

## Co-creating & Implementing a Reasonable Adjustments Framework in an acute hospital trust

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In the UK the Equality Act 2010 outlines that statutory services have a legal duty to make anticipatory reasonable adjustments for people with (learning) disabilities; however, reasonable adjustments are not clearly defined or adequately implemented in clinical practice.



A suite of tools and resources including a Hospital Communication Book and My Healthcare Passport enable staff to choose the personalised adjustments required. This framework has also provided a basis for a training needs analysis and schedule, communication with patients and the public, and an audit tool was created to offer an indication of this culture change

In preparation for NHS England’s LeDeR National Mortality Review, the NHS Trust arranged a precursor mortality case notes review. This employed three evidence based assessment tools, including an adapted form of the reasonable adjustments audit tool. This indicated a 53% application of locally agreed reasonable adjustments, see figure 2.

Practice development methodologies such as fourth generation evaluation (Guba & Lincoln, 1989) and thematic analysis, were employed to engage frontline staff in a an exploratory conversation as to what reasonable adjustments might mean in the ward and hospital context. A framework was created to enable others to make adjustments.

The 4C framework (Marsden & Giles, 2017, Figure 1) was co-created with Hospital based healthcare professionals, identifying four themes for making reasonable adjustments:- Communication, Choice Making, Collaboration and Coordination

Figure 1 Four C’s Framework for making Reasonable Adjustments	
<b>Communication</b> 1) Hospital Communication Book 2) My Healthcare Passport 3) Use of interpreters/signers 4) Other adapted communication techniques	<b>Choice Making</b> 1) Is there an invasive medical procedure planned? 2) Does the person understand, retain, weigh up and express a choice?
<b>Collaboration</b> 1) Is next of kin aware of admission, procedures and plans for discharge? 2) Are there other carers and professionals that should be involved?	<b>Coordination</b> 1) Have ward staff negotiated roles with carers? 2) Have bedside handovers been considered? 3) Could telephone conferences be employed?

Figure 2 Results of 4C Reasonable Adjustments mortality Case Notes Audit

<b>Communication</b> <ul style="list-style-type: none"> <li>3/17 cases referred to the use of The Hospital Communication Book</li> <li>7/17 cases identified the use of My Healthcare Passport</li> </ul>	<b>Choice Making</b> <ul style="list-style-type: none"> <li>10/17 cases had an assessment of capacity evidenced or referred to in the notes.</li> </ul>
<b>Collaboration</b> <ul style="list-style-type: none"> <li>12/17 referred to discussion with next of kin or an advocate in relation to best interests decision making.</li> </ul>	<b>Coordination</b> <ul style="list-style-type: none"> <li>7/17 cases of a Learning Disability Link Nurse being involved in patient care.</li> </ul>

Totals 39/68 – 57%

Employing practice development methodologies has supported frontline healthcare professionals to establish and advocate for a framework for making reasonable adjustments in practice. The resulting 4C Framework has provided the basis for quality improvement and communication methods across organisation, and the use of the Audit tool offers some indication as to penetration of the work into the organisational and practice culture.

### References

- Marsden D, Giles R (2017) The 4C framework for making reasonable adjustments for people with learning disabilities. Nursing Standard. 31, 21, 45-53  
 Guba, E & Lincoln, Y. (1989) Fourth Generation Evaluation Newbury Park, CA: Sage