health / suicide prevention for clinical / non clinical staff. Provide guidance for managers to support staff where issues are identified.
Further develop the cab based communication tool to provide additional support for those patients with hearing impairments, a learning disability, speech impairments or whose first language is not English.	March 2011	Tool available through cab based terminals	Clinical Improvement Manager	High – part of general duty	Increased understanding of communication support that may be required by disabled people. Better communication for all patients and particularly those with additional support needs. Identify how many patients use this facility and what specific needs they have.
Consider and develop ways to further raise disability equality	June 2010	Training records	Equalities Manager College Training Manager	Medium – to ensure a better understanding	Improved disability sensitive service and employment practices.

awareness for all staff					
Review and revise consent strategy taking into account the need to include reference to adults and children with incapacity / use of welfare guardianship	June 2010	Consent strategy	Clinical Improvement Manager Continuous Improvement Manager Equalities Manager	Medium – improved access key to the general duty	Updated and more appropriate strategy

## 6. Accessibility – create accessible environments

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Further work will continue to upgrade the layout of the intranet to ensure communication links across the Service and access are improved.	Dec 2010	New sections of the intranet will be upgraded and re-launched	Website & Intranet Communications Officer	Medium – improved layout will increase accessibility and is key general duty	Increased accessibility in the use of the intranet for staff who have a disability.
Develop ways to	June 2010	Engagement with	Equalities	High – improved	Increased awareness of

encourage hearing impaired people to register for SMS messaging.		voluntary organisations. Usage of SMS through EMDC	Manager	accessibility for disabled people is key general duty	SMS across hearing impaired community. Use of SMS increases through EMDC
Monitor the use of SMS messaging in order to establish how effective this service is, how well it is received by users and where improvements can be made	March 2010	Usage reports – EMDC Discussion with SMS Users and their Carers	EMDC Quality & Development Manager	High – improved accessibility for disabled people is key general duty	Increased usage of SMS. Ways to improve this service are identified and fed into national group implementing service across emergency services
Identify ways of improving access to the Patient Transport Service booking system in general and for the hearing impaired community in particular.	Dec 2010	Increased use of booking system by hearing impaired community	Equalities Manager Service Redesign Lead	High – improved accessibility for disabled people is key general duty	Disabled people are able to access and book their own transport.
Develop a patient leaflet detailing how to access Patient Transport Services	Dec 2010	Leaflet	Equalities Manager Patient Focus Public Involvement Lead Communications	High - – improved accessibility for disabled people is key general duty	Improved communication with disabled people who are more aware of the services provided and know how to access these

			Manager		
Develop a policy for the transport of guide dogs / hearing dogs with disabled patients	June 2010	Policy	Equalities Manager Divisional Leads Heads of Service – Patient Transport Services	Medium – will increase accessibility for disabled people	Clear understanding of Service policy. Increased awareness of the needs of disabled people and consistent approach

## 6. Communicating the results

<b>Key task / activity</b>	<b>Date for task completion</b>	<b>Evidence of task / activity</b>	<b>Lead responsibility</b>	<b>Risks [if not completed]</b>	<b>Intended outcomes</b>
Produce annual progress reports	Dec 2010 Dec 2011	Publish Disability Equality Scheme reports on website	Equalities Manager	High – non compliance with specific duties	To ensure tasks detailed on the Action Plan are progressed