Royal Brompton & Harefield NHS
NHS Trust

# Disability Equality Scheme (DES)

# Disability Equality Duty (DED)

# 2006-09

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**Foreword**

We are the leading international and national centre for treating lung and heart diseases, developing services through research and clinical practice to continuously improve the health and wellbeing of people across the world. Our service users come from all over the country and the world of various and diverse cultural backgrounds including disabled people.

The Disability Equality Scheme will provide the Trust with an opportunity not only to review its delivery in the quality of heart and lung treatment but also to promote the well being of disabled people who use our services, their carers and families and ensuring that they are supported to take control of their lives and live independently, participating fully in public life.
We live in a changing world and people's expectations are changing too. Our communities are increasingly multi-ethnic and multi-faith. Children with physical or learning disabilities are living much longer than in the past. A greater percentage of the population is over 65. More and more people are living longer and well into their 80s and 90s. The majority of carers, paid or unpaid are women.

Disabled people including those with long term conditions use our services in the two sites both as outpatients and in patients. We take great care that they are not disadvantaged as a result of their disability. Most of our wards and departments are easily accessible. We provide English British Sign Language (BSL) interpreting services for those who are hard of hearing. This year we are commissioning a comprehensive access audit to ensure our premises and facilities across all of our sites are fully accessible as practically as possible. We have a hospital based social care services to look after disabled patients and their carers who frequently need everyday social care services to support their normal everyday lives following their discharged from hospital. We work in partnership with our NHS and local authority partners to align our hospital based services with other community based health and social care to be available in the premises to promote independent living.

We would like to thank all who worked with us to prepare, consult and publish this DES and action plan in achieving our legal obligation and our vision for a better care for everybody who needs our service.

The work to implement the plan starts now and hope you will continue to support us through the coming three years.

**Patrick Mitchell**
**Director of Operations and**
**Chair of the Equality & Diversity Strategy Board**

## Section 1: Executive Summary

The Trust as a public service organisation has a statutory duty to promote equality in disability within its role as a specialist health service provider and employer of over 2500 staff.

One of the requirements of the Disability Equality Duty (DED) is to publish a Disability Equality Scheme (DES) and Action Plan by December 2006. The DES is not only a legal obligation, but also an opportunity for the Trust to review and undertake real improvements in the way it plans and delivers its health service for disabled people.

The Trust's DES Action Plan is organised in the following strategic priority areas:

- To deliver a good quality and accessible specialist healthcare for all of our users
- To develop and organise a workforce to deliver the Trust's priorities including the duty to promote disability equality
- To undertake a full Equality Impact Assessment of its functions and policies for impact on disability of equality e.g. HR policies on recruitment and retention, procurement processes and outcomes, policies and its processes of engaging disabled users and staff
- Improve disabled people's experiences by engaging and working in partnership with disabled people, their carers and organisations representing their interests
- To make better use of the special needs information we gather from patients and our employment data on disabilities

Summarised in Section 2 the DES Action Plan includes the agreed actions, timescales and lead person.

The DES is a living document and the action plan will be reviewed and updated every year by the Equalities and Diversity Strategy Board, which reports to the Trust Board through the Executive lead on diversity and equality. The Trust will publish reports on the progress and outcomes of the impact assessments and the monitoring of job applications. The reports will be available on the Trust's website www.rbht.nhs.uk. For printed copies, or to obtain a copy in Braille, audio cassette, large print or in another language, please

contact: ***Susie Stewart (Equality & Diversity Coordinator), Royal Brompton & Harefield NHS Trust, Sydney Street, London SW3 6NP***

## Section 2
## The DES Action Plan

The action plan takes into account:

- What disabled people and their organisations told us in the consultation meetings and questionnaires
- Issues found to be high priorities during the assessment of the Trusts existing functions and policies
- Proposals for future involvement and engagement with disabled people
- Resource implications
- Timetable for taking this work forward, including clear outcomes

Over the next three years it is intended that these actions will be incorporated into the Single Equality Scheme and into the overall business of the Trust.

Progress made against the DES action plan and the Race Equality Scheme Action Plan will be reported to the Trust Board every six months starting in June 2007.

The Executive Director of Operations is responsible for the implementation of the DES Action Plan.

| Priority area and objectives | Intended Outcome? | DES Action Plan | Effective Measure | Time Scale | Lead Person/Group |
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| **Access to services and employment opportunities**<br><br>• Improve access and responsiveness of services to meet individual needs of disabled users and their carers<br><br>• Improve job opportunities for disabled people | All Trust premises are easily accessible, information about services is easily available in an appropriate format, services are responsive to the individual health needs of a disabled person | • Commission a comprehensive access audit of all Trust premises and make recommendations to make all Trust premises accessible for disabled people<br><br>• Review BSL interpreting service and induction loops<br><br>• Pilot use of sign video links<br><br>• Set up a system to gather information about disabled people and use the information effectively to improve accesses and responsiveness of our services<br><br>• Review parking policy to ensure dedicated parking space is provided for disabled staff | Audit report to SMT<br><br>Report to Equality & Diversity Corporate Group<br><br>Report to Equality & Diversity Corporate Group | 2007<br><br>2007 | Estates – Mark Lynn<br><br>DES Working Group<br><br>E&D Team<br><br>Catherine Philpott<br>DES Working Group<br><br>HR and Estates |
| **Involvement, participation and consultation of disabled people**<br><br>• Actively engage disabled patients, groups and communities representing disabled people in all of the Trust's work | The Trust will establish links with users, specialist groups and local communities to inform service planning and improvements<br><br>Staff are informed and involved in the development and implementation of E&D strategies | • Involve disabled people, staff and their organisations in the development of DES<br><br>• Set up external working groups of members and other stakeholders, focus groups to test practicalities<br><br>• Review Trust's PPI consultation, policies, procedures and processes in particularly the way we engage disabled people and their carers to identify service gaps and examples of good practice<br><br>• Make information available for patients to join the | List of organisations involved in DES<br><br>Report to the PPI Group, Equality & Diversity Corporate Group<br><br>Report to E&D Strategy | 2006<br><br>2007 | DES Working Group<br>PPI Manager<br><br>PPI Manager and DES Working Group<br><br>PPI Manager |

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| • Involve staff in the equality and development activities | | Expert Patient Programme<br>• Support the E&D Staff Forums at both sites<br>• Promote a positive image of disabled people through the Trust website, newsletters and events | Group and Management Committee<br><br>Website available | Ongoing<br><br>On-going | E&D Coordinator<br><br>E&D Team<br>Web designer |
| **Organise the workforce to deliver Trust's priority**<br><br>Develop disability awareness training and induction programme for all Trust staff | Staff will be confident about disability equality and how it affects their work | • Organise an Equality and Diversity Conference focusing on DES<br>• Expand the remit of the E&D Forum to include implementation of DES<br>• Review training programmes to ensure training in disability equality and the social model both for front-line staff and also for those responsible for determining (and impact assessing) policies and programmes.<br>• Review and amend the way the Trust advertise the post to reach out to disabled groups<br>• Monitor and publish numbers of disabled people applying, short listed and appointed for Trust vacancies.<br>• Time off for treatment and therapies – a consistent approach and guidance for managers on supporting disabled staff<br>• Monitor disabled staff taking up training, and ensure training is accessible | Conference organised<br><br>Disability awareness training and online diversity training in place<br><br>Amended job adverts<br><br>Report published<br><br>Time off guidelines published<br><br>Report on take up of training | 2007<br><br>2008<br><br>2007<br><br>2007<br><br>2007<br><br>2007<br><br>2007 | HR and Learning & Development<br><br>E&D Strategy Group<br><br>Learning & Disability supported by E&D Manager<br><br>HR Recruitment Manager<br><br>HR Workforce Planning<br><br>DES Working Group supported by Training and Development<br>Training and Development |
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| **Monitoring and delivery of services and employment practices** | Trust policies, functions and procedures are disability equality compliant | • Ensure all Trust functions are compliant with the DDA.<br>• Carry out an analysis of assessment of functions by each directorate<br>• Identify what data is available and how to obtain data in the future<br>• Establish arrangements for full impact assessment of all proposed policies and functions<br>• Prioritise those with high impact on disability equality and conduct full Equality Impact Assessment (EQIA)<br>• Identify arrangements for assessment of services outsourced<br>• Report the findings of the EQIA<br>• Benchmarking with other NHS Trusts | Annual progress report to the Board<br>Report to E&D Strategy Board<br>Data gathering system in place<br>EQIA e-tool available<br>Priority areas identified, consulted and agreed<br>Arrangements in place<br>Publish findings of EQIA in the PCT Annual Report<br>Report to the London NHS | 2007<br>2007<br>2007<br>2007<br>2007/8/9<br>2008<br>2007/8/9<br>2007 | All Trust Departments Supported and lead by E&D Manager<br>Information management<br>E&D Development Manager & Trinity Development<br>E&D Development Manager<br>E&D Development Manager<br>E&D Strategy Board<br>E&D Development Manager |

## Section 3

## Disability Discrimination Act 2005 (DDA)

There are an estimated 11 million disabled adults in the UK (1 in 5 of the total population) and 770,000 disabled children. Many of these disabled people often have less obvious or non-visible impairments.

Disabled people do less well than non-disabled people in many areas of life. For example, they are more likely to do less well in terms of employment, income and education. Disabled people are also more likely to face discrimination and negative attitudes *('Improving the life chances of disabled people', Government Unit 2005).*

## Definition

The Disability Discrimination Act defines a disabled person as anyone "who has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. That effect must be (a) substantial (that is, more than minor or trivial); (b) adverse and; (c) long term (that is, it has lasted or is likely to last for at least a year or for the rest of the life of the person affected). A physical or mental impairment includes any visible physical disability, sensory impairment, mental health issues, learning disabilities, conditions such as diabetes and epilepsy etc. The new Disability Discrimination Act (DDA) now extends the legal definition of disability to cover HIV, cancer and multiple sclerosis from the point of diagnosis.

In legal terms, disability discrimination occurs where:

- A disabled person is treated less favourably than someone else
- The treatment is for a reason relating to the persons disability
- The treatment cannot be justified

Discrimination also occurs when:

- There is a failure to make a reasonable adjustment for a disabled person
- That failure cannot be justified

The Disability Discrimination Act (2005) requires all public bodies to consult and engage with disabled people, as part of the process of drawing up the Disability Equality Scheme (DES).

This means that the Trust has a statutory duty (in carrying out its functions) to:

- Eliminate disability related discrimination and harassment that is unlawful under the Disability Discrimination Act
- Promote Equality of Opportunity between disabled persons and other persons;
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life; and
- Take steps to take account of a disabled person's disability, even where that involves treating the disabled person more favourably than other persons.

There is an expectation embedded in this new duty, not just that disabled people should be treated 'the same' as others but that, in order to achieve equal outcomes, they should, when needed, be treated differently. The DED is a very useful tool raising the quality and access of the patient experience.

## Section 4
## Consultations and findings

### 4.1 Involving disabled people and groups in the development of DES

The Trust has established links with local councils, PCTs, disability groups, patients, stakeholders, strategic partners, voluntary and community organisations, including specialist disability groups such as local disability action groups to identify the key health services and planning priorities for disabled people.

A questionnaire was circulated to disabled people via disabled groups who attended the West London Disability consultation meeting in 6th October 2006 organised by the Disability Connect. It was also made available in the Trust's website for comments from both staff and patients.

### 4.2 Findings

A key area identified by disabled people and groups responding to the DES consultations was that the NHS should adopt the social model of disability as opposed to the current practice of the traditional or medical model.

The difference of models in the delivery of healthcare was described by the recent publication of the Department of Health *"A Practical Guide for the NHS: Creating a Disability Equality Scheme*[1]*"* The Social Model of disability was developed by disabled people as a change to the Traditional or Medical Model. The main difference between the two models is the concept of "where the problem lies". In the Traditional or Medical Model, the impairment is given as the reason the disabled person is unable to participate fully in society. It takes the approach of looking at specific limitations to an individual according to impairment. As a contrast, the Social Model looks at people with impairments as being disabled by physical and social barriers in society. In other words, it is not the disability itself that poses barriers, but rather social structures and attitudes towards it.

Other issues, concerns and gaps in services identified through the consultation process so far were:

- Lack of information to find the right service before admission and after discharge
- Disabled parking was far from the main entrance in some of the hospital sites
- The Brompton hospital sites are not adequately linked with appropriate Signage for disabled people
- Special needs information collected via admission forms has not been used to improve patient care.
- Some of the hospital premises are not accessible for disabled people in wheelchairs
- Staff recruitment processes do not encourage disabled people to apply for posts or volunteer work.

The comments and feedback on the draft DES are summarised in Appendix 4.

**Section 5**

[1] Creating a Disability Scheme: A Practical Guide for the NHS , Department of Health 2006.

## Accountability

### 5.1 Monitoring the Action Plan

The Trust will monitor the DES action plan in order to know whether it is working. Arrangements for how progress will be monitored in the scheme include:

### 5.2. Publishing the DES

This Scheme together with the action plans will be published and available through the Intranet. It will be reviewed on an annual basis and a report will be published detailing the impact of the disability actions and how the Trust has implemented the plans. References will be made to the scheme within various PCT publications including the Annual Report and Board papers for performance review purposes.

### 5.3. Assessing existing functions, policies and procedures

The Trust carried out an assessment of all policies and procedures with a view to identifying their impact on disability equality and graded them in order of significance for disabled people. The assessment is intended to reposition disability equality so it features as a central theme in all areas of the Trust's activity which included:

- Human Resources
  - Learning Development, Workforce Development, Organisational Development
- Nursing and Quality (PPI, PALS)
- Operations
- Estates and Transport
- General Managers

The purpose of this preliminary assessment process is to ensure that a Trust's decision and activity do not disadvantage disabled people and to identify where it might promote an equality of opportunity better. Where a negative impact is identified, the Trust will need to modify the policy or practice.

The outcome of the assessment of existing policies, functions and procedures is summarised in Appendix 1.

### 5.4 Arrangements for equality monitoring

The Trust needs to assess the current performance on disability equality in order to inform the DES priorities.

The collection, analysis and use of data around equalities groups will contribute to a systematic way of developing an active anti-discriminatory approach to service delivery and employment. It will also help to monitor compliance with our legal and statutory duties and to build a comprehensive picture of performance against those duties.

The initial aim of equalities monitoring is to give an indication of the extent to which the Trust provides a fair and equal service to all patient groups. This is particularly important for service delivery; if we cannot demonstrate that we are meeting the needs of all the whole community, we are not providing an optimum service.

Equality does not mean providing the same service for all our patient groups or treating them all in the same way. It is about adapting the services, where possible, when and where appropriate, to meet the needs of diverse groups of people. If the Trust does not know who its customers are, it will not know whether disabled people are using the services equally.

Equalities monitoring enables the Trust to assess if the service is discriminating against certain groups and whether people are getting what they want and need. It is a means of ensuring a high-quality and appropriate service.

Consideration will be given to how the Trust will measure its success including the development of disability performance indicators, including disability action criteria into all managers, supervisors, and team leaders' performance objectives.

A variety of methods are currently used to monitor functions and policies for any adverse impact on different groups. These will include:

- A corporate Single Equality Strategy Board (ESB) will be set up to oversee the implementation of the Race Equality Scheme, Disability Equality Scheme, Gender Equality Scheme (April 2007) and the development of the Single Equality Scheme
- Produce an annual update showing the progress we are making to meet the objectives of our Disability Equality Scheme, each year
- Using NHS performance indicators and other national standards and indicators such as the Health Care Commission for managing overall performance on disability equality within the Trust.
- The Disability Working Group undertakes regular reviews of the action plans through reports that have been received from service areas and directorates. Progress is reported to the Board via the CEB to where feedback and guidance is given on the Trust performance.

The Trust will publish the findings of all equality impact assessments and the monitoring of employment data at least once a year as part of its annual Trust report.

## Section 6
## Recommendations

**The Board is asked to:**

- Endorse and comment on the Disability Equality Scheme as deemed necessary
- Agree to publish the final DES and review annually

**Appendix 1 - Outcome of assessment of existing functions, policies and procedures on their relevance to the Disability Act**

**A person is deemed to be disabled where:**

- They have a mental or physical impairment
- This has an adverse effect on your ability to carry out normal day-to-day activities
- The adverse effect is substantial -the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

**Key questions to ask in assessing functions / policies / proposals**

**Is it relevant to the General Duty to:**

1. Eliminate disability related discrimination and harassment that is unlawful under the Disability Discrimination Act
2. Promote Equality of Opportunity between disabled persons and other persons;
3. Promote positive attitudes towards disabled people
4. take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons
5. Does the function/policy/proposal need to be reviewed?

| **Directorate**<br><br>**Departments and Services** | **A Brief description of the policy / proposal function/premises** | **Is there any reason to believe that disabled groups might be differentially affected?**<br><br>**State Yes or No**<br>**(Give brief details if Yes)** | **If yes, is there any supporting evidence e.g.: Consultation events, PALS information, Staff surveys, Research.**<br><br>**State Yes or No**<br>**Give brief details if Yes** | **If yes to either previous questions, what are the adjustments / changes that need to be made in order meet Trust Duty to promote Disability Equality Scheme** | **Identify any proposed development / action plan to implement changes**<br><br>**Rank priority as**<br>**1.Low**<br>**2.Medium**<br>**3.High** |
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| **Cardiothoracic Theatres RBH** | Cardiothoracic theatres general policies and procedures | There is no specific policy/procedure in the department that is directly affected by this, the department would fully consider any persons registered Disabled and accommodate them to the best of their abilities. | No | The department is considering the possibility of fitting in 'loops in the operating theatres' to aid hard of hearing staff. | **Medium** |

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| | | One member of staff wears a hearing aid but not registered disabled at present. | | | |
| **Cardiac Surgery (Waiting List Administrator** | Cardiac Surgery (Waiting List Administrator) monitors waiting list, books admission dates for patients. Contacts patients to inform them of admission dates and sends them information regarding the Surgical procedure they will be having.<br><br>Thoracic & Paediatric medical secretaries | Information about disability is usually in the letter sent from the referring consultant. A special needs form is also sent to the patients. This helps the administrator or the secretary to assess the disability the patient has and what needs to be put in place prior to admission. This information is then passed on to the wards and the transport department.<br><br>Arrange tests for patients and book their admission dates. They also send out the information the patients need before their operation. | | The information is passed on to the wards and the transport department. The modern matron for surgery and the transport manager will be able to answer this question. | |
| **Chaplaincy:** Visit, meet; talk with any patient, member of staff, visitors, and relatives, regardless of race, belief or age. | Provide services, masses etc daily at local Churches which are attended by staff and occasionally patients.<br>All patients can be seen at their bedsides. | Yes:<br>Patients may be unable to access the Chapel at HH as it is at the top of 2 flights of stairs. | | | |
| | | Yes for Christian faiths<br><br>At RBH, the Chapel is accessible by lift from any floor in Sydney Wing but it is not easily accessible from Fulham Wing.<br><br>No for Multifaith<br>There is a room in each of the 2 main buildings<br>There is a Multifaith room next to the Chapel for staff and/or patients | | | |

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| | | In Fulham Wing there is a Quiet Room for all faiths which is used by any patient or member of staff in this Wing. | | | |
| **Heart Valve Bank RBH** | Heart Valve Bank policies and Procedures | Certain disabling causes may rule out the person being a donor. If disablement was caused by viral or auto immune disease in particular they would fall into this category. The departmental policy on donors is based on that issued by MSBT.<br><br>Certain physical disabilities may make it difficult for the person to access the dissection laboratories and clean room because of tight corners in change rooms and step over benches. There is a need for good eyesight (glasses can be used) for dissection. | No | If physically handicapped person employed changes would need to be made to access to laboratories and clean room | Not at present. |
| **Human Resources (Recruitment)** | o CRB checks policy,<br>o Guidance for recruitment of ex-offenders<br>o Rehabilitation of offenders declaration<br>o Honorary appointments procedure<br>o Occupational health screening procedure<br>o Post employment procedures<br>o Professional registration procedure<br>o Recruitment policy (TBA)<br>o Recruitment process flowcharts<br>o Work experience policy/flowchart | No<br>No<br>No<br>No<br>Yes<br>No<br>No<br>Yes<br>No<br>Yes<br>No | | | |
| **Learning and Development** | • Induction policy<br>• Study leave policy | Yes – access to training, adjustments to program | | | |
| **Workforce planning** | • None relevant to this service | | | | |

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| **Policy Development** | • Policy approval flowchart | | | | |
| **Day Nursery** | • Compliments and complaints procedure (parents)<br>• Equal Opportunities Policy<br>• Special educational needs policy<br>• Administration of medicine/creams procedure<br>• Outings policy<br>• Lost child procedures and guidance | Yes – equal access to child care facilities<br>Yes – equal access should be given<br>Yes – specific training may be required<br>Yes – adjustments may be needed, equal access | | | |
| Employee Relations | • Annual leave policy (new)<br>• A4C job matching / job evaluation processes<br>• Capability issues procedure (non-medical)<br>• Conduct, capability, ill health and appeals policy (medical)<br>• Conflict of interest policy<br>• Diversity policy<br>• Disciplinary policy and appeals procedure<br>• Flexible working policy<br>• Guidance to protect new and expectant mothers<br>• Harassment & bulling policy<br>• Internal complaints and grievances policy<br>• Management of organisational change<br>• Management of sickness procedure<br>• Maternity leave information pack<br>• Personal familial relationships policy<br>• Redundancy policy<br>• Retirement policy<br>• Special leave policy<br>• Substance misuse policy (new)<br>• Whistle blowing policy | Yes – fair treatment, further investigation needed<br>Yes – fair treatment, further investigation needed<br><br>Yes – making sure all staff are aware if policy<br>Yes – fair treatment, further investigation needed<br>Yes – potential discrimination<br>Yes – potential discrimination<br>Yes - potential discrimination<br>Yes – fair treatment, further investigation needed<br>Yes – fair treatment, further investigation needed<br>Yes – fair selection criteria<br>Yes - potential discrimination<br>Yes - potential discrimination<br><br>Yes - potential discrimination | | | |
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| **Medical HR** | • Payment of discretionary points process | Yes - capability of individual may hinder process | | | |
| **Infection Control Department** | Identifies the purpose and function of the Infection<br><br>Prevention and Control Team. The roles, responsibilities and line of communication of the Infection Prevention and Control Team are clearly defined.<br><br>Policies & procedures with relevance to disability include:<br><br>Policy and procedures for control of an outbreak of infection<br><br>The Management of Methicillin Resistant *Staphylococcus aureus*<br><br>Hand Hygiene Policy<br><br>Decontamination of equipment used in direct patient care | **Yes**<br><br>All policies go through policy approval process – please see flowchart attached<br><br>Yes, same as above<br><br>Yes same as above<br><br>Yes, if staff members are not able to meet the requirements of this policy.<br>No | No<br><br>No<br><br>No<br><br>No<br><br>No | A risk assessment would take place in conjunction with nursing, medical and the infection prevention and control team to ensure safe care for the patient involved and others.<br><br>This should be identified at interview and an assessment made accordingly. | |
| **Nursing Development** | Essence of Learning (Quality Educational Assurance System self assessment document for Practice Learning Environments) | Yes<br>The Essence of Learning review in May 2006 highlighted that mentors need to work more closely with the Higher Education Institute in order to increase awareness and be better prepared to make reasonable adjustments to | Yes<br><br>Essence of Learning | TheTrust Nurse Teacher is working closely with the Higher Education Institutions in order to better support and advise mentors to | Thames Valley University is reviewing its disability assessment tool for pre-registration nurse students |

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| **Nursing Development (cont…)** | | support students with learning disabilities in clinical practice | | make reasonable adjustments, and also identify student nurses who may have undisclosed or undiagnosed disabilities | with consultation with practice staff. The Essence of Learning action plan has recognised that mentors will require support, and mentor updates / initial mentor training must incorporate disability awareness |
| | Adult Protection /Protection of Vulnerable Adults | Yes<br>Closer liaison with the Boroughs' Adult Protection Team is now being pursued in order to improve access of trust staff to relevant training in order to increase recognition / awareness of potential or actual vulnerable adults | | As far as possible all candidates should be supported to disclose any learning disabilities that might impact their ability to successfully pass the test. On line / electronic assessment tools are also being considered | Managers and educators who administer the test must ensure that adjustments are made as required e.g. larger font, more time to take the test, further coaching if required and that candidates are able to disclose any disabilities in confidence. Electronic versions must also ensure that disabled learners are not adversely affected. Any identified candidates requiring learning support should be referred to Learning and |

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| | | | | | Development |
| **Nursing Development (cont…)** | Drug Calculations Multiple Choice Quiz (taken as part of a study day or as a screening tool for nursing staff experienced in administration of intravenous medications) | Yes<br>Nursing staff may not always be given opportunities to disclose learning disabilities before undertaking this test and therefore appropriate adjustments may not be made. However, if detected on completion of the test, coaching is provided or the nurse may now be referred to Learning and Development for learning support | | Knowledge of disabilities within the user/patient group is often unavailable in advance and therefore they are not always taken into account. Disability and related issues need to be incorporated within every audit tool and action plan. | |
| | Essence of Care Benchmarks | Benchmarks provide a tool for highlighting and achieving best practice. Specific benchmarks e.g. Mental Health, incorporate disability issues to a greater extent than others. All the audit tools and action plans need to take disability into account. Knowledge of disabilities within the user/patient group is often unavailable in advance. The aim is therefore to engage with the user/patient group to identify their disabilities and ensure their needs are met, whilst promoting positive attitudes towards disabled people throughout the benchmark process. | | Audit tools and action plans used/compiled when undertaking the Essence of Care Benchmarks which are:<br>Communication; Continence and Bladder and Bowel Care; Personal and Oral Hygiene; Food and Nutrition; Pressure Ulcers; Privacy and Dignity; Record Keeping; Safety of Clients with Mental Health needs in Acute Mental Health and General Hospital Settings; Principles of Self-Care | To engage with the user/patient group to identify their disabilities, therefore ensuring their needs are accounted for.<br>To promote positive attitudes towards disabled people throughout the benchmark process |
| **Patient and Public Involvement** | Implementing the Trust PPI Strategy | Yes<br>PPI is integral to improving services for all users. We have acknowledged in the | | | |

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| | | current strategy that we need to do more to engage with disabled groups and that policy approval guidance needs to incorporate impact assessment | | | |
| **Performance and Information** | To provide information to a range of internal and external stakeholders including commissioners about how we meet statutory targets and other key performance indicators to demonstrate that we deliver high quality, expert care, services and facilities. | Yes<br>We need collect and provide more information to support service review and development which explicitly addresses the needs of disabled groups. | | | |
| **Patient Advice & Liaison Service (PALS)** | Making patients' concerns known and ensuring they are acted upon. | Yes<br>We do not engage actively enough with patient with disabilities. Issues raised on behalf of disabled patients are not always acted upon.<br>We have, however, organised deaf awareness training for staff and shadowed blind patients to better understand the difficulties they experience. We are working with the Trust's psychologists to see how we can better help patients with mental health problems.<br>We have introduced 'disability' as a 'must fill' section in our PALS database. | Yes<br><br>PALS records | Insuring all patient information records disabilities and special needs | Training for staff on PRACTICAL WAYS OF HELPING DISABLED PATIENTS rather than simply raising awareness (Trust wide action)<br><br>High Priority |
| **Provision of Histocompatibility & Immunogenetics service for the Trust** | The provision of service involves the identification of antibodies in patient samples prior to and following transplant and to identify the degree of HLA mismatch between donor and recipient. The service is highly dependent on computers for recording patient information and analysis of data by the instruments. The laboratory is CPA accredited and highly regulated in terms of health and safety and good laboratory practice. | Yes. The Heart Science Centre is accessible by wheelchairs but the laboratory is unsuitable in terms of bench height, equipment height and fume cupboard height. These however have to meet accepted specifications for safe working practice.<br>The work demands a high degree of manual dexterity and visual acuity which would limit some upper limb disabilities, | No | Disabled patients are not affected. | **Low** |

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| | | cerebral palsy; Parkinson's and blind workers primarily for health and safety considerations.<br>Mental health disabilities are regulated by the Health Professions Council. | | | |
| **Provision of service for the measurement of immunosuppressive drugs by mass spectrometry** | This function involves the extraction of drugs from patient samples using solvents and analysis by mass spectrometry. The service is highly dependent on computers for recording patient information and analysis of data by the instruments. The laboratory is highly regulated in terms of health and safety and good laboratory practice. | Yes. The building is accessible by wheelchairs but the laboratory is unsuitable in terms of bench height, equipment height and fume cupboard height. These however have to meet accepted specifications for safe working practice.<br>The work demands a high degree of manual dexterity and visual acuity which would limit some upper limb disabilities, cerebral palsy, Parkinson's and blind workers primarily for health and safety considerations.<br>Mental health disabilities are regulated by the Health Professions Council. | No | The department has two members out of 6.5 WTE staff who are regarded as having a disability. | No changes are proposed<br><br>**Low** |
| **Royal Brompton Cath Labs Nursing Competency Pack** | Used to assess competency of Cath Lab nurses in conjunction with appraisal / PDP | No | | | **Low** |
| **Transplant Unit** | Policy for patients own drugs and the self administration of medicines by adult patients<br><br>This policy outlines the guidelines that are followed to ensure that patients are assessed for their ability to manage their own medication, whilst in hospital and on discharge. Patients need to have sufficient knowledge of their medications and the appropriate practical skills. New transplant patients are given a blue drug book to record their medications daily, and are given education on their drugs, they are then assessed prior to | Yes:<br><br>Patients need to have the practical skills to manage self medication i.e. good manual dexterity, to enable them to open bottles and dispense medication. Patients with disabilities effecting upper limbs would not be able to do this.<br><br>Also sight impaired patients would not | No | These patients are identified on assessment following admission, these patients are referred to the ward pharmacist for appropriate action<br><br>Patients with manual | **High** |

| | | | | | |
|---|---|---|---|---|---|
| | discharge on their ability to self medicate | be able to read print on the bottles in order for them to medicate safely | | dexterity problems may use a dossett box, overcoming the problem of opening bottles.<br><br>Sight impaired patients may be supplied with large print labels for medicine bottles, or Braille dossett boxes.<br><br>Often family members would be trained to medicate for the patients. | |

**Appendix 3**
**List of organisations and groups involved in the consultation**

1. DES working group
2. PPI Network
3. West London Disability Groups – Disability Connect
4. Equality and Diversity Staff Forum
5. Equality and Diversity Steering group
6. PPI Forum
7. Action for Disability in Kensington and Chelsea (ADKC)
8. BME Health Forum in Kensington and Chelsea (BMEHF)
9. Westminster Action Network on Disability (WAND)
10. RNIB

All relevant organisations and forums, including the above, will be involved in continuing to develop the Single Equality Scheme, monitoring and reviewing progress.

**Appendix 4**
**Comments from key stakeholders**

**BME Health Forum**

Black & Minority Ethnic Health Forum in Kensington & Chelsea and Westminster
c/o Westminster PCT, 15 Marylebone Road, London NW1 5JD
Tel: 020 7150 8128, Fax: 020 7150 8105
bmehealthforum@westminster-pct.nhs.uk

**Comments from the BMEHF on RBHT Disability Equality Scheme and Action Plan**

1. Disabled people from BME communities experience simultaneous disadvantage in relation to race and disability. Commissioners of services, therefore, need to take into account the particular needs of disabled people from different BME communities including:

    - Access to health services
    - Language support, i.e. interpreting and translation - Bilingual staff and interpreters are needed to improve communication and access to services
    - Provision of advocacy for disabled people from BME communities, especially those with learning disabilities
    - Partnership with BME community-based groups and organizations (groups may need support to take part in consultations, events and joint initiatives)
    - Support for BME carers to improve access to services. Outreach work is necessary to involve those who cannot attend meetings, etc.
    - Provision of information in different formats and languages.

2. Training: include disability issues in Trust's mandatory training. This should be part of the Trust's Equality & Diversity training which should be mandatory

3. Ensure that information and leaflets provided by PALS take into account the various needs of disability groups, including adding text messaging as a means of contacting PALS

4. Employment: Review recruitment policies, procedures and processes to improve accessibility to jobs to disabled people

5. One of the DES aims should be to reduce health inequalities in relation to people with disabilities. To achieve that, the Trust needs to review how it collects and analysis data and information about disability.

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**Royal Brompton and Harefield Patient and Public Involvement (PPI) Forum Comments**


Yohannes Fassil
Equalities and Diversity Development Manager Operations
Royal Brompton & Harefield NHS Trust
Sydney Street
London
SW3 6NP

8th December 2006

Dear Yohannes,

Re: Disability Equality Scheme (DES)

In addition to the questionnaires individual members filled out the forum would also like to raise several issues about the DES.

There has been no opportunity for Forum members to participate in any consultation events to discuss the production of the Scheme, including the West London Disability meeting on 6th October 2006, despite members expressing a long standing interest in this area.

In 2004 the PPI Forum looked at the local parking situation as a result of patient's complaints. A substantial investigation followed. The PPI Forum's commentary on Trust compliance with the Annual Health Check core standards also included the problem of local disabled parking.*

We were very excited that the DES would give us the opening to lobby for better street parking for the RB&H and were informed in July 2006 that the PPI Forum would be involved with Council and RB&H consultations, however this did not happen. The Council currently appears to be 'deterring' hospital patient parking.

The forum would like to be involved in the discussion on the DES, particularly where Kensington & Chelsea Council (K&C) are involved. It would perhaps be sensible to also involve the Royal Marsden. The forum believes that it could help make a positive contribution in the aim to ease patient's stress through access difficulty and RB&H's NEPT costs

Eg.

- The availability of a Bay suspension or parking on yellow lines on application to Council has not been made known, the system is obstructive and not easily available, also a bay suspension lasts for a whole day which can be excessive.

- The provision of Disabled 15 minute 'drop off' bays at the outpatient's entry points would facilitate very sick patients.
- Nearby pay& display maximum stay of 1 hour is unsuitable for general outpatient's appointments
- Lack of sufficient local disabled bays within 2 kilometres (nb 50 metres max walking distance is the K&C requirement for issuing a blue badge) for the visiting disabled outpatients (at least 230 per day at the Brompton alone) and also the high number of elderly local residents. The DDA recommends 5 disabled bays per 100 spaces.
- Improvement in the patient PAS records to include better coding on disability (RB&H unable to provide visiting disabled numbers at present), would eventually assist with Congest charge refunds and the possibility of issuing parking assistance for appointment dates/times become a reality.
  UCLH and Camden hospitals appear to have parking concession arrangements with local councils

Another point the forum would like to raise is the fact that there does not appear to be any representation on Trust committees of people with disabilities or disability groups such as those representing patients with Downs Syndrome etc

Kind regards

Josephine Ocloo
Chair PPI Forum

- Disabled Parking - C21 and C18

The Patient Advice and Liaison Service (PALS) contacted the forum to highlight concerns about the provision of disabled parking. This is an ongoing issue which has been taken up not only with the Trust but also with the Royal Borough of Kensington and Chelsea.

The Trust has been very responsive in providing the forum with information. The forum has concerns regarding the percentage of parking spaces for disabled drivers, given the estimated numbers (no hard data on this area appears to exist) of patients with some sort of disability using the Trust: out of a total of 95 parking spaces 5 are dedicated to disabled users. Additionally the surrounding areas provide approximately 15 disabled parking spaces. The forum feels that this puts an additional burden not only on the patient in terms of accessing the service but also has implications for the extent to which the non-emergency transport system is used. The forum is continuing to investigate this area.

## Appendix 5

## References


1. Creating a Disability Equality Scheme: A Practical Guide for the NHS, Department of Health and NHS Employers (October 2006)

2. Best Value Review – LBHF July 2005

3. Guidance on Gathering and Analysing Evidence to Inform Action, the Disability Equality Duty, DRC 2006-11-08

4. The Duty to Promote Disability Equality: Statutory Code of Practice, Disability Rights Commission, England and Wales (2005)

6. Disability Equality Scheme Recommendations on Priorities Concerning Deaf Patients and Employees in the NHS, Sign (2006)

6. Mental health and deafness: Towards Equity and Access, Department of Health/National Institute for Mental Health in England (2005)

7. Mental Health Services for Deaf People; are they appropriate, Sign (Department of Health funded) (1998)