

Interpreting and Translation Policy

Meeting the needs of people with a language barrier or hearing and/or visual impairment



This policy is available in audio, Braille, large print, easy read and other languages on request. If you require a copy in any of these formats please contact the Patient Experience Manager on ext: 3961

‘Delivering Excellence in Healthcare through Innovation and Collaboration’

Please be advised that the Trust discourages the retention of hard copies of policies and procedures and can only guarantee that the policy on the Trust Intranet is the most up to date version

Document Type:	Non-Clinical
Version:	4
Date of Issue:	September 2018
Renewal by:	September 2021
Lead Director:	Director of Nursing and Quality
Post Responsible for Update:	Patient Experience Manager
Approval Committee:	Executive Patient Experience Group
Approved by them in the minutes of:	20 th September 2018
Distribution to:	All Trust staff via the Trust Intranet

1. Contents

Heading Number	Interpreting and Translation Policy	Page Number
1.	Contents	2
2.	Risk rating	3
3.	Introduction/Purpose	4
4.	The provision of an interpreter service	4-5
4.1	When an interpreter should be used	5
4.2	Flow chart to identify the most appropriate interpreting service	6
4.3	Who can interpret	7
4.4	Staff members	7
4.5	Relatives, carers and friends	7
4.6	Children	7
5.	Telephone interpretation	8
5.1	Telephone Interpreting NHS - Accessing the service	9-10
5.2	Telephone interpreting – Identify the language required	11-12
5.3	Additional telephone guidance notes for staff	13
6.	Face-to-Face Interpreter	14
6.1	Factors to consider when making a booking for an interpreter	15
6.2	General guidelines on how to work with an interpreter	15-16
7.	Hearing Impaired Interpretation	16-17
7.1	What to do when talking to a person with a hearing impairment	17-18
8.	Blind or visually impaired interpreter support	18
9.	Deafblind interpreter support	19
10.	Translation service	19
10.1	Customer Service – Thebigword	20
10.2	Cancellations	20
11.	Definitions	20
12.	Associated documents	21
13.	Duties within the Organisation/External to the organisation	21-22
14.	Consultation and communication with stakeholders	23
15.	Implementation	23
16.	Education and Training	23
17.	Monitoring and Review	24
18.	References	24
19.	Approval	24
20.	Document owner	24
21.	Appendices	
	A Control Sheet	25
	B Training Needs Analysis	26
	C Equality Impact Assessment	27

2. Risk rating

Risk Rating			
Who will be affected by this procedure?	Trust Employees / Patients		
Is there an existing risk assessment related to this procedure?	No		
If No is one required?	No		
If Yes does it require updating?	N/A		
	A Consequence (1-5)	B Likelihood of Occurrence (1-5)	C Risk rating (A x B = C)
Raw Risk Rating (no control measures in place)	5	5	25
Final Risk Rating (control measures in place)	5	2	10
Name: Patient Experience Manager		Date: 22 August 2018	

3. Introduction/Purpose

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is committed to ensuring that all service users, their families, carers, visitors and the local population can access its services. It is important that they are fully involved in discussions and decisions about their care and treatment and that they fully understand their treatment options. The Trust will promote equity of access to services, by providing interpreter services wherever possible, for service users who request or need an interpreter.

All staff involved in the assessment, treatment and care of patients should ensure that all reasonable efforts have been taken, to deliver a sensitive and appropriate service to all, overcoming any barriers to communication that may exist.

This policy sets out measures in place to support communication with people who do not speak English, people for whom English is a second language and hearing or visually impaired individuals who may need to access and use MCHFT services.

This document sets out the standards for translation and interpretation services. These standards are in place to ensure that the Trust provides a good service and minimises risk arising from poor communication. It sets out what patients and clients, staff and translators can expect when using translation and interpreting services.

The purpose of this document is to describe the essential practices and processes for the provision of interpretation and translation services. It aims to raise awareness of interpretation and translation needs, encouraging staff to proactively plan for service users' needs and ensure that staff have the knowledge, confidence and ability to access interpretation and translation services.

This policy applies to all staff that are employed by, or delivers Trust services. It provides details of how an interpreter may be accessed 24 hours per day and gives guidance for staff working with an interpreter.

Under current legislation, the Equality Act 2010 aims to protect people and prevent discrimination. It provides legal rights for people, including when accessing services and facilities and requires public authorities to take steps to ensure there is equal access to services. This requirement includes appropriate provision of translation services.

It is the policy of the Trust that no-one will be discriminated against on grounds of age, disability, gender, gender re-assignment, marital status, race religion or belief or sexual orientation. The Trust will provide interpretation services, or documentation in other mediums, as requested and necessary to ensure natural justice and equality of access.

4. The provision of an Interpreter service

The Trust will promote equity of access to services by providing interpreter services wherever possible for service users who request or need an interpreter. A request for interpreter services must not be refused; further advice can be sought from the Equality & Diversity (E&D) Lead by contacting the HR Team/ext. 3797 or Patient Experience Manager ext. 3961 or email customer-care-team@mcht.nhs.uk

A pictorial communication aid is available, which is also aimed at helping with the communication between patients and staff and translated into 15 languages.

<http://lhcs2/documents/Communication%20Aid%20Booklet.pdf>

The role of the interpreter is to facilitate communication and not to act as an advocate for the service user.

4.1 When an interpreter should be used

The Trust has a commitment to provide a professional interpreter, if this is needed to support communication by a service user, or their representative, who access services within the Trust. The ability to communicate with healthcare staff is fundamental to clinical care and ideally the referring practitioner will have highlighted the need for language support and this need will be flagged throughout the patient's journey of care.

The flow chart on page 6 gives guidance to staff as to the most appropriate interpreting service available, through Thebigword group. This ensures that services are accessed appropriately and that the interpreting services provided, meet the needs of the patients, to ensure effective communication.

50 languages routinely available through the interpreting services are listed for staff on page 9. However, Thebigword interpreting service used by the Trust covers 250 language dialects, which can be assessed through the support line within Thebigword service.

Usually the need for an interpreter is identified at the time of referral. If the patient is admitted as an acute emergency, e.g. via the Emergency Department, the person delivering the care is responsible for identifying the interpretation need, taking action to record this in the patient's records and making provision for the need to be addressed. This can be arranged by telephone in the first instance wherever possible. Page 6 outlines the process for identifying the most appropriate method of interpreter support.

The service user's verbal agreement should always be sought before an interpreter is used and their agreement documented in their notes.

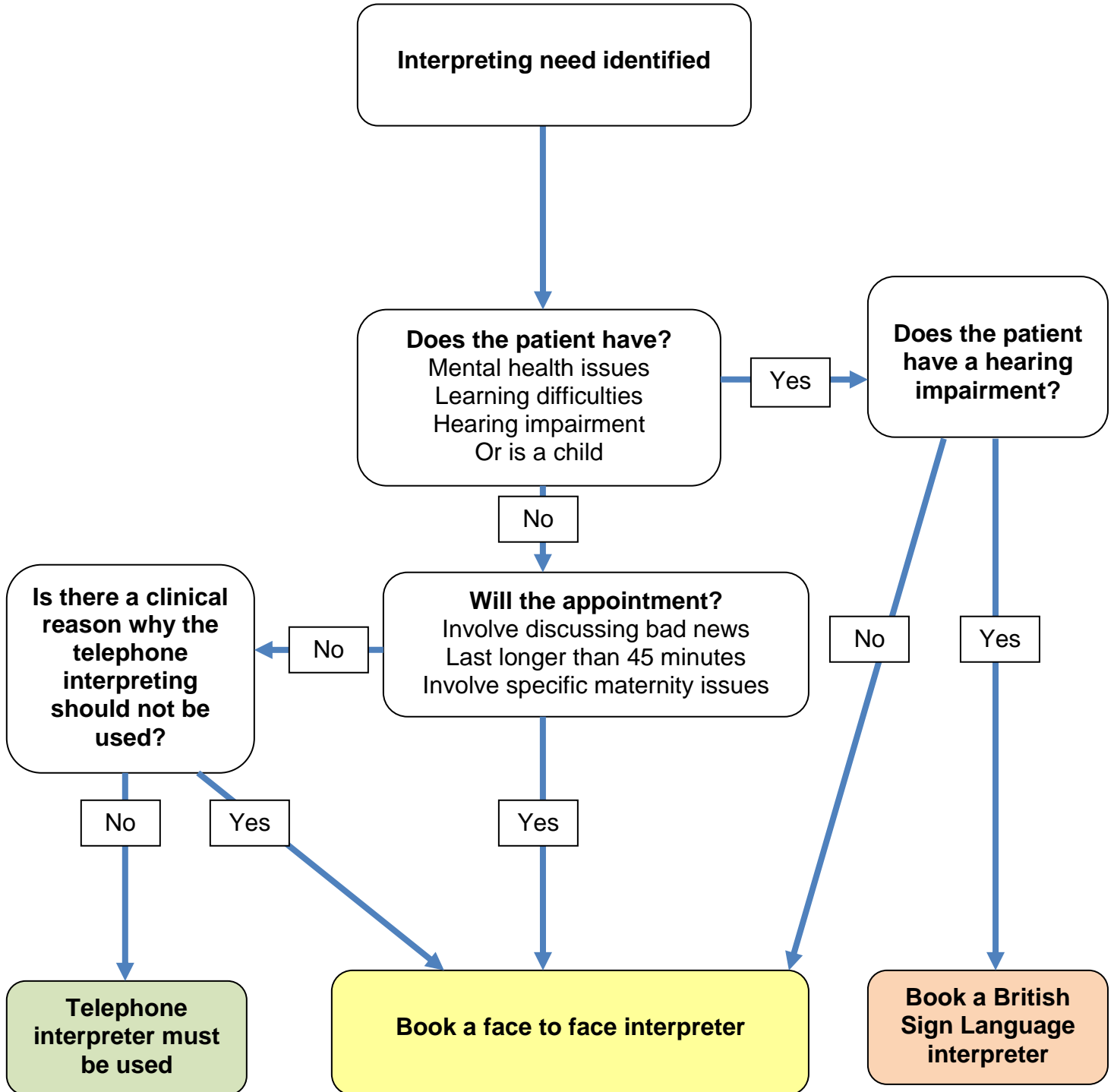
Identifying when an interpreter is required:

- The service user does not understand any English.
- The service user may be able to speak some English but whilst under distress, this is impaired.
- The service user has an impairment which requires specialist support.
- Important clinical information is to be given or consent obtained and the service user would not be able to understand this in English.

The requirement for an interpreter or communication support should be documented in the nursing multi-disciplinary team (MDT) notes/healthcare records by the first person who identifies the need, who must also ensure this is recorded on the electronic Patient Computer System (PCS) records/EMIS.

4.2 Flow chart to identify the most appropriate interpreting service

thebigwordGroup



4.3 Who can interpret

The Trust uses authorised and appropriately trained interpreters. They all follow a code of practice which includes the requirement that information is kept confidential. The external interpreting services the Trust uses offer many languages and dialects to meet the needs of the local population. Clinical information, medical terminology, or decision making about clinical care, should always be through the authorised interpreting services, except in an emergency situation, when staff may have to act in a patient's best interest and not have time to arrange an interpreter. Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought.

4.4 Staff Members

Staff members who are not registered with an accredited interpretation provider may be used to identify the language or help communicate basic personal information, such as personal history, menu choice. However, this must be with the consent of the patient. In addition, staff may be asked to support interpretation skills, where the language required is their first language, or they are fluent in a second language and this must be agreed by a Senior Manager.

4.5 Relatives, Carers and Friends

Relatives, carers and friends should not generally act as interpreters for a patient, beyond helping to clarify the language of the patient, or helping to communicate basic personal information and this must be with the consent of the patient. Staff do not always know if translation provided by relatives, carers and friends is affected by the personal views of these individuals.

It is important that the communication provided, during interpretation, focuses on establishing the patient understands of the situation, regarding the clinical care and the views of the patient with regards to this. It is recognised that relatives, carers and family are not trained in providing interpreting services and have no linguist proficiency or any qualifications in interpretation.

Potentially use of relatives, carers or friends can lead to a risk of inaccuracy within the interpreted communication. The Trust therefore advocates the use of registered, professional, impartial interpreting services, to supportive effective communication with patients who need this support.

4.6 Children

Children under the age of 16 must not be used as interpreters. Service users who bring children to act as interpreters should be discouraged and offered a qualified interpreter. Interpreting, particularly in healthcare settings, is a serious responsibility and should not rest on a child. Staff should only ask a child for basic information in a case of emergency and then document the reasons for the use of that child.

Where there are concerns about safeguarding issues (adults and children) or capacity issues, under the Mental Health Act and Mental Health Incapacity Acts, an approved external interpreter should always be used even for basic communication. For further advice on factors to consider when making a booking for an interpreter – see Page 15.

5. Telephone Interpretation

Access to telephone interpreting is fully automated service and available 24 hours per day 365 days per year and operates in over 250 languages. The service is accessed by a free call 0800 757 3053 or 0800 694 5093 and at a flat rate charge of approximately 0.47p - 0.54p per minute.

An extra handset can be loaned to staff, to enable a three way access to the telephone interpreting service. These are available from the Patient Experience Team or Switchboard, together with a list of access codes. The Patient Experience Team can also source additional handsets, for a nominal fee.

An e-learning link is available for telephone interpreting.

<http://www.thebigword.com/publicSector/wp-content/ticlienttraining/player.html>

5.1 Telephone Interpreting NHS - Accessing the service

thebigword

Telephone Interpreting Service



For quick access follow these simple steps

1

Dial: 0800 757 3053

2

Enter your access code

followed by #

3

Enter the language code from the list below, followed by the # key:

702 Albanian	4 German	735 Lithuanian	1 Spanish
91 Amharic	993 Greek	97 Mandarin	998 Swahili
92 Arabic	738 Gujarati	533 Mirpuri	762 Tagalog
727 Bahasa Indonesian	994 Hindi	741 Nepali	729 Tamil
706 Bengali	724 Hungarian	796 Oromo	992 Thai
17 Bosnian	995 Italian	98 Pashto	773 Tigrinya
707 Bulgarian	96 Japanese	5 Polish	764 Turkish
93 Cantonese	3 Korean	996 Portuguese	709 Twi
710 Czech	520 Kurdish (Kurmanji)	749 Punjabi	765 Ukrainian
713 Dutch	730 Kurdish (Sorani)	750 Romanian	999 Urdu
712 Farsi (Afghan)	731 Kurdish (Bahdini)	997 Russian	2 Vietnamese
94 Farsi (Persian)	733 Latvian	755 Slovak	0 More Languages
95 French	734 Lingala	757 Somali	700 Cannot Identify

i

Once connected, stay on the line and take note of the Interpreter's identity number. Remember to direct your conversation to the client and not the Interpreter.

If you have any questions please contact Interpreting Customer Service

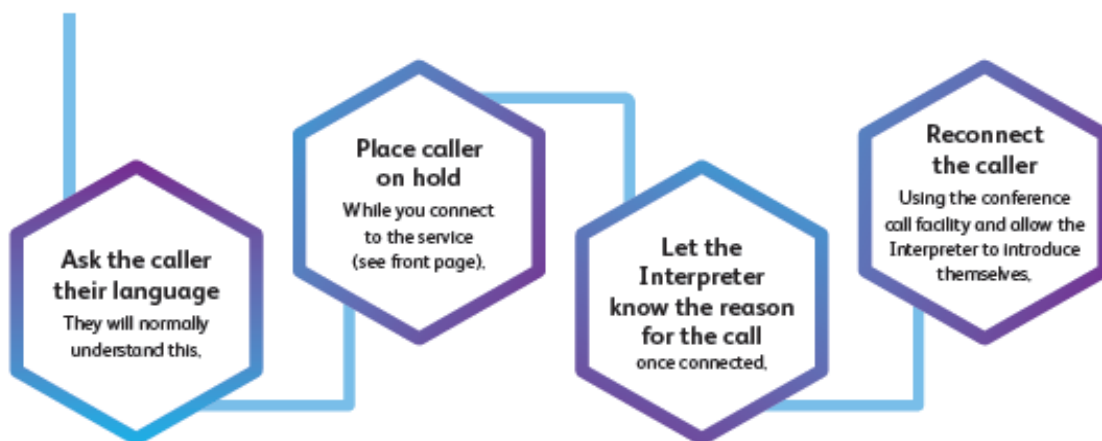
0800 757 3025

or email info@thebigword.com

How to

Using Telephone Interpreting in a Contact Centre

To help your call go as smoothly as possible:



Top tips

- **Direct your questions to your client/caller**
Make the conversation as natural as possible.
- **Speak clearly and distinctly**
Help the Interpreter to understand you easily.
- **Language differences**
A short sentence from you may appear longer when communicated in another language.
- **Be patient**
It can take a little time for the Interpreter to build rapport with the caller. You can interrupt if you feel the conversation has digressed.
- **To ask a question**
Refer to the Interpreter as 'Interpreter' to avoid confusion.

If you have any questions please contact Interpreting Customer Service

0800 757 3025

or email info@thebigword.com

crs001

5.2 Telephone Interpreting – Identify the language required



Language Identifier

Please point to your language






















Albanian  Ju lutemi drejtohuni tek gjuha juaj Alternative: Greek	Farsi  لطفاً زبان مدنظر خود را مشخص نمایید	Italian  Ti preghiamo di indicare la tua lingua
Amharic  አብነዎ ወኒኢርከዎ ቋንቋ ኃመልኩቲ Alternative: Tigrinya	French  Veuillez indiquer votre langue	Korean  해당 언어를 가리키십시오
Arabic  يرجى الإشارة إلى لغتك	German  Bitte auf Ihre Sprache zeigen	Kurdish Sorani  ئەوەکەمان بۆ دەبەستێت ئێمە
Bengali  অসহায় কলে, আপনার ভাষাটি নির্দেশক করুন Alternative: Hindi	Greek  Παρακαλώ, υποδείξτε τη γλώσσα σας	Latvian  Lūdzu, norādiet jūsu valodu Alternative: Russian
Bulgarian  Моля отпечатайте на своя език	Gujarati  કૃપયા તમારી ભાષા જણાવો Alternative: Hindi	Lingala  Pona na mnoko nayo
Cantonese  請指向您的語言 Alternative: Mandarin	Hindi  कृपया अपनी भाषा की ओर इशारा करें Alternative: Urdu	Lithuanian  Prašome nurodyti savo kalbą
Czech  Uvedte prosím svůj jazyk Alternative: Slovak	Hungarian  Kérjük, válassza ki az ön nyelvét	

For more information visit thebigword.com

Please point to your language



<p>Mandarin</p>  <p>普通话 您的语言</p> <p>Alternative: Cantonese</p>	<p>Romanian</p>  <p>Vă rugăm să indicați limba</p>
<p>Nepali</p>  <p>कृपया आफ्नो भाषामा संकेत गर्नुहोस्</p>	<p>Russian</p>  <p>Пожалуйста, укажите на ваш язык!</p>
<p>Oromo</p>  <p>Afaan tajaajilamu barbaadde agarsiisi</p>	<p>Slovak</p>  <p>Vyberte si váš jazyk, prosím</p> <p>Alternative: Czech</p>
<p>Pashto</p>  <p>لاندۀ خپلي ژبې ته اشاره وکړئ</p> <p>Alternative: Tigrinya</p>	<p>Somali</p>  <p>Fadlan tilmaan luqaddaada</p>
<p>Polish</p>  <p>Proszę podać swój język</p>	<p>Spanish</p>  <p>Por favor, apunte su idioma</p>
<p>Portuguese</p>  <p>Por favor, selecione o seu idioma</p>	<p>Swahili</p>  <p>Tafadhali elekeza kwenye lugha yako</p>
<p>Punjabi</p>  <p>ਬਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਸੰਕੇਤ ਕਰੋ</p> <p>Alternative: Urdu, Hindi</p>	<p>Vietnamese</p>  <p>thay vào đây 'tên' các 'ngôn ngữ' của bạn</p> <p>Alternative: Urdu, Hindi</p>
	<p>Thai</p>  <p>กรุณาชี้เป็นภาษาของคุณ</p>
	<p>Tigrinya</p>  <p>በጽኑም ናብ ቋንቋኩም የመልከቱ</p> <p>Alternative: Amharic</p>
	<p>Turkish</p>  <p>Lütfen dilinizi belirtin</p>
	<p>Ukrainian</p>  <p>Будь ласка, вкажіть на ваш мову!</p>
	<p>Urdu</p>  <p>براء کرم اپنی زبان کی نشاندہی کریں</p> <p>Alternative: Punjabi</p>

For more information visit thebigword.com

5.3 Additional telephone guidance notes for staff

To access the telephone interpreting services follow the simple steps on page 9. In addition to the list of 52 language codes identified on pages 11 & 12, Thebigword service covers 250 different languages dialects and accents. If you do not know the language you require, press 700 then # for Language Identifier (a team of experts will identify the language).

Wait on the line and you will be put through to an Interpreter for that language. When connected, outline the nature of your call to the interpreter. Allow the interpreter a minute to explain the purpose of the call with the limited English speaker. Then begin the conversation with the limited English speaker.

Simple recommended tips:

- Once connected stay on the line
- Take note of the interpreters' ID number
- Direct your conversation to your client (limited English speaker) and NOT the interpreter
- Brief the Interpreter (e.g. explaining who, where and what needs to be discussed)
- Advise the interpreter what phone setup you have, e.g. single handset, speaker phone, two handsets
- Ask them to introduce you and themselves
- Follow this with your lead question, e.g. how may I help you?
- Proceed with the conversation (The interpreter will relay the information between you and the patient)
- In the rare event you experience difficulty or if you have forgotten your access code, please contact Thebigword on **0800 757 3025**
- If unable to connect to interpreter immediately, wait 10 minutes and call again or **book time to suit you** using 0800 757 3025

Remember

- You are in control of the conversation
- The interpreter will translate the words you say
- To help the interpreter, break up your questions/information into concise points
- Use direct speech; where possible avoid jargon and technical terms
- Do not be afraid to double-check or rephrase if you feel there has been a misunderstanding
- Interpreters cannot give advice or opinions and are obliged to remain neutral and maintain confidentiality in line with Trust policy
- The interpreter does not take any notes of the conversation

6. Face-to-Face Interpreter

The Trust has a service level agreement to provide interpreting service and utilises Thebigword service, to support this provision. The Thebigword online booking system is available to staff using the following email address link. www.languagedirector.com

If you require assistance on any feature of LanguageDirector® 2.0, please contact the Trust's Project Manager or the local office: 0870 748 8000. A list of staff responsible for arranging face to face bookings is available on the intranet under quick links. <http://lhcs2/> 'Interpreter List'.

It is essential that the all the information below is given at the time of booking and two weeks' notice is usually required:

- Department requesting interpreter and budget code
- Language requirements and dialect requirements
- Patient's hospital number, but no personal identifiable information
- Name of Consultant or Specialty patient is attending
- Date, time and venue of the consultation
- Identify if a male or female interpreter is required, e.g. if there is a preference or cultural requirement for a specific gender. There is an option for imperative if gender may be detrimental
- If a specific interpreter is requested for a follow up appointment. Bookings cannot be made directly with language interpreters
- Confirmation from the service provider will be received electronically
- For a face to face interpreter booking in the community accurate venue details including the name of the member of staff they are meeting

Staff making the booking should make a note in the text box on PCS/EMIS that an interpreter has been booked. Thebigword applies the following billing practice:

- A one hour minimum charge rate is applied, for any face to face interpreting booking requests
- Where a booking is made requesting an interpreter for more than one hour, a Division will be charged for the indicated length of time requested at the time of booking
- Where the interpreting appointment runs over the indicated length of time requested at the time of booking, the interpreter will ask the named contact person at the client venue to input the total duration of the appointment on the interpreter's timesheet. This will be taken as confirmation that the appointment was longer than that on the original booking request. The division will then be charged for the total duration of the appointment as outlined on the signed timesheet. Confirmation of the duration of the booking is required on line for all bookings

6.1 Factors to consider when making a booking for an interpreter

When making an appointment for someone needing an interpreter, allow sufficient time for everything to be repeated in each language. To assist with the provision of continuity of care, if acceptable to the service user and interpreter, the same interpreter can be requested for the first and subsequent appointments. Consideration should also be given to patient preference as to the gender and age of the interpreter and to any implications of religious or ethnic differences, if applicable, when the booking is being made.

6.2 General guidelines on how to work with an interpreter

- Brief the interpreter before the appointment starts if it is the first time for the interpreter to work with the service user or family carer
- Explain the interpreter's role – to convert exactly what is said by both parties. Emphasize that the interpreter will respect confidentiality and the interpreter will not express an opinion or give advice to either parties
- Allow the interpreter time to introduce themselves and their role to the client
- Arrange seating for the most direct communication between you and the client
- Explain the purpose and most likely outcome of the meeting
- Ensure the interpreter is aware of the meanings of technical terms
- Ensure the interpreter is aware of any sensitive issues and that the patient/parent is able to speak freely via the interpreter

During the appointment:

- Allow enough time for the interview
- Avoid ambiguous or complex grammar
- Use “sign-posts” like “for example” or “lastly” to explain the purpose of your speech
- Avoid colloquial expressions which might be difficult to translate
- Explain the purpose of questions you ask
- Use short sentences
- Moderate the speed of speech
- Check assumptions and clarify impressions
- Summarise and check what you have understood
- Allow the interpreter time to intervene where necessary

- Try to use words which you think the interpreter and client will understand
- Keep eye contact with the patient rather than the interpreter
- Stop at intervals to give time for interpreting
- Give the service user or family carer and interpreter a break if the appointment is going to be longer than 45 minutes
- Be aware of the safety of the interpreter, particularly when the service user is aggressive or difficult
- With the agreement of the service user or family carer and interpreter, wherever possible use the same interpreter to help develop the relationship between the parties
- Ensure that there is no undue wait before the service user is seen by the clinician. An hourly rate is charged and also the interpreter may have another appointment

Concluding the interpreting session:

- Check with the patient/parent or visitor that they have understood everything
- Allow the patient/parent or visitor to ask supplementary questions or seek clarification
- The interpreter will ask for their time sheet to be signed and confirmed on line
- Ensure bookings are made for any follow up appointments made if required by the patient

If a patient requires treatment over an extended period of time, e.g. longer than one hour, it is important to take steps to ensure that the most effective use is made of the interpreter's time. For example, when giving pre and post-operative advice, it may not be necessary for the interpreter to be present throughout the whole of a minor operation/day case procedure. Consideration should be given to using the telephone interpreter service wherever possible.

7. Hearing Impaired Interpretation

Deafness Support Network does operate a 24 hour service which can be contacted by telephoning 0333 220 5050. To make a booking, complete a request form on the intranet, under quick links, Deafness Support Request Form.

<http://lhcs2/documents/Deafness%20Support%20Request%20Form.doc>

The need for an interpreter is usually identified at the point of referral. The GP/Consultant can refer to the list below or ask if the patient is happy with a British Sign Language (BSL) interpreter.

If a sign interpreter is required for a hearing impaired patient, initially decide whether a male or female interpreter is required, e.g. if there is a preference or cultural requirement for a specific gender.

Please note:

- If a booking is cancelled up to 7 days before the appointment, there will be a 100% charge
- If a booking is cancelled 7 to 14 days before the appointment there will be a 50% charge
- If a booking is cancelled more than 14 days before the appointment there will be no cancellation charge

There are other forms of communication that a deaf person may prefer:

- Sign Supported English
- Lip speakers
- Note takers
- Speech-to-text reporters
- Electronic note-takers
- Deafblind Communicator Guides and Interpreters

Factors to consider when using a sign interpreter:

- The deaf person may be the patient/carer
- Not all deaf people use BSL and an interpreter may not be the most appropriate option. The first step should always be to ask the deaf person about their communication preferences
- There will be a short time delay when a BSL/English Interpreter is working from BSL to English because the interpreter needs time to comprehend and reproduce in spoken English what is signed in British Sign Language and vice versa. This is especially important during questions or discussions to ensure that nobody is excluded

7.1 What to do when talking to a person with a hearing impairment

Always ask the service user what is their preferred method of communication – BSL, Makaton, lip reading. Note – lip readers only pick up on average 30% of words.

- Make sure the person is looking at you before you speak. If necessary, attract their attention by touching their arm or shoulder
- Ensure that there is good lighting in the room. Ensure your face is well lit. Do not stand with your back to a bright source such as a window or a lamp
- Avoid wearing tops that are multi-coloured or have lots of patterns
- Reduce background noise and visual disturbance as much as possible

- Look directly at the person. Speak clearly and at an even pace. Do not shout or exaggerate your lip movements. Use natural gestures and facial expressions to support what you are saying
- Check whether the person uses any specific signs
- Stop talking if you have to turn away or write notes
- Allow time for the person to absorb what you have said and check that they have understood. If there seems to be any misunderstanding, repeat what you have said, rephrase, use plain words, and avoid jargon. Write things down if needed but ask first
- Letter headings, leaflets and information sheets should include telephone, fax and email numbers to facilitate responses from people who have a hearing impairment. Some people will use mobile phones for text messages
- Type text can be accessed in the Trust. The member of staff should contact Switchboard by dialling '0' and Switchboard will connect them to
- This process is taxing for the interpreter and it is important to ensure breaks are taken as needed

8. Blind or visually impaired interpreter support

- Introduce yourself by name, even if you know the person as they may not immediately recognise your voice
- When you offer to support an individual, ask them exactly what they need you to do. It is helpful when attempting to guide someone to first ask them which side they would prefer you to be on
- If you are guiding them, they will usually want to take your arm and you guide them rather than attempt to lead them or propel them. Do not drag someone by holding on to their clothing
- Give adequate warning of any steps or other hazards, which you approach
- When entering unfamiliar surroundings, describe the environment in terms of furnishings, obstacles and any other people who are present
- If you are doing things which will affect the person, such as preparing to give them an injection or leaving food on a tray for them, tell them what you are doing
- Information for an individual needs to be provided in an alternative to written form, such as Braille or audio information. Contact the Patient Information Co-ordinator
- For visually impaired people ensure that there is good quality lighting
- Many visually impaired people can read large print – 16 point text is a recommended standard

9. Deafblind interpreter support

- Lack of the ordinary “warning” faculties of sight and hearing means that any approach to a person who is deafblind should be gentle and never sudden otherwise the person will become startled and frightened
- Information: Without sight and hearing there is no way of knowing what is in the immediate vicinity and therefore there is a perpetual sense of worrying what is happening. To lessen this, it is necessary that time should be taken to explain any movement, e.g. if the service user is required to move to another place, the reason should be given. All treatment should be fully explained to ensure their co-operation
- Identifying oneself: Once you have established contact with the person, always give your name at each approach or some agreed sign, such as a double squeeze of the hand so that the individual knows at one to whom they are speaking
- Where possible, check with the person/family if there are any specific signs used by the individual. These can reduce stress and anxiety and aid communication
- Some people use Braille or Moon to communicate or Tadoma – with this method the person feels the speaker’s lips and the speech vibrations from the speaker’s throat
- People who cannot see or hear are even more sensitive about intimate hospital routines and it is necessary to assure them positively that they can ask for what is needed. If not bedridden, a patient should be able to reach the toilet easily
- Be sure the patient knows where all their personal possessions are and that they are never moved from place to place
- Ensure that they can locate and use the nurse call bell

10. Translation Service

Currently the Trust offers the translation of written information and letters for service users in languages other than English. Leaflets, which have been translated, can be located on the Intranet and Internet. In addition EIDO offer a selection of patient information leaflets, in various languages, which are available on the intranet. The Trust also provides a pictorial communication aid in 15 languages, which is available in every ward and department. Although it is not possible to cater for every language, the Trust does determine the areas of greatest need within the local population. It is possible to cater for most languages on request.

Requests for translation of patient information including letters can be submitted to the Patient Information Co-ordinator. The Patient Information Group identifies leaflets to be translated and requests can be received from departments. Further information is available on the Intranet <http://lhcs2/areas/patientinfo/patientleaflets.asp>

Audio CDs and information in Braille can be produced for those who do not read their own language or have a visual impairment. This can be arranged through the Patient Experience Department.

10.1 Customer Service - Thebigword

For any concerns arising from use of the service you can contact thebigword directly on interpreting.QA@thebigword.com

Or call the Customer Care Line 0800 862 0625 and include the following information:

- Date and time of call
- Language used
- Access code used
- Identification number of the interpreter (if noted)
- A brief outline of what has occurred

Contact details of individual who has experienced the issue (email and telephone number/s).

10.2 Cancellations

If, any time after booking the interpreter, the patient's appointment is cancelled or altered, it is the responsibility of the person changing the appointment to notify the interpreter services, so that changes can be made with the agency. Cancellation charges will be incurred. Failure to inform the agency will result in the interpreter attending the Trust and a charge being made. This will be passed on to the Division where the booking has been generated.

11. Definitions

11.1 Interpreting is defined as the oral transmission of meaning from one language to another, which is easily understood by the listener. This includes the conversion of spoken language into sign language British Sign Language (BSL). Interpreting can be face-to-face or via telephone.

It should be noted that interpreting is quite different to advocacy and should not be used as a form of advocacy which is intended to further the views and interests of the service user.

11.2 Translation is defined as the 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 and audio. It should be noted that not everyone may be able to read information in their own language.

11.3 Service User is defined as a person who uses the services provided by the Trust, for example a patient.

11.4 Service Provider - the Trust currently procures services from Thebigword language and interpretation service; and the Deafness Support Network.

12. Associated Documents

This policy should be read in conjunction with the following other MCHFT documents:

- Producing and Providing Patient Information policy
- Equality and Human Rights policy
- Privacy and Dignity policy

13. Duties within the Organisation/External to the organisation

13.1. Director of Nursing and Quality responsibility

The Director of Nursing and Quality is the designated executive officer who leads on ensuring that the Trust provides patients and clients with access to translation and interpretation services.

13.2 The Patient Experience Team responsibility

They are responsible for ensuring that staff are aware of resources available/and how to request in other formats and languages. They also need to:

- Ensure staff are aware of EIDO leaflets in other languages, large print, giant print and screen reader <https://www.eidohealthcare.com/>
- Promote the use of the Trust pictorial Communication Aid available <http://lhcs2/documents/Communication%20Aid%20Booklet.pdf> and is aimed at helping with the communication between patients and staff and translated into 15 languages
- Ensure that leaflets are translated when requests are made by service users or staff available on the intranet:- http://lhcs2/documents/interpreter_List.xls
- Ensure that such leaflets are distributed to wards and outpatient areas
- Maintain a list of Access Codes and a list of staff responsible for making face to face bookings

13.3 Professional Nurse Leads responsibility

They are responsible for ensuring that staff are aware of and implement this policy and identify staff to make bookings for interpreters if required.

13.4 Ward Managers and Departmental Managers responsibility

They are responsible for implementing the policy effectively and for bringing any issue which may affect implementation to their manager. They also need to:

- Recognise when an interpreter need exists

- Identify which language is being spoken (see page 9 for telephone interpretation assistance if required)
- Promoting the use of telephone interpreting as a first option
- Assess and make provision for that need in liaison with the patient or service user
- Arrange for an interpreter following the booking arrangements set out within this policy
- Out of hours provision should be made through MCHFT Switchboard or by contacting Thebigword directly using the Access Code
- Accurately record within the service user's medical/nursing notes the language or dialect used
- Advise the Interpreter Service Provider of any changes to an appointment for which an interpreter has been booked
- Making available handsets on the ward/departments for telephone interpretation

13.5 Staff responsible for booking face to face interpreters

- Staff are identified by the Divisional Head of Nursing to book face to face interpreters with the Trust's service providers
- Staff making face to face bookings will require a password arranging to access the online booking service
- Confirm online the length of Thebigword interpreter appointment
- A record is kept of interpreters booked and the languages requested
- That invoices are forwarded to the appropriate Service Manager for approval and then forwarded to the Finance Department for payment
- Advise the Interpreter Service Provider of any changes to an appointment for which an interpreter has been booked

13.6. Duties of External interpreting Agency Organisations

They are responsible for:

- Ensuring that all interpreters are appropriately qualified and have undergone Disclosure Barring Service (DBS)
- Liaising with interpreters booked by the Trust and providing details of the appointment and venue
- Confirming bookings to the member of staff making the booking
- Advising of any problems that arise in relation to a booked interpreter
- Submitting invoices promptly to the appropriate Trust manager
- Provide training (as per service contract)

14. Consultation and communication with stakeholders

This will include the following:

- Director of Nursing and Quality
- Deputy Director of Nursing and Quality
- Patient Experience Manager
- Patient and Public Involvement Manager
- Patient Information Co-ordinator
- Customer Care Manager
- HR Lead for Equality, Diversity and Human Rights
- Divisional General Managers
- Divisional Heads of Nursing
- Divisional Risk Leads
- Divisional Service Managers
- Divisional Matrons
- Divisional Risk and Governance Managers
- To include some staff arranging face to face bookings

15. Implementation

Training sessions have been delivered by Thebigword to support staff in using the telephone interpreting service, issuing access codes.

16. Education and Training

Training sessions are available on an adhoc request basis from Thebigword. To request training, please contact the Patient Experience Manager.

17. Monitoring and Review

This policy will be monitored by the Equality and Diversity Committee. Compliance to this policy is as detailed below:

Standard/process/issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Duties	Policy Review	Patient Experience Manager	Executive Patient Experience Group	3 yearly
Monitor the number of face to face interpreter requests arranged	Report of overall bookings	Patient Experience Manager	"	Annually
Monitor the number of translation requests arranged	Review orders made	Patient Information Co-ordinator	"	Annually
Monitor any complaints or informal concerns regarding interpretation or translation services	Review of any concerns raised with the Customer Care Team	Customer Care Manager	"	6 monthly

18. References

Equality Act 2010

Association of Sign language Interpreters – www.asli.org.uk

A - Control Sheet

This must be completed and form part of the document appendices each time the document is amended / reviewed.

VERSION CONTROL SHEET			
Date	Version	Author	Reason for changes
May 2010	1	Carolyn Kural	1 st draft – not approved subject to service changes
November 2011	2	Sue Pickup	Change of service provide
June 2015	3	Sue Pickup	Amendment to reflect that staff have been identified within Divisions to make bookings for interpreters; updated details for contacts. Relatives not to act as interpreters.
August 2018	4	Loraine Barran	3 yearly update of policy required. Format revised to promote user friendly documentation. Updated the details for contact numbers. Approval committee amended from Equality and Diversity Committee to the Executive Patient Experience Committee. Lead Nurse title changed to Head of Nursing. Training needs analysis updated. Monitoring and review updated.

Appendix B

Training Needs Analysis

Communication/Training Plan	
Goal/purpose of the communication/training plan	Ensure that staff have the appropriate guidance to be able to offer interpreter services, to service users who require interpreter support.
Target groups for the communication/training plan	Any staff member involved in booking appointments or treating people
Target numbers	Relevant staff
Methodology – how will the communication or training be carried out?	Updated policy will be available on the trust intranet and this will be communicated to staff by means of the intranet 'latest new' alerts. A review of Trust training needs with regards to the interpreting service will take place and training will be arranged for areas that require an update.
Communication/training delivery	Induction training Adhoc sessions by Service provider
Funding	None required
Measurement of success. Learning outcomes and/or objectives	Ensure compliance with the Trust policy Audit of interpreter usage Review of complaints
Review effectiveness – learning outputs	Via monitoring process as defined in the Interpreting Policy
Issue date of Document	September 2018
Start and completion date of communication/training plan	September 2018
Support from Learning & Development Services	None, other than possibly Laptop and Projector on occasions; adapted telephone handset

For assistance in completing the Communication/Training Plan, please contact the MCHFT Learning and Development Service.

Appendix C

Equality Impact Screening Assessment

Please read the Guide to Equality Impact Assessment before completing this form. To be completed and form part of the policy or other document appendices when submitted to governance-policies@mcht.nhs.uk for consideration and approval or to be completed and form part of the appendices for proposals/business cases to amend, introduce or discontinue services.

	POLICY – Interpretation and Translation	Yes /No	Justification and Data Sources
A	Does the document, proposal or service affect one group less or more favorably than another on the basis of:		
1	Race, ethnic origins (including gypsies and travellers) or nationality	No	It is aimed at improving facilities for interpreting services, including those for people of other race, ethnic origins or nationality. The Trust works closely with contract providers to meet local community needs.
2	Sex	No	No issue identified as of yet
3	Transgender	No	No issue identified as of yet
4	Pregnancy or maternity	No	No issue identified as of yet
5	Marriage or civil partnership	No	No issue identified as of yet
6	Sexual orientation including lesbian, gay and bisexual people	No	No issue identified as of yet
7	Religion or belief	No	Religion/belief issues have been addressed
8	Age	No	No issue identified as of yet
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	It is aimed at facilities for interpreting services, including those for hearing impaired, blind or visually impaired or deaf blind people.
10	Economic/social background	No	There is no charge for any service
B	Human Rights – are there any issues which may affect human rights		
1	Right to Life	No	No issue identified as of yet
2	Freedom from Degrading Treatment	No	No issue identified as of yet
3	Right to Privacy or Family Life	No	No issue identified as of yet
4	Other Human Rights (see guidance note)	No	No issue identified as of yet