Interpreting and Translation Services Policy

V4.0

20th November 2017
## Table of Contents

1. **Introduction** .................................................................................................................. 3
2. **Purpose of this Policy/Procedure** ................................................................................. 3
3. **Scope** .............................................................................................................................. 3
4. **Definitions / Glossary** ................................................................................................. 4
5. **Ownership and Responsibilities** ................................................................................... 4
   5.1. Role of the Chief Nurse ................................................................................................. 4
   5.2. Role of the Head of Patient Services ........................................................................... 4
   5.3. Role of Payments and Contracts Manager ................................................................. 4
   5.4. Role of Managers ......................................................................................................... 4
   5.5. Role of Individual Staff ............................................................................................... 4
6. **Standards and Practice** .................................................................................................. 4
   6.1. Understanding Individual Needs .................................................................................. 4
   6.2. Best Practice .............................................................................................................. 6
   6.3. Accessing Interpreting Services ................................................................................... 7
   6.4. Jobline Staffing Services .............................................................................................. 7
   6.5. Thebigword ................................................................................................................ 9
   6.6. British Sign Language (BSL) ....................................................................................... 9
   6.7. Typetalk ...................................................................................................................... 10
7. **Dissemination and Implementation** ............................................................................... 11
8. **Monitoring compliance and effectiveness** .................................................................... 11
9. **Updating and Review** ................................................................................................... 12
10. **Equality and Diversity** ................................................................................................ 12
    10.1 Equality Impact Assessment ..................................................................................... 12

**Appendix 1** Communicating With Someone Who Has a Hearing Impairment ............. 13
**Appendix 2** Language Identification Card ....................................................................... 14
**Appendix 3** Request Form for Interpreter ........................................................................ 15
**Appendix 4** Good Practice Checklist for All Staff Using an Interpreter ......................... 16
**Appendix 5** Governance Information ............................................................................... 17
**Appendix 6** Initial Equality Impact Assessment Form ..................................................... 19
1. **Introduction**

1.1. Effective patient care depends upon the accurate exchange of information. It is therefore the aim of the Trust to ensure that a range of interpreting and translation services are provided for those people for whom English is not their main language or who may have a disability where communication is affected.

1.2. Tackling inequalities and improving the health and wellbeing of the population, equality and fair treatment are central to the NHS. The Trust has developed procedures to meet the interpreting needs of our service users at the point of initial contact with our organisation.

1.3. Under the Care Quality Commission (CQC) regulations, Outcome 1: Respecting and involving people who use services, the Trust needs to ensure that people who use our services:

- Understand the care, treatment and support choices available to them
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support
- Have their privacy, dignity and independence respected
- Have their views and experiences taken into account in the way the service is provided and delivered.

1.4. This document sets out the Trust’s current arrangements for accessing Interpreting and Translation Services.

1.5. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

2.1. The objective of this policy is to promote awareness to the Royal Cornwall Hospitals NHS Trust staff on the importance of providing a culturally acceptable and appropriate service to members of minority groups whose preferred language is other than English or who are unable, or have difficulty, gaining access to services due to linguistic, hearing or other barriers.

2.2. To offer a forward-looking and high quality language support service to our patients, including face to face interpreting, telephone interpreting, British Sign Language and written translation services.

2.3. To ensure that an out of hours and urgent service to patients is provided for language support services.

2.4. To ensure that the services provided by our Language Service providers are managed effectively and are continuously evaluated and monitored for efficiency and cost-effectiveness.

3. **Scope**

3.1. It is the responsibility of all staff to ensure that they are aware of the current arrangements for meeting the interpreting and translation needs of our patients.
4. **Definitions / Glossary**

4.1. **Interpreting** relates to the spoken word (transferring ideas expressed orally), or by the use of gestures (as in the case of sign language), from one language to another.

4.2. **Translation** relates to the written word (transferring ideas expressed in writing from one language to another).

5. **Ownership and Responsibilities**

5.1. **Role of the Chief Nurse**
The Nurse Executive is the Executive Director responsible for the delivery of quality and safety. Interpreting and translation are an element of the quality and safety agenda.

5.2. **Role of the Head of Patient Services**
The Head of Patient Services is responsible for ensuring that the Trust provides an interpretation and translation service which:
- meets the needs of our patients
- abides by legislation
- makes the best use of Trust resources
- is subject to periodic review and facilitates changes to services as required

5.3. **Role of the Payments and Contracts Manager**
The Contracts Manager is responsible for ensuring the Trust has signed up to date contracts with service providers, through NHS Supplies, for the provision of interpretation and translation services to the Trust.

5.4. **Role of Managers**
Line managers are responsible for:
- Ensuring that their staff abide by the policy and attend any relevant training as required.
- Ensuring that the ward/department has up to date information for their staff on how to access interpreting and translation services.

5.5. **Role of Individual Staff**
All staff members are responsible for ensuring that they provide a culturally acceptable and appropriate service to members of minority groups whose preferred language is other than English or who are unable, or have difficulty, gaining access to services due to linguistic, hearing or other barriers.

6. **Standards and Practice**

6.1. **Understanding Individual Needs**
The Trust Interpreting and Translation Service aims to recognise the needs and circumstances of our patients, relatives as well as carers and tailor its services to meet their needs.
6.1.1 Ethnicity
The Trust serves a population of over 532,000 according to the 2011 census, of which 1.8% class themselves as being from a black and minority ethnic group compared to 14.6% in England.

The Equality Act 2010 prohibits direct and indirect discrimination and harassment across nine protected characteristics which are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation
- Marriage and civil partnership (but only in terms of the need to eliminate discrimination in employment)

As a public Sector Organisation the Act also requires that due regard is given to removing or minimising disadvantages suffered by individuals from these protected characteristics, including race and the fact that this may include people whose main language is not English.

It is important that the Trust has robust systems in place to ensure that all patients who do not speak English as their main language receive all necessary assistance to allow equal access to our services.

6.1.2 Disability
Disabled people often face unacceptable difficulties when using NHS facilities. It is estimated that there are 11.9 million people in the UK who are classified as disabled under the general definition of disability in the Equality Act which has applied since 1 October 2010 (Family Resource Survey 2011-12). By extension, many of our service users will have a disability and may need assistance with interpreting and translation.

Examples:
Patients who have a visual impairment should have access to information in an appropriate format to meet their needs (e.g. CD, audio information, large print).

Patients who are hearing impaired or deaf may require access to someone who is able to use sign language (a Signer), or be guided to an area with a hearing loop system. Please see Appendix 1 for guidance on communication with someone with a hearing impairment.

Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers. This is the duty to make reasonable adjustments.

The duty to make reasonable adjustments aims to make sure that a disabled person can use a service as close as it is reasonably possible to get to the standard usually offered to non-disabled people.
6.2 Best Practice

6.2.1 The Patient’s Needs
Ideally the patient’s need for an interpreter should, where possible, be determined in advance as most interpreting services and signers need notice.

6.2.2 Patient Choice
Patients should be made aware that an interpreter could be provided for their communication needs. The patient’s agreement should always be sought before an interpreter is used and their agreement documented in their health record. Staff must check that the patient has no objection to the particular interpreter they intend to use. If this should happen, contact The Big Word and confirm if the patient is happy to continue with the support of a telephone interpreter or would prefer to reschedule their appointment etc. with a different face to face interpreter.

6.2.3 Use of Relatives and Friends as Interpreters
Patient’s relatives should not be encouraged to act as interpreters for the purpose of exchange of clinical information. A non-independent interpreter may influence or bias information given by, or to, Health Professionals. A friend or relative may have conflicting interests with the patient and staff members have no way of knowing the quality of the interpreting. If a patient wishes to use a friend or relative to interpret, this should be documented in their medical records. The patient must still be offered the choice of a professional interpreter.

6.2.4 Use of Children
Children must not be used as interpreters. Patients who bring children to act as interpreters should be strongly discouraged and a qualified interpreter used. Interpreting, particularly in a health care setting, is a serious responsibility and should not rest on a child’s shoulders.

Staff should only use a child to gain basic information in the case of an emergency.

6.2.5 Use of Multi-Lingual Staff Members
Multi-lingual staff members should not undertake any interpreting of clinical information except in an emergency.

6.2.6 Documenting the use of Interpreters
When an interpreter is used (or declined) this should be documented in the patient’s medical records. This is important in case of complaints or litigation made at a future date.

6.2.7 Confidentiality
All staff members are required to maintain complete patient confidentiality as a condition of their employment with the Trust, as outlined in the Trust’s Code of Conduct for Employees in respect of confidentiality.

Patient confidentiality must be respected when arranging an interpreter and the Caldicott Guardian principles should be adhered to at all times. Any breaches of patient confidentiality will be taken seriously and may result in disciplinary action being taken. Interpreters and translators employed by a professional interpreting service, such as The Big Word or Jobline Staffing, will be covered by their own professional code as far as confidentiality is concerned.
6.2.8 Private Patients or Overseas Visitors
Private patients or overseas visitors who require the services of an interpreter should be advised of the cost at the commencement of the service and informed that this sum will be added to their final invoice, where they are not exempt under Department of Health Regulation from NHS treatment charges.

With regard to overseas visitors, the patient is at liberty to refuse the service on grounds of cost. The senior clinician must then decide if they wish to proceed with the interpretation service on the basis of clinical need or best practice and for the Trust to absorb the charge for doing so.

The Trust must not be exposed to risk by not providing the service of an interpreter solely due to the unwillingness or inability of the patient to pay.

6.3 Accessing Interpreting Services

6.3.1 Any member of staff organising a patient’s appointment or admission who identifies a need, can arrange for an interpreter. The line manager for the specialty under whose care the patient is attending the Trust will have to confirm this need as the charge will come out of the department budget.

6.3.2 There are three main interpreting services:

- Jobline Staffing – face to face language interpreting
- thebigword – telephone interpreting and translations including braille
- Hearing Loss Cornwall – face to face British Sign Language (BSL)

6.4 Jobline Staffing Services

Jobline Staffing is able to provide a face to face interpreting service for the majority of languages spoken in the UK. These are the predominant languages, other than English, spoken by patients attending the Trust: Polish, Latvian, Russian, Slovak, Portuguese, Lithuanian, Turkish, Mandarin, Thai, Cantonese, Czech, German and Spanish.

6.4.1 Placing a Booking
Twenty-four hours notice is required for all bookings. In an emergency, an interpreter can sometimes be arranged in less time.

To place a booking with Jobline Staffing please email interpreters. rch-tr.interpreters@nhs.net or contact the General Office on extension 2690. A form will be e-mailed to the staff member requesting the service.

This should be completed and sent back to Jobline Staffing through NHS Mail: jobline.rcht@nhs.net

Alternatively the forms can be accessed via the Trust’s Intranet:-
http://intranet.cornwall.nhs.uk/Intranet/AZServices/I/InterpretingServices/ResourcesFormsPosters.aspx
You will need the following information:

- Patient’s name
- NHS number
- Date and time of appointment
- Which department the patient is attending and with whom
- Language required
- Authorising manager and their budget number

Note: The invoice for the interpreter will come out of the budget from the speciality under whose care the patient is attending the Trust.

6.4.2 During an Interpreter’s Visit

- See Appendix 2 Language Identification Card.
- See Appendix 3 Request form for interpreter / translator.
- See Appendix 4 Good Practice checklist for all staff using an interpreter.

6.4.3 After an Interpreter’s Visit

Please record the date and time of the interpreter’s session in the patients’ records, sign the interpreter’s timesheet and complete the quality assurance form supplied by the interpreter.

6.4.4 Follow-up Appointments

To ensure continuity of service and confidentiality, the interpreter could return for any follow-up appointment as mutually agreed with Trust staff. Both the interpreter and the member of staff will complete a follow-up appointment order form confirming the agreed appointment.

6.4.5 Cancelling or Amending Bookings

It is the responsibility of the department booking an appointment with an interpreter to ensure that any changes or cancellations are passed on to the interpreting service and the General Office. The Trust incurs the expense of an interpreter’s time if appointments are not cancelled or amended appropriately and these charges will be passed to the department who made the booking.

6.5 thebigword

thebigword is a telephone-based service, which allows immediate access to an interpreter 24 hours a day. This service should be used out of hours, at weekends and in an emergency. As well as telephone interpreting, thebigword should be used for the translation of documents including braille.

thebigword provides communication in over 150 different languages. For help with identifying which language you require see Appendix 2 Language Identification Card.

6.5.1 Accessing thebigword

thebigword is accessible 24 hours per day, 365 days a year.

Telephone: 0800 757 3053
Telephone interpreting can be used in the following instances:

- When a patient attends as an emergency or the interpreting need has not been established prior to a hospital appointment.
- When simple conversations are required, e.g. during routine tests.
- When there is a need to cancel, amend or postpone an appointment.
- Please DO NOT use the telephone interpreting service to discuss complex or lengthy clinical issues with a patient, or to give a diagnosis, which is likely to cause the patient distress. Face to face interpreting via Jobline Staffing Service should be used in such instances.

All departments in the Trust have their own unique ID access code for thebigword. These codes will be needed at the time of booking an interpreter. If the incorrect code is given, a booking cannot be made. If you do not know your access code, please contact the General Office on 01872 25 2690 or email: rch-tr.interpreters@nhs.net

6.5.2 Translation of Information
You can upload files of any type or size for translation, track status of projects, and produce reports on translation and interpreting spend and usage, by individual offices and departments via thebigword’s web based system called Globalisation Management System (GMS). Each Division has been given their own password to access this service. If you do not know your access code, please contact your Divisional Manager.

Confidential patient information should not be sent via e-mail and thebigword GMS must be used in order for the Trust to comply with the Data Protection Act and Information Governance.

6.5.3 Globalisation Management System (GMS) – Management Tool
Thebigword’s information management system is known as Globalisation Management System (GMS). The key benefit of using GMS is the provision; free of charge, of real time data that allows you to monitor usage for translations and telephone interpreting. The information GMS is able to provide can be broken down by department, cost codes or individuals and include language, time, date, length of call expenditure, who made the call and progress of any document Translation. This is a live system updated every 15 minutes.

Further information can be obtained from the Head of Patient Services regarding this service.

6.6 British Sign Language (BSL)
Patients who are profoundly deaf may require a British Sign Language interpreter. These patients often prefer to use an interpreter who is familiar to them. When they know they need to come into one of our hospitals, they usually contact the interpreter of their choice to make the necessary arrangements.

6.6.1 Accessing an interpreter
It is the responsibility of the interpreter to notify Hearing Loss Cornwall (HLC) when a patient contacts them to act as their interpreter for an appointment/attendance at RCHT. HLC will formally request the use of an interpreter for a named patient by emailing rch-tr.interpreters@nhs.net
This e-mail address is managed on a daily (Mon-Fri) basis by the General Office Team, who will forward the request to be authorised by the appropriate manager at the Trust. Once authorised, HLC will send a booking form to the interpreter to confirm the assignment.

This process will help us to identify and manage the necessary resources, particularly in respect of those invoices where a BSL interpreter will be attending the Trust for, or over, a prolonged period of time e.g. maternity or oncology appointments. We recognise our duty under the Equality Act 2010 to provide quality and safe care; however, we also have to demonstrate that we manage our resources effectively.

We recognise that there may be occasions when a patient has to attend the Trust at very short notice e.g. in an emergency situation. At these times we have agreed that the above process will be completed retrospectively.

**Hearing Loss Cornwall can be contacted on:** Tel: 01872 225868 or by textphone on 01872 263664.

**In an Emergency**

If you need a BSL interpreter out of hours, (HLC office is closed at 3.30pm) contact:

**Mobile:** 07860023712 or 01209 823103. **Kernow Message Handling Service will contact an interpreter for you.**

*(See Appendix 1 - Communicating with someone who has a hearing impairment)*

**6.7 Typetalk**

Typetalk is a national telephone relay service, enabling deaf, deafblind, hard of hearing and speech-impaired people to communicate with hearing people anywhere. Briefly this is a system to allow people who use a text phone to communicate with people using a standard telephone.

**6.7.1 How to Receive a Call From Typetalk**

When the phone rings, you will not know if it is a hearing person or a textphone user until you answer the call. When you answer the call, you will hear a recorded message saying, ‘Please hold for an Operator assisted call from a textphone user’. Wait for a Typetalk Operator to join the line and relay the call. The Operator will ask if you have used the service before.

If ‘no’ a short explanation of the service will begin. If ‘yes’ you can begin your conversation with the textphone user.

The Typetalk Operator will read what the textphone user is saying to you, or they may choose to speak to you direct. Do not interrupt as they cannot hear you. The Operator will type your reply back. Remember to say ‘go ahead’ or ‘GA’ at the end of your sentence so the Operator knows you have finished speaking. Once the call has ended simply say ‘Goodbye, SKSK’ which is an abbreviation for Stop Keying, informing the Operator you have finished your call.
6.7.2 **How to Make a Call Through Typetalk**
Dial 18002 followed by the full telephone number of the textphone user you are calling, including the area code. You will hear a recorded message which begins, “welcome to TextDirect, please hold for connection.....”

When the textphone user answers the call a Typetalk Operator will join the line to relay the call. You can now begin your conversation. Remember to say ‘go ahead’ or ‘GA’ at the end of your sentence so that the Operator knows you have finished speaking. The Typetalk Operator will read what the textphone user is saying to you, or they may choose to speak to you direct. Do not interrupt as they cannot hear you. The Operator will type your reply back. Remember to say ‘go ahead’ or ‘GA’ at the end of your sentence so the Operator knows you have finished speaking. Once the call has ended simply say ‘goodbye, SKSK’ which is an abbreviation for stop keying, informing the Operator you have finished your call.

7 **Dissemination and Implementation**
This policy will be published via the Trust’s Intranet Document Library and will be disseminated directly to those staff groups most likely to be affected by the policy. No additional implementation measures are required.

8 **Monitoring compliance and effectiveness**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Interpretation and translation episodes, language types; quality of service provided.</th>
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<tbody>
<tr>
<td>Lead</td>
<td>Head of Patient Services</td>
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</table>
| Tool                    | Record of requests for face to face interpreters and information in alternative formats.  
                          | Record of telephone interpreters accessed from thebigword globalisation management system. 
                          | Jobline Interpreter evaluation report for service users and professionals. |
| Frequency               | Record of requests for face to face interpreters and information in alternative formats is monitored continually. The number of interpreter/translation episodes, language types and cost is reported annually. |
| Reporting arrangements  | Interpreting and Translation statistics will be considered by Clinical Support and Cancer Services Division at Clinical Governance and Patient Services Team Meetings. NHS Kernow will monitor request for interpreters for specific languages on a quarterly basis. |
| Acting on recommendations and Lead(s) | The Head of Patient Services will undertake subsequent recommendations and action planning for any deficiencies and recommendations within a 3 month timeframe where possible. |
| Change in practice and lessons to be shared | The Head of Patient Services will identify the lead person to implement any change as appropriate. Staff will be informed via Communications and the Trust website. |

9 **Updating and Review**
This policy will be reviewed at least every 3 years unless changes are required before
this time.

10 Equality and Diversity
This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

10.1 Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 6.
Appendix 1 Communicating With Someone Who Has a Hearing Impairment

**Remember:** Even if someone is wearing a hearing aid, it does not mean that they can hear you. Ask if they need to lip read you.

Try the following tips from the Royal National Institute for the Deaf if you are speaking to someone who is deaf or hard of hearing:

- Make sure you have the listener’s attention before you start speaking.
- Speak clearly, but not too slowly and do not exaggerate your lip movements.
- Use natural facial expressions and gestures.
- If you are talking to a deaf person and a hearing person, do not just focus on the hearing person.
- Do not shout. It is uncomfortable for a hearing aid user and it can appear aggressive.
- If someone does not understand what you have said, do not just keep repeating it. Try saying it in a different way.
- Find a suitable place to talk, with good lighting, away from noise and distractions.
- Remember not to turn your face away from a deaf person. Always turn back to your listener so that they can see your face.
- Check that the person you are talking to can follow you. Be patient and take the time to communicate properly.
- Use plain language and do not waffle. Avoid jargon and unfamiliar abbreviations.
Appendix 2 Language Identification Card

For language assistance, please point to your language.
English

Per ndihmë me gjihët, tregoni me gisht drejt gjihës suaj.
Albanian

الحصول على مساعدة في اللغة، الرجاء الإشارة إلى لغتك.
Arabic

কথা কথায় বিধিয়া সহায়তা করা যায়কে বিধিয়া সহায়তা করা যায়কে বিধিয়া সহায়তা করা যায়কে বিধিয়া সহায়তা করা যায়কে বিধিয়া
Bengali

За помощь с превод, моля посочете своя език.
Bulgarian

如需要语言协助，请指出您使用的语言。
Cantonese

Potřebujete-li jazykovou pomoc, ukážte prosím na váš jazyk.
Czech

پرای دریافت کمک در رابطه به زبان، لطفا به زبان خود شما کنید.
Dari

Pour obtenir une assistance dans votre langue, indiquez celle-ci.
Dari

ते भाषावर अनुभव, मंगलवारी दिवसः भाषावर अनुभव, तेथे भाषावर अनुभव, तेथे भाषावर अनुभव, तेथे भाषावर अनुभव, तेथे भाषावर अनुभव, तेथे भाषावर अनुभव.
Gujarati

Amennyiben nyelvi segítségre lenne szüksége, kérjük, hogy mutasson az anyanyelvéről!
Hindi

به اطلاعاتی که در زبان خود دارید، لطفاً به من بگویید.
Italian

언어 지원이 필요하시면 원하는 언어를 선택하십시오.
Korean

لطفاً به زبان خود رابطه کنید.
Kurdish

Lai saņemtu valodas palīdzību, lūdzu, norādiet savu valodu
Latvian

Norėdami gauti susijusių pagalbos, parodykite j savo kalbą.
Lithuanian

話言を選んでください。それはあなたが話す言語です。
Mandarin

Soumakai so vlojind, e honga she na honga she.
Nepali

प्राचीन भाषाएँ को नेपाली भाषा को लोग नेपाली भाषा की तरह नेपाली भाषा की तरह नेपाली भाषा की तरह नेपाली भाषा की तरह नेपाली भाषा की तरह नेपाली भाषा की तरह नेपाली भाषा की
Pashto

Please ask the patient to point to their language.
Appendix 3 Request Form for Interpreter

Table 1 to be completed (in full) by RCHT member of staff/PCT Midwife and emailed to jobline.rcht@nhs.net

Table 1:

<table>
<thead>
<tr>
<th>DATE REQUESTED</th>
<th>REQUESTERS NAME AND EXTENSION</th>
<th>PATIENT’S NAME</th>
<th>NHS NUMBER IF KNOWN</th>
<th>LANGUAGE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE REQUIRED</th>
<th>TIME (FROM / TO IF KNOWN)</th>
<th>DEPARTMENT AND PERSON TO SEE</th>
<th>AUTHORISING MANAGER</th>
<th>BUDGET NUMBER</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Table 2 to be completed by Jobline Staffing providing the above information has been completed in full. Please return to requester – copy to rch-tr.interpreters@nhs.net

Table 2:

<table>
<thead>
<tr>
<th>ASSIGNMENT NUMBER</th>
<th>INTERPRETER’S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
</table>

For enquiries contact Simon Vaughan at Jobline Staffing – 0800 085 6484
Appendix 4 Good Practice Checklist for All Staff Using an Interpreter

1. Make sure you know exactly which language your client speaks. See Appendix 2 Language Identification Card or please contact a member of Jobline Staffing who will be able to offer further assistance.

2. Remember that you, not the interpreter, are in control of the meeting.

3. To ensure safety and security it is best practice not to leave interpreters alone with patients.

4. Be sure to allow enough time for the meeting – a three-way conversation will take longer than a normal two-way conversation.

5. The interpreter will be briefed by a member of Jobline Staffing prior to the meeting. If there are points you need to raise with the interpreter regarding your client please do so before the meeting begins.

6. Before the meeting commences make certain that all the people involved are aware of the interpreter’s needs.

7. For face-to-face interpreting sessions, arrange the chairs so that you are sitting directly opposite your client with the interpreter alongside you.

8. Ensure that there is no disturbing background noise when the interpreter is seated.

9. Place the interpreter between the parties so that everything can be heard and don’t turn away from the interpreter when talking.

10. Speak directly to the client but do not give too much information at one time.

11. Ensure you speak slowly, clearly and concisely at all times.

12. If the discussion becomes prolonged, remember to pause for the interpreter. The longer you continue talking the more likely it is that mistakes could be made or words could be omitted.

13. Explain abbreviations or acronyms when using them for the first time. A reference sheet in advance is helpful.

14. It is important to be aware of cultural differences and the implications such differences may have on what is said.

15. Avoid the use of slang, colloquialisms, play on words or puns.

16. Make sure that at the appropriate time the interpreter informs the client of the termination of the meeting.

17. Consider the length of time an interpreter is required to be present for in-patients.

18. Let your client and the interpreter know when you have finished.
## Appendix 5 Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Interpreting &amp; Translation Services Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>30.11.2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>30.11.2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>29.11.2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Jayne Martin Head of Patient Services</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 258515</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>The use of Interpreting &amp; Translation Services within the Trust</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Translation, Interpreting, Foreign language, British Sign Language, Communication</td>
</tr>
<tr>
<td>Target Audience</td>
<td>[RCHT]</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td>02.11.2017</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Interpreting &amp; Translation Services Policy</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Divisional Manager confirming approval processes: Associate Director Clinical Support and Cancer Services</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Equality and Diversity Lead</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical/Quality and Safety</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>None</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>Policy for Consent to Examination or Treatment</td>
</tr>
<tr>
<td>Training Need Identified?</td>
<td>No</td>
</tr>
</tbody>
</table>
## Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>V1.0</td>
<td>Previous version history not known</td>
<td></td>
</tr>
<tr>
<td>25 Oct 13</td>
<td>V2.0</td>
<td>Reformat. Telephone numbers updated and Sign Translate information removed.</td>
<td>Shirley Netherton, PPI Manager</td>
</tr>
<tr>
<td>04 Jun 14</td>
<td>V3.0</td>
<td>Update of Emergency telephone numbers for Hearing Loss Cornwall. Job role and titles. Reformat.</td>
<td>Lana-Lee Jackson, Patient Experience Manager Pam Rabett, PPI Manager Shirley Netherton, PPI Manager</td>
</tr>
<tr>
<td>02 Nov 17</td>
<td>V4.0</td>
<td>Policy Ownership transferred to Head of Patient Services, minor amendments to contact email addresses and telephone numbers including the contact number for thebigword</td>
<td>Kevin Bolt, Payments and Contracts Manager</td>
</tr>
</tbody>
</table>

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
### Appendix 6 Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
<th>Interpreting &amp; Translation Services Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Quality, Safety and Compliance</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Jayne Martin</td>
<td>Telephone: 01872 258515</td>
</tr>
<tr>
<td><strong>1. Policy Aim</strong>&lt;br&gt;Who is the strategy / policy / proposal / service function aimed at?</td>
<td>The objective of this policy is to promote awareness to The Royal Cornwall Hospitals Trust staff, of the importance of providing a culturally acceptable and appropriate service to members of the minority groups whose preferred language is other than English or who are unable or have difficulty gaining access to services due to linguistic, hearing or other cultural barriers.</td>
</tr>
</tbody>
</table>
| **2. Policy Objectives** | ➢ To offer a forward-looking and high quality language support service to our patients, including face to face interpreting, telephone interpreting, British Sign Language and written translation services.  
➢ To ensure that an out of hours and urgent service to patients is provided for language support services.  
➢ To ensure that the Service provided by our Language Service providers is managed effectively and is continuously evaluated and monitored for efficiency and cost-effectiveness |
| **3. Policy – intended Outcomes** | For patients with communication needs to be able to access the Trust services |
| **4. How will you measure the outcome?** | Record of interpretation and translation provision |
| **5. Who is intended to benefit from the policy?** | All patients who require interpretation and/or translation needs |
| **6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**<br>b) If yes, have these *groups been consulted?**<br>C). Please list any groups who have been consulted about this procedure. | No, only minor amendments to telephone numbers and email addresses within the policy have been made. |

### 7. The Impact

Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td>✓</td>
<td>This policy makes special mention of the needs of ethnic minority groups and disabled groups so is intended to have a positive impact on these groups.</td>
<td></td>
</tr>
<tr>
<td>Disability - Learning, disability, physical, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No ✓ |

9. If you are not recommending a Full Impact Assessment please explain why.

Not needed – see note above

| Signature of policy developer / lead manager / director | Date of completion and submission |
| Names and signatures of members carrying out the Screening Assessment | 1. Jayne Martin  
2. Human Rights, Equality & Inclusion Lead |

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed __________________

Date __________________