Interpreting Policy

Meeting the needs of people with a language barrier or hearing and/or visual impairment.
**Policy Title:** Interpreting Policy

**Executive Summary:** The purpose of this policy is to inform East Cheshire NHS staff of the practices and procedures for the provision of interpretation and translation services.

East Cheshire NHS Trust is committed to ensuring that all service users, their families, carers and visitors and the local population can access its services.

**Supersedes:** Interpreting Policy 2012

**Description of Amendment(s):** Changes to job titles of responsible officers, emphasis on telephone interpreting as first option as opposed to face to face. Addition of section 5. Addition of Intralinks details to section 5.4

**This policy will impact on:**
All Trust staff, service users, their families, carers and visitors.

**Financial Implications:**
There are costs associated with interpretation. Using telephone interpretation where appropriate keeps costs down.

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<td>Author:</td>
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**APPROVAL RECORD**

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CONTENTS

Page

3 1. Statement

3 2. Background

4 3. Organisational Responsibilities
4 3.1 Duties within the Organisation
5 3.2 Duties of External Organisations
5 3.3 Communication and consultation with stakeholders

5 4. Definitions
5 4.1 Interpreting
5 4.2 Translation
5 4.3 Service user

6 5. General Document Principles
6 5.1 When should an interpreter be used
6 5.2 Who can interpret
7 5.3 Translated material
7 5.4 Face-to-Face interpreter
7 5.5 Telephone interpretation
8 5.6 Translation service
8 5.7 Customer service
8 5.8 Cancellations

8 6. Implementation

9 7. Measuring Performance

9 8. Audit

9 9. Review

11 Appendix 1 – General guidelines on using interpretation
14 Appendix 2 – Face-to-Face Request form
15 Appendix 3 – How to use the BigWord
16 Appendix 4 – Using the twin handset phone for interpretation
17 Appendix 5 – Using the additional plug in receiver for interpretation
19 Appendix 6 – Interpreting guidance poster
20 Appendix 7 – How to use Text Relay
1. STATEMENT

The purpose of this document is to describe the essential practices and processes for the provision of interpretation and translation services. It aims to raise awareness of interpretation and translation needs, encouraging staff to proactively plan for service users’ needs and ensure that staff have the knowledge, confidence and ability to access interpretation and translation services. This policy also aims to minimise risks arising from poor communication.

As part of the Accessible Information Standard which comes into force in July 2016, organisations that provide NHS or adult social care must do five things to comply for patients. (see section 5).

This policy applies to all staff who deliver trust services. It provides details of how an interpreter may be accessed 24 hours per day and gives guidance for staff working with an interpreter.

2. BACKGROUND

East Cheshire NHS Trust (ECT) is committed to ensuring that all service users, their families, carers and visitors and the local population can access its services. It is important that they are fully involved in discussions and decisions about their care and treatment and that they fully understand their treatment options. The trust has a commitment to provide and pay for a professional interpreter if this is needed when a service user or family carer accesses its services.

All staff involved in the assessment, treatment and care of patients should ensure that everything possible is done to deliver a sensitive and appropriate service to all, overcoming any barriers to communication that may exist.

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

This document sets out the standards we have set for translation and interpretation services. These standards are in place to ensure that the trust provides a good service and minimises risk arising from poor communication. It sets out what patients and clients, staff and translators can expect when using translation and interpreting services. Staff should always use phone interpretation as first choice, only using face to face for appointments that involve consent or the delivery of sensitive information.

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

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

3.1 Duties within the Organisation

3.1.1 **Chief Executive** has overall responsibility for the implementation and monitoring of the policies in use in the trust. This responsibility may be delegated to an appropriate colleague.

3.1.2 **Director of Corporate Affairs & Governance** is the designated executive officer who leads on ensuring that the trust provides patients and clients with access to translation and interpretation services.

3.1.3 **Deputy Director of Corporate Affairs and Governance** is responsible for ensuring that systems and processes are in place for the provision of interpretation and translation services which meet the required standard. This includes management of the Communications and Engagement budget.

3.1.4 **Head of Communications, Engagement and Marketing** has overall line management responsibility for the engagement function and for ensuring there is a robust system in place for the provision of translation and interpretation.

3.1.5 **Communications and Engagement Officer** is responsible for the administrative arrangements of providing translation and interpretation services and will ensure that:

- Staff are easily able to access information on how to use face to face and telephone interpretation facilities for the trust;
- Advice and support is given as required to staff members;
- An up to date log of the access codes for The BigWord service is maintained;
- The list of staff who have agreed to act as interpreters is updated on a bi-annual basis;
- Face-to-face interpreters are booked with the The BigWord, the Trust's provider of interpreting services including British Sign Language and DeafBlind interpreting, or Intralinks which is used by some community services;
- A record is kept of interpreters booked and the languages requested;
- Audits of use of interpretation services are carried out.

3.1.6 **Head of Services** are responsible for ensuring that staff within their service lines are aware of and implement this policy, and for bringing any issues which may affect implementation to the attention of the Head of Communication, Engagement and Marketing.

3.1.7 **The Communications and Engagement Team** is responsible for:

- Developing staff and patient information around interpretation/translation facilities;
- Promoting the availability of interpreting and translation services on the trust website;
- Ensuring that leaflets are translated by The BigWord or Intralinks when requests are made by service users or staff.
3.1.8 **Line Managers** must be fully conversant with this policy and support its implementation, ensuring that staff are fully informed about the trust’s arrangements for translation and interpretation.

3.1.9 **All East Cheshire NHS Trust staff** are responsible for implementing the policy effectively and for bringing any issue which may affect implementation to their manager. They also need to:

- Recognise when a language need exists;
- Assess which language is being spoken;
- Assess and make provision for that need in liaison with the service user;
- Contact The BigWord using the Access Code, or Intralinks to arrange for an interpreter following the booking arrangements set out within this policy.
- Accurately record within the service user’s medical/nursing notes the language or dialect used;
- Advise The BigWord or Intralinks of any changes to an appointment for which an interpreter has been booked.

3.2 **Duties of External Organisations**

3.2.1 **External Interpreting Agencies** are responsible for:

- Ensuring that all interpreters are appropriately qualified and have undergone Disclosure and Barring Service (DBS) checks;
- Liaising with interpreters booked by the trust and providing details of the appointment, venue and requesting trust staff;
- Confirming bookings to the requesting staff;
- Advising the Communications and Engagement Team of any problems that arise in relation to a booked interpreter;
- Submitting invoices promptly to Finance.

3.3 **Communication and consultation with stakeholders**

- Deputy Director of Nursing, Performance and Quality
- Deputy Director of Corporate Affairs and Governance
- Lead for Equality, Diversity and Human Rights
- Deafness Support Network
- Customer Services Manager
- Matrons and community staff groups
- Communications and Engagement Officer

4. **Definitions**

4.1 **Interpreting** is defined as the oral transmission of meaning from one language to another, which is easily understood by the listener. This includes the conversion of spoken language into sign language British Sign Language (BSL). Interpreting can be face-to-face or via telephone.
It should be noted that interpreting is quite different to advocacy and should not be used as a form of advocacy which is intended to further the views and interests of the service user.

4.2 **Translation** is defined as the written transmission of meaning from one language to another, which is easily understood by the reader. This includes the conversion of written information into Braille and audio. It should be noted that not everyone may be able to read information in their own language.

4.3 **Service User** is defined as a person who uses the services provided by the trust, for example a patient.

5. **General Document Principles**

The trust will promote equity of access to services by providing interpreter services wherever possible for service users who request or need an interpreter. A request for interpreter services must not be refused.

The **Accessible Information Standard** comes into effect on 31 July 2016.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs in a set way.
3. Highlight a person’s file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
4. Share information about a person’s needs with other NHS and adult social care providers, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

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

5.1 **When should an interpreter be used?**

The ability to communicate with healthcare staff is fundamental to clinical care, and ideally the referring practitioner will have highlighted the need for language support which can then be flagged throughout the patient’s journey of care. If the need has not been identified at the time of referral, or if the patient is admitted as an acute emergency, e.g. via the Emergency Department, the person delivering the care is responsible for identifying the language need, taking action to record this in the patient’s records and making provision for the need to be addressed.

The trust has a commitment to provide and pay for a professional interpreter if this is needed when a service user or their representative accesses the trust’s services.

Service users should be made aware that an interpreter can be provided for their communication needs. The service user’s verbal agreement should always be sought before an interpreter is used and their agreement documented in their notes.

Identifying when an interpreter is required:
An interpreter should be used when a service user does not understand any English; or
- When a service user may be able to speak some English but whilst under distress, their understanding becomes impaired; or
- When a service user has an impairment which requires specialist support; or
- When important clinical information is to be given or consent obtained and the service user would not be able to understand this in English.

The requirement for an interpreter or communication support should be recorded in the patient’s notes by the first person who identifies the need, who must also ensure this is recorded in patient notes and on the CRIS system where used.

5.2 Who can interpret?

The trust uses authorised and appropriately trained interpreters. They all follow a code of practice which includes the requirement that information is kept confidential. The external interpreting services the trust uses offer many languages and dialects to meet the needs of the local population.

**Staff Members**

Staff members who are not registered with an accredited interpretation provider may be used to identify the language or help communicate basic personal information, e.g. personal history, menu choice, etc. but this must be with the consent of the patient. In addition, permission must be obtained from the departmental manager of the member of staff concerned.

Clinical information, medical terminology or decision making about clinical care should always be through the authorised interpreting services except in an emergency situation when staff may have to act in a patient's best interest and not have time to arrange an interpreter.

Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought.

**Relatives, Carers and Friends**

Relatives, carers and friends should not interpret for service users because interpretation undertaken by people involved with the service user may become distorted so it may not be an appropriate way of communicating confidential information. There may also be sensitive or confidential clinical issues which the service user does not want their family to know.

However if a patient insists that a relative, carer or a friend is used for interpreting, as this has been their usual practice when dealing with different departments, then staff need to get signed consent for this from the patient and this consent should be documented in the patient notes. This form can be found on the trust intranet under interpreting.

**Children**

Children under the age of 16 should not be used as interpreters. Service users who bring children to act as interpreters should be discouraged and offered a qualified interpreter. Interpreting, particularly in healthcare settings, is a serious responsibility and should not rest on a child. Staff should only ask a child for basic information in a case of emergency and then document the reasons for the use of that child.
Where there are concerns about safeguarding issues (adults and children) or capacity issues, under the Mental Health Act and Mental Health Incapacity Acts, an approved external interpreter should always be used even for basic communication.

5.3 Translated Material

Access to translated material does not replace an interpreter but can act as a backup to reinforce information given verbally. Information on NHS services, public health issues and wellbeing advice is now available in multiple languages on NHS Choices. Many national disease specific groups also have information translated into different languages available from their websites, e.g. Diabetes UK.

5.4 Telephone Interpretation (TO BE USED AS THE FIRST CHOICE FOR INTERPRETING)

A 24 hour telephone interpreting service is available from The BigWord by phoning 0800 862 0653. Details on how to use this service are contained in Appendix 3. Community staff who have been using Intralinks should continue to use this service. Intralinks can be reached on 07856 238805. If there is no response leave a message and they will get back to you. Intralinks should ONLY be used if you have used them before. All other translations should be directed through the BigWord.

Should you be working with partner organisations in a patient setting such as Vernova or CWP and the service is being DIRECTLY provided by this partner they will have their own translation arrangements in place and these should be used accordingly. If this is not the case please continue to operate in the best interest of the patient and follow the guidance above.

Twin handsets are available for a 3 way call so the patient, clinician and interpreter are connected at the same time. Contact Switchboard on “0” or 01625 421000 for the twin handset which is very easy to use and has laminated instructions. Guidance on how to use the twin handsets is included in Appendix 4.

Additional plug in receivers are also available for a 3 way call so the patient, clinician and interpreter are connected at the same time, and can be used with any phone that has a receiver which can be unplugged. Guidance on how to use the plug in receiver and where these are located is included in Appendix 5.

5.5 Face-to-Face Interpreter (ONLY TO BE USED AS A SECOND CHOICE TO TELEPHONE INTERPRETING AND IN THE CASE OF CLINICAL NECESSITY FOR PATIENT SAFETY.)

Face to face interpretation can also be booked for consent appointments by phoning The BigWord on 0800 757 3100 using the booking form in Appendix 2 which can be faxed or emailed. Community staff who have been using Intralinks should continue to use this service using the details above.

Staff making the booking should make a note in the patient’s notes and on the EMIS / CRIS system where used that an interpreter has been booked.
5.6 Translation Service

Staff can use The BigWord website at www.thebigword.com for instant interpretation of short sentences in the following languages: Dutch, Japanese, Korean, Chinese, Russian, Spanish, French, German, Italian, Portuguese, Arabic.

Document translation can be arranged by contacting the Communications and Engagement Team on 01625 661184.

Audio CDs or MP3 and information in Braille can be produced for those who do not read their own language or have a visual impairment. This can be arranged by contacting the Communications and Engagement Team on 01625 661184. For documents in large print contact the Print Room on 01625 661535.

5.7 Customer Service

For any concerns arising from use of the service you can contact the Communications and Engagement Team or The BigWord directly on interpreting.QA@thebigword.com or call the Customer Care Line +44 (0) 800 862 0625 and include the following information:

- Date and time of call
- Language used
- Access code used
- Identity of the interpreter if noted
- A brief outline of what has occurred
- Contact details of individual who has experienced the issue (email and telephone number/s).

If you contact The BigWord directly regarding a concern you should also ensure that you inform the Communications and Engagement Team of the issue.

5.8 Cancellations

If, anytime after booking the interpreter, the patient’s appointment is cancelled or altered, it is the responsibility of the person changing the appointment to inform The BigWord so that changes can be made with the agency. Cancellation charges are 50% of the first hour if made less than 2 hours before. Failure to inform the agency will result in the interpreter attending the Trust and a charge being made. This will be passed on to the department where the booking has been generated.

6. Implementation

The Communications and Engagement Team will support staff in using the interpretation and translation services identified in this policy.

An interpreting guidance poster has been developed and distributed to all wards and departments, see Appendix 6.

7. Measuring Performance

The Communications and Engagement Team will monitor the effectiveness of implementation of this policy via the following key performance indicators:

- Percentage of staff sampled who have an appropriate awareness of systems and processes in place with regard to interpreting services. Target 95%
• Usage of services, including telephone interpretation uptake as a percentage of total service uptake from 35% telephone : 65% face to face to 70% telephone : 30% face to face by end June 2019 (policy review date).
• Number of incidents where interpreting service was not available

Assurance will be provided via spot checks of wards/departments to reported by the Equality and Patient Experience Manager via the Equality & Human Rights quarterly report to the Safety, Quality and Standards sub-committee of the Board.

8. Audit

The Communications and Engagement Team will carry out ward spot checks to ensure staff know how to book a translator or access translation when required.

The Communications and Engagement Team will assess the usage and cost of the translation/interpretation services to ensure effective use of the service and to ensure that staff are accessing phone interpretation as a first choice unless the appointment involves consent or delivering sensitive information.

The Communications and Engagement Team will look at the languages used through this service to inform the leaflets distributed in the hospital and any training that may be needed.

9. Review

This policy will be reviewed on a three yearly basis by the Head of Communications, Engagement and Marketing
Appendix 1 - General guidance on using interpretation

Factors to consider when making a booking for an interpreter.

When making an appointment for someone needing an interpreter, allow sufficient time for everything to be repeated in each language. To assist with the provision of continuity of care, if acceptable to the service user and interpreter, the same interpreter should be booked for the first and subsequent appointments. Consideration should also be given to the sex and age of the interpreter and to any implications of religious or ethnic differences.

Factors to consider when using a Telephone Language Interpreter:

a) Brief the Interpreter (e.g. explaining who? where? and what?).
   Advise the interpreter what phone setup you have, e.g. single handset, speaker phone, two handsets.
   Ask them to introduce you and themselves.
   Follow this with your lead question, e.g. how may I help you?

b) Proceed with the conversation
   The interpreter will relay the information between you and the patient.

(c) End the call by saying
   “I have all the information I need, is there anything else you would like to ask me?”

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

Hearing Impaired Interpretation

If a British Sign Language interpreter is required for a deaf patient phone The Big Word on 0800 757 3100. You need to specify if a Deafblind interpreter is required.

Factors to consider when using a sign interpreter

- The deaf person may be the patient or the carer.
- Not all deaf people use British Sign Language (BSL) and an interpreter may not be the most appropriate option. The first step should always be to ask the deaf person about their communication preferences.
- Check that the deaf person uses BSL and wants an interpreter. It is always best practice to ask the individual what they need.

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

- Sign Supported English
Interpreting Policy
Head of Communications, Engagement and Marketing
V 2.0 June 2016

There are a number of things that will enable the BSL/English Interpreter to provide an effective service:

- The environment needs to be conducive to good communication so consider lighting, sound and location: effective communication requires that the sign language user and interpreter are able to see each other clearly and that those relying on spoken English are able to hear the interpreter clearly.
- Turn taking: good practice means that one person speaks at a time. It is impossible to interpret two people at the same time.
- Time lag: there will be a short time delay when a BSL/English Interpreter is working from BSL to English because the interpreter needs time to comprehend and reproduce in spoken English what is signed in British Sign Language and vice versa. This is especially important during questions or discussions to ensure that nobody is excluded.
- Breaks: this process is taxing and it is important to ensure breaks are scheduled.

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

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

- Make sure the person is looking at you before you speak. If necessary, attract their attention by touching their arm or shoulder.
- Ensure that there is good lighting in the room. Ensure your face is well lit. Do not stand with your back to a bright source such as a window or a lamp.
- Avoid wearing tops that are multi-coloured or have lots of patterns.
- Reduce background noise and visual disturbance as much as possible.
- Look directly at the person. Speak clearly and at an even pace. Do not shout or exaggerate your lip movements. Use natural gestures and facial expressions to support what you are saying.
- Check whether the person uses any specific signs.
- Stop talking if you have to turn away or write notes.
- Allow time for the person to absorb what you have said and check that they have understood. If there seems to be any misunderstanding, repeat what you have said, rephrase, use plain words, avoid jargon. Write things down if needed but ask first.
- Letter headings, leaflets and information sheets should include telephone, fax and email numbers to facilitate responses from people who have a hearing impairment. Some people will use mobile phones for text messages.
- Text Relay can be accessed in the Trust, Appendix 7 gives information on how to use this service.

General guidelines on how to work with an interpreter

- Brief the interpreter before the appointment starts if it is the first time for the interpreter to work with the service user or family carer.
Explain the interpreter’s role – to convert exactly what is said by both parties. Emphasise that the interpreter will respect confidentiality. Emphasise that the interpreter will not express an opinion or give advice to either parties.

Allow the interpreter time to introduce themselves and their role to the client.

Arrange seating for the most direct communication between you and the client.

Explain the purpose and most likely outcome of the meeting.

Ensure the interpreter is aware of the meanings of technical terms.

Ensure the interpreter is aware of any sensitive issues and that the patient/parent is able to speak freely via the interpreter.

During the appointment:

- Allow enough time for the interview.
- Avoid ambiguous or complex grammar.
- Use “sign-posts” like “for example” or “lastly” to explain the purpose of your speech.
- Avoid colloquial expressions which might be difficult to translate.
- Explain the purpose of questions you ask.
- Use short sentences.
- Moderate the speed of speech.
- Check assumptions and clarify impressions.
- Summarise and check what you have understood.
- Allow the interpreter time to intervene where necessary.
- Try to use words which you think the interpreter and client will understand.
- Keep eye contact with the patient rather than the interpreter.
- Stop at intervals to give time for interpreting.
- Give the service user or family carer and interpreter a break if the appointment is going to be longer than 45 minutes.
- Be aware of the safety of the interpreter, particularly when the service user is aggressive or difficult.
- With the agreement of the service user or family carer and interpreter, wherever possible use the same interpreter to help develop the relationship between the parties.
- **Ensure that there is no undue wait before the service user is seen by the clinician.** An hourly rate is charged and also the interpreter may have another appointment.

Concluding the interpreting session, please:

- Check with the patient/parent or visitor that they have understood everything.
- Allow the patient/parent or visitor to ask supplementary questions or seek clarification.
- Make any necessary follow up sessions and then book the interpreter.
- At the end of the interpretation session the interpreter will ask for their time sheet to be signed.

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

**What to do when communicating with a person who is blind or visually impaired**

- Introduce yourself by name, even if you know the person as they may not immediately recognise your voice.
When you offer to support an individual, ask them exactly what they need you to do. It is helpful when attempting to guide someone to first ask them which side they would prefer you to be on.

If you are guiding them, they will usually want to take your arm and you guide them rather than attempt to lead them or propel them. Do not drag someone by holding on to their clothing.

Give adequate warning of any steps or other hazards, which you approach.

When entering unfamiliar surroundings, describe the environment in terms of furnishings, obstacles and any other people who are present.

If you are doing things which will affect the person, e.g. preparing to give them an injection or leaving food on a tray for them), tell them what you are doing.

Information for an individual needs to be provided in an alternative to written form, e.g. Braille or audio information.

For visually impaired people ensure that there is good quality lighting.

Many visually impaired people can read large print – 16 point text is a recommended standard.

What to do when talking to a person who is DeafBlind

Lack of the ordinary “warning” faculties of sight and hearing means that any approach to a person who is deafblind should be gentle and never sudden otherwise the person will become startled and frightened.

Information: Without sight and hearing there is no way of knowing what is passing one’s immediate vicinity and therefore there is a perpetual sense of worrying what is happening. To lessen this, it is necessary that time should be taken to explain any movement, e.g. if the service user is required to move to another place, the reason should be given. All treatment should be fully explained to ensure their co-operation.

Identifying oneself: Once you have established contact with the person, always give your name at each approach or some agreed sign, such as a double squeeze of the hand so that the individual knows at one to whom they are speaking.

Where possible, check with the person/family if there are any specific signs used by the individual. These can reduce stress and anxiety and aid communication.

Some people use Braille or Moon to communicate or Tadoma – with this method the person feels the speaker’s lips and the speech vibrations from the speaker’s throat.

People who cannot see or hear are even more sensitive about intimate hospital routines and it is necessary to assure them positively that they can ask for what is needed. If not bedridden, a patient should be able to reach the toilet easily.

Be sure the patient knows where all their personal possessions are and that they are never moved from place to place.

Ensure that they can locate and use the nurse call bell.
# Face-to-Face Request Form

| To: | UK Government Team  
thebigword  
Well Court  
14-16 Farringdon Lane  
London  
EC1R 3AU |
|---|---|
| Contact Details: | ukgovinterpreting@thebigword.com  
T: 0800 757 3100  
F: 0207 657 3301  
www.thebigword.com/client/UKGov/ |

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<td>Venue Address</td>
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<td>Postcode</td>
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All assignments are treated in the strictest confidence. If you believe this assignment is particularly sensitive, please tick this box: [ ]

Could a witness statement be required for this assignment? [ ]

thebigwordGroup will source an interpreter for you when we receive this form. Once an interpreter has been sourced we will contact you with further details. Please note that if your pricing has been agreed in advance by a member of your senior staff we will take the booking as confirmed but some of our bookings may require a quote to be signed before go-ahead. If you do not know whether you should receive a quote please contact our project management team or your line manager.

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<thead>
<tr>
<th>thebigwordGroup – Other Services</th>
<th>Translation</th>
<th>Telephone Interpreting</th>
</tr>
</thead>
</table>
| Government Framework Reference:  
Tel: 0870 380 0711  
Fax: 0870 458 0552  
Email: ukgov@thebigword.com |  
05/GEN/25 |  
912/CAG/0137  
Tel: 0800 321 3025  
Fax: 0870 748 8111  
Email: tls@thebigword.com |
Appendix 3 - How to use the BigWord

thebigword is your sole supplier of telephone interpreting, a service which will enable you to help any client who may have limited English language skills.

When you need an interpreter please follow the instructions below:

1. Dial 0800 757 3053 / 0800 694 5093

2. Enter your access code, followed by the # key
   Keep your access code here: 123456789#
   (If required, enter your PIN number, followed by the # key)
   Enter the language code from the list below, followed by the # key

3. Once connected stay on the line
   Take note of the interpreter's identity number
   Direct your conversation to the client and NOT the interpreter

<table>
<thead>
<tr>
<th>Language Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>702</td>
<td>Albanian</td>
</tr>
<tr>
<td>91</td>
<td>Amharic</td>
</tr>
<tr>
<td>92</td>
<td>Arabic</td>
</tr>
<tr>
<td>727</td>
<td>Bahasa Indonesian</td>
</tr>
<tr>
<td>706</td>
<td>Bengali</td>
</tr>
<tr>
<td>17</td>
<td>Bosnian</td>
</tr>
<tr>
<td>707</td>
<td>Bulgarian</td>
</tr>
<tr>
<td>708</td>
<td>Burmese</td>
</tr>
<tr>
<td>93</td>
<td>Cantonese</td>
</tr>
<tr>
<td>780</td>
<td>Creole (Haitian)</td>
</tr>
<tr>
<td>710</td>
<td>Czech</td>
</tr>
<tr>
<td>713</td>
<td>Dutch</td>
</tr>
<tr>
<td>712</td>
<td>Farsi (Afghan)</td>
</tr>
<tr>
<td>94</td>
<td>Farsi (Persian)</td>
</tr>
<tr>
<td>95</td>
<td>French</td>
</tr>
<tr>
<td>4</td>
<td>German</td>
</tr>
<tr>
<td>993</td>
<td>Greek</td>
</tr>
<tr>
<td>738</td>
<td>Gujarati</td>
</tr>
<tr>
<td>994</td>
<td>Hindi</td>
</tr>
<tr>
<td>724</td>
<td>Hungarian</td>
</tr>
<tr>
<td>995</td>
<td>Italian</td>
</tr>
<tr>
<td>96</td>
<td>Japanese</td>
</tr>
<tr>
<td>3</td>
<td>Korean</td>
</tr>
<tr>
<td>520</td>
<td>Kurdish (Kurmanji)</td>
</tr>
<tr>
<td>730</td>
<td>Kurdish (Scarani)</td>
</tr>
<tr>
<td>731</td>
<td>Kurdish (Behdini)</td>
</tr>
<tr>
<td>733</td>
<td>Latvian</td>
</tr>
<tr>
<td>734</td>
<td>Lingala</td>
</tr>
<tr>
<td>735</td>
<td>Lithuanian</td>
</tr>
<tr>
<td>97</td>
<td>Mandarin</td>
</tr>
<tr>
<td>533</td>
<td>Mirdi</td>
</tr>
<tr>
<td>741</td>
<td>Nepali</td>
</tr>
<tr>
<td>796</td>
<td>Oromo</td>
</tr>
<tr>
<td>98</td>
<td>Pashto</td>
</tr>
<tr>
<td>773</td>
<td>Tigrinya</td>
</tr>
<tr>
<td>996</td>
<td>Portuguese</td>
</tr>
<tr>
<td>749</td>
<td>Punjabi</td>
</tr>
<tr>
<td>750</td>
<td>Romanian</td>
</tr>
<tr>
<td>997</td>
<td>Russian</td>
</tr>
<tr>
<td>755</td>
<td>Slovak</td>
</tr>
<tr>
<td>757</td>
<td>Somali</td>
</tr>
<tr>
<td>1</td>
<td>Spanish</td>
</tr>
<tr>
<td>998</td>
<td>Swahili</td>
</tr>
<tr>
<td>762</td>
<td>Tagalog</td>
</tr>
<tr>
<td>729</td>
<td>Tamil</td>
</tr>
<tr>
<td>992</td>
<td>Thai</td>
</tr>
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<td>773</td>
<td>Tigrinya</td>
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<tr>
<td>764</td>
<td>Turkish</td>
</tr>
<tr>
<td>765</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>999</td>
<td>Urdu</td>
</tr>
<tr>
<td>516</td>
<td>Welsh</td>
</tr>
</tbody>
</table>

Dial 700 followed by the # key if you cannot identify the language required.
Dial 0 followed by the # key for further assistance.

If you have forgotten your access code or you have any questions following a call please contact:
- General Service Queries: 0800 757 3025
- E-mail: tis@thebigword.com
- Web: www.thebigword.com/publicsector

If you have any questions please ensure that you have:
- the interpreter's ID number
- time of the call
- language you required
Appendix 4 - Using the twin handset phone for interpretation

The twin handset is really simple to use for a 3 way call so that the patient, the clinician and the interpreter are connected at the same time.

Use it for interpretation at the patient's bedside.

Follow these easy steps to get connected:

1. Call the BigWord on 0800 862 0653 on handset 1;
2. Enter the access code for your service followed by the hash key (#);
3. Enter the code for the language you require – e.g. 5 for Polish, followed by (#);
4. In under 60 seconds you will connect to an interpreter – make a note of their ID number in the patient’s notes;
5. Explain you want a 3 way conference call and give the language, tell them you are putting them on hold whilst you connect the other handset;
6. Press Intercom (bottom right of handset 1). Your external call is put on hold;
7. Handset 2 will ring;
8. Pick it up and press menu on handset 1;
9. Press conf on handset 1 to join all callers.

The twin handset phone is stored in switchboard so all staff can access it easily. Make sure you book it out in the log book and return it to switch after use.

If you have a patient who is likely to be with you for a few days, you can keep the phone on the ward, but do make sure it is always plugged in so that it is charged and ready for use.

Any problems, or if you don’t know your access code or language code, contact the Communications & Engagement Team on 01625 661184.
Appendix 5 - Using the additional plug in receiver for interpretation

The plug in receiver is really simple to use for a 3 way call so that the patient, the clinician and the interpreter are connected at the same time.

Use it for interpretation with any phone that has a receiver that you can unplug the cord, plug in the dual black box, then plug the receiver into the black box. (There is a diagram on the box.) You will now have two receivers to use, one for the clinician and one for the patient.

Follow these easy steps to get connected:

1. Have your access code ready. (If you do not know your code, call the Communications & Engagement Team on 01625 661184);
2. Call the BigWord on 0800 757 3053 / 0800 694 5093 on handset 1;
3. Enter the access code for your service followed by the hash key (#);
4. Enter the code for the language you require – e.g. 5 for Polish, followed by (#);
5. In under 60 seconds you will connect to an interpreter – make a note of their ID number in the patient’s notes;
6. Explain you want a 3 way conference call and give the language.

Any problems or if you don’t know your access code or language code contact the Communications & Engagement Team on: 01625 661184.

If the plug in receiver is lost by the owner a charge of £10 will be made for a replacement.
Appendix 5 contd. - **Additional plug in receiver owners**

<table>
<thead>
<tr>
<th>Department</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatients</td>
<td>Elaine Preston</td>
</tr>
<tr>
<td>2. Emergency</td>
<td>Ordered new one (Liz Owen)</td>
</tr>
<tr>
<td>3. Maternity</td>
<td>Diane Tinker</td>
</tr>
<tr>
<td>4. Eagle Bridge</td>
<td>Shirley Loasby (Stop Smoking Service)</td>
</tr>
<tr>
<td>5. Knutsford</td>
<td>Julie Lawn</td>
</tr>
</tbody>
</table>
Appendix 6 - Interpreting guidance poster

What to do if you need an Interpreter or Translator

TELEPHONE
(To be used as first choice unless the session involves consent or giving sensitive information)
- Phone: The Big Word on 0870 757 3053 / 0800 694 5093, or if you have forgotten your access code or you have any questions please contact 0800 757 3025 or 01625 661184

FACE TO FACE
- Phone The Big Word on 0800 757 3100 to book a face to face appointment or request a quote via email: ukgovinterpreting@thebigword.com

BRITISH SIGN LANGUAGE & DEAFBLIND INTERPRETING
- Phone The Big Word on 0800 757 3100 (Please specify if you need a DeafBlind interpreter)

WRITTEN TRANSLATIONS

FOREIGN LANGUAGE, BRAILLE and MOON
- Call Comms on Ext 1184 and leave a message (written translations take about one week)

AUDIO CD or MP3
- Call Comms on Ext 1184 and leave a message.

LARGE PRINT
- Contact the Print Room on Ext: 1535.
Appendix 7 - Text Relay

Text Relay is a National telephone service enabling deaf, hard of hearing, deaf blind and speech impaired people access the same kind of telephone service that hearing people use.

Text Relay provides a link between a hearing person and any textphone user. The link is a highly trained Text Relay operator who provides a discreet and confidential service.

Need to phone a patient or carer who is deaf?

.....use Relay Assist

Phone 0870 240 5152 to be connected to the relay assist operator who will ask for the number you wish to dial including the area code.

If the person you're calling picks up using a text phone, you will hear a recorded Text Relay greeting message while you wait for a relay assistant to join the call. "Please hold for the next available relay assistant"

If the person you're calling picks up using a telephone, the call will be treated like a standard telephone call.

During the call: Each person takes their turn to speak or type. When you've finished, say 'go ahead'. Remember to allow enough time for the relay assistant to type your side of the conversation to the person you're calling and read their response back to you.

All calls are confidential and the service operates around the clock, so you can make calls at any time, day or night. For further information or assistance please contact: The Communications & Engagement Team on 0800 195 4194 or ext 1500 or contact Text Relay direct on: Telephone: 0800 7311 868 Textphone: 0800 500 898 Email: helpine@textrelay.org
Website: http://www.textrelay.org/
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services. Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Interpreting Policy

Details of person responsible for completing the assessment:

- **Name:** Fiona Doorey
- **Position:** Head of Communications, Engagement and Marketing
- **Team/service:** Corporate Affairs and Governance

State main purpose or aim of the policy, procedure, proposal, strategy or service:

(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The purpose of the Interpreting Policy is to describe the essential practices and processes for the provision of interpretation and translation services. It aims to raise awareness of interpretation and translation needs, encouraging staff to proactively plan for service users’ needs and ensure that staff have the knowledge, confidence and ability to access interpretation and translation services. The policy also aims to minimise risks arising from poor communication.

The policy applies to all staff who deliver trust services. It provides details of how an interpreter may be accessed 24 hours per day and gives guidance for staff working with an interpreter.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:**
East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

**Race:**
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
• 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
• 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
• Gypsies & travellers – estimated 18,600 in England in 2011.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
• In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
• In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
• Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
• C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
• In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
• Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
• CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
• CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% in 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11% -22%.
• Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
• Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
• Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
• Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
• Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
• Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
• Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
• None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
• Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

None
2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No, the policy sets out positive action to ensure all people receive a fair and equal service

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☑ No ☐
Explain your response: The policy sets out measures in place to support communication with people who do not speak English and people for whom English is a second language. It is important to ensure all staff are aware of the policy and guidance so that positive action can be taken to support people who require an interpreter or translated information.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☑
Explain your response: The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access. Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☑ No ☐
Explain your response: The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access. The policy includes guidance on the interpreting services available for hearing impaired, blind or visually impaired, or deaf blind people. It is important to ensure all staff are aware of the policy and guidance so that positive action can be taken to support people who require an interpreter or translated information.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes ☑ No ☐
Explain your response: The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access. It is important to take note of the fact that the local demography is that of an older population and there may therefore be hearing and visual impairments. Steps need to be taken to ensure patients are asked if they require information in other
formats. It is important to ensure all staff are aware of the policy and guidance so that positive action can be taken to support people who require an interpreter or translated information.

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  
Yes ☐ No ✓
**Explain your response:** The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access.

**RELIGION/BELIEF:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently?  
Yes ☐ No ✓
**Explain your response:** The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access.

**CARERS:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently?  
Yes ✓ No ☐
**Explain your response:** The policy advises staff that carers should not interpret for service users. If a patient insists that their carer is used for interpreting, consent must be gained from the service user via the telephone interpretation service first.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently?  
Yes ☐ No ✓
**Explain your response:** The trust provides interpretation services or documentation in other formats as requested and necessary to ensure equality of access.

4. **Safeguarding Assessment - CHILDREN**

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ✓ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people)</td>
<td>The policy states that children under the age of 16 should not be used as interpreters and also that family members should not be used as interpreters. Staff need to be aware that age friendly material for children should be provided</td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
</tr>
</tbody>
</table>

Interpreting Policy
Head of Communications, Engagement and Marketing
V 2.0 June 2016
5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

- NA – update only

6. Date completed: 27.6.16 Review Date: June 2019

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 27.6.16