GOP09 V1

INTERPRETING, TRANSLATION AND COMMUNICATION POLICY AND PROCEDURE

Contents

1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of this policy is to provide guidance on our responsibilities to staff, volunteers, patients and carers who may require support from interpretation or translation services. It will ensure that patients have equal access to excellent patient care, and enable compliance with equality legislation, Care Quality Commission outcomes and other standards.

This policy and associated guidance is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people with learning disabilities and people who require Deaf or Deaf Blind Communicators. It describes arrangements for face to face and telephone interpreting, and for the translation of written material.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Interpreting: Is the process of orally converting spoken words from one language to another or between one language or another.[1] This covers the conversion of speech from one language (including British Sign Language (BSL), other sign languages) to another and includes palantype (conversion of spoken to written speech). Language interpreting can be provided by telephone, by video, or face to face.

Translation: Can be defined as the process of converting written text or words from one language to another.[2] The written transmission of meaning from one language to another, which is easily understood by the reader. This covers the conversion of written text from one language or format to another. This also includes conversion to Easy Read and the conversion of written information into Braille and other pictorial formats.

Interpreter: Is someone who is not only fully multilingual but also has the ability and accredited training to be able to work between two languages and facilitate communication between two people. (Reference – Association of Sign Language Interpreters.)

Communication support: A variety of ways of supporting communication with people who do not use the conventional forms of spoken or written English, including Braille, picture boards, Easy Read, Makaton and other tactile forms of writing, lip-reading and lip-speaking, and various communication technologies, such as speech- to- text readers

1 https://www.iti.org.uk/about-iti/our-background-and-values
2 https://www.iti.org.uk/about-iti/our-background-and-values

d/Deaf: Conventionally the use of the word deaf (with a lower case 'd') refers to any person with a significant hearing loss, whereas Deaf (with a capital D) refers to a person whose preferred language is British Sign Language. (Association of Sign Language Interpreters). Do not assume that all Deaf people use BSL or that BSL users will be able to read standard English confidently.

Patient: Includes service users or their representative. Carers and parents are also covered under this policy for interpreting and translation of information in relation to disability. Interpreting does not include advocating for a patient.

Disability : A person has a disability if they have a physical, sensory, neurodiversity or mental health disability, learning disability or difficulty which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. (From the Equality Act 2010).

3.0 Accountabilities

The Chief Nursing Officer has overall responsibility for interpreting services within the Trust. Line management responsibility is held by the Associate Director of Patient Relations and Experience.

3.1 Deputy Chief Operating Officers

Responsible for implementing the policy and ensuring staff are made aware of the contents of the policy document. The Deputy Chief Operating Officers will implement appropriate systems at Divisional and Directorate level to monitor usage of interpreter services and to ensure appropriate methods of delivery are utilised.

3.2 Appointment Team / Nurse / Doctor /Dentist/ Allied Health Professional (AHP)

Before booking an interpreter, the specific language (and ideally dialect) required must be identified. A Language Identification Card is available to enable patients to visually identify their own language.

The appointments team is responsible for booking interpreters when required. Language needs are recorded on the referral letter or previously flagged on the Patient Administration System (PAS) and for newly identified patients.

The Clinician is responsible for assessing and verifying information and communication needs of patients and determining, based on the criteria set out in this policy, if alternative formats (e.g., telephone or face-to-face language interpreting or sign language interpretation is required). This must be done as part of mainstream processes such as at:

- New appointments,
- Initial contact or service registration,
- Outpatient reviews or care plan reviews,

- Confirming that needs are already captured on manual or electronic flagging systems or needs that are received via a referral are correct, and
- Utilising the learning disabilities communication passport (as appropriate).

Completing the alert card on the front of the patient's notes indicating the following.

- The communication and information needs of the patient (e.g., larger print size 16 Arial documents, e-mail, text message etc.), that an interpreter is required, and the specified language / sign language interpreterrequired.
- Any alternative methods of communication and information in order to provide a seamless and proactive service delivery e.g., noting a second language if the preferred (first) language is not available.
- That the patient has been asked about their communication and information needs and there are no requirements.
- To ensure electronic flagging system(s) have been updated with information and communication needs or state that there are none.
- Organise communication and information needs when required and ensure that any automatically generated standard formats are not provided to patients.

3.3 Associate Director Patient Relations / Patient Experience (ADPR/ADPE)/ Patient Relations/Procurement

Responsible for the provision and usage of language interpreting services, language translation and British Sign Language which meet national agreed standards. The ADPR will monitor the quality of the service provider by ensuring that at least two formal contract monitoring review meetings take place annually.

The Patient Relations team will manage access to the booking platform 'Wordskii' which provides details of bookings by date, time, department, staff member making the booking, language or support requested and cancellation details.

3.4 All staff

All staff are responsible for complying with this policy. Their other responsibilities are detailed below.

- Identifying the need for an interpreter and, or any communication and information needs.
- Identifying the language (and where possible the dialect) required.
- Ensure consent of patient is obtained where the need for interpreter is required. See also consent below.
- Adhere to booking procedures outlined in this document.
- Book interpreters as appropriate.
- Ensure that document interaction and electronic flagging interaction takes place stating communication and information needs or none (as appropriate).
- Organise and provide communication and information needs such as interpreters, alternative formats of documentation, ensuring that any automatically generated standard formats are not provided to patients with specific communication needs.

- Any concerns regarding performance and quality of the interpreters or written translations should be made to the interpreting and translation service provider directly, details on the Intranet.

3.5 Head of Information and Communication Technology (ICT)

To ensure IT systems are compliant with the requirements set out within the Accessible Information Specification and this policy.

3.6 The Interpreter

Interpreters are used solely to provide a clear channel of communication between the clinician and the patient. They will give a direct rendering of the speech between all parties in the correct tone without adding, omitting or summarising information and without otherwise influencing the discussion.

The interpreter should not be used as a form of direct support to the patient or provide any other service e.g. counselling or advocacy. They are there to repeat what the clinician and the patient say to each other in a language that both parties can understand.

The interpreter will check at regular intervals that understanding is maintained and will only intervene to clarify potential cultural misunderstandings.

Trained interpreters are bound to maintain confidentiality and adhere to the Code of Ethics for Interpreters and Translators.

Spoken language interpreters will refrain from using any non-verbal signs and only use spoken language as given by the patient and clinician. Any body language or communication cues should be ignored as not relevant to the process of interpreting.

On rare occasions, for example a security incident out of hours involving a visitor unable to communicate with a guard, responsibility for deciding to use the interpreter service rests with the Hospital Co-ordinator/night manager.

4.0 Policy Detail

The Trust is committed to ensuring that everyone whose first language is not spoken English receives the support and information that they need to access services fairly, to communicate with health care staff effectively, and to make informed decisions about their care and treatment and, where relevant, that of a child for whom they have parental responsibility.

This policy provides details of how and when interpreting and translation services must be accessed and includes statutory requirements and best practice guidance for staff working with an interpreter.

The Trust is committed to ensuring that there is effective communication with patients, their relatives and carers, thus improving their overall experience of the service they receive.

The Trust has a statutory responsibility to patients, public and commissioners to ensure that the services it provides are equally and easily accessible to all segments of the communities it serves. Patient centred care depends upon the accurate exchange of information. The Trust aims to provide communication support to those patients whose first language is not English or who may have a sensory impairment/loss where communication is affected.

The Trust will ensure that patients who have a hearing or speech impairment/loss, or whose first language is not English have access to interpreters who are bilingually competent, neutral, independent, professionally trained and qualified.

The Trust has a contract with a provider/s to provide face to face, telephone and video Interpreting services in all languages including British sign Language, lip speaker or deafblind communicator across the Trust.

This policy sets out to ensure the Trust meets its commitments to the following.

- The commissioning and provision of good local communication support is a requirement of the **Equality Act 2010** which requires public bodies to make 'reasonable adjustments'. These include providing additional aids or services such as providing communication support including British Sign Language, and providing easy read information for patients with learning disabilities.
- **To help comply with the Human Rights Act 1998 - including the core values FREDA (Fairness, Respect, Equality, Dignity, Autonomy).**
- The principles of the NHS Constitution – including the 7 principles which are underpinned by the NHS values.
- **Health Inequalities: Health and Social Care Act 2012 -** The Act placed a duty on health providers to pay due regard to reducing health inequalities. An individual's chance of enjoying good health is determined by the social and economic conditions in which they are born, grow, work and live.
- NHS England's **Accessible Information Standard**: part of this standard is the Accessible Information Standard. The Trust MUST ensure that patients with disabilities receive information in accessible ways, and that they have appropriate support to help them communicate. For example, accessible information includes alternative formats such as picture boards, large print, easy read, braille and via e-mail. Communication support can include offering a British Sign Language interpreter, a Deafblind manual interpreter or advocate.
- The **Equality Delivery System**, focuses on improving patient access and experience. By providing professional interpreting and translation services, communication between staff and patients and service users can be improved, thus supporting people to become involved in decision making about their care.
- The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. Providers are required to assure the CQC that the care they deliver is safe, appropriate and effective by complying with the fundamental standards which include person-centred care, dignity and respect, safety and safeguarding are being met.

By providing patient centred care that is truly based on individual needs, the Trust will be able to meet its legal, moral and social obligations in relation to providing accessible communication and information needs.

4.1 Aims of the service

The aims of this procedure are to ensure that staff are:

- Aware of the interpreting and translation services available to them.
- Aware of the statutory requirements for effective communication with patients.
- Know how to access interpreting services and make effective use of them.

4.2 Objectives

- Enhance the patient experience for those whose first language is not spoken or not English.
- Help the Trust to plan services, with complete inclusion of those whose first language is not spoken or not English.
- Help set performance.
- Assist in focussing changes in attitude and culture within the Trust.

4.3 Booking Interpreters - Identifying the most appropriate service

It is important that the most appropriate interpreting service is accessed based on the individual needs of the patient. The Trust is committed to the use of technology in improving accessibility to all its services in the most cost effective and safe way. It will seek to provide an interpreting and translation service which is predominantly based on digital solutions such as telephone and video.

In the majority of circumstances, the preferred option for language interpreting services will be the use of **telephone or video interpreting**. Face-to-Face interpreting must only be used where there is a clear patient benefit and the criteria for use have been met (See Appendix 1).

Sign language interpretation must be used following assessment and identification where this is the preferred option for the patient.

4.4 Telephone Interpreting

Telephone interpreting MUST be the first option used taking into account the following reasons and factors and the criteria in Appendix 1).

- The equipment required to deliver effective telephone interpreting communication should be readily available. No special equipment is required in most situations other than a telephone and headsets. Telephone interpreting will involve 3 (or more) parties involved in the conversation and therefore it may be necessary to put the phone on loudspeaker rather than pass a headset from person to person. (this is important to consider in reducing any Infection Prevention risks).
- Video interpreting can be accessed using designated interpreting portals

provided by the language supplier or via tablets allocated to wards.

- These services are also almost instantly available removing the reliance on interpreters arriving at the destination on time.
- In the requirement for a rare language telephone or video interpreting are the better options as a face-to-face interpreter with the relevant language may be based far from the Trust.
- Telephone and video interpreting are the more cost effective options compared with other options against the background of increasing demand and rising costs. They are charged per minute and the Trust only pays for the time on the call. Face to face bookings are for a minimum of one hour.
- Some service users who do not speak English take great comfort from the anonymity of a telephone interpreter, particularly in small or closely knit communities. Some service users may feel a level of distress due to cultural or social pressures from within their community. If the service user is forced to talk to their practitioner with another member of their community in the room, even if that person is a professional interpreter, they may feel unable to speak openly and honestly.
- The use of telephone and video interpreting reduces the need for additional footfall and helps minimise travel, parking and mileage costs benefiting the Trust financially and the environment.

Telephone interpreting must be regarded as the first option in all circumstances except when one or more of the following applies.

- The patient or service user uses non-verbal communication such as British Sign Language, DeafBlind Manual, Makaton etc., in which case BSL video interpreting may be considered.
- The patient has a communication, cognitive or learning disability which would make telephone or video interpreting difficult.
- Child or adult safeguarding. Staff need to work with the interpreting provider to ensure that the most appropriate service (either telephone or face-to-face) is used for children, young people and vulnerable adults (including anyone who may be known to the safeguarding team). Each case must be assessed on its own merits e.g., an out of area interpreter may be required.
- Where conversations need to be recorded for legal reasons.
- Bereavement or breaking significant or bad news.
- Ethically difficult or challenging situations.

This list is not exhaustive. Please see Appendix 1 for more detailed guidance.

When using telephone interpreting, ensure that you record the interpreter's name, ID number, language used and the date and time of the call in the patient's notes. By confirming the identity and qualifications of the interpreter, it can help mitigate the risk of fraud such as fraud by false representation or intentional miscommunication for gain. If staff have any suspicions of fraud, bribery or corruption, they should refer to the Anti-fraud bribery and corruption policy which details offences and reporting lines.

Information of how to use telephone and video interpreting services can be found on the Intranet.

It is not appropriate to use face-to-face interpreting when:

- Early stages of unplanned or unscheduled care, eg emergency pathways where immediate intervention may be required.
- Basic care or advanced care where formal written consent is not required,
- Surgical admissions (operations or assessments – history taking),
- Pre-post-operative assessments.
- Clarifying personal details, determining condition, general discussions or /help on general care, toileting, feeding etc.,
- The appointments are for routine and reoccurring services, and
- The appointments are non-critical and low level.
- Another option such as telephone or video can be used and would be deemed suitable for the nature of the consultation/intervention.

Routine nurse led preassessment clinics could be telephone however more complex assessments requiring anaesthetic review are much less common but likely to require some clinical examination and in depth discussion re risks/benefits - Ideally F2F would be more appropriate (but if not available then telephone would be acceptable and preferred).

Where a face-to-face interpreter is requested in the above situations the requesting department will need to provide adequate justification.

If, following patient assessment using the above criteria, a face-to-face interpreter is required, this will need to be booked via the Trust's approved external provider. To ensure the provision of a face-to-face interpreter, adequate notice must be given to the provider. The shorter the notice given the less likelihood the availability of face-to face-interpreter.

4.5 Procedure for using the service

- Staff members interacting with patients or visitors should identify any communication difficulties and document these (for patients) within their healthcare records (including Careflow). Where a staff member has reason to believe that a patient or visitor may not have full understanding of information being given or that the patient or visitor is not able to communicate effectively with staff then the interpreter service should be used.
- A patient must not be expected to struggle with communication if English is not their first language.
- When it is identified an interpreter is required, this must be documented in the patient's healthcare records (including careflow) to ensure staff are aware of any future communication requirements. This should include their spoken language, preferred written language and confirmation they require an interpreter for future appointments / admissions. This information must also be included when referring the patient to other healthcare professionals within the Trust.
- Patients should always be offered a registered interpreter. The use of family, friends or unqualified interpreters is strongly discouraged in national and international guidance and would not be considered good practice.
- Staff members with any doubts or concerns about the need for use of the interpreter service should contact the Patient Relations Team.

- When booking an interpreter all relevant details should be provided - time and place for attendance of interpreter, language required, estimated length of visit / meeting, details of service user requiring interpreter (gender and whether child or adult) and any other information that would be relevant to the request for interpretation services.
- When booking an interpreter confirmation of the booking should be received by telephone or email giving details of the interpreter who will be attending and a booking reference number.
- Staff should keep a record of the request and the confirmation (date, time and name) on the individual's record / appropriate file. This is for auditing purposes and cross referencing with invoices as submitted.
- In an emergency (where life, health or liberty is at risk) an interpreter should be requested immediately. This may mean an interpreter having to leave a less urgent appointment (if in-house) or an urgent request to the agency beingmade.
- Health care professionals may use their language and communication skills to assist patients in making appointments or identifying communication requirements, (language brokering) but should not, other than where immediate and necessary treatment is required, take on the role of an interpreter unless this is part of their defined job role and they are qualified to do so. Staff used as interpreters this way must be covered by indemnity insurance.

4.6 Use of carers, family and friends or refusal of patient to use an accredited Interpreter

The use of family, friends or unqualified interpreters is strongly discouraged in national and international guidance and would not be considered good practice. Some patients may elect to use an adult family member, carer or other person as interpreter. A competent patient has the right to make this choice. In this event, a registered interpreter should be arranged to confirm the patient's choice to use a family member as their interpreter. They should also be advised that use of an approved interpreter is recommended, and that The Royal Wolverhampton NHS Trust or Walsall Healthcare NHS Trust cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter. This should be documented in the patient records and where possible a disclaimer signed. This decision will need to be reviewed in the event of any future admissions.

When a patient refuses an interpreter and understands the implications of using a family member to interpret, this will be facilitated. It must be recorded in the patient's notes that this was their choice, and that they declined the interpreting services offered. This decision must be made by the patient and not by a family member on their behalf.

Staff must write this declaration; sign, date and stamp it using their professional stamp with their registration number.

4.7 '[Patient or service user's name] has declined the use of a trained, qualified interpreter'.

Carers, relatives, friends, other patients, children or partners should not be used as interpreters unless exceptional circumstances prevail; the use of an unskilled person to interpret is inappropriate and may lead to risk of misunderstanding, resulting in the intervention of inappropriate health care / treatment. This is of particular importance in good safeguarding practice to ensure that the true voice of the patient isheard.

It may be appropriate in an emergency or acute situation for a carer, friend or family member to communicate basic information, however, an interpreter must be requested at the earliest opportunity. Telephone and video interpreters are usually instantly available and should be used in such emergency situations.

The use of carers, family and friends is only acceptable for the process of consent for surgical intervention or invasive procedures in urgent and emergency situations when no other interpreter can be accessed. prevents staff from obtaining an interpreter.

4.8 Use of Trust staff

Staff members who are not registered with accredited interpreter services may be asked to help communicate basic information about care or personal details but must not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. If more than basic information is needed then an external, an approved interpreter must be arranged.

Please note that if there is a failure to provide a qualified interpreter, this may leave the Trust open to challenge should the interpretation of the information given by a staff member or patient representative prove to have been misconstrued or misunderstood.

Interpreters are qualified to deliver medical terminology in the language delivered. It should not be assumed that a staff member will accurately interpret such information because they may not be adequately fluent in a non-English speaking language. Dialects play an important role in the accuracy of the language being interpreted.

The use of Trust staff is NOT acceptable for the process of consent for surgical intervention or invasive procedures unless the urgency of the clinical situation prevents you from obtaining an interpreter.

Children, young people and vulnerable adults

Children under the age of 18 must not be used as interpreters. A child may communicate very basic information in an emergency; however, telephone, video and face-to-face interpreting must be arranged as a matter of priority.

Staff need to work with the interpreting provider to ensure that the most appropriate service (either telephone, video or face-to-face) is used for children, young people and vulnerable adults (including anyone who may be known to the Safeguarding Team). Each case must be assessed on its own merits e.g., an out of area interpreter may be required.

If there are issues related to child protection or vulnerable adults, then a professional interpreter must always be used even to communicate basic information. (See appendix 1).

4.9 Interpreting and consent to examination or treatment

Both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust intend to ensure that all patients are provided with the opportunity to give valid consent for examination or treatment, in line with legal and best practice requirements and the policy recognises equality and diversity.

Consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination. The patient has a fundamental legal and ethical right to determine what happens to their body.

For consent to be valid it must be voluntary and informed, and the person obtaining consent must have the mental capacity to make the decision. Consent must be:

- Voluntary – the decision to consent or not must be made by the individual person themselves, and must not be influenced by pressure from medical staff, family or friends.
- Informed – the person must be given all the information in terms of what the treatment involves, including benefits, risks, whether there are alternatives and the implications of not have treatment.
- Capacity – The person must be capable of giving consent, which means they understand the information given to them, and that they can use it to make an informed decision.

In some cases a patient may not understand the information they are being given due to language and or communication barriers.

In such cases where inadequately trained or no interpreter has been used neither the healthcare provider nor the patient can be assured that accurate and effective communication and understanding has taken place thus presenting a risk that the element of informed consent has not taken place.

In the event of a life threatening or urgent situation every effort should be made to secure an interpreter, if out of hours this may require procuring a translator from the agency.

To ensure national guidance and patients' rights are adhered to it is essential that in respect of ensuring informed consent is obtained appropriate information relating to treatment is given to the patients during the initial discussion with the clinician. Then at every opportunity there after by other health professionals to reiterate risks, benefits, options and address any queries or concerns patients relatives or carers may have,

allowing the patient to make alternative decisions at any point if necessary.

For Walsall Healthcare Trust, EIDO Healthcare provides the Trust with a web-based service via the Trust Intranet, providing a library of over 200 procedures. All of these procedures are translated to at least one other language, with over 1000 translations matching the documents Walsall Healthcare NHS Trust access.

EIDO Healthcare produces information leaflets about procedures undertaken by clinical practitioners in hospital to inform patients and protect clinicians.

EIDO collaborates with expert authors and leading organisations to ensure a high-quality standard of information is maintained and is certified through the Department of Health, providing a library of over 300 leaflets

For patients whose first language is not English, a translated version is available in a variety of languages. The Trust is able to request which procedures are translated which can be based on demand.

To support patients who require translated information Patient Relations provide a service by which interpreters can be made available to support the clinicians and patients in ensuring communication and understanding is effective and informed consent achieved.

The information provided is purely relating to a procedure to be undertaken, additional information should be given to the patient, this may be verbal or written from an alternative source, to supplement the EIDO leaflet to ensure the information given is pertinent to the individual patient and any variation to the primary procedure is clearly articulated, documented and included in the consent form. This and the EIDO leaflets need to be incorporated into individual patient booklets containing information relating to other elements of their whole pathway.

This process protects clinicians and health care professionals in the event of an untoward occurrence.

The system provides links to 29 National organisations to access supporting information relating to a procedure or a condition. Requests can be made for additional procedures or National Organisations to be added to the website. It is important to note that this is a clinician facing site.

The system is maintained as a live system updating leaflets as per changes in clinical practice and national guidelines. The EIDO library is made up of over 400 documents. Each document has been authored and reviewed by specialist clinicians. Plain English experts and linguists review each document before it is published. The library is updated on a 2-year cycle, with more urgent changes made as and when needed.

For comments and suggestions, staff can contact wht.library.service@nhs.net.

Information leaflets can be accessed on the Trust Intranet via the following link:

EIDO Healthcare - Trust

4.10 Service quality people can expect

Principles of good practice should include:-

The use of an interpreter should be appropriate to need and whenever possible, have consent from the person who is using our service.

- The interpreter should be acceptable to the person, who should match the person in gender, religion, dialect and as closely as possible in age (Code of Practice, Mental Health Act 1983 Paragraph 1.6) and the persons other protected characteristics (under the Equality Act 2010) should also be matched as closely as possible to promote effective interpretation.
- Clarity of roles and boundaries should be agreed at the outset and briefing and debriefing of interpreters should take place before and after each contact, with the appropriate health professional.
- Adequate time should be allowed for setting up, consultation and debriefing.

4.11 Good practice in working with interpreters

- When the interpreter is present (face to face, video or call connect) check that they are who you are expecting –if in person they should be carrying an identity card (with photograph).
- Before starting the interpretation session ensure that the interpreter is briefed regarding the purpose of the session /meeting.
- Always speak clearly, using plain language and stop after every sentence to allow the interpreter to communicate what has been said to the person using services.
- At the end of the session sign the Interpreter's timesheet to confirm attendance and the length of time that the Interpreter was needed.
- Record the use of an Interpreter on the individual's record.
- Report non-attendance or any concerns about the interpretation session to the appropriate manager.
- Be prepared to provide feedback about the interpretation session if requested.

4.12 What to expect from interpreters

Interpreters will:

- Be DBS (Disclosure & Barring Service) checked to enhanced level.
- Carry and present an identity card (with photograph).
- Be a skilled professional from an approved source recognised by the Trust.
- Dress appropriately.
- Honour appointments and arrive in good time.
- Give adequate notice if they will not be able to keep the appointment (allowing sufficient time for another interpreter to be booked). Not ask someone else to attend in their place – if unable to attend let the provider organisation know immediately.
- Treat all information gained during their work as confidential.
- Not accept any gift or payment for their services other than their contracted fee.

During the interpretation session
Interpreters should:

- Allow time for briefing / de-briefing.
- Present themselves and behave in a professional manner.
- Interpret what has been said without leaving out or adding to the meaning.
- Not conduct dialogue with people who use services – just interpret.
- Not give advice or personal opinions.
- Be impartial / non-judgmental throughout the interpretation.
- Obtain a signature from the requestor to confirm the duration of the session.

4.13 Guidelines for staff requiring translated material

- An assessment of the communication needs of the intended audience should be undertaken.
- Check with the Patient Relations Department whether a suitable version of the document already exists.
- Requests must be made through the Patient Relations Team who will contact Word360 as the contracted partner for a written quote. In the event of an out of hours request, full details are available on each Trust's intranet on how to obtain translation directly with the provider.
- The original document to be translated should be in plain English.
- Documents should have a potentially wide use and general application and a shelf-life of 1 – 2 years, unless consultation/targeted development work is being undertaken.

4.14 People with sensory Impairment and Learning Disability

Arrangements should be in place to facilitate effective communication with people who use services and who may have a sensory impairment or learning disability. Facilitating communication could include provision of large print, sign language interpreters, braille, audio-visual recorded information and Makaton. Staff should find out as soon as possible any specific communication needs of people with sensory impairments or learning disabilities who are going to be using services and make reasonable adjustments to enable effective communication. The Learning Disability communication toolkit is a resource that is also available across the Trust.

4.15 British Sign Language (BSL)

- This service is also available via booking directly with Word 360 who will book a signer sending only Interpreters with qualifications of Level 4 or above. This service is accessible via face to face and video methods.
- Interpreters are expected to abide by the Code of Ethics and to follow the Guidelines for Professional Practice, which covers issues of professional competence. The aim of the Guidelines for Professional Practice and the Code of Ethics is to ensure that communications across languages and cultures are carried out consistently, competently and impartially.
- In some case's patients already utilise a BSL signer who is known to them and provide regular professional support. In these situations the Patient Relations Team should be contacted to ensure the patient's needs are met and where possible continuity of care is respected.

4.16 Cultural and Religious Considerations

Staff need to be aware of, and sensitive to, the cultural and religious needs and requirements of people using services. For example, women from some cultural backgrounds will only want to be treated by female staff. It is essential that if members of staff are in any way uncertain of the needs of an individual that they undertake to ask the person using services or their carers about their needs as soon as possible and make all efforts take this into account.

4.17 Cancelled appointments / treatments

In the event of a clinic appointment, inpatient or day case treatment being cancelled, staff should check to establish whether an interpreter has been booked. It is important to ensure that the process of cancellation must include the appropriate action to cancel and rebook the interpreter.

Any interpreting charges arising from cancelled appointments where the service provider has not been notified will be cross charged to the respective service line budget for payment.

4.18 Information Governance – Translation and protection of identity of patient

The Trust must consider the issue of protecting patient identity in situations where a patient presents their medical assessment or history in written form in a language other than English. The translation process must ensure that the identity of the patient is protected. This is particularly relevant when the service provider is using third party agencies or individuals for carrying out the translations.

Following a Data Protection Impact Assessment, The Royal Wolverhampton NHS Trust undertook a risk assessment which highlighted that the declaration of the external interpreting supplier was not conveyed to patients and other stakeholders who do not speak English. Therefore, the declaration has now been translated into the fifteen most prevalent community languages and placed on the RWT website 'Declarations' page. In order to signpost the location of the declaration the national flags that relate to speakers of those languages has been hyperlinked to the translations.

If you are arranging for a document or file to be translated into English – please ensure that Patient Identifiable data is removed before sending the file to the translation company.

4.19 Written materials

Written documents must be clear and easy to understand, see the Plain English campaign website for further information.

It should be remembered that people whose first language is British Sign Language (BSL) will not necessarily understand standard written English. BSL users might request documents written in BSL English.

Information for patients must not be of poor quality e.g., a photocopy of a photocopy. Refer to your Trust's relevant policy Development of Parent / Carer Information for guidance on the development of written, printed or published information given to patients, relatives or carers about their clinical treatment.

4.20 Easy Read

Easy read is a format that can help learning disabled people understand written information. Please contact the Learning Disabilities Specialist Nurse or Word 360 directly.

4.21 Braille

Braille is a system of touch reading and writing specifically for blind people. The alphabet and numbers are represented by raised dots which are felt with the fingertips. Braille is now used less commonly as text-to-speech readers are now used more

4.22 Larger Print

Simply enlarging documents on a photocopier would not constitute a large print document. People will have different needs; for instance, someone may want a document in size 14 Arial on cream paper whereas someone else may require size 16 Arial on white paper with double line spacing.

4.23 Websites

If people are signposted to the Trust's website for information, this too must be accessible or the information must be provided in another accessible way.

4.24 How to obtain alternative formats

Regardless of what formats are requested, the Trust has a legal duty to provide reasonable adjustments and produce information in accessible ways. Staff must enquire about a patient's individual needs, record them and provide them (as far as is reasonably possible).

Patients should not experience a second-class service when providing alternative formats. Below is a table of where to source some alternativeformats.

Alternative formats	Details	Service provided by
Language translation	Documents translated into different languages	Via the Trust's external service provider, go to Intranet
Easy read	Easy read	Learning Disabilities Specialist Nurse for advice. Also available via Word 360 upon request.
Information produced by Clinical Illustration (MI / WCA number must be present)	Larger print	Clinical Illustration
	Alternative paper colours	
	Alternative font colours	
Multi-media requests (MI / WCA number must be present)	Electronic versions (e.g., PDF of document or audio).	Clinical Illustration
Braille	Electronic versions of documents can usually be translated into Braille	Contact Equality and Diversity Officer
BSL English	English that reflects the structure of British Sign Language	Trust's BSL provider – details available on the intranet EDI Page

If the format you need is not here, contact Trust's Equality and Diversity Officer.

4.25 Communication aids

There are a range of communication aids and methods that can be utilised, a few examples are given below.

Portable Induction Loops – this system is for people who use a hearing aid, – When the hearing aid is set to 'T' setting, the hearing aid picks up amplified sound from the loop system.

Fixed Induction Loops – These enable hearing aid users to hear better when using RWT reception points and other facilities.

Next Generation Text – this is a three way facility; RWT staff call and to talk to a relay assistant (operator) , who types information to a patient. The patient then types backto the relay assistant. The relay assistant then verbally relays the message to the member of staff. For more information go to Next Generation Text.

SMS text messaging – Utilise mobile phones to send text messages.

E-mail / electronic information – use e-mail to send messages to patients/service users.

Please remember to observe confidentiality **and data protection** with all of these methods.

Appointments - schedule longer appointment times to allow alternative methods of communication and to ensure communication has been understood. This may help a range of people including, people who have speech impediments, have hearing impairments, have a learning disability, are deaf, people who require advocacy support or an interpreter etc.

4.26 Budgetary Responsibilities

The Chief Nursing Officer holds the budget for all interpreting services which includes the in-house Interpreting service and all agency bookings which includes British Sign Language (BSL) and all other languages.

It is staff responsibility to ensure that they 'choose the right' service as appropriate when booking an interpreter via the agency as to whether this is for a face to face or telephone/video consultation.

Guidance can be found at Appendix 1. Requests for written/translated material will be funded via the department making the request.

During out of hours the on-site hospital coordinator should be contacted.

4.27 Monitoring and Evaluation

- For monitoring purposes all bookings must be requested through our external provider and are usually made via nursing staff, doctors and other members of staff. Staff must be registered with the external provider in order to make a booking via the online booking portal.
- To evaluate the effectiveness of these guidelines a check is made to ensure bookings occur as per the process and a regular check on concerns and complaints are made.
- Invoices are checked on a monthly basis to ensure bookings made are calculated correctly and that appropriate standards are met as stated in the agency contract.

Should a member of staff encounter issues outlined in these guidelines, whether this be from staff or its process please refer to Patient Relations extension 6463 or complete the Interpreter Feedback form available from Word 360 on delivery ofservice.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	No

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

This policy will be maintained by the Head of Patient Relations on behalf of the Associate Director – Patient Voice. Any changes / amendments required will be monitored and agreed via the Patient Experience Group. To ensure the ongoing effectiveness of the policy, the Trust will implement a structured monitoring framework. This will include:

- Tracking Fraud Referrals: The number of fraud referrals received will be recorded and reviewed quarterly to identify trends and assess the impact of awareness and prevention initiatives.
- Outcome Analysis: The outcomes of investigations (e.g., cases substantiated, prosecutions, recoveries) will be documented and analysed.
- Staff Awareness Surveys: Periodic surveys will be conducted to assess staff understanding of fraud risks and reporting procedures.
- Audit and Compliance Reviews: Regular internal audits will evaluate adherence to fraud prevention controls and identify areas for improvement.

8.0 Communication and Training

The Associate Director – Patient Voice – Experience will be responsible for ensuring this policy is adhered to. The Patient Relations Team will provide consistent advice and support as necessary in the application of this policy. The Patient Relations Team have also developed a Language Services E-Learning module which is available to all staff via MyAcademy.

9.0 Audit Process

The purpose of this policy is to ensure equitable, timely, and high-quality access to interpreting services across the Trust, enabling patients with limited English proficiency, hearing impairments, or other communication needs to fully understand and participate in their care, thereby improving health outcomes, patient safety, and service satisfaction.

A random selection of interpreter bookings are audited on a monthly basis, including a review of the duration and costs per booking. Feedback from staff is also sought from staff across the Trust, with any feedback and areas of improvement highlighted to Word 360 by the Head of Patient Relations. Quarterly reports regarding service usage, progress and improvements are reported to the Patient Experience Group on a quarterly basis.

Criterion	Lead	Monitoring method	Frequency	Committee
All interpreting service bookings must include accurate and complete cost documentation, with clear justification for the type and duration of service used, and must align with the agreed procurement framework	Head of Patient Relations	Random audit of bookings - Monthly	Continuous	Patient Experience Group

10.0 References - Legal, professional or national guidelines

- Equality Act 2010
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- Human Rights Act (1998)
- CQC and Health and Social Care Act 2010

Evidence for Best Practice

Walsall Healthcare NHS Trust best practice includes:

- Implementation of Wordskii Connect call handling interpreting.
- Wordskii on Wheels (WOW) video interpreting.

Appendix 1 – Language Services Training

Course: Language Services Training https://myacademywalsall.net/login/index.php - Search - Language Services

Face to Face	Telephone	Video
Face-to-face interpreting is the **preferred method** in situations where the content of the interaction is serious, sensitive, or complex. This includes: - Mental health assessments - Safeguarding discussions - Teaching/educational sessions - Appointments involving children It allows for richer communication, the building of trust, and better observation of non-verbal cues.	Telephone interpreting is a **fast and cost-effective** solution ideal for: - Emergencies - Unplanned scenarios where a face-to-face or video interpreter was not arranged - Patients who wish to remain anonymous It is a reliable method for general conversations but may **not be suitable for complex, sensitive, or psychiatric assessments**.	Video interpreting combines the **speed and accessibility** of telephone interpreting with the added benefit of visual connection. It is especially beneficial for: - British Sign Language (BSL) - When face-to-face interpreters are unavailable - Situations where visual cues enhance communication While more personal than telephone, it may not be appropriate for highly sensitive or in-depth clinical encounters.
Usage examples		
Critical diagnosis	Admissions	Admissions
Life threatening discussions	Discharge appointments	Discharge appointments
Results of investigations/diagnosis	Medication advice and queries	Medication advice and queries
Patients with mental health	Routine appointments for longstanding conditions	Routine appointments for longstanding conditions
	Stroke management clinics	Stroke management clinics
	Liaising with multiple people at different locations	Liaising with multiple people at different locations
	Treatment plans	Treatment plans
	Discharge procedures and referrals	Discharge procedures and referrals
		Results of investigations/diagnosis
		Patients with mental health
		Short notice Emergency situations (such as ED)
		British Sign Language (BSL)
		Working with Children
		Obtaining consent (including for procedures)

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: GOP09 V1	**Policy Title** Interpreting, Translation and Communication Policy and Procedure	**Status:** Final		**Author:** Garry Perry Associate Director – Patient Voice - Experience **Chief Officer Sponsor:** Lisa Carroll Chief Nursing Officer and DIPC Debra Hickman Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	May 2025	Garry Perry, Associate Director, Patient Relations and Experience	New Group policy. Review – EIDO information updated, Language Services Training and Usage guide added. Revision to guidance regarding usage of family members
Intended Recipients: All staff working within Walsall Healthcare NHS Trust.				
Consultation Group / Role Titles and Date: Policies and Procedures Group, Divisional Quality Teams, External Contact Liaison Lead and Procurement				
Name and date of Trust level group where reviewed	Trust Policy Management Core Group 13.10.25 Trust Policy Group 13.10.25			
Name and date of final approval committee	Trust Policy Management Core Group 13.10.25 Trust Policy Group 13.10.25			
Date of Policy issue	15.10.2025			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	13.10.2028 3 years			
Training and Dissemination: Communication via Patient Experience Group and Trust Communications Team. E-Learning training available “Language Services Training”				

Publishing Requirements: Can this document be published on the Trust's public page: No If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.
To be read in conjunction with: • NHS Complaints handling procedure- Walsall Healthcare NHS Trust • Equality Impact Assessment Policy 2020 – Walsall Healthcare NHS Trust 2014 • Consent to Examination or Treatment Policy 2020
Initial Equality ImpactAssessment(all policies): Completed Yes / No **Full Equality Impact Assessment(as required): Completed Yes / No / NA** If you require this document in an alternative format e.g., larger print please contact Policy Administrator

Monitoring arrangements and Committee	Patient Experience Group (PEG) Quarterly

Document summary/key issues covered.

The purpose of this policy is to provide guidance on our responsibilities to staff, volunteers, patients and carers who may require support from interpretation or translation services. It will ensure that patients have equal access to excellent patient care, and enable compliance with equality legislation, Care Quality Commission outcomes and other standards.

This policy and associated guidance is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people with learning disabilities and people who require Deaf or Deaf Blind Communicators. It describes arrangements for face to face and telephone interpreting, and for the translation of written material.

Key words for intranet searching purposes	Interpreting , interpreter, translation, word 360, Wordskii
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiablecases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	No