

Document Title:	MAKING REASONABLE ADJUSTMENTS FOR PATIENTS WITH DISABILITIES		
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Related Trust Policies (to be read in conjunction with)	Privacy & Dignity Policy Interpreting and Translation Policy Admission, Discharge & Transfer Policies Autism Policy LD Policy Adult Safeguarding Policy Safeguarding Children Policy MCA Policy & DOL's Equality & Diversity Policy Sharing Patient Information Policy Carers Policy Complaints Policy Reducing the Need for Restrictive Interventions
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1.0	Sandie Morton-Nance	Newly Created	10 June 2015
2.0	Sandie Morton-Nance	Full review	14 th December 2018

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1.0 Purpose of Policy

- 1.1 This policy has been developed in the context of paying due regard to the Equality Duty (Equality Act 2010) with the aim to eliminate unlawful discrimination, harassment, victimisation, advance equality of opportunity and foster good relations.
- 1.2 Under the Equality Act (2010), a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
- 1.3 The purpose of the policy is to support the Trust's work with patients, carers and visitors to communicate effectively with them in order to provide the reasonable adjustments they require to make the hospital visit as uncomplicated as possible.
- 1.4 In this context making reasonable adjustments is for all patients, carers or visitors of any age who are disabled in any capacity who could not manage in the hospital setting without additional available help and support

2.0 Policy Statement

- 2.1 The Trust recognises that the term 'disability' relates to a wide variety of circumstances and impairments and, just like any other group, disabled people are a diverse group and have differing cultures, needs and preferences.
- 2.2 The Trust upholds and adheres to its legal requirement to make 'reasonable adjustments' which takes account of the specific barriers which might make facilities, products, services and workplaces less accessible for disabled people.
- 2.3 The Trust recognizes the accepted approach of the social model of disability which recognises that social and environmental barriers prevent inclusion of disabled people as opposed to the medical model. The social model states that disability is created by barriers in society and therefore the Trust is committed to making the changes necessary to overcome this. The medical model only looks at a person's disability as a barrier to inclusion.
- 2.4 The Trust aims to implement policy documents that meet the diverse needs of our patients and visitors, ensuring that none are placed at a disadvantage over others.
- 2.5 Where an adjustment is considered reasonable, the Trust has a duty to make that adjustment, except where it did not know, and could not reasonably have known, that an adjustment was required.

3.0 Scope

- 3.1 This policy applies to the practice of Trust staff in the provision of services to disabled patients and visitors accessing wards/departments.
- 3.2 This policy reflects the changing culture in the way that health care will be delivered in the future, with an increasing focus on the concept of breaking down the barriers which make people disabled, by making reasonable adjustments wherever necessary and to that effect there are no exclusions.
- 3.3 All staff dealing with disabled patients and visitors are required to comply to their responsibilities under this policy.

4.0 Principles

- 4.1 The principles that underpin this policy are those directed through statute law, Common Law Judgements and Department of Health policies as follows.
 - Article 14 of the Human Rights Act (1998) states that no-one should be discriminated against or treated unfairly because of a person's disability, race, religion, age, gender.
 - The Disability Discrimination Act (DDA) was passed in 1995 to introduce new measures aimed at ending the discrimination which many disabled people face in their everyday lives.
 - The Government's National Strategy – Caring about Carers was published in 1999 and requires organisations to ensure inclusion of the carer as well as the individual patient or service user as partners and to give them real choices and control over the range, nature and timing of services.
 - The revised DDA (2005) made important changes to the scope of the original legislation, including creating a legal duty for public authorities to actively promote disability equality.
 - A core principle of The NHS Plan (2000) states "The NHS will shape its services around the needs and preferences of individual patients, their families and their carers".
 - The primary purpose of the Mental Capacity Act 2005 & DOL's 2007 is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.
 - The Autism Act (2009) makes provision about the needs of adults who have autism. It is the first ever disability-specific legislation to be passed in the UK. In March 2010 the Government produced an adult autism strategy: "Fulfilling and rewarding lives: the strategy for adults with autism in England." This sets out the strategy for meeting the needs of adults on the autism spectrum in England by improving the provision of relevant services by local authorities and the NHS.

- Under the Equality Act (2010), employers and service providers have a legal duty to make reasonable adjustments for disabled people. This duty arises when there are factors that would place a disabled person at a 'substantial disadvantage' compared with a non-disabled person.
- The Government introduced the Care Act (2014) which places a general duty on local authorities to promote and safeguard the wellbeing of individuals when carrying out care and support functions.

5.0 Equality Impact Assessment

- 5.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair and meets the needs of all individuals.
- 5.2 An Equality Impact Assessment is attached as an appendix 1.

6.0 Definition of Reasonable Adjustments

- 6.1 The Equality Act imposes a duty to make "**reasonable adjustments**" for disabled persons. Reasonable adjustments is defined as "changes to practice and processes which are implemented to prevent any disabled persons from being at a disadvantage, whether by virtue of a physical feature of the premises or a process that places people with a disability at a disadvantage."

7.0 Definition of disability under the Equality Act

- 7.1 The general definition of disability for the purposes of the Act is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The Act defines long-term in this context as having lasted, or being likely to last for at least 12 months or the rest of the person's life. Substantial is defined as more than minor or trivial.
- 7.2 The following disabilities are highlighted within the Act:
 - Mental health issues
 - Learning difficulties/disabilities
 - Sensory impairment
 - Physical Impairment
 - Progressive conditions

8.0 Making Reasonable Adjustments – Primary Strategy

- 8.1.1 The following reasonable adjustments can also be used as a resource with regards to implementing the primary strategy highlighted in *Reducing the Need for Restrictive Interventions*.
- 8.1.2 There are 5 steps to be followed as applicable to ensure that this policy is carried out in practice. All staff should familiarise themselves with each of the following steps in turn.

8.2 **Step 1 - Identification of Reasonable Adjustments**

8.2.1 The anticipatory duty placed upon the Trust requires staff to take reasonable steps to find out whether reasonable adjustments are needed.

- Prior to an appointment – letters make reference to the disabled by asking patients if they require any reasonable adjustments to enable them to attend their hospital appointment.
- The Trust ensures it projects a clear welcoming message to the public through its literature and the Annual Report, ensuring full access to website, using appropriate language in written materials and showing positive photographs or illustrations of disabled people.
- The Trust ensures organisation-wide promotion of positive attitudes towards disabled people, as well as elimination of unlawful discrimination and harassment.
- Patients with learning disabilities/autism/cognitive impairment can be signposted to Specialist Staff as appropriate.
- By including a note on published documents indicating that the Trust can provide the document in an alternative format on request.
- By using a flagging system on IT systems for people with learning disabilities/Autism which alerts hospital staff that reasonable adjustments are required.
- By publishing this policy on the Trust website.
- By checking, liaising with and acknowledging the circumstances where someone has power of attorney for any particular patient.

8.3 **Step 2 - Action to be taken when notified that a person has additional needs**

8.3.1 Under this policy all staff who are notified that a person is disabled and requires reasonable adjustments to be made, have a duty either:

- To investigate and implement such adjustments (if they are in position to do so); or
- To signpost the patient/visitor to an appropriate member of staff to talk to them directly about their additional needs.

8.3.2 When determining the kinds of adjustments that might be both reasonable and appropriate, staff may wish to take advice from:

- The disabled person himself/herself, who will know their own needs and, in most cases, the kinds of adjustments that will be most effective.
- Other internal/external personnel with appropriate expertise, that might include Risk Manager; LD lead nurse; Safeguarding Lead Nurse.
- Patient held documents i.e. – “The Hospital Passport” or “This is Me”. “Autism Alert Card” or “Disability ID Card” and any other “Disability Information Card”
- A person who holds legal power of attorney.

8.4 Step 3 - Making Reasonable Adjustments

- 8.4.1 A reasonable adjustment may include 'provisions, criteria and practices', 'physical features' and 'provision of auxiliary aids'.
- 8.4.2 Adjustments needed may vary between each individual so therefore there is no 'one size fits all' method to use.
- 8.4.3 The first requirement of the Equality Act involves changing the way things are done. There are some common adjustments which the Trust offers as a matter of course and some other adjustments that can make particular arrangements to provide.
- 8.4.4 The second requirement of the Act involves making changes to overcome barriers created by the physical features of the hospital.
- 8.4.5. A third requirement of the duty involves providing extra equipment – which equality law calls auxiliary aids – and auxiliary services, where someone else is used to assist the disabled person.
- 8.4.6 Some examples of the simple reasonable adjustments that are already in place within MEHT, shows compliance with the Act & those that staff can easily manage on a daily basis includes:

TIME:

- Making changes in practice by avoiding institutional practices/discrimination
- Modifying procedures for testing or assessment
- Allowing a person who has a learning disability or mental health problems more time than would usually be allowed to provide further information, assess capacity and allow time for processing information by offering double appointments
- By offering an appointment at the beginning or end of clinics when needed

COMMUNICATION:

- Providing documents or correspondence in a larger font size on request
- Providing documents on coloured paper or with a specific colour contrast, which can often help people with conditions such as dyslexia on request
- Using email or the telephone in preference to hard copy letters where appropriate, this may assist those with visual impairment on request.
- Using plain English/language appropriate to the person, and avoiding medical jargon
- Providing information on audio tape, either informally or through a specialist Nurse or agency i.e. Eido; SeeAbility or Easy Health on request
- Communicating with people through their representative (whether or not this is a legal representative) or advocate, if requested and consent given
- Helping someone who has mental health problems to understand and manage treatment by arranging a single point of contact/liaison.
- Communicating by post and/or email for those with a speech impairment
- Using the Purple Communication Folder on the wards which will help Staff converse with patients who have communication difficulties
- Providing a reader, a sign language interpreter when needed

- Providing accessible complaints forms and making these available throughout the hospital setting
- Provision of the Appointment Reminder Service
- Using “The Hospital Passport” and “This is Me” patient held documentation
- Sending duplicate appointment letters to Carers of those with known/documented cognition or capacity issues, in order to ensure those vulnerable patients continue to have equal access to health care
- MEHT provides “Accessible information” on the website which patients and visitors can access

SUPPORT:

- Providing access with referral to a specialist LD Liaison Nurse who will provide an ‘Easy read’ and accessible information service for those with a learning disability
- Providing access to the specialist LD Nurse who will help to co-ordinate the patient journey from pre-admission to post discharge
- Providing access – referrals made to the Dementia CNS
- Flexi visiting for Carers/Family members where appropriate
- Providing a 1:1 “special” and/or a support worker when needed
- Agreement made for familiar carers to remain with the disabled patient.
- Supporting those patients with disabilities who wish to make a complaint
- Supporting and including Family members/Carers as “partners in care”.
- Supporting those patients with disabilities to be involved in the decision making process and their care
- Embedding the 5 core reasonable adjustments (It all HELPS) into daily practice
- Ensuring that a person who holds legal power of attorney is contacted

ENVIRONMENT:

- Providing disabled car parking bays
- Making special provisions for allocated parking where appropriate
- Making adjustments to premises i.e. Signage, lifts, equipment which allows emergency evacuation, wide doorways, accessible toilets, lighting etc.
- Allowing use on the premises of motorised scooters and wheelchairs
- Single Equality Scheme and associated action plan is in place and monitored.
- Electronic Alert - An LD/Autism flagging system is in place across IT systems to alert hospital staff to reasonable adjustments required.
- Allowing the disabled patient to be treated in a side room supported by familiar carers present where appropriate
- Providing training to raise awareness of making reasonable adjustments for hospital Staff via Dementia; LD/Autism.
- Providing access to a “Personal Listener” device for those with a hearing impairment.
- Providing the Pictorial Menu to patients where appropriate, this is available on each ward.
- Providing magnifiers to support those who have visual impairment
- Use of Equality Impact Assessments as good practice when writing policies and procedures.

- Providing wheelchairs for patient, visitor use for those with mobility issues/frailty
- Acquiring or modifying equipment e.g. magnifier, adjustable-height furniture, voice activated software which alerts patients in clinic setting; touch screens re: Patient arrivals, visitor/patient feedback and telephones adapted with an amplifier.
- Provision of specialist bariatric equipment where required.
- Where needed, the risk assessment process carried out by staff provides opportunities to consider and, where possible, implement reasonable adjustments to remove or reduce unacceptable risk.

8.5 **Step 4 - Tailored adjustment agreement**

8.5.1 A 'Tailored adjustment agreement' is a live record of reasonable adjustments which has been agreed across multi-agencies and in particular between a disabled patient; specialist staff and care providers.

8.5.2 The purpose of the agreement is to ensure that all parties involved have an accurate record of what has been agreed. Evidence of prior agreements & arrangements can be seen within the "Hospital Passport" and "Traffic Light Assessment" for people with learning disabilities.

8.5.3 The tailored adjustment agreement will minimise the need to re-negotiate reasonable adjustments every time the LD/Dementia patient presents to the hospital setting and is assigned a different service within the organisation.

8.5.4 The agreement is a live document and should be reviewed regularly by the disabled patient; specialist staff and care providers and amended/updated as appropriate.

8.5.5 Hospital staff should accept the adjustments outlined in the agreement as reasonable and ensure that they continue to be implemented.

8.5.6 "Information on reasonable adjustments required for a person with LD is flagged by the LD lead nurse onto Lorenzo" & also include "preferences on communication and information needs can be added to patient preferences on Lorenzo by all admin and clinical staff".

8.6 **Step 5 - Review of Fitness for purpose**

8.6.1 It is important for hospital staff to remember that two people with the same impairment may require different reasonable adjustments to be made.

8.6.2 It is important for staff to remember that a reasonable adjustment that has worked effectively for many years may stop being as effective as the person's impairment or health condition changes.

9.0 Training

- 9.1 Making reasonable adjustments and equality and diversity awareness is included in the induction of staff.
- 9.2 Related subjects on Learning Disability/Autism Awareness; dementia training will include information on making reasonable adjustments.

10.0 When Conflicts Arise

- 10.1 Unfortunately, there may be times that conflicts arise which may be unavoidable due to the sensitive nature and sometimes emotive subject which are evoked for some people talking about disabilities. Staff need to be mindful of this, remain empathic and alert their line manager where difficulties arise.
- 10.2 There may be occasions where an adjustment may be put in place, which the person with the responsibility to do so believes is effective, but which the disabled person feels is still not adequate. In this instance the following action should be taken:
- A review of the effectiveness of the adjustment already made should be carried out.
 - Identify any concerns raised with the disabled person.
 - Discuss the alternatives that could address the difficulties identified.
 - Seek further specialist advice from internal and external sources.
 - Implement the new reasonable adjustments if relevant.
 - Review and record the effectiveness on a regular basis.
- 10.3 The Trust is committed to providing a high standard of service, dealing with everyone in a way that is fair, and free from discrimination. If a person remains dissatisfied with the arrangements made for providing reasonable adjustments, despite action highlighted above in (10.2); then any further action will be made in accordance with the Trust's complaints policy.

11.0 Breaches of this Policy

- 11.1 A risk event form must be completed for all breaches of this policy.

12.0 Monitoring & Evaluation

- 12.1 Evidence will be gathered, monitored and reported on through annual audit.
- 12.2 The LD Lead Nurse will include in the LD/Autism annual report, any reasonable adjustments that have been requested, reporting on the number of tailored adjustment agreements implemented and record and monitor the number of incidences arising in relation to the implementation of reasonable adjustments made for people with learning disabilities/autism.

13.0 Communication and Implementation of this Policy

- 13.1 The Director of Nursing and Deputy Director of Nursing will be advised of the policy and will take responsibility to cascade the information to Heads of Nursing and Lead Nurses who in turn will cascade the information to Ward Sisters/Charge Nurses within their individual departments.
- 13.2 It is the responsibility of ward sisters/charge nurses to ensure members of their team are made aware of the policy for implementation and that the policy and procedures folders are updated.
- 13.3 Corporate Services will ensure that the policy is uploaded to the intranet and website, once ratified.

14.0 References

Department of Health (DOH) (1995) Disability Discrimination Act, DOH, London

Department of Health (DOH) (1999) Caring about Carers: a national strategy for carers.

Department of Health (DOH) (2000) The NHS Plan – A Plan for Investment, A Plan for Reform. DOH, London

Department of Health (DOH) (2005) 'Mental Capacity Act' DOH, London

Department of Health (DOH) (2007) The Mental Capacity Act Deprivation of Liberty safeguards DOH, London

Department of Health (DOH) (2009) Autism Act TSO London

Department of Health, (DOH), (2010). Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England. The Stationery Office, London.

Department of Health (DOH) (2014) The Care Act DOH, London

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

Equality Act (2010), Government Equalities Office: London

Human Rights Act (1998) Ministry of Justice: London

Equality Impact Assessment (EIA)

Title of document being impact-assessed: **Making Reasonable Adjustments for Patients & Visitors with Disabilities**

Equality or Human rights Concern.	Does this item have any Differential impact on the Equality groups listed? Brief Description of impact.	How is this impact being addressed?
Gender	All patient's & visitors accessing the hospital will be treated the same irrespective of their Gender.	All complaints would be fully investigated and responded to.
Race and ethnicity	All patient's & visitors accessing the hospital will be treated the same irrespective of their race and ethnicity.	MEHT operates within the requirements of the Equality Act 2010. Language may be a barrier – interpreters are made available when required.
Disability	It is acknowledged throughout this policy that some patients and visitors live with disabilities which include mental health & learning disabilities.	Information and advice is accessible, up to date, and free from jargon. All areas have disabled access re: wheelchairs; lifts; toilets. Any issues regarding a disability would be taken into consideration at time of assessment and all support tailored to meet individual need.
Religion, faith and belief	All patient's & visitors accessing the hospital will be treated the same irrespective of their belief system	There is access to the multi faith chaplaincy team who offer advice, & support for Pts, relatives, carers & staff
Sexual Orientation	All patient's & visitors accessing the hospital will be treated the same irrespective of their sexual orientation.	MEHT staff is bound to comply with equalities legislation. Staff training is available for equality & diversity. All complaints would be fully investigated and responded to.
Age	All patient's & visitors accessing the hospital will be treated the same regardless of age.	Staff communication is encouraged to support all patients and visitors.
Transgender people	All patient's & visitors accessing the hospital will be treated the same irrespective of their gender status	MEHT staff are bound to comply with equalities legislation. Awareness training is available for equality & diversity. All complaints would be fully investigated and responded to.
Social class	No variance - All patient's & visitors accessing the hospital will be treated the same irrespective of their social class group.	Staff communication is encouraged to support all patients and visitors.
Finances	Some patient's & visitors with disabilities may have additional difficulties with regards to transport/financial concerns.	Information and advice is available regarding facilities; concessions; advocacy services & specialist assessment. Dignity champions are available within MEHT.

Date of Assessment: September 2018

Name of assessor(s): Sandie Morton-Nance