# Interpreting and Translation Policy and Procedure

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Review Date</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2018</td>
<td>July 2021</td>
<td>V4</td>
</tr>
</tbody>
</table>

## Purpose
To describe the measures in place to support communication with non-English speaking patients, people for whom English is a second language, sign language users and those patients who require materials in alternative formats. It describes arrangements for both telephone based and face to face interpreting and for the translation of written material.

## Who should read this document?
All patient facing staff.

## Key Messages
The Trust is committed to ensuring that non-English speaking patients, patients whose first language is not English and deaf and blind patients receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.

The purpose of this policy is to ensure that all staff:
- Are aware of services and resources available for patients
- Know how to identify communication needs
- Know how to book an interpreter under various circumstances
- Encourage staff to proactively plan for these needs.

This document describes the procedures that must be followed when booking an interpreter for University Hospitals Plymouth NHS Trust patients. Following the procedure enables effective communication for all patients who do not speak English, those for whom English is a second language, sign language users and those patients who require materials in alternative formats.

## Core accountabilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>Patient Experience &amp; Engagement Lead</td>
</tr>
<tr>
<td>Review</td>
<td>Patient Experience Committee</td>
</tr>
<tr>
<td>Ratification</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Dissemination (Raising Awareness)</td>
<td>Patient Experience &amp; Engagement Lead</td>
</tr>
<tr>
<td>Compliance</td>
<td>Patient Experience Committee</td>
</tr>
</tbody>
</table>
The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.
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1 Introduction
This document is intended to describe the measures in place to support communication with non-English speaking patients, people for whom English is a second language, sign language users and those patients who require materials in alternative formats. It describes arrangements for both telephone based and face to face interpreting and for the translation of written material.

2 Purpose
The Trust is committed to ensuring all patients, including those whose first language is not English and people who have a sensory impairment such as patients who are deaf or blind receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.

The purpose of this policy is to ensure that staff:
- Are aware of services and resources available for patients
- Know how to identify communication needs
- Know how to book an interpreter under various circumstances
- Encourage staff to proactively plan for these needs.

This document describes the procedures that must be followed when booking an interpreter for University Hospitals Plymouth NHS Trust patients. Following the procedure enables effective communication for all patients who do not speak English, those for whom English is a second language and deaf and blind patients. See appendix 6 for quick guide to booking an interpreter.

2.1 Regulatory background
The Trust is required to provide ‘interpreting and translation services’ in accordance with the Equality Act (2010), Human Rights Act (1998), Mental Capacity Act, NHS Act (2006), and Health & Social Care Act 2012.

The procedures appended to this policy will deliver this requirement.

3 Definition of Terms
Interpreting
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 British Sign Language (BSL), which is a recognised language in its own right, and other sign languages, for example Makaton.

Interpreting can be provided face to face or by telephone. In certain circumstances video link BSL interpreting is available through SignLive.

Translation
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 or easy read and symbols.
4 | Duties

4.1 Referring Practitioner
The referring practitioner or staff member will have highlighted the need for language support and this need will be flagged throughout the patient’s journey of care.

The staff member will need to:
- recognise that a language need exists
- assess and make provision for that need in liaison with the patient
- record the requirement for an interpreter in the written healthcare record and on the relevant computer system, which will be tracked throughout the patient journey
- ensure that contact is made with the Patient Services Team to make necessary arrangements

Language Identification
Language Identification cards are available (see Appendix 4) to help staff identify the language being spoken. These can be obtained through the Patient Services Department using the generic email plh-tr.Interpreters-Translators@nhs.net.

Healthcare Record Alert
The requirement for an interpreter or communication need must be annotated in the health record and on iPMS, please refer to APN on Recording Alerts.

4.2 Ward and Department Manager
Ward and department managers are responsible for ensuring that staff receive training to understand the patient’s language needs and are able to undertake the requirements set out in 4.1 above.

4.3 Patient Services Department
The Patient Services Department will be responsible for the co-ordination of translation and interpreting services. The Patient Services Administrator will:
- provide information on using interpreters and translators
- provide identification numbers to access translation and interpreting services when required
- arrange face to face interpretation and translating services through agreed organisations Language Empire, the BigWord or SignLive.
- monitor the number of interpreting and translating assignments to build up a picture of local language need

4.4 Patient Experience & Engagement Lead
The Patient Experience & Engagement Lead will liaise with external organisations to ensure provision of service is delivered in line with agreed service level agreements and contracts.

5 | Provision of Services

5.1 Criteria for Provision of Interpreting Services
The type of provision to support communication will depend on the nature of that communication and the clinical circumstances. Staff should use the table below to assess the level of need for interpreting services and to select the right type of provision:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Examples</th>
<th>Type of Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level of communication:</strong> Basic care</td>
<td>Personal details, determining condition, discussions / help on toileting and feeding</td>
<td>Use language cards if available British Red Cross Society’s Multilingual Phrasebook (See Appendix 11) Trust staff (See Appendix 6) or approved external interpreter BSL trained interpreter Big Word Language Empire or SignLive</td>
</tr>
<tr>
<td><strong>Level of communication:</strong> Advanced care</td>
<td>When a patient has to be advised of medical terminology, the process of seeking consent to treatment and for anything complicated</td>
<td>Approved external interpreter BSL trained interpreter Language Empire</td>
</tr>
<tr>
<td><strong>Level of communication:</strong> Discussions about protection/safety issues</td>
<td>When there are concerns about child protection or vulnerable adult issues under the Mental Act.</td>
<td>Approved external interpreter, even for basic communication BSL trained interpreter Big Word Language Empire</td>
</tr>
<tr>
<td><strong>Obtaining consent</strong></td>
<td>When obtaining consent for an investigation or treatment, an interpreter must be used - to ensure that the patient understands the full procedure planned. Details of the interpreter or service used must be documented on the consent form.</td>
<td>Approved external interpreter BSL trained interpreter Language Empire or SignLive for emergency situations only</td>
</tr>
<tr>
<td><strong>Early stages of unplanned or unscheduled care</strong></td>
<td>Emergency Department, MIUs, Out of hours, MAU, CDU, emergency maternity admissions Drop In Clinics</td>
<td>Use of British Red Cross Emergency Multi-Lingual Phrasebook Telephone interpreting Communication Booklet BSL trained interpreter if available Video Link BSL through SignLive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Interaction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For interactions which will last less than 20 minutes</strong></td>
<td>Outpatient consultations</td>
<td>Telephone Interpreting / SignLive (See Appendix 10)</td>
</tr>
<tr>
<td><strong>For interactions which will last over 20 minutes</strong></td>
<td>Pre-assessment appointments, PALs, Complaints Interviews, PPI activities</td>
<td>Face to face interpreting / SignLive (See Appendix 9)</td>
</tr>
</tbody>
</table>

5.2 Translation Services
The provision of translated material does not replace an interpreter, but can act as a backup to reinforce information being given verbally. However, the translation of written materials is costly and it should be remembered that patients whose first language is not English might not be able to read their own language either. The use of an interpreter to describe the information to the patient, with an opportunity to discuss any questions, may sometimes be a better approach.
A list of free of charge translation resources / services is shown in Appendix 11. If these are not suitable, then all translations must be requested through the Patient Services Department who will contact an accredited external provider.

5.3 Use of Trust Staff
Staff members who are not registered with an accredited interpretation provider may be used to help communicate basic information about care or personal history but must not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. Further guidance on the use of staff is shown in Appendix 5.

5.4 Use of Carers, Relatives and Friends
Whilst some carers, relatives and friends may be able to interpret, staff must be aware that interpretation undertaken by people involved with the patient may be distorted (due to over protectiveness, bias or conflicting interests) and may not be an appropriate way of communicating confidential information.

For this reason, carers, relatives and friends should not normally be asked to interpret. However, the clinician may exercise their judgment on whether a parent is suitable to interpret for their child, providing they have a reasonable understanding of the required language. If this is not the case or there are other areas of concern (e.g. child protection issues), an approved external interpreter must be used.

The patient should be made aware that the organisation has access to professional interpreters. If the patient refuses the use of a professional interpreter and asks for the use of family members, this request must be verified using a telephone interpretation service, interpretation cards, SignLive and documented in the patient notes.

In the case of acute emergencies, staff may use the accompanying person to elicit and communicate basic information such as ‘what happened?’ ‘how did you get here?’, or necessary demographic information such as ‘where do you live?’ Clinicians will act in the best interest of the patient when determining urgent information required and this must be documented in the patients’ notes.

5.5 Children
Children should not be asked to interpret. If the patient brings a child (under 16 years) to interpret, they should be discouraged from interpreting and the option of a professional interpreter offered. Even in the case of acute emergencies, staff should only use the accompanying child to elicit and communicate basic information - as detailed in 5.4 above.

5.6 Protection /Safety Issues
Where there are concerns about child protection or vulnerable adult issues under the Mental Health Act, an approved external interpreter should be used, even for basic communication.

5.7 External Providers
All patients who are non-English speakers, whose first language is not English or who are sign language users should be offered access to an independent approved interpreter.

The chosen providers for such services for the Trust are:
The Big Word

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone interpreting</td>
<td>0.76 pence per minute</td>
</tr>
</tbody>
</table>

Calls are billed per second and you will therefore only be charged for the amount of time the interpreter is actually on the phone.

Language Empire

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>One hour spoken language interpreting session</td>
<td>£35</td>
</tr>
<tr>
<td>Two hour spoken language interpreting session</td>
<td>£55</td>
</tr>
<tr>
<td>Half day* spoken language interpreting session</td>
<td>£85</td>
</tr>
<tr>
<td>Full day* spoken language interpreting session</td>
<td>£155</td>
</tr>
<tr>
<td>One hour British Sign Language interpreting session</td>
<td>£50</td>
</tr>
<tr>
<td>Two hour British Sign Language interpreting session</td>
<td>£90</td>
</tr>
<tr>
<td>Half day* British Sign Language interpreting session</td>
<td>£150</td>
</tr>
<tr>
<td>Full day* British Sign Language interpreting session</td>
<td>£255</td>
</tr>
<tr>
<td>150 word letter to service user (all languages)</td>
<td>£10.50</td>
</tr>
<tr>
<td>500 word leaflet for customers (all languages)</td>
<td>£30</td>
</tr>
<tr>
<td>1,500 word care report for parents (all languages)</td>
<td>£75</td>
</tr>
</tbody>
</table>

* Half day = 3.5 hours and full day = 7 hours

Any travel expenses incurred by the interpreter are reimbursed by Language Empire, at no additional cost to the requestor, with the exception of British Sign Language where travelling expenses will be added.

SignLive

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Link British Sign Language interpreting</td>
<td>Overall Trust Contract - 500 minutes per month</td>
</tr>
</tbody>
</table>

The Trust has an overall monthly calls allowance of 500 minutes, each minutes used will be deducted from the monthly allowance. Additional minutes are available if required.

5.8 Out of Hours Policy

If you have an urgent request for an interpreter and this is outside of normal business hours, you will need to contact Language Empire’s Interpretation and Translation Out of Hours Team. Your call will be directed to the Out of Hours Team who will aim to deal with your call in a timely manner.

The Out of Hours Team is there to help with ‘emergency’ requests only. You can contact them on: 0845 370 2002 or freephone 0808 160 1786

In circumstances where you need a BSL interpreter you can consider using Signlive which is a remote British Sign Language (BSL) interpreter service.
Signlive is available between 08:00-24:00 Monday to Friday and weekends between 08:00-18:00. Please note this service is not suitable for every BSL patient or situation.

The guide on how to use SignLive is attached as annex 7.

### Procedure for Booking an Interpreter / Translator

#### 6.1 Interpreting Services

A Flow Chart summarising the decisions and key steps for arranging interpretation services is shown in Appendix 6.

**Face-to-Face Interpretation** must be booked in normal business hours (Monday to Friday, 09.00 a.m. to 5.00 p.m.) through the Patient Services Team which co-ordinates interpreter bookings for the Trust. The Trust sources interpreters through an external agency. All interpreters are appropriately qualified. Staff must not contact other agencies or individuals outside of these arrangements, as the Trust does not hold a contract with other providers and there is no agreement in place regarding confidentiality and indemnity.

Use this service for more complex communication for example:

- Obtaining consent for investigations / treatment
- Pre-assessment, discharge planning and advice
- Discussing concerns and complaints

Give plenty of notice – 72 hours for spoken languages and 1 week for BSL interpreters. Where less than 72 hours’ notice is given, the Patient Services Administrator will try to fulfil the request but with no guarantee due to the short notice given.

The Patient Services Administrator will require the following information via E-mail to arrange such services:

- Language required and dialect e.g. Kurdish - Sorani
- Patient initials, gender, Hospital ID number and NHS number
- Date, time and exact venue (including floor level) of the consultation
- Expected length of appointment
- Whether a male or female interpreter is required; for example, if care relates to a particular gender (as with gynaecology) or if there is a cultural requirement for a specific gender.
- Whether a specific, named interpreter, is required.
- Budget number and name of budget holder – for tracking purposes only as budgets now centralised
- Your name and contact telephone number

Forward the above details to the Trust generic mailbox. You will find the address in the global address list plh-tr.Interpreters-Translators@nhs.net.

This mailbox is manned by the Patient Services Team who will forward your request to the relevant agency. A confirmation email will be forwarded by the Patient Services Administrator to the person who has made the request as soon as the arrangements are confirmed by the agency.
Immediately following the appointment, staff should annotate the departure time on iPMS and confirm that the interpreting took place.

Cancellation Terms
Once a confirmation has been agreed, the job can be cancelled without incurring charges at a specific time before the appointment. Please see below for more details:

<table>
<thead>
<tr>
<th>Cancellation Time</th>
<th>Percentage of Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 6 hours (spoken language)</td>
<td>No charge</td>
</tr>
<tr>
<td>Less than 6 hours (spoken language)</td>
<td>100% of charge for assignment</td>
</tr>
<tr>
<td>More than 14 days' notice (BSL interpreters only)</td>
<td>No charge</td>
</tr>
<tr>
<td>Between 7-14 days (BSL interpreters only)</td>
<td>50% of charge for assignment</td>
</tr>
<tr>
<td>Less than 7 days (BSL interpreters only)</td>
<td>100% of charge for assignment</td>
</tr>
</tbody>
</table>

Telephone Interpreters
Staff may directly access the approved telephone interpreting service, the Big Word, who offer a 24 hour service. The Big Word supply telephone interpreting services to the NHS which will help you to communicate with patients who may have limited English.

Written guidance on how to use the Big Word will be available within your working area. Guidance can also be found on the Trust Intranet - The Big Word booking guidance

Use this service for:
- Short periods of communication
- Initial stages of unplanned / unscheduled care e.g. Emergency Department / MAU
- To obtain or provide straightforward information

Process to follow:
Dial the dedicated free number 0800 862 0653
- Enter your eight digit access code followed by #
- Enter your PIN number – the number from the patients hospital number, if no hospital number press 0 to bypass this option
- Enter the language code followed by the # key and wait to be connected. If the language is unknown, dial 700# to be connected to the language identification team
- Wait to be connected to an interpreter
- Interpreter will state the ID number and provide their name if requested
- Introduce yourself and give the interpreter any necessary background information
- Interpreter will then introduce themselves to your patient and begin interpreting
- Let the interpreter know when you are finished.

Video Link Interpreters
Staff can access a video interpreting service through an external provider SignLive which is available between 08:00-24:00 Monday to Friday and weekends between 08:00-18:00.

SignLive is a remote video relay service which has been running for over 10 years. When you dial though staff and patients communicate with a real person in real time, all interpreters are qualified to the same high level as any face-to-face interpreter that attends the hospital and all interpreters are aware of patient confidentiality.
SignLive is communicated using an iPad or smart phone, the Patient Services Team have iPads available for the purposes of this service.

Staff can book SignLive using the same process for booking face-to-face interpreter by sending a booking request via the Patient Services Team who co-ordinate all interpreter bookings for the Trust. The Patient Services Team will come along to the appointment and set the iPad up if you don’t already have access to the system. Forward the necessary details to the Trust generic mailbox. You will find the address in the global address list phl-tr.Interpreters-Translators@nhs.net.

Please note, Signlive is not be suitable for every patient or every appointment, it is not to be used for breaking bad

6.2 Translation Services

Written Translation
The provision of translated material does not replace an interpreter, but can act as a backup to reinforce information being given verbally. However, the translation of written materials is costly and it should be borne in mind that patients whose first language is not English might not be able to read their own language either. The use of an interpreter to describe the information to the patient, with an opportunity to discuss any questions, may sometimes be a better approach.

The Patient Services Team can request the translation of written material through an external agency. Electronic copies of the document and details of the language or format required should be forwarded to the Patient Services Administrator, using generic mailbox. You will find the address in the global address list phl-tr.Interpreters-Translators@nhs.net.

A Flow Chart summarising the decisions and key steps for arranging the translation of written material is shown in Appendix 8.

Staff should ensure that any information submitted for translation is:
• written in clear, plain English and approved by the Patient Experience & Engagement Lead
  See also the NHS Patient Information Toolkit NHS Patient Information Toolkit
• in line with current policy, clinically accurate and not about to change

Patient information leaflets which have not gone through the Trust’s checking and approval process will not be put forward for translation.

Translating information using the Internet
Whilst translation from written English to another language can be done using the Internet, extreme caution must be exercised when using this. Such translation may only be used to impart simple basic information.

Bear in mind that:
• Patient identifiable and personal information about a patient may not be translated using the internet. This would be a serious breach of the Data Protection Act
Medical terminology and information may not translate accurately which you may not be able to recognise or check. Because of this internet translation should not be used for imparting clinical assessment, care or discharge planning, risks, alternative choices etc.

### Braille transcription services
Written information can be translated into Braille through the RNIB. Visually impaired people requiring Braille can often get this done free of charge through the RNIB whereas there is usually a charge incurred with other organisations. Braille transcription is as follows:

- Braille: patient letter £7.50 plus £7.50 for each and every additional side plus vat.
- Braille: patient information leaflet, price on request as they need to work out the costing.
- Audio: £7.50 plus £3.50 per additional side.
- Large print £7.50 plus £5.50 per additional side.

All of the above include post and packaging.

Contact:
RNIB Transcription Service
2 Whiteoaks Court,
David's Lane,
Ivybridge,
Devon, PL21 0DW

Tel: 01752 690092
E-Mail: ivytcsw@rnib.org.uk

### Training
Ongoing staff awareness and training on the use for interpreters needs to be developed at local level by the ward and department managers and matrons and integrated into diversity training. This should include:

- a clear definition of the interface between the role of the interpreter and advocacy roles to avoid misunderstanding and conflict of interests
- an overview of the criteria for enlisting interpreting and translation services and the different provisions available
- an outline of local procedures to arrange such services
- guidelines on how to work effectively with Interpreters (See Appendices 8 and 9)
- Sign Language Awareness Training and how to work with signing interpreters

### Overall Responsibility for the Document
The Patient Experience & Engagement Lead is responsible for the document.

### Consultation and Ratification
The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.
The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Patient Experience Committee and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated owner. These must be ratified by the Chief Nurse.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

### 10 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust’s formal documents library and all staff will be notified through the Trust’s normal notification process, currently the ‘Vital Signs’ electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Chief Nurse and for working with the Trust’s training function, if required, to arrange for the required training to be delivered.

### 11 Monitoring Compliance and Effectiveness

A monitoring and quality standard framework has been developed with Language Empire, the main external provider of language support services. The Patient Experience & Engagement Lead or representative will attend contract monitoring meetings on a quarterly basis to review activity and performance.

Monitoring reports will be submitted to the Patient Experience Committee on a bi-annual basis detailing recent activity and areas for concern.

The Patient Experience & Engagement Lead will be develop mechanisms with Language Empire through the contract monitoring meetings to obtain feedback from patients, carers and staff about the quality, effectiveness and availability of language support services.

Any concerns about the quality of interpretation or translation should be directed to the Patient Services Manager with details of the date/time of interpretation, name of interpreter used, name of patient, relevant patient ID number and brief details of the concern.

### 12 References and Associated Documentation

## Dissemination Plan

<table>
<thead>
<tr>
<th>Recipient(s)</th>
<th>When</th>
<th>How</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Trust staff</td>
<td>July 2018</td>
<td>Vital Signs</td>
<td>Information Governance Team</td>
</tr>
<tr>
<td>Patient Experience Committee</td>
<td>July 2018</td>
<td>Email</td>
<td>Patient Services Manager</td>
</tr>
<tr>
<td>All Service Line Teams</td>
<td>July 2018</td>
<td>Email</td>
<td>Patient Services Manager</td>
</tr>
</tbody>
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## Review Checklist

<table>
<thead>
<tr>
<th>Title</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the title clear and unambiguous?</td>
<td>Y</td>
</tr>
<tr>
<td>Is it clear whether the document is a policy, procedure, protocol,</td>
<td>Y</td>
</tr>
<tr>
<td>framework, APN or SOP?</td>
<td></td>
</tr>
<tr>
<td>Does the style &amp; format comply?</td>
<td>Y</td>
</tr>
<tr>
<td>Rationale</td>
<td>Y</td>
</tr>
<tr>
<td>Are reasons for development of the document stated?</td>
<td>Y</td>
</tr>
<tr>
<td>Development Process</td>
<td></td>
</tr>
<tr>
<td>Is the method described in brief?</td>
<td>Y</td>
</tr>
<tr>
<td>Are people involved in the development identified?</td>
<td>Y</td>
</tr>
<tr>
<td>Has a reasonable attempt has been made to ensure relevant expertise</td>
<td>Y</td>
</tr>
<tr>
<td>has been used?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of consultation with stakeholders and users?</td>
<td>Y</td>
</tr>
<tr>
<td>Content</td>
<td></td>
</tr>
<tr>
<td>Is the objective of the document clear?</td>
<td>Y</td>
</tr>
<tr>
<td>Is the target population clear and unambiguous?</td>
<td>Y</td>
</tr>
<tr>
<td>Are the intended outcomes described?</td>
<td>Y</td>
</tr>
<tr>
<td>Are the statements clear and unambiguous?</td>
<td>Y</td>
</tr>
<tr>
<td>Evidence Base</td>
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<tr>
<td>Is the type of evidence to support the document identified explicitly?</td>
<td>Y</td>
</tr>
<tr>
<td>Are key references cited and in full?</td>
<td>Y</td>
</tr>
<tr>
<td>Are supporting documents referenced?</td>
<td>Y</td>
</tr>
<tr>
<td>Approval</td>
<td></td>
</tr>
<tr>
<td>Does the document identify which committee/group will review it?</td>
<td>Y</td>
</tr>
<tr>
<td>If appropriate have the joint Human Resources/staff side committee</td>
<td>Y</td>
</tr>
<tr>
<td>(or equivalent) approved the document?</td>
<td></td>
</tr>
<tr>
<td>Does the document identify which Executive Director will ratify it?</td>
<td>Y</td>
</tr>
<tr>
<td>Dissemination &amp; Implementation</td>
<td></td>
</tr>
<tr>
<td>Is there an outline/plan to identify how this will be done?</td>
<td>Y</td>
</tr>
<tr>
<td>Does the plan include the necessary training/support to ensure</td>
<td>Y</td>
</tr>
<tr>
<td>compliance?</td>
<td></td>
</tr>
<tr>
<td>Document Control</td>
<td></td>
</tr>
<tr>
<td>Does the document identify where it will be held?</td>
<td>Y</td>
</tr>
<tr>
<td>Have archiving arrangements for superseded documents been addressed?</td>
<td>Y</td>
</tr>
<tr>
<td>Monitoring Compliance &amp; Effectiveness</td>
<td></td>
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<tr>
<td>Are there measurable standards or KPIs to support the monitoring of</td>
<td>Y</td>
</tr>
<tr>
<td>compliance with and effectiveness of the document?</td>
<td></td>
</tr>
<tr>
<td>Is there a plan to review or audit compliance with the document?</td>
<td>Y</td>
</tr>
<tr>
<td>Review Date</td>
<td></td>
</tr>
<tr>
<td>Is the review date identified?</td>
<td>Y</td>
</tr>
<tr>
<td>Overall Responsibility</td>
<td>Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
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</tbody>
</table>
Core Information

Date | July 2018
---|---
Title | Interpreting and Translation Policy and Procedure

What are the aims, objectives & projected outcomes?

This document is intended to describe the measures in place to support communication with non-English speaking patients, people for whom English is a second language and sign language users. It describes arrangements for both telephone based and face to face interpreting and for the translation of written material.

Scope of the assessment

Collecting data

| Race | This is mitigated as the policy can be made available in alternative languages and formats.
| Religion | There is no evidence to suggest that there is a negative impact on religion or belief and non-belief regarding this policy.
| Disability | This is mitigated as the policy can be made available in alternative languages and formats.
| Sex | There is no evidence to suggest that there is a negative impact on gender regarding this policy.
| Gender Identity | There is no evidence to suggest that there is a negative impact on gender identity regarding this policy. Currently data is not collected for this area due to the current provision on the data collection systems. However, this is an area that is under development.
| Sexual Orientation | There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy. Currently data for this area is not collected due to the current provision on the data collection systems. However this is an area that is under development.
| Age | There is no evidence to suggest that there is a negative impact on age regarding this policy.
| Socio-Economic | There is no evidence to suggest that there is a negative impact on socio-economic issues regarding this policy.
| Human Rights | Data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.

What are the overall trends/patterns in the above data?

There are currently no trends or patterns in the data that is produced. Data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans. Requests for interpreters is monitored on a monthly basis and analysed as required. Consideration has been given to NHSLA Risk Management Standards for Trusts.
### Involving and consulting stakeholders

<table>
<thead>
<tr>
<th>Internal involvement and consultation</th>
<th>The policy has been reviewed and compiled by the Patient Experience &amp; Engagement Lead and Quality Administrator, Patient Services. The policy has been circulated to the Patient Experience Committee and Matrons for consultation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>External involvement and consultation</td>
<td>The policy has been developed in line with the Equality Act 2010. Representatives from Plymouth Healthwatch have been consulted through the Patient Experience Committee</td>
</tr>
</tbody>
</table>

### Impact Assessment

**Overall assessment and analysis of the evidence**

This impact assessment has shown there could be an impact on race or disability groups. However this document can be provided in other formats and languages if required.

Data is currently monitored, analysed and published on the Trust website although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans.

Requests for interpreters is monitored on a monthly basis and analysed as required.

### Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Risks</th>
<th>Completion Date</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide document in alternative formats and languages if requested</td>
<td>Jayne Glynn</td>
<td>Potential cost impact</td>
<td>Ongoing</td>
<td>When required.</td>
</tr>
<tr>
<td>Undertake analysis of service user data by protected characteristics</td>
<td>Jayne Glynn</td>
<td>Accuracy of data resources</td>
<td>Quarterly or at least on an annual basis.</td>
<td>Ongoing.</td>
</tr>
</tbody>
</table>

**Specific issues and data gaps that may need to be addressed through consultation or further research**

Improved reporting and analysis of interpreter requests.
Point to your language. We will get an interpreter on the telephone to help us.

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russian</td>
<td>RU</td>
</tr>
<tr>
<td>Persian</td>
<td>FA</td>
</tr>
<tr>
<td>Arabic</td>
<td>AR</td>
</tr>
<tr>
<td>Chinese</td>
<td>ZH</td>
</tr>
<tr>
<td>English</td>
<td>EN</td>
</tr>
<tr>
<td>French</td>
<td>FR</td>
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<tr>
<td>German</td>
<td>DE</td>
</tr>
<tr>
<td>Spanish</td>
<td>ES</td>
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<tr>
<td>Italian</td>
<td>IT</td>
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<tr>
<td>Portuguese</td>
<td>PT</td>
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<tr>
<td>Dutch</td>
<td>NL</td>
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<td>Polish</td>
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<td>Danish</td>
<td>DA</td>
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<td>Greek</td>
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<td>Hebrew</td>
<td>HI</td>
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<td>Hindi</td>
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<td>Hungarian</td>
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<td>Indonesian</td>
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<tr>
<td>Japanese</td>
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<td>Korean</td>
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<td>NO</td>
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<td>Turkish</td>
<td>TR</td>
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<tr>
<td>Urdu</td>
<td>UR</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>VI</td>
</tr>
</tbody>
</table>
These guidelines are specifically for those staff that have foreign language or sign language skills and can assist in emergency situations or help facilitate basic communication between patients and healthcare staff.

These guidelines are to be read alongside the Interpreting and Translation Policy and Procedure 2014.

i) **Role**
Staff must not be asked to interpret clinical information or any medical terminology or to facilitate decision-making about clinical care. Staff can be asked to facilitate basic/general communication such as personal details, determining condition/how the injury occurred, discussions/help on toileting and feeding. If more than this is required, an external approved interpreter must be arranged.

ii) **Scope of Practice**
Staff with linguistic skills can act as interpreters (as above) provided this is within their current role/usual place of work and does not negatively impact on service delivery.

iii) **Confidentiality**
All staff who act as interpreters are bound by the same confidentiality undertaking as for their Trust contractual responsibilities.

iv) **Secondary Employment**
Staff with language skills may apply to work for an external approved interpreting agency. However, such arrangements would be outside of their normal working hours and must therefore comply with their Trust contractual responsibilities and any working time directives.

This will ensure that only individuals with the proper level of language skills are involved in interpretation for patients. The risk of misinterpretation is also passed to the agency in the event of any subsequent litigation.
Steps for Booking an Interpreter

Your patient – are they:
- Non-English speaking
- English is not their first language
- Deaf

No

Identify language need – using language identification card or as detailed on original GP or clinical referral. Record requirement on iPM and case notes.

No interpreter required

Is an interpreter needed immediately?

Yes

Are you trying to communicate simple information or tasks e.g. get into bed, pointing to the toilet or conveying basic information?

No

Use telephone interpreter – available 24 hours-a-day

At time required, ☎️ 0800 862 0653 and state:
- Identification code
- Language required
- Telephone number
- Date and time required
- Department
- Special instructions

Interpreter provided and telephone call ended in the usual way. Annotate in patients’ records details that an interpreter was used, via the telephone.

Yes

Is the session likely to be more than 20 minutes or require an in-depth conversation? E.g. obtaining consent, mental health assessments, speech therapy, explaining exercises/equipment or a complaint meeting.

No

Any concerns around child protection, vulnerable adult or the Mental Health Act?

Yes

Request approved interpreter. Book via email ph.tr.to Patient Services Administrator or call on extn 31198 / 37035 stating:
- Language and dialect required
- Hospital ID number
- Whether male/female interpreter is required
- Date and time of appointment
- Appointment location
- Budget number and name of budget holder – for tracking purposes only
- Contact name and telephone number of person booking

No

Demonstrate basic information through actions or:
- use language cards or family members
- staff in department as part of their normal duties

Is accredited face-to-face interpreter available for the required appointment?

Yes

Following appointment annotate in patients records, details of the interpreter or service used and duration.
Steps for Translating Written Material

Appendix 6

HOW TO USE THE SIGNLIVE VIDEO INTERPRETING SERVICE

1. OPEN ITUNES TO DOWNLOAD APP

• Search for “SignLive” or use the link: https://itunes.apple.com/gb/app/signlive/id1251388487?mt=8

2. SEE THE SIGNLIVE ICON?

• Click to open

3. THIS IS THE LOGIN SCREEN

• Type your Username and Password here.
  • USERNAME: ********* PASSWORD: ********

4. THIS IS THE DIALLING SCREEN

• To connect to an interpreter, just press the green button.
• If you are in a noisy environment, use headphones or dial a nearby phone (e.g. your mobile) so the interpreter can hear you clearly.
• If you want to dial out, press the “*” button at the top and dial the phone number you want to call.

5. CLICK YES!

• You are nearly connected! Just click yes...

6. WELCOME / HOLDING SCREEN

• You will be placed in a queue.
• A message will come up saying “Welcome, please wait for the next available interpreter.”
• You will be in a queue for approximately 3 minutes (up to 3 minutes).
7. This is your interpreter

- The remote interpreter comes on your device.
- The interpreter wears a headset, you see them on the screen. Touch the screen to bring up some options.

8. Three on-screen options

- Three options:
  - Microphone: On or off
  - Video: Front or back
  - Text chat: On or off

9. Turn off mute function

- The microphone is automatically set to off.
- Press the button to switch it on. While highlighting, it is active.
- Wait 5 seconds to connect, otherwise you hear a beep.
- Note that the interpreter can hear you. Say hello!

10. Text chat

- You can use text chat at any time in the conversation.
- Text chat is suitable for:
  - Addresses
  - Long numbers e.g., phone, bank details
  - Passwords
  - Difficult to spell words

11. Ending calls

- To end a call, softly touch the screen then press the big red button.

12. Support

Contact us for technical support:

SignLive

Email: techsupport@signlive.co.uk

Support available 9am to 5pm Mondays to Fridays.
Steps for Translating Written Material

Translation request sent from University Hospitals Plymouth NHS Trust staff

Please Email the document you require to plh-tr.Interpreters-Translators@nhs.net including the language required, the date you require it back, the service line you work for and purchasing details

Request will be acknowledged and quote created by Language Empire

Language Empire will confirm receipt and quote the price for the document to be completed and will provide you with an estimated timescale

Contact University Hospitals Plymouth NHS Trust staff

Language Empire will confirm the quote has been sent and request that confirmation is received to go ahead

Confirmation received to proceed from client

Once received Language Empire will have the document translated. Once translated the document will be sent back to Interpreting Team to send onto relevant staff.

Internal translation process carried out

Language Empire will complete the translation and have it checked and proof read independently, including completing and Desktop Publishing on the document

Final document is received by Language Empire

Language Empire will complete quality control checks and convert the document to an agreed file type

Document is sent back to client

Documents are returned to University Hospitals Plymouth NHS Trust and the invoice is raised once confirmation is received of receipt
Before starting the interpreting session please
- Ensure the Interpreter understands the service
- Clarify your role within the service
- Allow the Interpreter time to introduce themselves and their role to the patient
- Arrange seating for the most direct communication between you and the patient
- Explain the purpose and most likely outcome of the meeting
- Ensure the Interpreter is aware of the meanings of medical terms

During the Interpreting session please
- Allow enough time for the interview
- Avoid unclear 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 patient will understand
- Keep eye contact with the patient rather than the interpreter

Concluding the interpreting session please
- Check with the patient that they have understood everything
- Allow the patient to ask supplementary questions or seek clarification
- Make any necessary follow up appointments and contact Patient Services Administrator in the usual way for confirmation of the interpreter’s availability.
- If the session has been traumatic, offer the interpreter support and notify the Patient Services Department.
- Feedback to Patient Services Department / Patient Services Manager if there have been any other difficulties
- Complete and sign the relevant sections of the Interpreter’s Assignment Form

Helpful things to remember
Interpreting is the oral transmission of meaning from one language to another, which is easily understood by the listener. This covers the conversion of speech from one language (including British Sign Language and other sign languages) to another.
Translation is the written transmission of meaning from one language to another, which is easily understood by the reader. This covers the conversion of written texts from one language to another.

- Interpreting meaning requires more than word for word processing. Time should be allowed to accurately interpret unfamiliar concepts.
- Please check with the Interpreter before assuming that they are distorting or adding to your meaning.
- Trained Interpreters attempt to bridge the communication gap, which is made up of cultural knowledge, power and information as well as language.
- The pressure is on the Interpreter.
- The responsibility for the interview is yours.
- The Interpreter is not an advocate or a community representative.
- Do not assume that the Interpreter is automatically a skilled translator.
- Please read out documents to be interpreted slowly. Please do not pass documents and forms to the Interpreter because this delegates responsibility for their explanation.
- To be patient and show compassion in a demanding situation.
- Working with an Interpreter requires twice as long (do you need to book a double appointment?)
- To be aware of your own racial and cultural attitudes.
- The Interpreter should be treated as a professional.
Guide to using Telephone Interpreters

1. **When your patient is with you**
   - Telephone the Big Word on 0800 862 0653 who provide a 24 hour service.
     - Enter your access code (previously issued to all departments) followed by the # key
     - If required enter your PIN number followed by the # key
     - Enter the language code
   - You will be put on hold
     - Approximately 30 seconds later the operator will connect you to an interpreter
     - Once connected stay on the line
     - Make a note of the interpreter’s identity number
     - Direct your conversation to the patient and NOT the interpreter
   - Brief the interpreter (e.g. explaining Who? Where? and What?)
     - Advise the interpreter what phone set up you have e.g. single handset, speaker phone
     - 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
   - End the call by asking the interpreter to ask the patient
     - Do you have any questions?
   
   **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 plain English; where possible avoid jargon and medical 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

2. **When your patient is at their home**
   
   If assistance is required on the telephone for patients at home e.g. clinic appointment query, attempt to:
   - Obtain the patient’s name, telephone number and language
   - Ring the Big Word to obtain an interpreter
   - The Big Word will connect you to the patient with an interpreter also on the line
3. **Additional guidance**
   - Identify yourself and your purpose clearly and distinctly – speak a little slower than usual.
   - Give the interpreter a brief outline of the situation.
   - Allow the interpreter a few moments to introduce themselves to your patient.
   - Let the interpreter know the information that you wish to deliver or obtain from the limited English speaker.
   - Direct your questions to your patient, not the interpreter.
   - Feel free to ask the interpreter to repeat a response.
   - Understand that there may be some delay before the interpreter can elicit the information you need from the limited English speaker due to cultural differences, or a need on the part of the limited English speaker to establish trust.
Useful Resources

1. **Multilingual Phrasebook - British Red Cross**
   This is for emergency care services and is endorsed by the British association of emergency medicine (BAEM). It is translated into 36 languages and covers over 60 of the most common medical questions and terms to help staff communicate with patients who do not speak English, helping to make a proper assessment while an interpreter is contacted.

2. **Medical Emergency Multi Lingual Questions for the Treatment of Seafarers**

3. **Language Cards**
   Available from Emergency Department, Main Reception or Patient Services Department.

4. **How to Work with British Sign language (BSL)**
   English Interpreter Association of Sign Language Interpreters [www.asli.org.uk](http://www.asli.org.uk)

5. **The Makaton Charity**
   [www.makaton.org/aboutMakaton](http://www.makaton.org/aboutMakaton)