

# Interpreting and Translation Policy and Procedure

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**REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

This is a new policy replacing previous Interpreting and Translation Guidance. It reflects:

- Recent changes in the provision of interpreting and translation services following the appointment of a new Provider early in 2018
- Clarification of requirements under the Accessible Information Standard and
- Recommendations by the CQC in its 2018 inspection that the Trust should not use family members to interpret as this is contrary to best practice.

**KEY WORDS**

*Interpreter, Interpreting, interpretation; translator, translating, translation; Sign Language; British sign language; language support; Equality; communication; Deaf; blind; large print, braille*

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 Clinical care should always be provided in such a manner as to ensure that service users and their carers or significant others can:
- Communicate accurate information to clinicians and practitioners so that symptoms and their meanings can be understood, correctly diagnosed and the best available treatment offered
  - Understand the health issues facing them, the treatment options available and the steps required to recover or maintain well-being
  - Ensure that consent to treatment has been fully understood by the patient and an informed decision has been made.
  - Express themselves fully and freely as appropriate to the context within which they receive care
  - Have access to qualified interpreters in response to identified needs
  - Have access to translated information about the care being provided by the Trust
  - Be reassured that interpreting and other language services will be provided.

## 2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

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- 2.1 The provisions of this policy apply to all UHL employees, bank staff and students. This policy also applies to honorary staff and agency workers. This policy applies to both inpatients and outpatients.

## 3 DEFINITIONS AND ABBREVIATIONS

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- 3.1 **Interpreting** is an oral or visual/gesture of communication from one language into another. It includes community spoken languages (for example Gujarati and Polish) and sign languages.
- 3.2 **Translation** is the changing of the written word from one language into another either as text or audio.
- 3.3 **Telephone Interpreting** is conducted over the telephone as the interpreter is not in the physical presence of those requiring the service.
- 3.4 **Face-to-Face Interpreting** is when a linguist is physically present and used to interpret orally the contents of a conversation from one language to another, between you and a third party (your patient / family member).
- 3.5 **British Sign Language (BSL)** is the language used by Deaf people in the UK. The language makes use of space and involves movement of the hands, body, face and head.
- 3.6 **Deafblind Interpreting** is a type of interpreting specifically for people who are Deafblind or living with a combined loss of sight and hearing.
- 3.7 **Braille** is the language used by blind or partially sighted people and is alphabetically composed of a series of raised dots on a piece of paper/card/plastic/metal etc. which blind or partially sighted people feel, using their fingertips, to read text that a sighted person would see on a page. Braille requires a special printing process.

- 3.8 **Large Print** is the formatting of text in a type face and a larger font size (16 point or higher) which can make reading easier for people with a visual impairment.
- 3.9 **Communication Tool** is a device or document used to support effective communication. They may often use symbols/ pictures / translation of key phrases.
- 3.10 **Video Relay Service** is a service provided through a mobile device such as a SMART phone. The interpreter is in a different location and is interpreting using a web camera and can be seen on the mobile device.

## 4 ROLES – WHO DOES WHAT

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### 4.1 Executive Lead

The Executive lead for Interpreting and Translation Services is the Director of People and Organisational Development.

### 4.2 The Equality Team

The Equality Team are responsible for the day to day management of the service contracts. This includes

- Service monitoring
- Reporting usage to Clinical Management Groups (CMGs) and Corporate Directorates
- Responding to complaints and concerns from staff and patients
- Trouble shooting and trying to resolve booking problems

### 4.3 All Staff

All staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their managers or the Equality Team's attention.

### 4.4 Clinical Management Group (CMG) and Corporate Teams

The CMG and Corporate teams are responsible for ensuring adequate resources for funding interpreting and translation services are available within their budgets.

### 4.5 Individual Departments

Each department is responsible for booking and paying for the Interpreting and Translation services used in their areas. An appropriate contact number within the department should also be provided on information sent to patients who will be attending the hospital should they require interpreting or translation support.

## 5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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### 5.1 Who can interpret?

The Trust has identified different levels of proficiency of interpreting, available to trust staff:

**Level 1** Trained, experienced and qualified **face to face** interpreters provided through the Trusts approved suppliers, DA Languages. This includes both spoken and sign language interpreters.

**Level 2** Trained, experienced and qualified **telephone** interpreters provided through the Trusts approved suppliers, DA Languages.

**Level 3** UHL staff who are bilingual but not interpreter trained (see section 5.1.3).

**Level 4** Family members (excluding children under 16 unless it is a life threatening situation for acquiring very basic information ); carers and friends (see section 5.1.4).

For clarity the following chart provides examples of which level of interpreting support is acceptable for a range of situations. This list is not exhaustive but provides a guide to the level for interpreting provision that staff should arrange.

Clinical Situation	Interpreter level
Seeking patients informed consent	1, 2 or 3
Seeking patients informed consent in an emergency situation	1, 2, 3 or 4
Breaking Bad News	1 or 3
Advising patients on a course of treatment	1, 2 or 3
Carrying out an assessment or planning a discharge	1, 2 or 3
Checking patients details / booking an appointment	1, 2, 3 or 4
Gaining basic information in an emergency situation	1, 2, 3 or 4
Safeguarding concerns	1, 2 or 3

If non of the above apply and you are unsure what level of interpreting is required, please contact the Equality Team for advice on **0116 258 4382 / 6978** or [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk).

5.1.1 The Trust needs to ensure that the appropriate level of interpreting is provided which balances the needs of patients, offers patient choice and flexibilities around cost and clinical need. As such the Trust has taken the decision to allow staff to have some flexibility in allowing relatives to interpret for patients where this is appropriate, for example, in situations where there is an exchange of basic information. There will be many situations where telephone interpreting is more appropriate, cost effective and achieves the same positive outcomes as face to face interpreting. The exception to this is where there are safeguarding concerns where a trained interpreter must be used or a suitably experienced member of staff who is fluent in the language of the patient.

#### 5.1.2 Clinical risks of not using a trained Interpreter

**Trust staff must be aware that there are a number of risks which may arise if a trained interpreter is not used:**

- Insufficient Information provided to enable accurate diagnosis.
- The required information from the patient may be either unavailable or inaccurate. This is bound to affect clinical care.
- Informed consent cannot be achieved if the patient is unable to fully understand what the health professional is telling them/ asking them to read.
- Poor communication may lead to an inferior outcome for the patient.
- An opportunity to identify that domestic abuse, abuse or child abuse is potentially taking place is missed.

- f) Expensive but unnecessary tests and inappropriate treatments are undertaken.
- g) Necessary action not taken.
- h) Necessary action taken too late.
- i) Using untrained interpreters i.e. staff, relatives, carers and friends may affect the quality of the information interpreted. However, as stated earlier in this policy untrained interpreters can be effective in many situations and staff must approach each situation on a case by case basis.

### 5.1.3 The use of staff to interpret

Staff can be used to interpret for patients. However, the following considerations and steps must be observed to ensure the best interests and safety of the patient:

- a) Any staff member who is approached to interpret must be happy to do so and be confident to converse in the same language spoken by the patient.
- b) For any clinical procedures, assessment, consent, advice on medication a professional interpreter must be used unless the clinical member of staff is sufficiently experienced and fluent in the language spoken by the patient or in an emergency situation.
- c) If a suitably experienced clinical member of staff is fluent in the patient's language, they can exchange information and communicate with the patient. **For example**, a Gujarati nurse who is fluent in Gujarati can communicate with a Gujarati patient where this is in line with their clinical role. This would be the same as an English speaking nurse communicating with a patient whose first language is English.
- d) There may be occasions where non-clinical staff who are very experienced and knowledgeable within a clinical setting, may be used to interpret (refer also to a) above). This should be on an exceptional basis where it is difficult to obtain a professional interpreter or in emergency situations.
- e) Staff who are non-clinical and / or carry out less senior roles, such as housekeepers, should only be asked to interpret where communication is required for the basic exchange of information to and from the patient.
- f) For basic information such as making appointments, directions on how to get to different locations, any staff member who is fluent in the patient's language can be used.

### 5.1.4 Relatives, Carers and Friends as Interpreters

It is important to keep in mind that a small number of patients will insist on using a family member or friend to act as an interpreter. Patients can use a friend or a family member, for basic forms of communication with staff. Staff are discouraged from using friends or family members for interpreting where detailed information exchange is involved between health care professionals and patients. The exchange of information between the health care professional and patient needs to be objective and accurate. Using family and friends will not guarantee that the information being conveyed to the patient is being interpreted accurately and without prejudice.

**Example of problem arising from lack of willingness to book a professional interpreter:** A patient attends the clinic on her own and does not speak English. She is told the appointment cannot go ahead as she has not brought anyone with her who can interpret for her.

Patient is then told to go home and that the appointment will have to be re-arranged for another time. She is advised to bring someone with her the next time she attends.

**Recommended Action:** The appointment should go ahead if telephone interpreting can be used. If telephone interpreting is not appropriate due to the nature of the appointment, an apology should be given to the patient informing him / her why the appointment cannot go ahead. The appointment should then be re-arranged and a face to face interpreter booked. The patient should be informed of the actions taken and a note made on the patient's records that an interpreter is required at appointments.

For any further advice or support please contact the Equality Team [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)

## 5.2 When to use a professional Interpreter

No blanket decisions should be made by a service area not to use professional trained interpreters. The CQC have advised the Trust that family members should not be used to interpret as this is not best practice (CQC Inspection Report, March 2018 page 15). However, it is recognized within UHL that there are times where clinical need, particularly in the emergency situation, may require a different approach. Each patient's interpreting needs has to be assessed on a case by case basis.

The following will help staff to identify when it is appropriate to use a professional interpreter and when it is reasonable to use a relative or friend of a patient. There will be circumstances when it is difficult to obtain a professional interpreter at short notice or for prolonged hospital stays for a patient. The guidance below has been written to help staff make that decision. If in doubt it is advisable to contact the Equality Team who can provide further advice.

It is acceptable to use a family member/relative or friend in the following circumstances:

- To establish initial communication with the patient. For example, they may come to an appointment for the first time with a family member/friend who is happy to interpret.
- Where the patient wishes their relative or friend to interpret for them, recognising that in some circumstances it may be difficult to judge whether the patient is providing full consent. If there are any doubts or where there are safeguarding concerns about the friend or relative, a trained interpreter should be used. It is advisable to write in to the patient notes where a patient has consented for a family or friend to be used to interpret for anything other than basic information exchanges.

The circumstances in which a professional interpreter must be used are:

- Where information needs to be provided to a patient for treatment (refer to the Consent to Examination or Treatment UHL Policy).
- Where there is a history of safeguarding issues or where there is a suspicion of such an issue.
- Where a patient doesn't have anyone to interpret for them.
- Where a patient asks for an interpreter.
- Where a family member or friend carries out the interpreting but it becomes clear that information is not being passed on.
- Where the family member is a child and there is no adult who can interpret.



Health professionals should take all steps which are reasonable in the circumstances to facilitate communication with the patient, using interpreters or communication aids as appropriate and ensuring that the patient feels at ease. In particular careful consideration should be given to the way in which information is explained or presented to the patient. If an interpreter is needed and a patient or family member refuses to use a professional interpreter, then this decision must be confirmed through a telephone interpreting service or face to face with an interpreter. This should then be recorded in the patient's notes. Any communication concerning safeguarding issues should always involve the use of a trained interpreter. If in doubt speak to the Safeguarding Team.

### **5.3 When is an Interpreter required?**

If the person cannot articulate a sentence in English or cannot relay back the message you have given them, then an interpreter is most likely required.

If you are not sure whether an interpreter should be used, try the following:

- Ask an open question that requires the person to answer in a sentence, i.e. How did you travel to the hospital today?
- Avoid closed questions, that can be answered 'yes or no' or a very familiar question such as 'age or where do you live?'
- Ask the person to repeat a message that you have just given them, in his or her own words.

### **5.4 Use of Children as Interpreters**

**Children under 16 MUST NOT be used as interpreters unless the parents condition is life threatening.** Patients who bring children to act as interpreters should be offered a qualified interpreter or an alternative appointment. If a child has been asked for basic information in a case of emergency, the circumstances and reasons should be clearly documented in the patient's notes.

When a child cannot understand or speak English, parents must not be asked to interpret for the child; an external interpreter must be used. In exceptional emergency situations, in consultation with the Head of Safeguarding and in line with the Safeguarding Policy, clinical healthcare staff can use their judgement to ask parents to interpret whilst external interpreting can be arranged.

In the case of children who are between the age of 16 and 18 consent must be sought from both their parents and the adolescent that they are happy to interpret. Any interpreting should follow the guidelines set out in this policy in respect of using family and friends as interpreters.

### **5.5 Booking Interpreting and Translation Services**

See Appendix 1 for Flowchart for Booking Interpreters in the Non Emergency Setting

First consider based on clinical need which service is appropriate for your patient's requirements:

- Telephone interpreting supports all spoken language and can be accessed via any phone point and requires no pre-booking.
- Face to face interpreting needs to be booked in advance on-line via the provider DA Languages website (portal) giving as much notice as possible.

## 5.6 Telephone Interpreting

Telephone interpreting is appropriate:

- When the communication is brief and straightforward.
- In circumstances that cannot be planned for, e.g. when it was not known that a patient needed an interpreter.
- In emergency situations when you need immediate assistance.
- When all other attempts to get a face to face interpreter have been exhausted and unsuccessful.
- To communicate brief appointment arrangements
- To establish the language spoken or the nature of an enquiry.

Some patients who do not speak English take great comfort from the anonymity of a telephone interpreter, particularly in small or closely knit ethnic communities. Some service users may feel a level of distress due to cultural or social pressures from within his/her community. If the service user is forced to talk to his/her practitioner with another member of their community in the room, even if that person is a professional interpreter, they may feel unable to speak openly and honestly.

Telephone interpreting can be accessed via the Provider's website (portal) where staff can obtain a pin number allowing them to get in touch with an appropriate language interpreter.

## 5.7 Face to face interpreters – spoken language, British Sign Language (BSL) and Deafblind Signers

It is advisable to make a booking when you first become aware of a need. For emergencies and last minute requirements, our providers will do their best to send an interpreter within one hour; however this may limit the options available in matching the patient's requirements, such as age, gender, etc. Telephone interpreting can be provided immediately given that the language requested is available.

**NB:** There is a national shortage of BSL and Deafblind Interpreters in the country; therefore it is crucial that you do not leave your BSL interpreter bookings to the last minute, the more notice given the better the chance that your requirements can be met. All BSL and Deafblind interpreters have to be booked for a minimum of 2 hours.

## 5.8 Before making a face to face booking request

- **Decide whether the gender of the interpreter is of importance.**  
There are a few situations where the gender of the interpreter may be an important consideration. For example, in a situation where intimate information will be discussed, such as a medical appointment, your patient may be more at ease with an interpreter of the same gender. Remember to include any gender requirements on the request form when making the booking.
- **Ensure appropriate time is allocated for the appointment**  
When arranging an appointment where an interpreter will be involved, you can expect the interview or meeting to last as much as twice the time of the usual meeting. Remember the interpreter has to repeat everything you say and everything your patient says during the appointment.

- **Identify other relevant information**

It is always useful for the interpreting provider to know if there is other relevant information that should be considered when allocating an interpreter. This may include booking the same interpreter for a course of treatment or if the conversation is of a sensitive nature, ensuring the interpreter is pre-warned. Any relevant information should be included on the booking request.

## **5.9 How to book interpreters either face to face or by telephone**

The way to book an interpreter, face to face or telephone or for a document to be translated, depends upon the type of interpreting or translation request required. For non-English spoken languages and the translation of English in to non-English, translation bookings are done through the Trust's Provider website (portal). Information can be found on the Trust's intranet (INsite) pages.

The process for booking British Sign Language (BSL) is different. The Trust currently uses two local BSL providers. The details of how to book can be found on the Trust's intranet pages.

### **5.10 Cancelling face to face interpreters**

A minimum of 24 hours notice is required in order to avoid a cancellation charge. All cancellations must be made in a timely manner informing the Provider of the cancellation and ensuring that this is confirmed in writing by both the Provider and member of staff making the cancellation.

### **5.11 Translation services**

All patient information produced by the Trust carries information for patients on how to obtain translations of information into the patient's preferred format. Where appropriate, patient information and appointment letters should be made available to patients in their own language or readable format (Braille, large print, easy read and audio). The use of web based translations; i.e. Google translate; of key patient information should be avoided, however, when needed in emergency situations, must be used with caution as its accuracy and context cannot be guaranteed.

To check if a translated document such as a leaflet already exists, staff or patients can contact the Equality Team on **0116 258 4382** or [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk). For any documents which require translating, this should be done through the Provider website (portal) and follow any Trust guidance on the production of leaflets. For further advice on the production of leaflets please contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk) or telephone 0116 2588355.

### **5.12 Transition from one service to another**

Where a patient requiring an interpreter has to transition from one service to the next, the member of staff making a booking should ensure that there is sufficient time booked for the interpreter to accompany the patient to the next clinic or for surgery. If the originating clinic is aware that the patient will be transitioned in advance, this should be communicated to the transitioning service for them to book the same interpreter for the purpose of continuity and best patient care.

### **5.13 Associated documents – None**

If you have any questions on interpreting or translations please contact the

## 5.14 The Accessible Information Standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

The Standard is mandatory and applies to service providers across the NHS and adult social care system, and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

It is of particular relevance to individuals who are blind, Deaf, Deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.

Staff should be taking the steps below for successful implementation of the Accessible Information Standard.

1. **Identification of needs:** a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.
2. **Recording of needs:**
  - a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems;
  - b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or [SNOMED CT®](#) codes are used in electronic systems;
  - c. Use of agreed English definitions indicating needs, where systems are not compatible with either of the three clinical terminologies or where paper based systems / records are used;
  - d. Recording of needs in such a way that they are 'highly visible'.
3. **Flagging of needs:** establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.
4. **Sharing of needs:** inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

5. **Meeting of needs:** taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

### **The Accessible Information Standard – quick prompt**

There are five basic steps which staff need to take and that make up the Accessible Information Standard:

1. **Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.
2. **Record:** record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.
3. **Alert / flag / highlight:** ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action.
4. **Share:** include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).
5. **Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

Staff are expected to comply with the Accessible Information Standard as outlined above in order to meet the information and communication needs of patients and carers with disabilities. This policy should be read in conjunction with the Trust's Patient Information Policy. Further guidance and resources to staff will be issued in the future.

#### **5.15 Communication support for people with a learning disability.**

When talking with people we need to ensure that they understand what we say and what we mean by communicating in clear and reliable ways. For people with learning disabilities this can be in many ways from verbal communication to picture references. Staff must always talk to the person with a learning disability first. If they then do not understand speech, then consideration needs to be given of different ways to communicate. Family and carers may be able to provide some guidance on this.

For support and advice contact the Acute Liaison Nurse for Learning Disabilities on **0116 250 2809** (out of hours an answer machine will be available). Easy read documents can be arranged through the Trust's interpreting and translation provider.

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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- 6.1 Staff will be provided with advice and support through regular communication, guidance and where appropriate face to face awareness raising on how to access interpreting and translation services. It is the responsibility of staff to familiarise themselves with the policy and procedures they need to follow to book interpreters, the translation of documents and provision of accessible information to patients and carers whose needs have to be met.

## 7 PROCESS FOR MONITORING COMPLIANCE

7.1 The policy will be monitored via regular management information reports produced by the providers of interpreting and translation services. Monthly reports are sent to the Equality Team who have monthly contract meetings with the provider. Other mechanisms for monitoring compliance include the Trust's complaints procedure and direct staff feedback.

### 7.2 POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Accessing of interpreters via available services	Equality Team	Management report received from providers	Monthly	Key elements for each CMG reported to PPPC. This will include areas such as numbers of interpreting and translation sessions delivered, cancellations, double bookings, cost and language's delivered.
Translation provision to patients	Equality Team	Monitoring of requests met	Monthly	Key elements for each CMG reported to PPPC. This will include areas such as numbers of interpreting and translation sessions delivered, cancellations, double bookings, cost and languages delivered.
Complaints	Equality Team and complain	Monitoring	Monthly	Discussed at Contract review meetings
Contract monitoring meetings	Procurement Service & Equality Manager	Performance reports	Monthly	Discussed at Contract review meetings

## 8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 This policy positively impacts on those patients who require communication support. Departmental budgets have been set aside to ensure that interpreting and translation demands can be met. The Trust will take all reasonable steps to ensure that patients interpreting, translation and communication needs are met.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- UHL Patient Information Policy B18/2002
- Consent to Examination or Treatment UHL Policy A16/2002
- CQC Well-Led Inspection Report March 2018 [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH1561.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1561.pdf)

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- Accessible Information Standard NHS England  
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
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- Crown Copyright (2003) “Victoria Climbié Inquiry. Report of an Inquiry by Lord Laming”, UK, Stationery Office Limited
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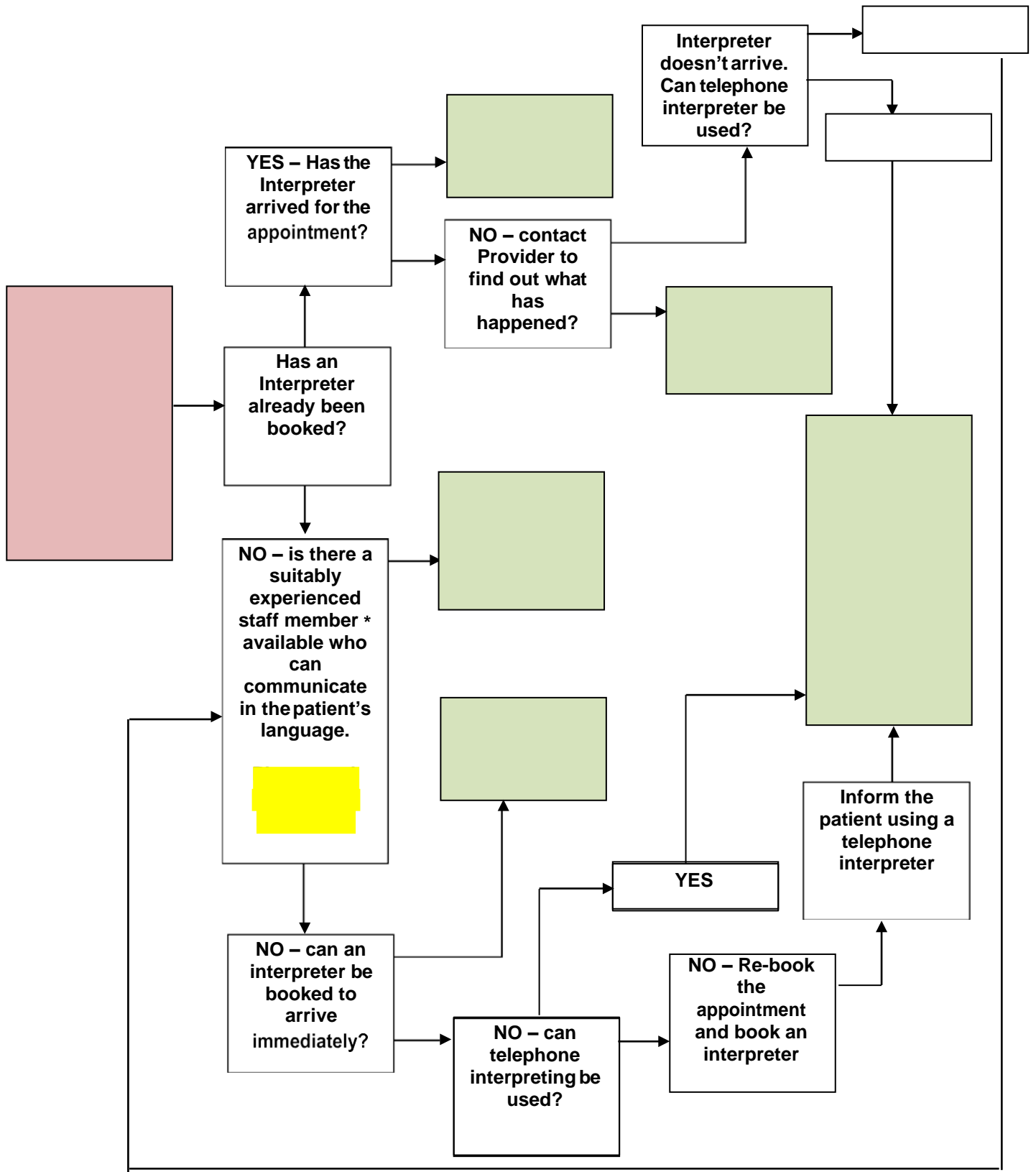
## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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This is version 2 of the Interpreting and Translation Policy. It replaces version 1 which was published in 2014.

This version was produced by the Equality and Diversity Lead in June 2018. The next review will be in June 2021.

**What to do if a Patient Arrives in the non emergency setting who Requires a Foreign Language Interpreter**





↓  
**What to do if a Patient Has an Additional Communication Or Information Need**  
**This Comes Under the Accessible Information Standard (AIS)**

