

disability equality scheme

equality for disabled people

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1. Statement from the Chief Executive

The work of NHS Blood and Transplant (NHSBT) touches many people's lives. Donors, patients, staff and many others. As Chief Executive, I am committed to ensuring that our organisation's services are available to all, including disabled people.

As the only provider of donated blood and organs in England and North Wales we are unique. We therefore need to take simple and practical measures to improve accessibility. We will also take more creative steps to find ways to help disabled people who wish to have access to our services.

After involving disabled people we recognise that we have much to do. This Scheme explains the actions we intend to take and when we will take them. To ensure its success, the scheme will be regularly reviewed. This review will allow us to measure our progress and give opportunities to improve the plan, in light of our actual experience on the ground.

By looking at NHSBT services as a whole, not just one area of work, we will deliver accessibility more constantly throughout our organisation. This will give all our donors, patients and staff a more equitable service from us, regardless of any disabilities they may have.

A handwritten signature in black ink, appearing to read 'Martin Gorham', written in a cursive style.

Martin Gorham

Chief Executive, NHSBT

2. Introduction

The purpose of the NHSBT Disability Equality Scheme (DES) is to explain how the organisation will promote equality for disabled people. The aim of this DES is to remove barriers for all those with disabilities. Many people don't recognise themselves as being disabled. However, they too face discrimination in their everyday life because of their disability. This Scheme address issues such as sensory and physical impairments, deaf people, people with learning difficulties, those with long term mental health problems, people with hidden impairments and those living with HIV/AIDS. For all these people this Scheme will provide real outcomes that will lead to practical improvements. In developing this scheme we recognise that:

People with impairments are disabled by the attitudes of others and the environment where they live, work, study and enjoy themselves.

In addition to the commitment from the Chief Executive, disability is also championed on the Board of Directors by Jennie Gubbins, Vice Chair and NHSBT Non-Executive Director.

For more information on this Scheme, or anything else on disability, please contact Rob Warwick (robert.warwick@nbs.nhs.uk) at the Directorate of Strategy Management in NHSBT.

3. Background

NHS Blood and Transplant - who are we?

NHS Blood and Transplant (NHSBT) is a Special Health Authority within the National Health Service (NHS). Formed in October 2005, it took over the roles of UK Transplant and the National Blood Authority (which managed the National Blood Service and the Bio Products Laboratory).

What does NHSBT do?

Our work is vitally important to the NHS. We need to collect around 8,000 blood donations every day to ensure a constant supply of blood to hospitals. Our work also makes some 5,500 organ and cornea transplants possible every year. In addition, we retrieve and store other tissues like skin and bone, ready for patient use. We manufacture a range of therapeutic products from blood plasma, and provide a number of related specialist services such as solid organ tissue typing and cord blood banking. We are responsible for the NHS Organ Donor Register (which has over 13 million names) and the British Bone Marrow Registry.

NHSBT - our staff

NHSBT employs approximately 5800 people across the three operating divisions of UK Transplant (UKT), Bio-Products Laboratory (BPL) and the National Blood Service (NBS) and group services such as finance, HR and Estates. Staff work in a variety of locations throughout England and North Wales. These locations include hired venues (such as church halls and community centres) where donors give blood, 13 blood centres from Newcastle to Plymouth, a plasma fractionation pharmaceutical factory at Elstree in Hertfordshire and UKT's headquarters in Bristol. About 65% of staff are female and 35% work part time. Our staff have a variety of jobs including biomedical scientists, doctors, nurses, managers, staff who look after blood donors, marketing professionals, drivers and many more. Our records show that only 82 (1.4%) people at UKT and NBS are disabled. This compares to approximately 10% in the population at large. This scheme seeks to develop a culture at NHSBT where we are positive about disabled people, and we want disabled people to feel that they can discuss their disabilities with their manager and human resources, to ensure that NHSBT proactively makes changes to their environment and way of working, to meet their individual needs.

What have we already done and what challenges are we facing?

NHSBT is not starting with a blank sheet of paper. This section describes what has been happening in the NBS (the largest of the three operating divisions with over 5000 members of staff) as well as the organisation's view of risk and how this influences what we do.

In 2004 Churchill, Minty and Friend, a leader in the field of disability, were asked to undertake a review of the NBS' response to disability. Their brief covered four areas. These were:

- the medical assessment of blood donors
- access for donors to blood collection venues (e.g. church halls and community centres)
- the buildings the NBS owns or manages
- our staff policies.

The report made a series of recommendations that we are still working through, some of which appear within this action plan.

A major influence on the organisation is risk, particularly when it comes to the safety of donors and patients. An example, not related to disability, was the introduction of leucodepletion. This is where we filter out white blood cells from donated blood to reduce the possible transmission of variant CJD (vCJD). When the decision was taken to introduce leucodepletion there was only a theoretical risk and the costs were considerable. Although the costs were high and the risks theoretical it was decided to implement this safety measure (and others) as soon as possible to provide better safety for patients. There are other examples too. The organisation's attitude to risk, for the protection of patients, donors, staff and others will be paramount. This will affect the nature and speed of the decisions we will take.

When it comes to blood donors, the emphasises will increasingly be on developing our staff and giving them the support to assess disabled people as individuals rather than applying blanket prohibitions. This will form a major plank of our action plan.

How was this Disability Equality Scheme developed?

This Disability Equality Scheme has involved many people, both within NHSBT and outside. These have included disabled people, managers who are responsible for service delivery, doctors and nurses who are responsible for the patients and blood donors, an external consultant who provided advice and a view from outside the organisation. The aim is to provide a Scheme that meets the needs of disabled people and is deliverable in the long term, particularly with respect to changing attitudes and behaviours to disabled people. The development of the Scheme has involved the Board of Directors, with the active and continuing participation of a Non-Executive Director. The Board have and will continue to receive updates on the development and implementation of the Scheme, and this will form part of the Board's performance monitoring.

Many people were involved in the development of this Scheme. Particular mention should go to the Steering Group whose members included:

Dr Margaret Bartle (NBS - Clinical); Jen Barwell (NHSBT - HR); Lindsey Batson (NBS - Donor Services); Phil Friend (Churchill, Minty & Friend), Dr Angela Gorman (NBS - Clinical), Deborah Jennings (NBS - Service Quality), Neil Phillips (NHSBT - Marketing Services), David Shute (UKT), Gill Travis (NHSBT - HR), Rob Warwick (NHSBT - Strategy Management).

Involving disabled people

A key element of this Scheme has been the involvement of disabled people, particularly seeking their views as to what was important, what was less important and where we need to focus in order to achieve the maximum benefit.

With respect to our staff, we wrote to each member of staff who was listed on our human resources database as having a disability. They were asked to complete a questionnaire. This included questions as to the nature of disability, the support they received from their manager and the nature and timeliness of adjustments made to their work. They were also asked if they would like to take part in regular focus groups to monitor future progress - this forms part of our action plan.

When it came to blood donors and those wanting to enrol on the Organ Donor Register we involved various disability organisations. Involvement focused on the following five areas:

- Physically disabled - e.g. stick and wheelchair users
- Visual impairments
- Deaf and hard of hearing
- Learning disabilities
- Mental health disabilities

We appreciate that this is just the start of our involvement with disabled people and we have much to learn. The action plan identifies how we will continue to engage with and learn from disabled people. This includes how we can improve clinical practice with the establishment of a Clinical Assessment Panel to consider new clinical issues.

We are also grateful for the involvement of Churchill Minty and Friend for their advice and support, particularly in relation to developing our approach to involving disabled people and developing practical solutions.

4. Our staff and the people who work with us

Scope

This part of the Scheme covers all NHSBT staff, who work at BPL, UKT and the NBS, as well as group services, including human resources, finance, facilities and IT.

Context for the NHSBT Staff

Strategic Objective

Our key strategic objective is:

To remove barriers and make reasonable adjustments to enable disabled people to be employed, trained, and achieve job satisfaction and career progression within NHSBT.

Involving disabled people

Questionnaires have been designed and distributed to members of staff who have declared themselves as disabled on the human resources (HR) database. We have also distributed questionnaires to their line managers and HR staff who have been involved in disability in the workplace. Please refer to Appendix 1 for the findings. Appendix 1 includes important comments and barriers to disabled staff. These are cross-referenced to points in the DES action plan for “Our Staff and the People Who Work With Us.”

A summary of recommendations for future involvement include:

- The Diversity Working Group at present does not have a disabled representative. This would be a valuable addition to the group.
- Contact those respondents who stated in the questionnaire that they would be interested in becoming more involved, at least initially with a phone call or e-mail, considering the appropriateness of communication method selected.
- Include a section in our staff survey regarding disabled staff experiences and how disabled staff define themselves as disabled.
- Establish disability focus groups and systems for disabled staff to network, share experiences and establish support mechanisms.
- Use of experts, e.g. Scope, when involving people in impact assessments and identifying priorities, etc.
- Compiling list of useful contacts to be available to HR and managers.

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Absence Management Policy to differentiate between sickness and disability	Absence Management Policy and training currently being reviewed	<ul style="list-style-type: none"> • Policy to include definition of “disability” • cross-refer to redeployment policy • undertake amendments via HR policy formulation group • Monitoring of staff registered as DDA, adjustments made • Training on absence management to include DDA issues • Develop register of adjustments made for recruitment and ongoing HR issues 	1.1.1; 1.1.3; 1.1.5; 1.1.6; 1.2.3; 4.1

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
<p>To review and implement recommendations from Atkins, the organisation appointed to undertake DDA reviews at main blood centres</p>	<p>Over the last three years the NBS have completed over 50 projects with a value in the region of £150,000. Drivers Jonas have undertaken a review of all the Atkins reports, focusing on areas that will have the largest impact, and have identified specific works that will be addressed in the future. Though a considerable amount of DDA work has been undertaken by Facilities, there are still some funds available in 2006/07, the NBS Senior Management Team will need to approve additional funding in the future for the remaining work.</p>	<ul style="list-style-type: none"> Outstanding work will be completed in order of priority, this will be based on operational needs whilst taking account of the observations provided by consultants Drivers Jonas. A programme of outstanding work is currently being prepared so as to seek funding for the coming year 2007/08. At the same time we are taking account of the NBS strategy to rationalise the Estates whilst ensuring compliance with legislation. 	<p>2.1</p>
<p>Purge PRISM (NHSBT HR Database) system, Modification, Validation</p>	<p>Prism system last re-validated in 2004</p>	<ul style="list-style-type: none"> Further exercise to be carried out by February 2007 to ensure accuracy of information for data transfer to Electronic Staff Record (ESR) - the new NHS HR Database 	<p>7.3.1</p>

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Ensure ongoing accuracy on PRISM system	Note placed in Local Service Group (LSG) brief to target those considering themselves disabled but who are not recorded as such on the system. The LSG is the centre management co-ordination team.	<ul style="list-style-type: none"> HR responsible for the development of mechanism to record staff who become disabled whilst in employment. This is currently only picked up during validation exercises, but better system is required. 	1.1.5; 4.1; 7.2
Target to increase number feeling comfortable with registering as disabled, through addressing organisational culture	New diversity policy currently being developed	<ul style="list-style-type: none"> Information gathering: gauge disabled staff's perception of organisation through staff survey; focus group; Diversity Working Group Involvement: address cultural change and positive attitudes through focus groups, contact with staff who respond to recent questionnaires Develop guide for dealing with disabled staff, including contact numbers for advice, information about specific impairments, e.g. dyslexia, cross refer to diversity policy 	1.5; 5.2; 6.1; 6.2; 6.3; 6.4; 6.5; 6.6; 6.7; 7.4.5; 7.5.1;

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
<p>Review recruitment forms to make more user-friendly</p>	<p>Test materials are currently adapted where necessary for candidates with impairments, e.g. enlarging text, etc</p> <p>E-Recruitment enables better accessibility to visually impaired candidates, through enlarging text, software that reads text on screen, etc</p> <p>All posts get advertised in JobCentre Plus</p>	<ul style="list-style-type: none"> • Information gathering: investigate current suitability of forms and documentation through feedback from disabled candidates • Involve (recently appointed) disabled staff in (re)drafting alternative or additional paperwork • Statement to be added to person specifications and supplementary information to state reasonable adjustments will always be considered 	<p>5.1.1; 5.1.2; 5.1.5</p>
<p>Refer to experts in field of DDA regarding recruitment practices</p>	<p>Initial discussions held with advisor from Scope regarding barriers to employment experienced by disabled people.</p> <p>Initiated work with advertising agency for specific campaign and ongoing approach to targeting diverse range of applicants, including disabled applicants.</p>	<ul style="list-style-type: none"> • Promotion of equality of disabled people via positive statements, adjustments, etc 	<p>5.1.2; 5.1.3; 5.1.6</p>

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Guidance for recruitment team regarding dealing with disabled candidates	<p>Recruitment procedures (to which Recruitment Assistants are trained) outline the Two Ticks guaranteed interview scheme. Two Ticks symbol is in all advertisements.</p> <p>Held a team event involving presentation of issues then team discussion and input about strategy</p>	<ul style="list-style-type: none"> • Additional training for team regarding developing additional flexible application processes 	5.1.2
Template for assessing reasonable adjustments on a case-by-case basis	Initial practical cases have been undertaken	<ul style="list-style-type: none"> • Finalise template and implement • Present at HR workshop and incorporate into guide 	1.5.4; 1.6.1
Impact assessment of all elements of the recruitment process to identify barriers to disabled candidates, including those with "hidden" disabilities	<p>Presentation delivered and discussion held with recruitment staff regarding diversity in recruitment</p> <p>All enquiries dealt with on a case by case basis</p>	<ul style="list-style-type: none"> • Implement guide and deliver training • Involve disabled people in investigating the most effective ways of improving disabled candidates' access to vacancies 	1.5; 1.6.1; 5.1.1

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Advertising campaign and ongoing strategy to improve workforce diversity	Initial analysis of data taken place	<ul style="list-style-type: none"> • More detailed data analysis of representation of disabled population within NHSBT staff body 	7.1.2; 7.5.1;
Awareness-raising of HR and recruitment staff and amalgamating their knowledge and experience to enhance the service provided	Involvement: use feedback from recent questionnaires regarding how disabled staff feel about their working lives	<ul style="list-style-type: none"> • Attend HR workshop and present template for assessing reasonable adjustments at selection stage • Involvement: Obtain feedback from disabled candidates on how they felt they had been treated during the recruitment process - use focus groups, staff survey 	1.5; 1.6.1; 5.1.1
Occupational Health	Occupational Health service provided by Norwich Union, managed by Health and Safety, with input from stakeholders	<ul style="list-style-type: none"> • Following occupational health assessment of disabled candidate, suggest that OH nurse/doctor discuss with candidate the benefits of disclosing their disability to their line manager • Involve disabled staff in implications of this 	3.1.5

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Review redeployment policy	Redeployment policy in existence	<ul style="list-style-type: none"> • Extend remit of policy to include redeployment arising from disability • Refer to obligation to make reasonable adjustments • Add details of expert support • Cross refer to sickness policy • Consider salary protection • Develop guide for redeployees, including guidance on issues such as reasonable adjustments 	1.4.1; 1.4.2; 1.4.3; 1.4.4; 1.5.2
Review DDA training	<p>The 1/2-day Diversity Awareness programme has been redesigned and is being rolled out. Disability included in recruitment and selection training. Both of these courses include video produced by the Disability Rights Commission.</p> <p>All training is currently recorded, monitored and evaluated and refresher courses are offered where need is identified.</p>	<ul style="list-style-type: none"> • Incorporate disability case studies • All recruitment staff will attend diversity awareness programme 	6.3.1; 6.3.2

Impact assessment summary table

Recommendation	Progress to date	Outstanding actions	Action Plan reference
Facilitation Skills training	Human Resources and staff side attending 2-day training course	<ul style="list-style-type: none"> Develop and promote pool of facilitators for use in team meetings and mediation 	6.1.4
KSF (KSF is the Knowledge and Skills Framework, a major element of the NHS's new terms and condition package, Agenda for Change)	Core equality and diversity dimension in place. All training is currently monitored and recorded using Prism.	<ul style="list-style-type: none"> Identifying training gaps for all staff regarding the core dimension 	6.1.5; 6.4.2
Bullying and Harassment Policy	Policy has been reviewed to incorporate disability issues	<ul style="list-style-type: none"> Review training to reflect policy changes 	1.9.1
Diversity Toolkit	2-day training course developed alongside the toolkit for managers, includes section on disability	<ul style="list-style-type: none"> Pre- and post-coursework to be developed to enable training to be tracked and monitored 	6.4.2
Welcome Pack and Welcome Day	All new staff receive welcome pack and attend welcome day	<ul style="list-style-type: none"> Review induction material to include and promote diversity issues 	6.6

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
1. Policies and Procedures - Review relevant policies to incorporate DDA issues	1.1 Absence Management policy and procedure to be reviewed	1.1.1 Distinguish between sickness absence and absence relating to disability 1.1.2 consideration to be made where absence relates to disability on an individual basis 1.1.3 policy to cross-refer to the redeployment and flexible working policies 1.1.4 include definition of disability (taken from Disability Rights Commission Code of Practice) 1.1.5 include procedure for monitoring disability status (becoming and ceasing to be disabled) 1.1.6 Include procedure for recording and monitoring reasonable adjustments	Interim Assistant Director of HR - Operations	June 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	1.2 Training and dissemination of changes of Absence Management Policy:	1.2.1 Training for HR to be undertaken at HR workshop 1.2.2 LSG brief to cover changes 1.2.3 Basic training and local management training 1.2.4 E-learning DDA training package to link in with sickness absence policy training 1.2.5 Robust system of training evaluation	Interim Assistant Director of HR - Operations	June 2007
	1.3 Performance management to include sickness absence targets	1.3.1 Link staff absence rates and how this is managed into performance objectives for managers, ensuring timely action to identify and implement reasonable adjustments and thereby enabling return to work 1.3.2 Monitor progress against targets via managers' KSF reviews	HR Director and Managing Directors	June 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	1.4 Redeployment Policy and procedures to be reviewed	1.4.1 Extend remit of policy to include redeployment arising from disability 1.4.2 Refer to obligation to make reasonable adjustments 1.4.3 Policy to cross-refer to the Absence Management policy 1.4.4 Develop guide for disabled redeployees	Interim Assistant Director of HR - Operations and Interim Assistant Director of HR - Organisational Change	March 2007
	1.5 Develop guide for HR and managers regarding DDA issues	1.5.1 Include definitions of disabilities and work-related impacts, reasonable adjustments 1.5.2 Include useful, expert contacts, internal diversity officer and external agencies 1.5.3 Include roles, responsibilities and budget 1.5.4 Include template for assessing reasonable adjustments 1.5.5 Add this guide to the Managers' Diversity Toolkit, handed out at the two-day diversity workshop for managers (<i>see Leadership and Training</i>)	National Resourcing Manager	June 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	1.6 Training for HR and Recruitment staff on content and implementation of above guide	1.6.1 Use HR workshop to present to and train HR staff 1.6.2 Train recruitment team	National Resourcing Manager	September 2007
	1.3 Performance management to include sickness absence targets	1.3.1 Link staff absence rates and how this is managed into performance objectives for managers, ensuring timely action to identify and implement reasonable adjustments and thereby enabling return to work 1.3.2 Monitor progress against targets via managers' KSF reviews	HR Director and Managing Directors	June 2007
	1.7 Review diversity policy	1.7.1 Incorporate NHSBT's positive, inclusive approach to disability	National Learning & Development Manager	March 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	1.8 Review Bullying and Harassment Policy	1.8.1 Include reference to bullying and harassment relating to disability	Interim Assistant Director of HR - Operations	March 2007
	1.9 Review training for Bullying and Harassment	1.9.1 Reflect policy changes	National Learning & Development Manager	December 2006
2 Estates - review premises to identify areas for improvements	2.1 Carry out access audit on all major NHSBT premises	<p>2.1.1 Address and complete all adjustments required for communal areas and areas accessed by the public</p> <p>2.1.2 Develop procedure for investigating and implementing reasonable adjustments for disabled staff on a case by case basis (see also "Adjustments to Workplace")</p> <p>2.1.3 Develop intranet-based Facilities Management system for reference when booking rooms, including information on access, loop systems, parking, etc.</p> <p>2.1.4 Ensure all reception staff are trained regarding services, equipment, procedures and facilities available at each location (<i>see Training and Leadership for detail</i>)</p> <p>2.1.5 Develop Facilities Management guide for visitors</p>	National Learning & Development Manager	Ongoing

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
3 Ensure involvement and proactive engagement of Occupational Health provider	3.1 Review current occupational health provision / service and interaction with Human Resources	3.1.1 Maintain through appropriate monitoring of management referral reports the system for occupational health to alert HR and the line manager where adjustments will need to be made	Head of H&S / Interim Assistant Director of HR - Operations	Ongoing
		3.1.2 Provide occupational health with ongoing access to Facilities based reasonable adjustments information		Ongoing
		3.1.3 Occupational health to monitor conditions as required by the OH assessment and best practice		Ongoing
		3.1.4 Occupational Health Advisors and Health & Safety Advisors to champion diversity		Ongoing
		3.1.5 Occupational Health Advisors to discuss benefits of and encourage staff to declare disabilities to line managers		Ongoing
		3.1.6 Occupational Health to develop review system for staff that have disclosed disability issues to HR		December 2006
		3.1.7 Occupational Health to contact staff that have disclosed disability issues to HR (to identify any further reasonable adjustments required)		March 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	3.2 Proactive occupational health risk management	3.2.1 Identify top-five occupational health issues 3.2.2 Evaluate and establish intervention plan for each, as preventative measures against longer-term absence and health problems	Interim Assistant Director of HR - Operations	December 2006
4 Establish robust systems to ensure adjustments to the workplace	4.1 Implement reasonable adjustments log	4.1.1 Initial information gathering to ensure data through and correct for adjustments already taken 4.1.2 Develop system for ongoing recording of reasonable adjustments made	Head of H&S	June 2007
		4.1.3 Include system for monitoring effectiveness of individual adjustments 4.1.4 Include system for monitoring consistency of application		

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
5 Recruitment and Retention	5.1 Review recruitment processes to make more flexible and accessible to external and internal candidates	5.1.1 Use Focus Groups for feedback on recruitment documentation and processes 5.1.2 Train recruitment team to ensure awareness of candidates' potential requirements and options available, e.g. large print, additional time for tests 5.1.3 Collate reference document for application options available 5.1.4 Identify barriers to candidates, including those with hidden disabilities 5.1.5 Statement about commitment to investigating and making reasonable adjustments to be included in person specifications, on website 5.1.6 Advertising campaign and ongoing strategy to improve workforce diversity	National Resourcing Manager	June 2007
	5.2 Design and implement system for collection of exit questionnaire feedback	5.2.1 Letter and questionnaire to be sent to all leavers 5.2.2 Questionnaire to include question regarding whether covered by DDA 5.2.3 Questionnaire to be analysed and information to be presented to diversity group, who will recommend any follow-up	Interim Assistant Director of HR - Operations / Diversity Officer	December 2006 March 2007 ongoing

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
6 Leadership and Training	6.1 Improve NHSBT approach and culture to be viewed by staff as a disability-friendly organisation	6.1.1 Ensure NHSBT Board development and engagement in all aspects of diversity	Director of HR	March 2007
		6.1.2 Hold workshops for senior managers on Disability - how to meet and treat people with disabilities	National Learning & Development Manager	December 2006
		6.1.3 Establish Diversity Officer post who will be main contact for disability queries from staff and managers, policy formulation, co-ordination of diversity initiatives		June 2007
		6.1.4 Diversity Officer to identify links with other organisations to enable benchmarking and sharing of best practice	Diversity Officer	March 2007
		6.1.5 Establish a network of trained facilitators for workshops and one-to-one meetings	Interim Assistant Director of HR - Operations	September 2007
		6.1.6 Monitor on e-KSF the outcome and impact of Equality and Diversity core KSF dimension	National Learning & Development Manager	ongoing
		6.1.7 Review and identify essential training requirements for supervisors and line managers		June 2007
		6.1.8 Maintain and monitor adherence and standards of the Employment Services Disability Two-Ticks award	Diversity Officer	June 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	6.2 Promotion and awareness raising	<p>6.2.1 Case study article to be included in Circulation, to highlight experience of member of staff who realised they were covered by DDA and implications</p> <p>6.2.2 Posters to be placed on notice boards</p>	Diversity Officer	June 2007
	6.3 Review current 1/2 day diversity training course	<p>6.3.1 Ensure disability addressed, including definition and encouraging staff to declare disability</p> <p>6.3.2 Make compulsory for all staff and develop system for monitoring and ensuring attendance</p>	National Learning & Development Manager	<p>March 2007</p> <p>March 2009 ongoing</p>
	6.4 2-day diversity workshop and toolkit	<p>6.4.1 Make compulsory for managers and develop system for monitoring and ensuring attendance</p> <p>6.4.2 Develop e-learning package as pre- and post-coursework and track results, linking in with evidence required for Equality and Diversity core KSF dimension</p> <p>6.4.3 Establish networking events for monitoring and feedback purposes, and applications of learning</p>	National Learning & Development Manager	<p>March 2009 ongoing</p> <p>March 2007</p> <p>June 2007 ongoing</p>

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	6.5 Develop training for facilities staff	<p>6.5.1 Ensure that public-facing staff, e.g. receptionists, security, receive training regarding disability issues</p> <p>6.5.2 Training to include issues to be aware of when welcoming disabled people; equipment, procedures, facilities and services, e.g. fire procedures, parking, loop systems</p>	Interim Assistant Director of HR - Operations / Diversity Officer	December 2007
	6.6 Review content of Welcome day	<p>6.6.1 Include definition of disability</p> <p>6.6.2 Include rights and obligations of staff and management</p> <p>6.6.3 Encourage staff to declare disability</p> <p>6.6.4 Include case studies to improve awareness of issues.</p>	National Learning & Development Manager	March 2007
	6.7 Develop and promote other areas of training in basic skills	<p>6.7.1 Raise awareness of key skills helpline</p> <p>6.7.2 Raise awareness of union learning representatives</p>	National Learning & Development Manager	March 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
7 Research and Gathering Evidence	7.1 Undertake validation of Prism system	<p>7.1.1 Clarify level of confidentiality to ensure staff understand how information will be stored and used</p> <p>7.1.2 Undertake validation exercise to establish accurate data of staff with disabilities and adjustments made</p>	Interim Assistant Director of HR - Operations	March 2007
	7.2 Ensure ongoing accuracy of disability data on Prism system	7.2.1 Link in with reasonable adjustments log	Interim Assistant Director of HR - Operations	June 2007 - ongoing
	7.3 ESR Integration	7.3.1 Ensure data integrity for transfer to ESR	Interim Assistant Director of HR - Operations	September 2007

Action plan - our staff

Objective	Action	Outcome	Responsibility	Timescale
	7.4 Establish focus groups	<p>7.4.1 Promote membership of Diversity Working Group for disabled member of staff</p> <p>7.4.2 Follow-up respondents to questionnaire who stated willing to participate further</p> <p>7.4.3 Put together focus groups (chaired by Phil Friend or diversity group member)</p> <p>7.4.4 Ensure access to meetings is suitable for all involved and consider all methods to capture views</p> <p>7.4.5 Focus groups to identify issues and barriers, and detail improvements to assist in increasing staff willingness to declare disabilities, and feed into culture change</p> <p>7.4.6 Focus Groups and Diversity Working Group to develop systems to enable networking, sharing experiences and establishing support mechanisms</p>	Diversity Officer	June 2007

Action plan - purchasing

We recognise that our purchasing choices can make a big impact on disabled people. This section describes the actions we will take to ensure that procurement adequately covers the needs of disabled people.

Objective	Action	Outcome	Responsibility	Timescale
Procurement - To ensure that the decisions we make on purchasing actively include the needs of disabled people	<ul style="list-style-type: none"> To ensure that our Terms and Conditions include explicit mention of suppliers duties under the Disability Discrimination Act 	<ul style="list-style-type: none"> A new clause will be included in NHSBT supplementary conditions of contract referring to the need for suppliers to comply with the Disability Discrimination Act 2005 (as amended). This will be in addition to PASA's standard NHS Conditions which already refer to the previous Act (as amended). There will also be a requirement for suppliers to report on compliance with this Act, as required, during the contract period. Compliance with Disability Discrimination Act 2005 will be included into the evaluation matrix which is used to evaluate all OJEU tenders and some non-OJEU tenders. As this is agreed with customers at the start of the project it will highlight the Act and ensure that customers consider its relevance. 	Head of Purchasing	December 2006

Action plan - purchasing

Objective	Action	Outcome	Responsibility	Timescale
	<ul style="list-style-type: none"> Provide training and support to budget holders to ensure that disability is included in specifications and contract monitoring 	<ul style="list-style-type: none"> The Services Procurement Team will be made aware of the Disability Discrimination Act 2005 and its implications for Purchasing The Purchasing Procedures Manual will be amended to ensure that the Disability Discrimination Act 2005 obligations are to form part of the agenda at contract review meetings, where it is appropriate Budget holder training will include customers' responsibility of the Disability Discrimination Act. This will include the development of specifications, evaluation of tenders and contract monitoring. 	<p>Head of Purchasing</p> <p>Head of Purchasing</p> <p>Head of Purchasing</p>	<p>December 2006</p> <p>December 2006</p> <p>December 2006</p>

5. Blood donors, those wishing to enrol on the Organ Donor Register and others who come into contact with NHSBT

Scope

The following part of the scheme focuses on the National Blood Service (NBS) and blood donors. The Steering Group took the view that there was direct relevance of NBS activities to that of UK Transplant (UKT) and Bio Products Laboratory (BPL). UKT's work with the general public is limited and is largely focused on the Organ Donor Register (ODR). This includes raising awareness of organ donation and UKT's website and call centre to register on the ODR. The action plan makes clear the activities that are of relevance to UKT. With BPL contact with patients and the general public is via the medicines it produces. Here there are tight regulations on what information is provided to patients and how. The action plan on BPL reflects this.

Context for the National Blood Service

The National Blood Service is part of NHSBT, responsible for the provision of a safe and sustainable supply of blood, blood products and tissue to patients in England and North Wales. Our core objective as an organisation is to:

'Save and Improve Patients' Lives'.

We depend entirely on voluntary donations from the general public, and encourage existing donors to give three times a year. There are opportunities to donate blood in a wide variety of venues across England and North Wales - these range from village halls to company offices, to specially equipped mobile collection vehicles (bloodmobiles) and permanent donor suites.

The blood we supply is robustly screened to ensure it is safe for patients. Every year we collect, test, process, store and issue around two million units of blood and blood products.

Continual research into improving the safety of blood and blood products is an integral part of our work. We also provide specialist medical advice and clinical support to hospitals, as well as educating and training transfusion machine specialists.

This Disability Equality Scheme outlines our plans to meet our legal requirements and corporate objectives to fulfil the Disability Equality Duty with regard to the impact of our policies and procedures on our donors and potential donors.

Strategic Objective

Our key strategic objective is

To remove the barriers which prevent disabled people from donating blood whilst ensuring safety to both donors and patients.

It must be noted that the requirements for patient and donor safety are paramount. Our actions to remove barriers to donating are considered against these fundamental principles. Consequently informed consent by the donor, to ensure the safety of blood for patients, and not compromising the health of the donor by the act of donating are key considerations.

The DES Donor Facing Steering Group was formed at the beginning of 2006 to lead and co-ordinate the work necessary to achieve this objective. The group is comprised of representatives from the Clinical Directorate, Marketing Services, Service Quality and the Donor Services Standards Department.

Success means

- The NHSBT Disability Equality Scheme is commended by disability groups
- Donor feedback about disabled issues reflects the changes that have been implemented

Review of Work to Date

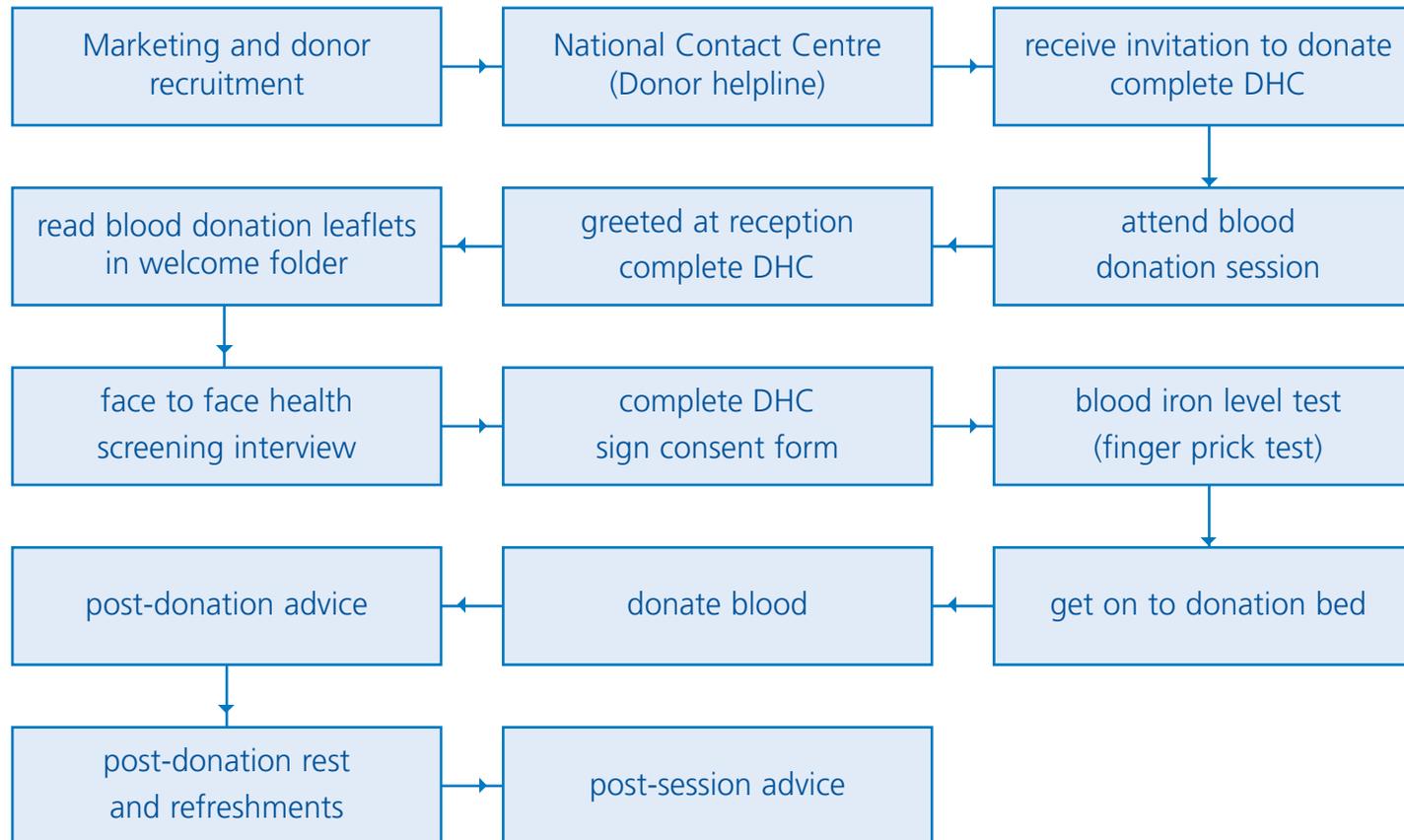
Our starting point has been to identify the main issues for each of the five key disability groups (selected from current donor feedback) within our current donation process. The groups are:

- Visual impairments
- Deaf and hard of hearing
- Physically disabled - eg stick and wheelchair users
- Mental health disabilities
- Learning disabilities

The Donation Journey

We reviewed the whole donation journey to identify the parts of the process which may cause difficulties for disabled people. The journey is set out in the flow diagram below.

Figure 1: Donation Journey



Complete DHC -

the DHC is the donor health check questionnaire; it may be completed at different stages of the donation journey

Regional Nurse Clinical Groups (RNCGs) were set up at the beginning of 2006 to review the journey through the donation process and how it impacts on each disability group. This work included an in-depth review of our current policies, procedures and communications. The RNCGs worked in partnership with national and local disability organisations, and existing disabled donors and their relatives. These groups put forward recommendations, based on this partnership working, to the NHSBT DES Donor Facing Steering Group to progress and implement.

There were some key recurring themes throughout the reviews by the RNCGs and the DES Donor Facing Steering Group, which are summarised below.

Common themes

- Staff awareness and training
- Lack of information on donors' individual requirements
- Limitations on disability access and facilities at donation venues
- Communication media restricted access to participation and independence

Context for UK Transplant

UK Transplant (UKT) has a UK-wide remit to ensure that donated organs are matched and allocated in a fair and unbiased way. Matching, particularly in the case of kidneys, is so important that donation and allocation needs to be organised nationally. The larger the pool the better the likelihood of a good match.

UK Transplant is also in a unique position in that we do not have a direct relationship with patients and do not provide "hands on" care. However, in providing support to transplantation services across the UK, everything we do has an impact on the quality of service delivered to individual patients.

UKT's specific responsibilities include:

- Managing the National Transplant Database which includes details of all donors and patients who are waiting for, or who have received a transplant
- Providing a 24 hour service for the matching and allocation of donor organs and making the transport arrangements to get the organs to patients
- Maintaining the National Organ Donor Register
- Improving organ donation rates by funding initiatives in the wider NHS
- Contributing to the development of performance indicators, standards and protocols which guide the work of organ donation and transplantation
- Acting as a central point for information on transplant matters
- Providing central support to all transplant units in the UK and Republic of Ireland
- Auditing and analysing the results of all organ transplants in the UK and Republic of Ireland to improve patient care
- Raising public awareness of the importance of organ donation.

Strategic Objective

Our key strategic objective is:

To work with colleagues throughout the NHS to do everything reasonable to remove the barriers which prevent disabled people from accessing the services provided by UK Transplant

Success means

- The NHSBT Disability Equality Scheme is commended by disability groups
- Feedback about disabled issues reflects the changes that have been implemented

Involving disabled people and impact assessment

We have worked closely with disabled donors and disability organisations, involving them in the development of our DES. Through partnership working we aim to provide workable and beneficial changes and improvements to the services we provide, to give as many disabled people as possible the opportunity to donate.

Visual impairments

Partnership Involvement

We worked closely with the following organisations throughout our review:

- Guidedogs for the Blind Association
- Royal National Institute for the Blind (RNIB)
- Southampton Society for the Blind
- Hampshire Association for the Care of the Blind
- Isle of Wight Society for the Blind
- Blind donors
- Action for Blind People
- Department for Work and Pensions

Visual impairments

Impact Assessment

The key areas of impact for visually impaired people who want to donate are:

- *Lack of recruitment information for potential donors.* This limits the opportunity for visually impaired people to become donors.
- *Invitation letters, general communication materials and documentation on session are in unsuitable formats.* Donors may require another person to read the material to them with the resultant loss of independence and confidentiality.
- *Lack of confidentiality when completing our donor health check questionnaire (DHC).* The Health Care Professional (HCP) may need to ask the donor personal and intimate questions when assisting in completing the DHC, which might be overheard, as the DHC is not available in a suitable format.
- *Staff's lack of clarity regarding whether guide dogs are allowed in the donation area which is a clinical environment.* Donors with guide dogs may be turned away from session.

Deaf and hard of hearing

Partnership Involvement

We worked closely with the following organisations throughout our review:

- Royal National Institute for the Deaf (RNID)
- Hampshire Deaf Association (HDA)
- Happy Tots - Deaf Mums with hearing children.
- Remark - Provider of sub-titles.
- Deaf potential donor
- HAD, Deaf Awareness and Communication Tactics information sheet
- Inclusive Technology (www.inclusive.co.uk)
- British Deaf Association (www.bda.org.uk),
- Deafsign (www.deafsign.com)
- Centre for Professional Ethics, Keele University
- Plymouth Guild of Voluntary Service/ Hearing and Sight Centre

Deaf and hard of hearing

Impact Assessment

The key areas of impact on hearing impaired people who want to donate:

- *Lack of awareness of availability of Minicom system at the National Contact Centre (NCC). Limited opportunity for hearing impaired donors to donate*
- *Communication difficulties during health screening interview. Donors may be turned away inappropriately*
- *Moving around the venue where donors are called by name. Hearing impaired donors may not hear and be aware that they have been called through to donate and be embarrassed or inconvenienced, or miss their opportunity to donate*
- *Lack of appropriate emergency procedures. Donors may be turned away inappropriately on Health and Safety grounds*
- *Third party interpreters or signers are not allowed to participate in the health screening interview. Donors may be turned away from session*

Physically disabled

Partnership Involvement

We worked closely with the following organisations throughout our review:

- Department of Transport
- Churchill, Minty & Friend - training and disability consultancy
- Disabled Living Foundation
- Drivers Jonas - building consultancy
- RoSPA - People Handling Training
- Dr Rick Fox, Royal National Orthopaedic Hospital
- Dr Hari Boralessa, NBS Brentwood

Physically disabled

Impact Assessment

The key areas of impact on disabled people with physical or mobility difficulties who want to donate are:

- *Venues with poor access for wheelchair users or disabled people with mobility difficulties.* Donors may be unable to gain access to the blood donation session
- *Venues with poor facilities (eg parking or disabled toilets) for wheelchair users or disabled people with mobility difficulties.* Donors may be unable to donate
- *Lack of clarity about the clinical impact of sitting in a wheelchair for donors who experience adverse reactions (eg fainting) either during or post-donation, or after leaving the session.* Donors may be turned away
- *Staff's lack of clarity about how much assistance they are able to offer to donors who cannot get onto the donation bed unaided.* Donors may be embarrassed and/or inappropriately turned away
- *Lack of appropriate emergency procedures.* Donors may be turned away inappropriately on Health and Safety grounds

Mental health disabilities

Partnership Involvement

We worked closely with the following organisations throughout our review:

- Mind
- Local Community Psychiatric Nurses
- Rethink
- Launch Pad - local mental health group

Impact Assessment

We recognise that this takes many different forms and these are the categories we have considered:

- Schizophrenia and paranoia
- Depression
- Bipolar disorder
- Anxiety or fear
- Dementia
- Obsessive compulsive disorder

Mental health disabilities

Impact Assessment

The key areas of impact on people with mental health disabilities who may want to donate are:

- *Memory loss/concentration.* This may cause a misunderstanding of the process and make it difficult to give informed consent
- *Anxiety or fear.* This may cause nausea, diarrhoea and vomiting and an urgent need to visit the toilet; also a possible loss of concentration. These could result in disruption of the donation process
- *Anger.* This could lead to difficulties in communicating with staff and donors being turned away
- *Understanding the donation journey and how it will affect them.* This may result in anxiety, make it difficult to give reliable informed consent and cause disruption to the donation process
- *Medication.* Blood donation may disrupt the stability of the medication or condition with a consequent impact on the donor's well-being

Learning disabilities

Partnership Involvement

We worked closely with the following organisations throughout our review:

- RCN Learning Disability Forum
- Campaign for Plain English
- Relatives of adults with learning disabilities
- Foundation for People with Learning Disabilities (www.learningdisabilities.org.uk)
- Mental Health Foundation (www.mentalhealth.org.uk)
- Dyslexia Action (www.dyslexiaaction.org.uk)
- Learning about Intellectual Disabilities and Health (www.intellectualdisability.org)
- Making Decisions Alliance (www.makingdecisions.org.uk)
- Department of Health (www.doh.gov.uk/consent)

Learning disabilities

Impact Assessment

We recognise that this takes many different forms and these are the categories we have considered:

- Down's Syndrome and other chromosome disorders
- Autism
- Asperger's Syndrome
- Dyslexia/dysphasia

The key areas of impact on learning disabled people who may wish to donate are:

- *Possible misunderstanding of health screening interview.* This may make it difficult to give informed consent and lead to risk for donor or recipient
- *General communication during donation process.* This may lead to risk for the donor as they cannot inform staff of any difficulties they are experiencing
- *Staff may not have adequate training or experience of relating to learning disabled people.* Donor does not receive appropriate response and may be deferred inappropriately
- *Donor may experience adverse reactions (eg fainting) after leaving the session and be unable to communicate this to others.* Donor's health is put at risk

Conclusion

Donor safety and blood safety are our overriding priorities and these are reflected in the donor selection guidelines which must be applied to all potential donors. There are some people we are currently unable to accept as donors because of possible risks to their health. Additionally we must have informed consent to ensure the safety of blood for patients. This raises other issues around effective communication and understanding.

From our work with organisations representing disabilities across physical, mobility, learning and mental health we recognise that there are a wide range of disabilities and differing needs. The work has identified a number of existing aids and good practice which need to be advertised and shared across the NBS and with our donors.

However, it has also identified that our knowledge and our approach across the organisation is not consistent to the differing needs of actual or potential donors and this needs to be addressed. In the past we have applied a very broad-brush approach to our donor selection guidelines. The result has been that many disabled people have been excluded from becoming blood donors because of their disability. There is currently some inconsistency in the application of the donor selection guidelines and responses to queries (for example on grounds of donor understanding or safety) which clearly lead to frustration for all concerned.

We are committed to further improve our knowledge of the different disability issues, facilitate people from these groups to safely donate and robustly support our staff in doing so confidently and professionally.

Clinical Assessment Panel

The Clinical Assessment Panel (CAP) was set up in 2006 to consider the current donation guidelines and in particular their application to disabled people who want to donate. The CAP will identify best practice and the reasonable adjustments that can be made, and provide clarity about the approach that safely meets the requirements of the DDA and DES. They will be the 'collective memory' for the NBS, ensuring that expertise and experience is widely shared around the country.

The Panel will provide help to doctors and nurses around the country for queries and help in dealing with the individual cases that need to be managed on session, or through feedback from donors. We recognise that many disabled people may be able to donate and they should be considered on an individual basis to give them the best possible opportunity to do so.

The CAP comprises two NBS doctors and two Regional Nurses who will link in with and take advice from relevant disability organisations or consultants specialising in the relevant field as appropriate. See Appendix 2 for more details.

Action plan

<i>Pre donation and UKT where indicated</i>				
Action	Outcome	Success means	Timescale	Responsibility
Record information on blood collection venues that <ul style="list-style-type: none"> • Accept assistance / guide dogs • Offer induction loop systems • Have disabled access, parking and facilities 	We will know which venues are most accessible and suitable for different needs	Information incorporated into regular donor communications, website and NCC script. Our current IT system does not allow this information to be recorded - minor adjustments needed	2008 for recording information	Donor Services Director
Range of disabled requirements integral to new venue assessments; reasonable adjustments made for older venues	All new venues are accessible to visual, hearing and mobility impaired groups	Accurate records for all venues Information incorporated into regular donor communications, website and NCC script	April 2007	Donor Services Director

Action plan

Action	Outcome	Success means	Timescale	Responsibility
Provide all documentation and materials in alternative formats <i>NB: Applies to UKT</i>	Donors receive documentation in their chosen format	All requests for different format are met within 72 hours Feedback reflects change	April 2007	Head of Marketing Services
*Website (www.blood.co.uk and www.uktransplant.org.uk) fully compliant with W3 and 'Bobby' Requirements. RNIB assists with updates <i>NB: Applies to UKT</i>	The website is as accessible as possible to visually impaired people	Information utilised Feedback incorporated	Completed Updates ongoing as needed	Head of Marketing Services
Marketing of donation and transplant opportunities via media suited to disability groups <i>NB: Applies to UKT</i>	People with disabilities are actively encouraged to become donors	More donors with disabilities registered as donors. Our current IT system needs upgrading to incorporate donors' individual requirements	2008	Donor Services Director General Manager, UKT

Action plan

Action	Outcome	Success means	Timescale	Responsibility
Donor magazine available in text readable format on our website and to donors on request via email for computer enhancement	The magazine is as accessible as possible to visually impaired people.	Measure usage via website 'hits'	Completed	Head of Marketing Services
Promote availability of Minicom facility at our NCC via website <i>NB: Applies to UKT</i>	Improve awareness of the NCC service for hearing impaired people	Record usage	June 2007	Head of Marketing Services
Highlight venues accepting assistance/guide dogs or with disability access and facilities on our web site	Donors are better informed about suitable venues	More donors with disabilities donate	2009	Donor Services Director
Review of the Donor Selection Guidelines with other UK Blood Services	Clarify and confirm whether current guidelines are reasonable or need to be challenged	Deferrals are consistent	2007	Donor Services Clinical Director

On the blood donor session

Action	Outcome	Success means	Timescale	Responsibility
Develop a Resource Pack	Documentation in Braille, large print and colour suitable formats available on all sessions	Teams regularly ask for additions to their packs	June 2007	Donor Services Director
Ensure all staff are aware that assistance/guide dogs are allowed in the donation area	Donors with assistance/guide dogs are accepted	Staff and donors with assistance dogs are confident of accepted practice	June 2007	Donor Services Clinical Director
Emergency Evacuation Procedures include all donors who may require assistance	New Management Process Description (policy). Staff roles and responsibilities for procedure is clear	Appropriate timely assistance provided for evacuation	2007	Donor Services Director
Deaf donors are offered a double-length appointment so that the Health Care Professional (HCP) can conduct a written health screening interview	Donors' individual needs are met	More deaf donors attend sessions; our current IT system does not allow this information to be recorded - minor adjustments needed	2007	Donor Services Clinical Director

Action	Outcome	Success means	Timescale	Responsibility
Undertake individual assessment of donors with mobility or learning disabilities or on medication	Potential donors given greater opportunities to donate	Clearer guidelines Number of referrals to CAP	2007	Clinical Assessment Panel Donor Services Clinical Director
Model Risk Assessments available for use with steps to assist mobility impaired donor onto bed. Staff trained in people handling to provide assistance with minimal risk	Mobility impaired donors assisted to donate	Staff trained and confident in using steps and degree of assistance they can offer donor	2007	Donor Services Director
The Joint Professional Advisory Committee (JPAC) of the UK Blood Services meets regularly to review blood donation guidelines; updated advice on disabled donors and donors with communication difficulties is expected shortly	Clarify and confirm whether current guidelines are reasonable and provide rationale for decisions	Clinical Director confident that we are applying appropriate guidelines	2007	Donor Services Director

Action	Outcome	Success means	Timescale	Responsibility
Review our policy on the use of third-party interpreters and signers during the health screening interview	Clarify and confirm whether current guidelines are reasonable	Clinical Director confident that we are applying appropriate guidelines	2007	Donor Services Clinical Director
Researching health issues associated with faints in wheelchairs	Clarify and confirm whether current guidelines are reasonable Identify conditions for safe donations and those that require more assessment before donating	Clear guidelines for staff and donors Number of post-donation incidents minimal	2007	Donor Services Clinical Director Clinical Assessment Panel
Clinical Assessment Panel reviews individual cases to assess suitability for donation and develop organisation's knowledge and 'collective memory'	Clarity around disability issues and suitability for donation	Number of referrals to CAP increases Percentage of donors able to donate after referral to CAP increases	2007	Donor Services Clinical Director Clinical Assessment Panel

Other actions

Action	Outcome	Success means	Timescale	Responsibility
Investigate means of recording information about individual donor requirements on our IT system	Accurate information on how we can meet donors' requirements	We can tailor our communications and practices to suit individual donors	2007	Donor Services Director
Carry out regular donor surveys to ensure that changes are having desired impact (this will be dependent on recording individual donor requirements on IT system)	Clarity about effectiveness of changes	Feedback from disabled donors indicates that changes are having a positive impact on their donation journey	2007	Donor Services Director
Set up disabled donor focus group	Ongoing feedback from disabled donors about our practices and procedures	Feedback will enable us to identify which areas are working well and where we need to consider changes	2008	Donor Services Director
Review specification for future bloodmobiles	Identify where changes can be made to make them more accessible to disabled donors	Disabled donors are able to donate blood on the bloodmobile	2007	Head of Collection Plans

Action	Outcome	Success means	Timescale	Responsibility
Regional Nurse Clinical Groups to carry out further work with learning disability and mental health groups	We have a clearer understanding of what the issues are	Clear guidelines for staff and donors More learning disabled donors and donors living with mental health issues are able to donate	2007	Donor Services Clinical Director

<i>Bio Products Laboratory</i>				
Objective	Action	Timescale	Responsibility	
To provide information on the medicines that BPL supplies in the most accessible form for disabled people	<ul style="list-style-type: none"> All product cartons to include Braille. Timescale All patient information leaflets available on BPL website. DVD instructing patients on how to self-administer Subgam (an immunoglobulin concentrate given via the sub-cutaneous route) (helpful for patients with reading difficulties). 	June 2007 December 2007 December 2007	Medical Affairs Manager Medical Affairs Manager Medical Affairs Manager	
Information from the BPL website is accessible to disabled people	<ul style="list-style-type: none"> Website (www.bpl.co.uk) fully compliant with W3 and 'Bobby' Requirements. 	Ongoing	BPL IT	

How will we put our scheme into action?

We will be reviewing the Disability Equality Scheme at least annually. Regular reports and updates on the development and implementation of the scheme will be made to the NHSBT board, forming part of their performance monitoring.

We will undertake a complete review of the scheme after three years, learning from our experiences and feedback, to ensure that the content and direction of the scheme are still focussed on delivering improvements.

We will continue to work closely with disabled people, not only at the formal review, but involving them in our planning and decisions, to ensure that we deliver changes that are important, relevant and are of maximum benefit.

Appendix 1: HR questionnaire responses

Comments and barriers from questionnaire respondents, cross-referenced to action plan

Comments and barriers	Action plan reference
1. Someone to go to directly for advice	1.5; 1.6; 6.1.2
2. Fewer assumptions and more understanding of colleagues	1.8; 1.9; 6.1.1; 6.1.2; 6.1.4; 6.3
3. Process delayed by outside agency	1.5
4. HR could have been more informative	1.5; 1.6
5. Law is so specific so why constant battles, has improved	1.5; 1.6
6. Should be a follow up from occupational health	4.1.3
7. Agenda for Change banding shouldn't be affected by disability	1.5; 4.1.4
8. Line manager has improved the situation	1.5; 6.4
9. Recommends that disabled staff attend disability forum	7.4

Comments and barriers	Action plan reference
10. Less time spent on own would be useful	3.1.3; 3.1.4; 4.1.3; 4.1.4
11. Need to follow up changes, could improve speed onsite OH doctor (no parking in pierhead Liverpool)	3.1; 4.1.3
12. Being expected to work even when in pain	1.8; 1.9; 6.1
13. Heavy doors, redeployment barriers	2.1
14. Guilt, hours, manager support and awareness raising is poor	1.8; 1.9; 6.1; 6.4
15. Other staff	1.8; 1.9; 6.1.4, 6.3
16. If Line Manager is not approachable/understanding	1.8; 1.9; 6.4.1; 6.4.2
17. Resentment	6.1.4; 6.3; 6.4
18. Disinterestedness - no budget for special phone	1.5.3; 6.1.2
19. Proving you're as good as others, trying harder	1.8; 1.9; 6.1.5; 6.3
20. Lack of understanding, information and cases	1.5; 6.2
21. Occupational health sickness triggers; stress, sickness	1.1.1; 1.1.2; 3.1.1; 3.1.3; 3.1.4
22. Own perceptions of how they'll be treated, confidence	7.4

Comments and barriers	Action plan reference
23. Lack of understanding if disability is not seen	6.1.5; 6.3; 6.4
24. Lack of confidence depends on individual	7.4.5; 7.4.6; 6.3
25. Access	2.1
26. Reliance on lift	2.1
27. Isolation, panic, improved by communication and involvement	6.1.4; 6.1.5
28. Lack of information/awareness of services available	6.1.5; 6.2
29. Exclusion; focusing on what can't do, instead of can	6.1.4; 6.1.5; 6.2
30. If they can't see it, they don't think it exists	6.1.5; 6.3
31. Ignorance, which improves if you tell people about it	6.1.4; 6.1.5; 6.3
32. Heavy doors	2.1
33. Ignorance of systems, support available, colleague resentment	1.5; 6.1.4; 6.2; 6.3

DES questionnaire analysis

Number of Returns:

- Managers 26% (22 of 82)
- Staff 36% (30 of 82)
- HR 7%

Have you registered your disability with NHSBT?

Yes	18
No	6
Unsure	6

If no, why?

- Didn't know they had to
- Not wanting to be considered disabled (NBS not supportive)
- Not aware of the process

Number who have had reasonable Adjustments made

Yes 20 (66% of respondents have had adjustments made)

Types of Adjustments made

- Alterations to furniture 13
- Adjustments to working hours 5
- Verbal exam for promotion 1
- Redeployment 1
- Car parking 2

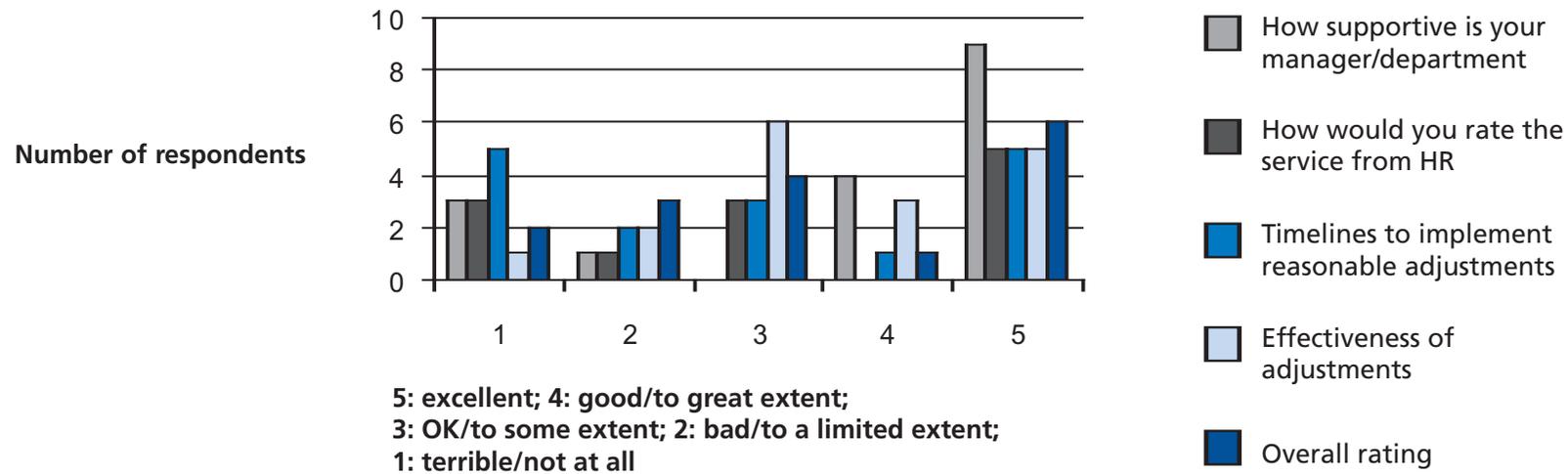
How were they were made aware of the reasonable adjustments process?

- Occupational Health 7
- Facilities 2
- Human Resources 2
- Line Manager 10
- PACT 2
- Grievance process 1
- Colleague 1
- Not aware 1

Other general adjustments

- Line Manager support
- Reallocation of duties
- Recommended but not actioned

HR questionnaire feedback



Comments on the process

- Someone to go to directly for advice
- Fewer assumptions and more understanding of colleagues
- HR could have been more informative
- Law is so specific so why constant battles, has improved
- Should be a follow up from occupational health
- AFC banding shouldn't be affected by disability
- Line manager has improved the situation
- Recommends that disabled staff attend disability forum
- Less time spent on own would be useful
- Need to follow up changes, could improve speed onsite OH doctor

How aware were respondents of the following services?

- | | |
|-----------------------------------|---------------------------|
| • Guaranteed interview | 7 respondents were aware |
| • Reasonable adjustment processes | 11 respondents were aware |
| • Reasonable adjustment absent | 5 respondents were aware |
| • Redeployment | 9 respondents were aware |

What barriers to disable people in employment were identified by respondents?

- Being expected to work even when in pain
- Ignorance of systems, support available, colleague resentment
- Heavy doors
- Ignorance, which improves if you tell people about it
- If they can't see it, they don't think it exists
- Exclusion; focusing on what can't do, instead of can
- Lack of information/awareness of services available
- Isolation, panic, improved by communication and involvement
- Access
- Lack of confidence depends on individual
- Lack of understanding if disability is not seen
- Own perceptions of how they'll be treated, confidence
- Occupational health sickness triggers; stress, sickness
- Lack of understanding, information and cases
- Proving you're as good as others, trying harder
- Disinterestedness- no budget for special phone
- Resentment
- Other staff
- Guilt, hours, manager support and awareness raising is poor
- Heavy doors, redeployment barriers

Those individuals willing to participate further in focus groups? 24 respondents

Appendix 2: Clinical Assessment Panel

What is the Clinical Assessment Panel?

A small group of two doctors and two regional nurses comprise the Clinical Assessment Panel, set up in August 2006 to develop clear organisational guidelines that will support disabled persons to donate safely whenever possible.

Why has the Panel been formed?

The Disability Discrimination Act 2005 requires NHSBT, as a service provider, to promote equality of opportunity and make 'reasonable' adjustments to overcome institutional discrimination.

As a public authority we also have a specific duty to provide a Disability Equality Scheme by 4th December 2006. In brief the scheme must outline how we have involved 'stakeholders', and prioritised actions and resources to focus on effective change.

The Clinical Assessment Panel has been formed to support the work of the DES Donor Facing Steering Group in researching, prioritising and organising the many actions that need to be undertaken to help us meet these statutory requirements.

What will the Panel do?

The panel will consider the current donation guidelines and in particular their application around the country. They will identify best practice, the reasonable adjustments that could be made and provide clarity about the approach that safely meets the requirements of the DDA and DES. They will be the 'collective memory' for the NBS, ensuring that expertise and experience is widely shared.

- Importantly the panel is a resource for doctors and nurses around the country for queries and help in dealing with the individual cases that need to be managed on session or through feedback from donors.
- Individual HCPs need not feel they must decide locally or on the day but can defer and then refer to the panel, with appropriate explanation to the potential donor.
- The panel also wants to be informed of local solutions so these can be added to the organisation's 'collective memory' and the development of best practice.

At present there is some inconsistency in the application of donation guidelines and responses to such queries (for example on grounds of donor understanding or safety) which clearly lead to frustration for all concerned. These probably result from the general culture and approach that have developed within the organisation towards donors and potential donors who do not meet the 'usual donor profile'. However it must be recognised that there are areas of excellence around the country where extra efforts are made to support donors with physical, sensory or learning disabilities in making successful donations

What is the DES Donor Facing Steering Group doing?

Identifying the key issues for donors or potential donors with disabilities and how the organisation can safely meet its statutory requirements. This is much broader than clinical considerations and covers practicalities of access and communication methods prior to, during and after donation. Although many adjustments are long term projects which need careful planning, some short term practical quick wins will be implemented in the next six months. *Work includes:*

- Venue Assessments (VA) - a building consultant specialising in disability access has reviewed our current VA paperwork on session and will be making recommendations as to possible changes; the key here will be 'reasonable' adjustments.
- Resource Packs to guide and support session staff produced by local groups led by regional nurses, with the involvement of local disability groups
- A new short training pack which aims to incorporate disability awareness into daily activities and give staff confidence in dealing with disability issues.

How does this affect me?

- Please ensure your management teams and all HCPs are aware of this briefing and in particular the existence of the panel, the reasons why it has been formed and the contact details.
- The panel exists as support for staff facing new circumstances and individual donors' requests under the DDA. No individual or team should feel they are alone when dealing with a DDA issue and can contact or refer issues to the panel directly.
- We also ask that you ensure Disability Issues are a regular feature of local collection and management meetings.

Contact details.

Linds Batson (Chair of DES Donor Facing Steering Group)

Clinical Assessment Panel:

Dr Angela Gorman, Donor Services Consultant

Dr Margaret Bartle, Donor Services Medical Officer

Trudy Redford, Regional Nurse

Hilary Horrobin, Regional Nurse