



London Ambulance Service **NHS**
NHS Trust

Disability Equality Scheme

(2006 - 2009)

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நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Bu belge çeşitli dillere çevrilmiş olup, isterseniz iri harflerle basılmış şeklini ve kasetini de size gönderebiliriz.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Tài liệu này cũng có sẵn bằng các ngôn ngữ khác, bản in chữ to, và băng ghi âm khi được yêu cầu.



020 7921 5100

Disability Equality Scheme

1. Introduction

“Disabled people form a significant part of London’s working age population. Using the broad Labour Force Survey definition, around 17% of working age Londoners are disabled – this equates to around 810,000 people. Of these, almost two thirds are disabled on both ‘DDA’ and ‘work-limiting’ disability definitions.”

(Greater London Authority, 2003).

There are also a significant number of other people outside the working age bracket who are disabled.

1.1 The Disability Discrimination Act 1995 has been amended to include new duties for public sector organisations, including the London Ambulance Service, to promote equality of opportunity for disabled people. Two of the key features of this in comparison with other equalities legislation is that disabled people must be actively involved in all aspects of producing the Disability Equality Scheme; and that favourable treatment is allowed.

2. Public Authority Duties

2.1 General Duty. The law introduces a new “General Duty”, that says a public authority when carrying out their functions is to have due regard to do the following:

- promote equality of opportunity between disabled people and other people;
- eliminate discrimination that is unlawful under the Disability Discrimination Act;
- eliminate harassment of disabled people that is related to their disability;
- promote positive attitudes towards disabled people;
- encourage participation by disabled people in public life;
- take steps to meet disabled people’s needs, even if this requires more favourable treatment.

2.2 ‘Due regard’ means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.

2.3 Specific Duty. There is also a duty on public authorities to produce and publish a Disability Equality Scheme outlining arrangements for involvement, assessment, monitoring and actions, and to publish regular updates on progress towards achieving the General Duty.

2.4 This Disability Equality Scheme sets out how the London Ambulance Service will go about meeting this duty. We have used the Department of Health's document, Creating a Disability Equality Scheme: A Practical Guide for the NHS, (DH, 2006) as guidance during the drafting of this scheme.

3. About the London Ambulance Service NHS Trust

3.1 The London Ambulance Service is in the frontline of the NHS in the Capital and provides healthcare to around one and a half million emergency and non-emergency patients throughout Greater London area each year. Demand on our service is growing - during 2004-05, 1.1 million emergency calls were received and the Service responded to a total of 827,000 incidents, up from 768,500 in 2003 -04

3.2 The core functions of the Trust are to respond to 999 calls, providing the most appropriate response to patients, be that by sending an emergency response vehicle, providing telephone advice, or referring elsewhere; to work with GPs and acute Trusts in allocating hospital beds; and providing patient transport services to acute, mental health and primary care trusts across London. The Service also works closely with the fire and police services and local authorities in matters of emergency planning and major incidents.

3.3 The Service is managed by a Trust Board comprising a non-executive chairperson, five executive directors (including the chief executive) and five non-executive directors. A representative from the Patients' Forum has observer status on the Trust Board.

4. LAS Vision and Values

4.1 The London Ambulance Service has a vision statement and a set of values which set out the organisation's approach to its staff, to the communities it serves, and to all of its stakeholders.

4.2 The LAS Vision is:

A world class ambulance service for London, staffed by well trained, enthusiastic and proud people who are all recognised for contributing to the provision of high quality patient care

4.3 The LAS Values are:

Clinical Excellence

- We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to the patient's needs

Respect and Courtesy

- We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

Integrity

- We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

Teamwork

- We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

Innovation and Flexibility

- We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

Communication

- We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

Accept Responsibility

- We will be responsible for our own decisions and actions as we strive to constantly improve.

Leadership and Direction

- We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

5. Equality and Diversity Policy Statement

5.1 The Trust's vision and values are supported by an Equality and Diversity Policy Statement that was published in June 2005.

5.2 This sets out, in practical terms, our responsibility to demonstrate respect and courtesy to all; our duties in terms of patient care and employment; as well as the importance we place upon having a diverse workforce.

6. Social Model of Disability

6.1 The social model of disability says that people who have impairments or medical conditions are disabled by physical and social barriers. The difference between impairment and disability is that impairment limits what someone can do physically or mentally, whereas disability limits their ability to take part in the normal life of the community on an equal basis.

6.2 The social model was developed by disabled people in opposition to what came to be known as the individual or medical model of disability. The key difference between these two models is the location of the 'problem'.

6.3 In the medical model, disabled people are unable to participate in the community as a direct result of their impairment; impairment *causes* disability. So in the medical model it is a disabled person's personal tragedy that they are excluded and this is 'incurable', but in the social model exclusion is a social problem and it can be rectified by society removing its barriers.

6.4 Barriers that typically prevent disabled people participating fully in society and which need to be removed can be considered in a range of ways:

- Information and communication barriers
- Physical barriers
- Policy or procedural barriers
- Attitudinal barriers

6.5 The London Ambulance Service publicly subscribed to the social model, together with our partner organisations across London, at the London Emergency Planning Seminar, held in March 2006

7. Disability symbol – Two Ticks scheme



Positive about Disabled People

7.1 The Two Ticks symbol is used by employers to indicate a positive commitment both to people who are disabled and to potential customers. Any organisation using the symbol must make these five commitments:

- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities;
- To ask disabled employees at least once a year what you can be done to make sure that employees can develop and use their abilities at work;
- To make every effort when employees become disabled to ensure that they stay in employment;
- To take action to ensure that key employees are aware of the needs of disabled people;
- Each year, to ensure they review achievements towards making the workplace welcoming and accessible for disabled people; to plan ways

to improve and let all employees and customers know about this progress and future plans.

8. Involvement

8.1 This Disability Equality Scheme describes how the London Ambulance Service intends to promote equality for disabled people. For a healthcare provider, that means improving the health of disabled people, through access to services, appropriate treatments, and employment. We will also show how we have involved disabled people, those who support disabled people, in the development of the scheme. However, this is not something that we have only just begun in recent months. The Trust has a strong record of involving disabled people as we develop our services. We intend to continue with and improve this record into the future.

These are some of the involvement initiatives to date:

8.2 Service Improvement Programme. The Trust carried out a stakeholder consultation process prior to launching our Service Improvement Programme. In 2005 we identified eight key stakeholder groups: Patient and Public; Greater London Authority/London Boroughs; Staff; Primary Care Trusts; Strategic Suppliers; NHS Partners; Blue Light Emergency Services; and Department of Health/Strategic Health Authority. In September of that year the Patient and Public stakeholder event took place, which brought together a range of people from across London. A number of disabled and deaf people were explicitly invited to contribute their perspectives and suggestions to the event. Participants were asked to define what the Trust's vision meant to them:

LAS Vision: A world-class ambulance service for London staffed by well-trained, enthusiastic and proud people who are all recognised for contributing to the provision of high-quality patient care.

8.2.1 The final product was a stakeholder goal statement as follows:

An organisation which provides the right response, in the right place, at the right time to satisfy patients' needs, balancing response time targets with what patients really want and need. This requires:

- The LAS to work collaboratively in partnership with other providers across the health and social care system, thereby creating a shared responsibility for the health and wellbeing of our citizens;
- Easy and patient centred access routes, responses (be that treatment, conveyance, referral, etc.) in and outside of the home based on their diverse needs, conditions and cultural characteristics;

- Continuous engagement, two way communication and feedback from the many communities of London to ensure that patients and their carers drive continuous service improvement;
- Staff treating all patients and public according to the LAS Values, sensitively and with awareness of diversity in cultural norms.

8.2.2 Once all the stakeholders had been consulted, a final set of stakeholder goals was established:

- An accessible service...
Accessible to Patients and Partners: Easy to contact; recognising diversity; responding to partners with right level of authority
- that responds appropriately...
Responding Appropriately: Right response, right place, right time; timely, reliable (for patients and professionals); measured in terms that mean something to patients; appropriate priority to blue light colleagues; responding to major emergencies.
- engages the public, its patients and partners...
Engaging Patients, Partners and the Public: Collaborative – use of pathways; health & social care (shared information, responsibility, & facilities; joint planning [identifying gaps in provision]; demand management); listens & responds; informed, forward thinking customers.
- provides greater options for patients...
New Outcomes for Patients: Fewer go to hospital Accident and Emergency departments; staff skilled & confident to use alternative care pathways; career pathways in place
- continues to focus on delivery...
Delivery Focused: National targets; Government frameworks; Standards & guidance; cost effectiveness.
- and has a culture built around our CRITICAL values
Culture & Behaviour: Consistent with the values; respecting diversity; taking accountability, challenging each other; empowering; good management; skilled people (technical & inter-personal); consistent.

8.2.3 The Trust's Diversity Manager is the specialist lead for all equality and diversity related matters, including disability issues. Each of the five programme boards includes the Diversity Manager.

8.3 Patients' Forum. The London Ambulance Service Patients' Forum has a number of disabled and deaf members. The Forum provides regular valuable feedback on the Trust's performance from a patients' perspective. They take a keen interest in equality and diversity issues in particular, and receive regular briefings on developments in this area.

8.4 Projects. Some deaf members of the Patient's Forum have been involved in developing a project trialling the use of a visual translator card, for the purpose of improving communication with patients who have difficulty speaking.

8.5 Mental Health. The LAS Mental Health Strategy, which was approved by the Trust Board in 2005, included mental health patients at the planning and development event from which the final strategy was devised.

8.6 Chronic Conditions/Long-term Conditions. The Trust involved patients with chronic and long-term clinical conditions in the development of our service for these patient groups. As part of our improved service, we trained and deployed an enhanced group of clinicians, known as Emergency Care Practitioners. These clinical professionals have enhanced assessment, diagnostic and treatment skills, which are particularly suited to these patients.

8.7 Emergency Planning. The Trust took part in the multi-agency London Emergency Planning Seminar in March 2006. This was specifically aimed at seeking the input of disabled people as the emergency services and other pan-London agencies developed their respective plans for major incidents and emergencies. The work arising from this seminar is ongoing.

8.8 Patients' and Public Perceptions. During 2006 the Trust commissioned a major piece of research into patients' and the public's perceptions of the London Ambulance Service. The research, which included disabled people, forms part of the evidence base for evaluating our current service, and for developing our service for the future.

8.9 Access and Connecting for Health. In November 2006, the Trust launched its Access and Connecting for Health programme, a central component of the wider Service Improvement Programme which covers the period 2006 - 2013. One of the main features of the programme is developing access to our services for patients. To assist in highlighting the obstacles to overcome, disabled patients and staff, and carers of disabled people participated in a video which was used during the event, as well in the event itself. The outcome of this event, and similar events for the other programmes, set the priorities for tackling the various projects needed to realise the benefits identified by stakeholders.

8.10 Miscellaneous. Over the past year, the London Ambulance Service has worked with and involved deaf and disabled people, and representatives from support organisations, in the development of services. These include "Sign", RNID, British Dyslexia Association, British Heart Foundation, RADAR, Employers' Forum on Disability.

8.11 Local Events. As well as centrally organised events, local managers and staff organise community involvement and engagement events at Borough level. These include deaf and disabled people as part of a wider group, and also include events specifically for particular groups of disabled people, for example, people with learning disabilities. We keep records of

these events on the Patient and Public Involvement (PPI) database, which is maintained by the PPI Manager.

8.12 The future. This record of involvement, engagement and consultation will continue into the future. There will be a considerable number of projects beginning over the coming year and beyond involving access issues, as part of the Access and Connecting for Health programme. Stakeholder involvement, including deaf and disabled people, is a central part of the programme and project methodology in use within the Trust.

8.12.1 A major involvement event is being planned for the middle of 2007 aimed specifically at patients who use the London Ambulance Service Patient Transport Service. This patient group includes a large number of disabled people, and patients with chronic and long-term conditions.

8.12.2 These initiatives, and others that will develop later, will enable deaf and disabled people (including those who provide support) to have a real influence on the development of the Trust's policies, procedures, and more importantly our practice, as we work through our Disability Equality Scheme. We see this scheme as a live document that will evolve and improve throughout its term of existence.

9. Mapping

9.1 Government Data. In order to demonstrate that the Trust is promoting equality for disabled people, both staff and service users, we need to have access to reliable data from which to measure progress. The Greater London Authority has produced helpful analysis from the Labour Force Survey using data specifically relating to the London region.

9.2 Employer's Forum on Disability. The LAS is a member of the Employer's Forum on Disability. The Forum produces regular updates on employment and service delivery matters related to disability, as well as arranging useful briefing meetings and seminars where the latest disability related information can be accessed. The Diversity Team members attend these, and other national, regional and sector seminars on behalf of the Trust, and feedback relevant information into the organisation via Diversity Training, the Diversity Reference folder on the intranet system, input to strategic planning, and updates to the Trust Board and Board committees.

9.3 Patient Surveys. Using national as well as locally commissioned surveys we will ask our patients and the public at large what they expect from our services. We will ensure that disabled people are included in all generic surveys, and we will include questions specifically aimed at assessing the needs of disabled people. We will also arrange periodic surveys and focus groups specifically for disabled people. We will ensure that any patient or public feedback mechanisms we develop include monitoring to enable the specific needs of disabled people to be identified.

9.4 Research. The Trust's Clinical Audit and Research Team uses patient data recorded by our own staff, as well as data from other healthcare organisations, questionnaires, focus groups and other published research data to gauge the effectiveness of clinical and organisational procedures, equipment and other inputs. Their work results in recommendations for changes and improvements to clinical practice. We will ensure that disabled people are involved in this research, where appropriate. We will also ensure that we develop effective methods for assessing the impact of our services on the health of disabled people.

9.5 Workforce Data. The Trust's workforce data also contains information about disabled staff. We need to ensure that all staff are fully aware of the current definitions of disability so that any reasonable adjustments that may be needed to ensure the full participation of all staff are accessible. Disabled staff should also feel free, if they choose, to disclose their disability, both for their own reasons and if they need to access reasonable adjustments within the workplace, confident that they will not be subjected to discrimination, harassment or victimisation.

10. Impact Assessment

10.1 A list will be compiled of the Trust's functions, policies, and practices that are relevant to promoting equality for disabled people. The list will be prioritised, highlighting those functions that are likely to have the highest impact. Each service head will nominate a manager to carry out an impact assessment on those high priority functions. The list will be published alongside this document.

10.2 All new and proposed policies and procedures will be assessed for relevance, and an impact assessment carried out, if necessary, by a manager nominated by the person responsible for producing the policy or procedure.

10.3 The impact assessments will use available evidence to determine whether the function, policy, procedure or practice is likely to have a disproportionately negative impact on disabled people. If the evidence shows that this is the case, then an action plan will be produced with the aim of eliminating or mitigating the negative impact.

10.4 The impact assessment will include a plan for involvement and consultation of disabled people, and those who provide support for disabled people, together with a process for monitoring the effectiveness of the action plan.

10.5 The Trust's impact assessment process will be published alongside this document.

11. The Action Plan

11.1 An action plan will be produced detailing specific outcomes required, and the tasks put in place to achieve them. The actions will indicate who is responsible for completing them, and the timeframe for completion.

12. Monitoring

12.1 Once the impact assessment have taken place, and any action plans identified, these actions will be incorporated into the overall DES action plan and monitored together with the Trust's wider service plan. The updates on the DES will be reported quarterly to the Trust Board, via the Clinical Governance Committee.

13. Engagement

13.1 Public Patient Involvement. We will continue, as outlined above, to involve deaf and disabled people as we develop our policies and services. Involvement will be generic, as well as specific to the particular needs of deaf and disabled people.

13.2 Partnerships. Each London Borough has a senior manager, and Ambulance Operational Manager, who has the responsibility for engaging in partnerships with the local authority, other agencies and community groups. All public sector organisations will share the duty to promote equality for disabled people. The London Ambulance Service will ensure that we play a leading and meaningful role in working with our partners to improve the health of disabled people in London.

13.2.1 The London Ambulance Service is working at a strategic level to develop partnership links with the other pan-London agencies, such as the Greater London Authority, the Metropolitan Police Service, the London Fire Brigade, Transport for London, and others, to coordinate and cooperate on key involvement and consultation events, to enable deaf and disabled people the opportunity of meeting all those who deliver services in the Capital at one time.

13.3 Staff Involvement. The London Ambulance Service has a Partnership Agreement with the Trade Unions. We will continue to work within this agreement to ensure the full participation of disabled staff in the development and delivery of our services.

13.3.1 We will actively work with deaf and disabled staff to ensure that they have access to the full range of facilities and services in the workplace to enable them to carry out their work, free from discrimination, harassment and victimisation.

14. Publication

14.1 The DES, together with the action plan, and impact assessment results will be published on the London Ambulance Service website, and intranet site.

Copies will be available on request in other formats, such as audio, large print etc.

15. Comments, complaints or enquiries regarding our services

15.1 Wherever possible, we encourage patients, their carers and families, and members of the public to raise any concerns or issues they may have with the relevant staff at local level. We aim to be responsive to concerns expressed by patients, their carers and families or members of the general public. Our Patient Advice and Liaison Service (PALS) can act as a facilitator in relation to any concerns or issues by negotiating solutions or resolution as speedily as possible. PALS is responsible for acting as first point of contact for formal complaints, records of appreciation, and enquiries about the services we provide. We take steps to ensure that compliments and records of appreciation are fed back to the relevant staff. Complaints will be investigated with the aim of providing a response within 20 days.

You can write to them at:

Patient Advice and Liaison Service (PALS)
London Ambulance NHS Trust
St Andrews House
St Andrews Way
London E3 3PA

Telephone: 020 7887 6678
Fax: 020 7887 6655, Email: pals@lond-amb.nhs.uk

16 Disability Equality Scheme

16.1 Specific queries in relation to the Disability Equality Scheme should be addressed to:

Caron Hitchen, Director of Human Resources
London Ambulance Service
Headquarters
220 Waterloo Road
London, SE1 8SD

Telephone: 020 7921 5223

17. Acknowledgements

17.1 We wish to express our thanks and appreciation to both the disabled people, and those individuals and organisations who provide support and care for disabled people, who contributed to aims outlined in this document. We look forward to widening and deepening our involvement in the coming years.

