This plan is available in alternative formats in large and standard print, electronically by email, in audio format on CD, in Braille or on the North Metropolitan Health Service website.
The North Metropolitan Health Service (NMHS) acknowledges the Traditional Owners – the Noongar people – the custodians of the land on which we work. NMHS pays respect to their elders, both past and present.
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Acknowledgements

The North Metropolitan Health Service (NMHS) would like to acknowledge the following for their contribution to this report.

Disability Access and Inclusion Plan (DAIP) Committee – NMHS

- NMHS Area Allied Health Director
- NMHS Carer Representative
- NMHS Consumer Representative
- SCGH DAIP Coordinator
- Joondalup Health Campus Quality Manager
- OPH DAIP Coordinator
- WNHS Customer Service Manager
- PathWest Governance and Performance Representative
- PHAC Risk Management Coordinator
- NMHS Manager Governance and Performance
- Disability Services Commission, Program Support and Development Coordinator
- NMHS Mental Health A/Stakeholder Liaison Officer, Safety, Quality and Performance Unit
- NMHS Disability Project Officer

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Date:   13 June 2017
Introduction

NMHS has developed this Disability Access and Inclusion Plan (DAIP) in accordance with the *Disability Services Act 1993* (as amended 2004). This DAIP sets a clear direction and focus for NMHS from 2017 to 2022.

The NMHS aim is to be responsive and innovative in providing supports and services to people with disability, their carers and significant others. NMHS believes that people with disability are entitled to the respect, dignity, equality, safety, and security accorded to other people in the community.

Under the auspice of the NMHS DAIP, each hospital or health service is represented on the area-wide NMHS DAIP Committee and has contributed to this document.

This document was developed in consultation with the community and employees of NMHS and is intrinsic in meeting the overall objective of ensuring safety and quality in health services.

Definition of disability

For the purposes of the NMHS DAIP report, the definition of disability is based on the ‘*WA Disability Health Framework 2015 – 2025: Improving the health care of people with disability*’ which adopts the social model to define disability. This is the internationally recognised way to view and define disability as follows:

“The United Nations Convention on the Rights of Persons with Disabilities 1recognizes that disability arises from the combination of impairments and barriers that “hinder…full and effective participation in society on an equal basis with others.” The impairments can include “long-term physical, mental, intellectual or sensory impairments” whilst the barriers can be attitudinal or environmental2.”

In this context:

- Impairment is a medical condition that leads to disability
- Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment.

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Our Values

Care
By demonstrating commitment and consideration to others as we work.

Respect
For each other, our clients and their families, carers and the community by preserving individual dignity and supporting the right of everyone to make choices.

Excellence
By providing high quality, accessible, integrated and safe health care to the community. We believe in working in partnership with clients to improve their health.

Equity
Is demonstrated when we understand the causes of differences in the quality of health and healthcare across different populations and that we actively work to mitigate these differences.

Integrity
By providing quality services and advice for the common good and having honest dealings and communication with other people.

Teamwork
By valuing the contribution of the team, working safely and cooperatively and communicating effectively with the team.

Leadership
By communicating the NMHS vision, taking responsibility for our actions and decisions and displaying trust in our colleagues.

Upholding our values will ensure all people with disability, their families, carers and significant others will always have access to the full range of NMHS health services, facilities and information. NMHS recognises the importance of ensuring that people with disabilities, their families and carers are provided with the same opportunity, rights and responsibilities enjoyed by other people in the community.
About North Metropolitan Health Service

The North Metropolitan Health Service operates a single health service across a network of hospital and community health services. Our health services are fully accredited and offer a range of local, state, and highly specialised multi-disciplinary services from several hospital and community settings. In addition to our hospital services, we deliver a range of services across the community, aimed at keeping people healthy, supporting patients after a stay in hospital or providing care at home.

We support our local community of over 720,000 people, which represents 28 per cent of Western Australia’s total population, and is projected to grow to approximately 767,000 by 2020. Demographically, 1.2 per cent of our community is Aboriginal, 37 per cent were born overseas and 17 per cent are from Culturally and Linguistically Diverse (CaLD) backgrounds.

We are also proud to provide a wide range of services to the broader metropolitan area and across country areas in Western Australia. We are a major employer, with over 10,700 employees working locally and in metropolitan and country areas.

We provide an extensive range of secondary, specialist and tertiary health services including Sir Charles Gairdner, Osborne Park, King Edward Memorial and Graylands Hospitals. The Joondalup Health Campus is also part of our network, through a public-private partnership arrangement.

We also provide mental health services caring for youth, adults and older adults through community mental health clinics, hospitals, day therapy and outreach programs. Our public health and ambulatory care services provide prevention, health promotion and intervention programs and services. State-wide services include DonateLife, WoundsWest, Tuberculosis Control Program and the Humanitarian Entrant Health Service. Our Dental Health Service employs employees who are based at metropolitan and country locations throughout Western Australia.

PathWest is also part of NMHS and is the public pathology provider for Western Australia. It provides a full range of diagnostic and laboratory medicine services 24 hours per day, 7 days a week.
NMHS DAIP scope

The *Western Australian Disability Service Act 1993* provides a foundation for promoting the rights of Western Australians with disability and the delivery of programs and services. It requires that all Western Australian government departments develop and implement DAIPs.

To achieve this, NMHS has drafted an area-wide health service DAIP that includes overarching strategies for each NMHS health service or hospital to consider when undertaking DAIP activities.

NMHS is committed to achieving the seven desired outcomes listed in Schedule 3 (amended June 2013) of the *WA Disability Services Regulations 2004* through the implementation of DAIPs throughout its health service.

Responsibilities

The *WA Health Disability Access and Inclusion Policy 2014* (DAIP Policy) highlights the roles and responsibilities of chief executives and executive directors:

- WA Health DAIPs are implemented over three to five years, guided by an overarching set of strategies, which drive individual tasks to support the achievement of each outcome area
- providing resources and support required to develop and implement DAIPs in their service.

A copy of the DAIP Policy can be accessed via WA Health website.

It is a requirement of the *Western Australian Disability Services Act 1993* (as amended 2004) that public authorities must take all practical measures to ensure that officers, employees, agents and contractors, implement the DAIP.

The various health services/hospitals will conduct an annual progress review of the DAIP, consulting with relevant stakeholders, to determine whether program/service timelines and objectives outlined are appropriate and achievable. It is expected that the DAIP will be embedded in NMHS daily practices, and annual monitoring of services, facilities, information and employment opportunities will ensure that they remain accessible to all.

All agents and contractors providing services to the public on behalf of NMHS are also required to work in a manner consistent with the NMHS DAIP 2017 – 2022 and individual hospital/health service DAIP implementation plans.

The implementation of the strategies outlined in the hospital/health service DAIP implementation plans is the responsibility of the respective Executive Director, as guided by the NMHS DAIP Committee and relevant, health service DAIP reference groups. All health services are represented on the NMHS DAIP Committee.
Communicating the DAIP

The NMHS DAIP 2017 – 2022 will be made available on the NMHS website and intranet. Printed copies will be made available upon request and it will also be provided in alternative formats such as large print, in audio format on CD and in Braille.

The NMHS DAIP 2017 – 2022 was advertised for public and staff comment in the West Australian Newspaper and via the NMHS website.

The NMHS DAIP 2017 – 2022 will be made available to the public and staff via:

- the NMHS website;
- in The West Australian newspaper;
- and on the NMHS Intranet.

Managers and supervisors are responsible for ensuring that all staff without an email address have access to the DAIP. All new NMHS staff will continue to be advised of the NMHS DAIP 2017 – 2022 as part of the formal health service induction and orientation processes.

In addition, executive directors will continue to include a regular update or feature on disability access and inclusion via relevant executive meetings.

NMHS will provide information and training on disability and access issues (where appropriate) through:

- staff induction
- meetings
- staff development days
- policy
- intranet
- WA Health Networks.
Review and evaluation mechanisms

NMHS will review its DAIP every five years, in accordance with the *WA Disability Services Act (1993)* that sets out the minimum review requirements for public authorities in relation to DAIPs.

The NMHS DAIP will include contact details for consumer or patient feedback. Ongoing monitoring of the NMHS DAIP 2017 – 2022 will be completed by the NMHS DAIP Committee. The NMHS DAIP Committee will continue to review progress on the implementation of the strategies identified in the DAIP, with hospital/health services providing quarterly updates to these meetings.

**Monitoring process:**

- Occurs in consultation with key stakeholders, consumers and staff
- Considers comments and complaints relating to disability received by NMHS hospitals and services
- In seeking feedback, NMHS will seek to identify any additional barriers not previously identified
- Implementation plans will be amended based on the feedback received.

**Monitoring and reviewing**

- The NMHS DAIP Committee will meet quarterly to review progress on the implementation of the strategies identified in the NMHS DAIP 2017 – 2022.
- Under the designated executive sponsor, the NMHS DAIP Committee will be jointly responsible for the preparation of DAIP strategy implementation reporting.
- An annual status report for endorsement will be provided to the NMHS Executive from the NMHS DAIP Committee.
- Hospital/health services will be responsible for providing input into the report processes, via the NMHS DAIP Committee.
- Staff, patients, carers and consumers will be able to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- The NMHS DAIPs Implementation Plan’s will be amended annually and inclusive of feedback received.

Each hospital/health service implementation plan will be responsive to current legislation and the National Safety and Quality Health Service Standards relating to best practice in the area of disability.
NMHS overarching strategies to improve disability access and inclusion

The following overarching strategies provide the framework for individual hospital/health service DAIP implementation plans. Whilst all health services will comply with these strategies there will be some similarities and differences in regards to actions undertaken to achieve outcomes based on individual hospital/health service needs.

The following overarching principles will guide tasks that hospital/health services will undertake from 2017 – 2022 to improve access to its services, buildings and information. The seven desired outcomes in this report and the related strategies listed below form the outline of the NMHS DAIP 2017 – 2022 and provide a framework for achieving equitable access.

Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by NMHS.

<table>
<thead>
<tr>
<th>Strategy</th>
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<tbody>
<tr>
<td>1.1 Provide opportunity for all service users to comment on access to all NMHS facilities and services.</td>
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<tr>
<td>1.2 Monitor NMHS policies relating to access and inclusion to ensure they support equitable access to services, facilities and events by people with disability throughout the various functions of the NMHS.</td>
</tr>
<tr>
<td>1.3 Incorporate the objectives of the DAIP into NMHS strategic business planning, budgeting processes and other relevant plans and strategies.</td>
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<tr>
<td>1.4 Promote and support staff to create accessible events for people with disability.</td>
</tr>
<tr>
<td>1.5 Ensure staff, agents and contractors are aware of their responsibilities relating to access and inclusion and that the NMHS DAIP is accessible on the NMHS website.</td>
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Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of NMHS.

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<thead>
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<th>Strategy</th>
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<tbody>
<tr>
<td>2.1 Ensure all buildings and facilities are physically accessible to people with disability and work towards improvements in line with Australian Standards, including the Disability Standards on Access to Premises.</td>
</tr>
<tr>
<td>2.2 Ensure all new and redevelopment works provide access to people with disability.</td>
</tr>
<tr>
<td>2.3 Ensure adequate accessible parking to meet the needs of people with disability in terms of quantity and location within NMHS, where possible, in line with relevant Standards.</td>
</tr>
<tr>
<td>2.4 Ensure the public can way-find NMHS services and facilities.</td>
</tr>
<tr>
<td>2.5 Provide information regarding the accessibility of NMHS buildings and facilities to people with disability.</td>
</tr>
</tbody>
</table>
**Outcome 3:** People with disability receive information from NMHS in a format that will enable them to access the information as readily as other people are able to access it.

<table>
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<th>Strategy</th>
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<tbody>
<tr>
<td>3.1 Provide readily accessible information regarding services, facilities and consumer feedback in appropriate and alternative formats including alternative languages.</td>
</tr>
<tr>
<td>3.2 Improve and maintain NMHS website and intranet accessibility.</td>
</tr>
<tr>
<td>3.3 Improve staff awareness about accessible information needs for people with disability.</td>
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</table>

**Outcome 4:** People with disability receive the same level and quality of service from the staff of NMHS as other people receive from the staff of NMHS.

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<th>Strategy</th>
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<tbody>
<tr>
<td>4.1 NMHS will support strategies to improve staff awareness of disability and access issues to facilitate quality services.</td>
</tr>
<tr>
<td>4.2 Ensure that people with disability receive the same level and quality of service throughout the continuum of care, including involvement in care planning, clinical handover and obtaining information on rights and responsibilities.</td>
</tr>
<tr>
<td>4.3 Incorporate relevant DAIP strategies into NMHS operational planning activities.</td>
</tr>
</tbody>
</table>

**Outcome 5:** People with disability have the same opportunities as other people to make complaints to NMHS.

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<tbody>
<tr>
<td>5.1 Ensure complaint and feedback mechanisms are accessible for people with disability.</td>
</tr>
<tr>
<td>5.2 Monitor the satisfaction rate of people with disability.</td>
</tr>
<tr>
<td>5.3 Improve staff knowledge of complaint/feedback processes to facilitate the receipt of complaints or feedback from people with disability.</td>
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</tbody>
</table>

**Outcome 6:** People with disability have the same opportunities as other people to participate in any public consultation by NMHS.

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<tbody>
<tr>
<td>6.1 NMHS will ensure representation of people with disability on advisory councils and project teams.</td>
</tr>
<tr>
<td>6.2 NMHS proactively communicates with disability related organisations or groups that are users of their services.</td>
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</table>

**Outcome 7:** People with disability have the same opportunities as other people to obtain and maintain employment with NMHS.

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<tr>
<td>7.1 NMHS will monitor workforce statistics regarding employment of people with disability within NMHS.</td>
</tr>
<tr>
<td>7.2 NMHS will ensure recruitment advertising and processes are reflective of its commitment for people with disability and are in accordance with the Western Australian Equal Opportunity Act (1984, amended 1988) and the Department’s Recruitment, Selection and Appointment Policy (2016).</td>
</tr>
<tr>
<td>7.3 Ensure people with disability have equal access to employment opportunities at NMHS by increasing NMHS executives, managers and staff awareness of disability.</td>
</tr>
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</table>
NMHS DAIP Implementation Plans

Each NMHS hospital or health service will develop individual DAIP Implementation Plans 2017 – 2022 that are based on the seven desired outcomes in this report and adhere to the related, overarching strategies listed. Each will be responsible for developing, monitoring and reviewing specific tasks and timelines to address the barriers for people with disability wanting to access services and facilities.

All agents and contractors providing services to the public on behalf of NMHS are also required to develop their own DAIPs and to work in a manner consistent with the NMHS DAIP 2017 – 2022, as well as each health service DAIP Implementation Plan 2017 – 2022.