

2.4 Whilst NHSGG&C has a range of policies, access protocols, service level agreements, equipment and staff training opportunities relating to effective communication these are not effectively joined up to meet the needs of the communities we serve. This leads to situations for example where:

- Appointment letters etc are sent in a language or format the patient cannot understand
- British Sign Language users have poor access to communication support
- Health information is often inaccessible to people with literacy issues or cognitive disorders
- Staff often lack an awareness how to access communication supports
- Staff lack awareness of those strategies, both verbal and non-verbal, which may assist a client to understand and express needs, feelings and choices.
- Poor communication negatively impacts on the individual's access to health care and in the assessment and consequent treatment.

3. Communication Support and Language Plan

3.1 Further to agreement for the NHSGGC Equality Scheme 2008-9, members of the Corporate Inequalities Team have, in conjunction with representatives from across the organisation, been developing a Communication Support and Language Plan and implementation process.

3.2 The aim of this plan is to ensure a more systematic and co-ordinated approach to communication and support to meet the needs of the increasingly diverse population within NHSGG&C, building on activity such as the development of patient and health information. The Plan addresses language and communication support needs in the context of an understanding of discrimination whilst taking account of the equalities legislation as a whole. Involving service users will be at the core of its development. Its objectives are:

- (i) To ensure the delivery of the existing minimum standards for BME and BSL Interpreters.
- (ii) To estimate the extent of current unmet need in order to plan for future resource allocation, including current patterns of interpreter use across NHSGGC.
- (iii) To ensure that individual patients are assessed for their communication support needs and that this is used throughout the patient journey.
- (iv) To ensure that procedures are introduced to address complex communication needs of patients in our services.

- (v) To increase the availability, range and quality of interpreting, translation, and communication support services where there are existing gaps.
- (vi) To ensure that staff understand and utilise interpreting, translation and communication support services on behalf of patients.
- (vii) To increase and improve the availability and range of patient and public information in accessible formats.
- (viii) To improve the understanding within the population of entitlement and availability to communication and language support.
- (ix) To establish a consistent approach to signage across GG&CNHS estate.

4. Development and implementation of the plan

- 4.1 A range of developments currently exist within NHSGGC to promote communication between the organisation and its patients. To ensure that these developments are comprehensive and systematic a staged approach is being taken. The aim of Stage 1 has been to ensure that certain minimum standards are adopted, as follows:
 - Implementation of the BME Interpreting Protocol.
 - Implementation of the interim BSI and Communication Support Protocol.
 - An assessment of communication needs on admission to acute beds. As a minimum standard a face-to-face interview with an interpreter present needs to be carried out at least once per week as well as access to a phone interpreting service.
- 4.2 Stage 2 has comprised the establishment of a Communication Support and Language Plan implementation group to take leadership in establishing dialogue across the system, consulting with marginalised groups and with staff and in identifying a process for implementation and monitoring of the plan.
- 4.3 Stage 3 involves the development of a series of organisational building blocks in order to effect change. The priorities for year 1 which have already been negotiated are as follows:
 - Production of a written patient information policy
 - Development and initial implementation of a Learning and Education framework
 - Development and initial implementation of an initial communication assessment to follow the patients journey