Brighton and Sussex University Hospitals

Supporting Staff and Patient's Language and Communication Needs Policy
(including interpretation and translation)

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Accessibility	This document is available in electronic Format – and is available in other formats on request

What this Document is about

People communicate in different ways.

Sometimes by talking in different languages

Sometimes by using hand or body movements like Sign Language

Sometimes when you are hurt or are sick you might find it hard to communicate

We want to make information that will help us communicate in different ways

We think everyone should have a say in how they are looked after in hospital

This document will tell us how to do all of these things

If you need some help with this document call Simon Anjoyeb on 01273 696955 ext. 64135.

Or email:
simon.anjoyeb@bsuh.nhs.uk

Contents

1.   Introduction

Brighton and Sussex University Hospitals NHS Trust (BSUH) serves a number of diverse communities across Sussex, they all have different needs that the Trust is duty bound to meet in order to allow people to participate fully in their own healthcare decisions, and to support people in making informed choices.

Providing access to interpreters and translated materials supports the promotion of equality and challenges discrimination. It protects the Trust against discriminating against someone who does not speak English or who requires communication support. This policy and principles are fully supported by the Trust's Equality, Diversity and Inclusion Policy, and not always clearly articulated in legislation, the legal frameworks that advocate equality of access to health services are:

- Equality Act 2010
- Human Rights Act (1998)
- The NHS Constitution
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) as amended: Regulations monitored by CQC 9 (person centred care), 10 (dignity and respect), 11 (need for consent), 12 (safe care and treatment) and 13 (safeguarding service users from abuse and improper treatment).
- Equality Delivery System 2 – Objective 2.1 – People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
- Equality Delivery System 2 – Objective 2.2 - People are informed and supported to be as involved as they wish to be in decisions about their care.
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- The United Nations Convention of the Rights of Persons with Disabilities (2008).
- The United Nations Convention of the Rights of the Child (1989)

Communication exerts a major influence on patient safety and dignity, as well as satisfaction of a service and the quality of the staff/patient relationship. Failing to provide adequate communication support can have serious implications, potentially leading to incorrect clinical diagnosis and compromised assessments, checks and outcomes. Patients may also be unable to give informed consent if they are unable to understand what is being discussed.

The policy applies to all Trust staff, agency staff, volunteers and anyone else contracted to deliver services for the Trust. It covers all patients, service users, carers and staff who may require access to interpretation, translation or communication support.

2.   Purpose

The purpose of this document is to provide appropriate, timely and effective assistance and support to people where the Trust's usual methods of communication may disadvantage them. This policy applies to all areas of the Trust's work to ensure that measures are in place to support communication with non-English speakers, people for whom English is a second language, people with reading or learning difficulties, people with learning disabilities, people with speech and language impairments (which could have resulted from a stroke, brain injury, dementia, etc.), people with visual impairments and deaf people or people with hearing impairments. This policy should be read in conjunction with the Accessible Communications Guidelines as this document provides details of the operational tools to enable accessibility.

3.   Definitions

3.1   Augmentative and Alternative Communication or Communication Aids/Support

Any tool that is needed or used to facilitate communication between healthcare professionals and patients, service users or carers e.g. interpreters, induction loop systems, pictorial leaflets, pen and paper, electronic tablets, mobile telephones, other electronic aids, etc.

3.2   Interpreting

Is defined as the accurate transmission of meaning from one language to another, which is easily understood by the recipient. This includes the conversion of spoken language into British Sign Language, (which is a recognised language in its own right) and other sign languages.

Interpreting can be provided face-to-face or by telephone. Interpreting does not include advocating for a patient, service user or carer.

3.3   Learning Difficulties

Any learning or emotional problem that affects, or substantially affects, a person's ability to learn, get along with others and follow convention.

3.4   Learning Disabilities

A learning disability is usually the result of a life-long condition that starts before adulthood. Learning disabilities can occur as a result of genetic or developmental factors, or damage to the brain often at birth. They affect a person's level of intellectual functioning, usually permanently, and may also affect their physical development. Learning disabilities tend to be fairly fixed, and often cannot be treated or controlled with medication or other therapies.

3.4   Translation

Is defined as the accurate written transmission of meaning from one language to another, which is easily understood by the reader. This includes the conversion of written information into Braille or Easy Read.

4.   Responsibilities, Accountabilities and Duties

4.1   Chief Executive

The Chief Executive has overall responsibility for ensuring that the Trust has the necessary arrangements in place to enable the effective implementation of this policy.

4.2   Diversity Matters Steering Group

The Trust is responsible for ensuring that its services are fair and accessible to all patient/service users. A large part of equality of access in services is to have appropriate communication methods to allow patients and Trust Staff to fully interact with one another. The Diversity Matters Steering Group will ensure that there is access to trained interpretation and translation services. The Trust currently contracts these services from independent external service providers.

4.3   Managers

Managers are responsible for implementation and ensuring staff are aware of this policy. Managers will also raise any issues which may affect the implementation of this policy to the Equality, Diversity and Inclusion Team.

4.4   Staff

Staff are responsible for implementing the policy effectively and for bring any issues which may affect implementation to their Manager. Their responsibility will vary depending on their role, level and type of contact with the patient or service user. They also need to:

- Recognise that a language/communication support need exists (all staff)
- Assess which language is being spoken (see appendix 1) or signed (frontline staff)
- Assess and make provision for that need in liaison with the patient by booking an interpretation session with the relevant provider (frontline staff)
- Ensuring the assessed communication need is supported appropriately e.g. use of electronic communication aids if needed (all staff)
- Ensure that information in the patient's Communication Passport or Hospital Passport, (or other care profile that is available), is

identified and shared with other members of the multidisciplinary team who may be working with the patient (clinical staff)

- Ensuring paid carers, families, friends who know the patient, are asked about the communication support needs of the patient (frontline staff)
- Accurately record within the patient's notes the language, dialect or communication support that is required (clinical staff)
- Ensure that any electronic patient record is suitably up to date, and any language/communication support requirement is logged with the appropriate automated indicator/flag in place (frontline staff)

4.5 Speech and Language Therapists (SLT)

The SLT can assess, support and provide therapy for patients with an acquired language or communication difficulty, which may have/are: post stroke, a progressive neurological impairment or a head injury or other acquired brain injury. SLT can also perform swallowing assessments and assess mental capacity for such patients.

4.6 Interpreters

Interpreters are responsible for

- Accurately interpreting everything that is being said during an appointment.
- Keeping all information obtained in the interpreting session confidential
- Being impartial – interpreters will withdraw from the interpreting session if the patient is a family member or a close friend.
- Providing factual cultural information/explaining cultural differences where appropriate

The interpreter role does **not** include

- Giving their own opinion
- Chaperoning – interpreters should never be left alone with patients.
- Advocating for the patient – except in cases where further clarification is sought from either Trust staff or the patient, service user or carer
- Witnessing or signing consent forms – Interpreters may be asked to provide written verification that they have interpreted any treatment, procedure or surgery to the patient/service user and the message has been understood
- Undertaking other tasks such as translation, lifting patients, looking after patient or service user's children etc.

The interpreter's role must be respected at all times, and they should not be asked to work outside the remit specified above.

5. **Policy**

5.1 **Identifying when an Interpreter might be needed:**

- If the patient/service user speaks English as a second language
- The patient may be able to speak English but whilst under distress, their understanding becomes impaired
- The patient has a sensory impairment and requires specialist support
- The patient has a learning difficulty/disability impairment and requires specialist support

5.2 **Use of Friends or Family Members as Interpreters**

It is generally unacceptable to use a friend or family member as an interpreter (in cases where there is a language support need), when discussing treatment, care and medical issues with a patient, as the interpreter must be impartial.

If the patient, service user or carer expresses a wish to use an **adult** family member or friend as an interpreter, the importance of using a professional interpreter should be fully explained to them, for example:

- Terminology and the understanding of medical terms/procedures
- Professional interpreters are required to have a level of competencies
- Confidentiality
- All professional interpreters are DBS checked
- Professional accountability
- Accuracy of transmission
- Confidentiality – can be further enhanced by using a telephone interpreter if that is acceptable to the patient/service user
- Mitigate the risk factor of claims of medical negligence for inaccurate interpreting

If the patient insists on using a friend or family member, respect their choice provided the friend or family member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient, service user or carer's choice not to accept, should be recorded in their notes. However, in cases of mental health, child protection, domestic violence or other sensitive issues, it is **not acceptable** to use family members or friends as interpreters.

If the patient/service user (that has a language need) is a child, a professional face-to-face interpreter must be used at all times when discussing important, sensitive or confidential information. This, of course, does not prevent the family from being present to provide

support to the child. In line with legislation and guidance on Safeguarding Children, for the purposes of this policy a child is considered as anyone up to the age of 18 years of age.

For social interaction, basic requests and general conversation, where confidentiality is not an issue, it would be acceptable to use an adult family member, friend or member of staff if both parties are in agreement.

Please see the 'Information about patients/service users who communicate in an overseas language' section in the Accessible Communications Guidelines for operational information about services/methods of communication that are available to patients.

<u>People with Learning Disabilities or Learning Difficulties – see 5.15 of this policy</u>

5.3   Use of Staff as Interpreters

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in cases of an emergency (see 'emergency situations') or where the staff member is part of the patient or service user's care team, and it is for the purpose of social interaction, or it has not been possible to arrange an interpreter (e.g. due to time constraints). It should be borne in mind that although staff may be happy to interpret, it is not the most appropriate use of their time and the quality or impartiality of their interpreting cannot be guaranteed.

If a member of staff has been used instead of an interpreter from an agency, the staff member's name and the reasons for using them must be noted in the patient's notes/file on this instance.

5.4   Consent

Clinicians are required to seek informed consent before initiating treatment, carrying out procedures or examining a patient who has the mental capacity to give consent. If the patient has English as a second language, cannot speak English or requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent. In all cases it is extremely important to find the most effective way of communicating with the person concerned, as good communication is essential for explaining relevant information in an appropriate way, and for ensuring that the steps being taken meet the individual's needs. In such circumstances clinicians should make reference to the Mental Capacity Act, Mental Capacity Act Policy and Policy for Consent to Examination and Treatment. The clinician must make arrangements for an interpreter (and/or any relevant communications support) and treatment should not be initiated until this happens (exceptions are noted in the 'Emergency Situations' section in this policy).

Any patients with a speech or language disorder must be referred to the Speech and Language Therapists before any decisions around Mental Capacity are made – it is usual for the SLT to conduct the Mental Capacity assessment for this group of patients.

5.5 Intimate Examinations and Procedures

Please refer to the Policy on Chaperones for Adults during Intimate Examinations and Procedures, for advice on the correct use of chaperones. An interpreter is **not** to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient should be shielded from the interpreter by use of curtains or screens where possible. For Deaf or hearing impaired patients their privacy and dignity should be maintained whilst ensuring they can still maintain visual contact with the interpreter.

People with Learning Disabilities may find it beneficial to have the support from their friends, family or paid carer under these circumstances, but this should be discussed with the patient/service user.

5.6 Emergency Situations

In emergency situations it may be necessary to use staff members, an **adult** family members, friends or paid carers to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or facilitate decision making about clinical care. (In cases where there is a language or communication support need (i.e. British Sign Language). In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patient's 'best interests', and should not delayed waiting for an interpreter. This should be fully documented in the patient notes. Clinicians should try to communicate with the person and keep them informed of what is happening. (*It should be noted when using the emergency telephone line for Sussex Interpreting Services (SIS), they aim to provide an interpreter from 60 minutes of receiving the telephone call).* Depending on the situation (where there is an overseas language need) you may decide that telephone interpreting is more appropriate given the circumstances, you will on average have a 30-40 second wait before being connected to an appropriate telephone interpreter. See appendix 1 for contact details, and the 'Information about patients/service users who communicate in an overseas language' section in the Accessible Communications Guidelines.

People with Learning Disabilities or Learning Difficulties – see 5.15 of this policy

5.7   Translation

Patient/service user information should be offered and available in the relevant language and/or appropriate format (e.g. large print, Easy Read, audio or Braille for example), and information should use language and images that reflect and promote equality of opportunity and values diversity.

Please ensure that the information is compliant with the Carer and Patient Information Policy before you consider having the patient information translated. For information to be translated it should be approved and compliant with Trust policy.

Examples of information that may require translating:

- Appointment letters – also consider the use of bilingual appointment letters that are on the EDI Info-net site
- Patient information leaflets
- Written instructions for taking medicine – i.e. medicine labels
- Consent Forms

Please see the 'Information about patients/service users who communicate in an overseas language' section in the Accessible Communications Guidelines for operational information about services/methods of communication that are available to patients.

Translation of Documents into Easy Read

The main purpose of an Easy Read document is to inform people with learning disabilities, learning difficulties or low literacy levels what they need to know. Easy Read is not a simple translation of existing documents into easier to understand language. Easy Read versions should concentrate on the main points of a document so that people with learning disabilities can understand the main issues and make decisions if necessary. Easy Read documents will typically be broken into easy to read sentences with an illustrative picture which reflects the main points being made.

Please see the 'Information about patients/service users that have a Learning Disability' and 'Information about patients/service users with visual impairments or those that are blind' sections in the Accessible Communications Guidelines for operational information about ways of getting patient information translated into Easy Read.

5.8   Written Medical Information that is not in English

There might be occasions where a patient/service user may bring medical notes, letters, etc with them. Interpreters are not allowed to translate documents, but can offer a 'sight translation' – this will give the member of staff/team treating the patient/service user the general spirit of the documentation, which will aid in deciding if the document needs to be translated or not. If you need a document translated please contact a member

of the Equality, Diversity and Inclusion team.

5.9   Religious, Cultural and Spiritual Beliefs

Staff who are delivering care should remember that meeting the patient's religious, faith or spiritual needs is just as important as meeting their physical or psychological needs. The Chaplaincy team can help facilitate this. When making arrangements for a member of the Chaplaincy team to visit the patient or service user, you will need to advise the team of the language or communication support need and to make the necessary arrangements for those needs to be met.

It is important to remember that being polite is different in different cultures. Some patients, service users and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met.

The Chaplaincy team can be contacted on ext. 4122 (RSCH) or 8232 (PRH) or look on their Info-net site for further details:
http://nww.bsuh.nhs.uk/clinical/teams-and-departments/trust-wide-teams/chaplaincy-spiritual-care-and-bereavement-services/

5.10   Children (including Safeguarding)

It is unethical and inappropriate to use children as interpreters under **any** circumstances.

If the patient requiring an interpreter is a child, it is unacceptable to use the child's family/carers to interpret under **any** circumstances. A professional face-to-face interpreter provided by the Trust should be used in every instance. (It is generally not recommended to use a telephone interpreter for patients that are children). The Laming Report, investigating the death of Victoria Climbié states "When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used." (Recommendation 18 paragraph 6.25).

5.11   Adults and Safeguarding

As with children, adults in need of an interpreter to fulfil a language or communication need, and is deemed as a safeguarding risk should have a professional face-to-face interpreter provided by the Trust in every instance.

It should be highlighted that consideration should be given that, in some cultural groups there is the potential of wariness of having an interpreter if the patient identifies as lesbian, gay, bisexual or transgender in certain circumstances. In such cases consideration should be given as to how would be best to deliver the interpreting service e.g. face-to-face or telephone interpretation (if the patient cannot be persuaded to have a face-to-face).

5.12 Abuse and Neglect

Interpreters are not responsible for assessing whether or not patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter, the interpreter will convey this message to the professionals for whom they are interpreting or the interpreter's line manager. It is the responsibility of Trust staff to report any issues of abuse/neglect.

5.13 Patients and Service Users with Acquired Language or Communication Impairments

Any patient or service user that have developed an acquired language or communication difficulty which may include the following patients/service users who have/are: post stroke, a progressive neurological impairment, a head injury or other acquired brain injury – could benefit from the services from Speech and Language Therapy (SLT).

The SLT operates an open referral for all patients presenting with communication difficulties. SLT will prioritise, assess and advise. In some cases ongoing therapy will be undertaken and in others onward referral organised. In the case of staff or others who feel that they have a communication difficulty, SLT will be able to advise where help can be sought.

Please contact extension 8057 (PRH) or extension 4891 (RSCH) for further details.

Please see the 'Information about patients/service users with an acquired communication or language impairment' section in the Accessible Communications Guidelines for operational information about services/methods of communication for this group of patients.

5.14 Patients, Service Users and Carers who have Mental Capacity Issues

A proportion of people who have mental capacity issues may find it useful to enlist support from an independent advocate. Advocacy is a specialist skill, where there is a need of an advocate please refer to the IMCA section in the Mental Capacity Act Policy or contact specialist mental health charities e.g. Mind and Rethink.

For patients/service users with an acquired language or communication disorder please see section 5.4 of this policy.

5.15 Patients, Service Users and Carers who have Learning Disabilities or Learning Difficulties

The severity of any learning disability or difficulty will need to be assessed so that appropriate support for communication can be given. In general, speaking clearly and precisely using **plain English** and non-medical terminology can be effective at communicating what is needed.

Paid carers, family and friends of people with learning disabilities or difficulties have the most relevant information about the patient/service user's individual communication support needs, and should be closely involved and asked to support the patient e.g. being present during ward rounds or when the patient is going for a scans or tests.

Please ask for and use any documented information that may be available about the communication support needs of the patient/service user e.g. Hospital Communication Passport, Speech and Language Therapy reports, etc.

However, there are some patients who require additional support and would benefit from the assistance of the Learning Disabilities Liaison Team (LDLT). The team can act as a communication conduit and offer specialist advice. If the patient/service user would benefit from advocacy, the team can assist in enabling this and can be contacted on ext. 64975.

Unless there is a language or specific communication requirement e.g. Sign Language or Makaton, there should not be a need for a formal interpreter.

Please see the 'Information about patients/service users that have a Learning Disability' section in the Accessible Communications Guidelines for operational information about services/methods of communication that are available to patients.

5.16   Patients and Service Users with Dementia

Trying to communicate with patients that have dementia can be challenging, and can require an entirely different approach to delivering care. There are a number of initiatives that are currently undertaken by the Trust, which can be used to alleviate some of the difficulties associated with Dementia, these can be located on the Dementia Info-net site:
http://nww.bsuh.nhs.uk/clinical/teams-and-departments/dementia-care/

You can also contact the Lead Nurse for Dementia or your Dementia Champion (if you have one) for further support and advice.

5.17   Patients, Service Users and Carers who are Deaf or have Hearing Impairments

The needs of people with hearing impairments differ and the type of support needed depends on a number of factors such as the severity of the impairment, age, personal preferences. There are various forms of communication aids however; the Trust recommends the use of induction loop systems, text relay, sign supported English and British Sign Language (BSL).

Most people who are deaf from birth/early childhood will be able to use the services of a BSL interpreter however, this should not be assumed. **Some people with hearing impairments may not be able to read or write English.**

All clinical settings should be able to access and use either a fixed or portable hearing induction loop system. The Audiology Department will be able to offer training if staff are unaware of how to use an induction loop system.

Please see the 'Information about patients/service users that have a hearing impairment' section in the Accessible Communications Guidelines for operational information about services/methods of communication that are available to patients.

5.18   Patients, Service Users and Carers who have Visual Impairments or are Blind

For patients, service users or carers that have a visual impairment or are blind, communications should be tailored to meet their individual needs e.g. large font, Braille, email or audio format. You may need to offer assistance to the individual to ensure they can navigate their way around the hospital or department. Ensure that you are able to resource these requirements properly in terms of time and staffing.

Please see the 'Information about patients and service users with a visual impairments or those that are blind' section in the Accessible Communications Guidelines for operational information on ways to tailoring services to meet the needs for those with visual impairments or blind.

5.19   Patients, Service Users and Carers who are Deafblind

Deafblind people all have different degrees of visual and hearing impairments, it is important to note that Deafblind people do not all communicate in the same way. It is important that any adjustments to communication process fully embraces the Deafblind person's individual needs and capabilities.

Deafblind interpreters are trained to use the Deafblind Alphabet: where words are spelt out onto the fingers and hands of a deafblind person.

Please see the 'Information about patients/service users that are Deafblind (dual sensory loss)' section in the Accessible Communications Guidelines for operational information about services/methods of communication that are available to patients.

5.20   Budgetary Information

All patient/service user interpretation activities are currently funded by centralised Trust funds.

There is also centralised funding for translation, please contact the EDI team for further details.

5.21   Interpretation and Translation for Staff

There may be occasions where staff have an interpretation or translation requirement (e.g. the staff member has a sensory impairment). In these cases the current core contract (with any of the Trust's providers) will cover such sessions.

There is external funding for interpretation or translation requirements that originate from a disability. This would be arranged from the Access to Work scheme, which is run and monitored by Job Centre Plus. For further information or to apply for funds contact your local Job Centre Plus, or look at the Disability and Reasonable Adjustment Guidelines: http://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-rights/resources/policies-and-guidelines/

6.   Training Implications

The main principles contained within this policy will be included in the content of the Equality, Diversity and Inclusion Awareness Training, and Disability Awareness Training packages.

7.   Monitoring Arrangements

Measurable Policy Objective	Monitoring / Audit Method	Frequency	Responsibility for performing monitoring	Where is monitoring reported and which groups / committees will be responsible for progressing and reviewing action plans
Ensure that there are appropriate services to enable interpretation and translation activities to occur in the Trust.	Ensure that contracts and service use are monitored and reviewed.	Annually	Head of Equality, Diversity and Inclusion	Quarterly meetings with Communication Support Providers and CCG
To Ensure that the Trust's services for interpretation and translation meets the needs of the communities it serves.	Monitor patient complaints and plaudits.	Quarterly	Head of Equality, Diversity and Inclusion	Quarterly meetings with Communication Support Providers and CCG

8.   Due Regard Assessment

Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	Yes	Children must never be used as interpreters nor should they have anything other than a professional interpreter. (See 5.2 and 5.10).
	• Disability	Yes	Provision is made to meet a wide range of communication support needs. (See 5.7, 5.15, 5.14, 5.17, 5.13, 5.18, 5.9 & 5.9).
	• Gender	Yes	There could be circumstances where the interpreter is requested to be of the same gender as the patients, service user or carer. (See 5.13).
	• Gender identity	Potentially	See Race
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race	Yes	Where language is an issue the policy endeavours to provide mechanisms that help to bridge this issue. (See 5.1, 5.2, 5.7 & 5.8). In certain circumstances LGBT persons may not be comfortable having a face-to-face interpreter (See 5.11).
	• Religion or belief	Yes	Consideration given to same-sex practitioners (see 5.9).
	• Sexual orientation, incuding lesbian, gay and bisexual people	Potentially	See Race
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**		http://www.actiononhearingloss.org.uk/supporting-you/communication-support/i-am-a-service-provider-looking-for-communication-support/information-on-communication-support-for-service-providers.aspx

3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	Yes	If a patient requests a same-sex interpreter which is not available the patient can either continue with appointment or reschedule.
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form ?	N/A	
8.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	Yes	This policy aims to support the basic rights of everyone with additional language or communication support needs.

If you have identified a potential discriminatory impact of this policy, please refer it to Barbara Harris or Simon Anjoyeb (Equality, Diversity and Inclusion Team), together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Equality, Diversity and Inclusion Team ext. 67251/64135/64685.

9.   Links to other Trust policies

- Equality, Diversity and Human Rights Policy
- Carer and Patient Information Policy
- Mental Capacity Act Policy
- Policy for consent to Examination and Treatment
- Chaperones for Adults during Intimate Examination and Procedures

10.   Associated Documentation

- Accessible Communications Guidelines

11.   References

Lord Laming. The Victoria Climbié Inquiry; January 2003

(Appendix 1) Communication Support Services available to our Patients

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Sussex Community **NHS** NHS Foundation Trust

NHS Sussex Partnership NHS Foundation Trust

Brighton and Sussex University Hospitals **NHS** NHS Trust

Communication Support Services available to our Patients from July 2018

Overseas Language Face-to-Face Interpretation Service

Sussex Interpreting Services
First line for: Arabic, Bengali, Cantonese, Farsi, Hungarian, Italian, Lithuanian, Mandarin, Polish, Portuguese, Russian or Spanish
Non-Emergency: 01273 702005
Emergency: 07811 459315
Online booking form (elective procedures):
http://www.sussexinterpreting.org.uk

Vandu Language Services
First line for: For all other overseas languages (not listed above)
Non-Emergency: 01273 473986
Emergency: 0800 008 7650
Online booking form (elective procedures): http://www.vlslanguages.com

1) If the patient has an established link with either SIS or Vandu, please treat that service as first line.
2) If the service you have contacted is unable to fulfil your request, please contact the other overseas language face-to-face interpretation service.

Overseas Language Telephone Interpretation Service

LanguageLine® Telephone Interpreting℠

Language Line (24 hours a day)
Telephone: 0845 310 9900

You will need to provide an access code to use this service. Please see the attached sheet or contact the Equality, Diversity and Inclusion Team if you do not know which code to use.

Communication Support Services (BSL, Lip Speaking, Dual Sensory Loss)

actionDEAFNESS communications

Action Deafness
Non-Emergency: 0844 593 8443
Emergency: 07947 714040
Online booking form (elective procedures):
http://www.actiondeafness.org.uk/

Translation Requests

For translation requests in any language (e.g. overseas language or Braille) please contact the Equality, Diversity and Inclusion team by emailing equality@bsuh.nhs.uk or by telephone.

Patients with Learning Disabilities

The Learning Disabilities Liaison Team can provide support and advice for both Trust staff and Patients with Learning Disabilities. The team are available Monday to Friday between 08:30-16:30.
You can contact the team by:
Telephone: 01273 664975 (RSCH) or 07833 436677 (PRH)
Email: LDLT@sussexpartnership.nhs.uk

Patients with Speech and Language Impairments

The SLT can assess, support and provide therapy for patients with an acquired language or communication difficulty, which may have/are: post stroke, a progressive neurological impairment or a head injury or other acquired brain injury. SLT can also perform swallowing assessments and assess mental capacity for such patients.
You can contact the team by:
Telephone: extension 4891 (RSCH) or 8057 (PRH)

If you need more copies of this card or further information, please contact Equality@bsuh.nhs.uk

To contact the Equality, Diversity and Inclusion team:

Barbara Harris
Head of EDI
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