

Interpreting and Translation Policy

Description

The policy describes the Trust's responsibilities to service users, carers and staff who require interpretation or translation services.

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Which Relevant CQC Standards?	Regulation 9	

Key individuals involved in developing the document

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Contents

Equality Statement.....	5
Due Regard.....	6
Definitions that apply to this policy.....	6
1.0 Purpose.....	6
2.0 Summary of Policy.....	6
3.0 Introduction.....	7
Procedure for Booking Interpreters.....	8
4.0 Duties within the Organisation.....	9
5.0 Training.....	9
6.0 Monitoring, Compliance and Effectiveness	10
7.0 Interpretation.....	10
7.1 Use of Relatives/Carers as Interpreters.....	10
7.2 Use of Children as Interpreters.....	11
7.3 Use of Staff as Interpreters.....	11
7.4 Responsibilities of Interpreters.....	11
7.5 Identifying when an Interpreter is needed.....	12
7.6 Booking Interpreters.....	12
7.7 What to do if an interpreter is refused.....	14
8.0 Health and Safety of Interpreters.....	14
9.0 Consent.....	14
10.0 to 10.2 Emergency Situations.....	14
11.0 Intimate Examinations and Procedures.....	14
12.0 Religious, Cultural and Spiritual Beliefs.....	15
13.0 Safeguarding.....	15
13.1 Safeguarding Children.....	15

13.2 Safeguarding Adults.....	15
14.0 Translation Services.....	15
14.1 Appointments.....	16
14.2 When to use Translation Services.....	16
14.3 Patient Information.....	16
15.0 Consultation and Communication with Stakeholders.....	17
16.0 Approval and Adoption.....	17
17.0 Monitoring Compliance and Effectiveness.....	17
18.0 Archiving	18
References and Associated Documents.....	18
Appendices	
Appendix 1 Due Regard Screening Template.....	19
Appendix 2 Policy Training Requirements	21
Appendix 3 The NHS Constitution.....	22
Appendix 4 Policy Monitoring Section.....	23
Appendix 5 PIA Template.....	24

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	February 14	New policy
Version2	January 15	Amended to take account of service delivery changes to Deaf Community
Version 3	August 2018	Reviewed no major changes to contents of policy PIA completed – no issues
Version 4	October 2019	Reviewed to include what to do if an interpreter is refused and the phasing out of fax machines by the Trust (contact details for Ujala)
Version 5	October 2020	Reviewed to comply with new template and include the appointment of a new provider for virtual interpreting.
Version 6	September 2023	Reviewed – no major changes to contents of policy, amended contact details to nhs.net emails

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up to date version.

**For further information contact: Ujala Service Manager
St. Peter's Health Centre
Tel 0116 295 4747**

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

Due Regard-Analysis of Equality

Please refer to Appendix 1 which provides a detailed overview of the due regard undertaken in support of this activity.

Definitions that apply to this Policy

Approved	Formal confirmation by relevant Committee that the document meets the required standards and may be sent to either the Senior Clinical and/or Senior Operational Group for ratification.
Stakeholder	An individual or organisation with an interest in the subject of the document, E.g., staff, staff side representatives, service users, commissioners.
Interpretation	An interpreter is defined as a person who translates a spoken or signed (British Sign Language) message from one language to another. This can be either face to face or by telephone.
Translation	This relates to the written word being transmitted from one language into another, including Braille. Translation does not strictly have to be in written text-It can also mean translation into audio, CD or PDF for a website.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Purpose

The purpose of this policy is to provide guidance on our responsibilities to service users/patients, carers, staff, and volunteers who require support from interpreting or translation services. It will help to ensure that service users have equal access to excellent patient care by helping staff to understand patients and service user's health care needs. It enables compliance with equality legislation and Care Quality Commission (CQC) regulations and other standards.

In addition, this policy and associated documents aim to improve access to, and information about services to people for whom English is a second language or who require communication support, and to ensure equality in employment for staff who have English as a second language or who require communication support.

2.0 Summary

This policy is intended to ensure that 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 Communications. It describes arrangements for telephone based and face to face interpreting and for translation of written materials.

Please refer to the Ujala Centre Manual “A Good Practice Guide-Interpreting & Translation Services” The contents of the manual set out clear guidelines and instructions on how to use an interpreter or book translation work. It also includes protocols and procedures with regards to sign interpreting and telephone interpreting. These guidelines are available on Staff net.

The policy applies to all employees, agency staff, volunteers, and anyone else contracted to deliver services for Leicestershire Partnership NHS Trust.

3.0 Introduction

Providing access to interpreters in the Trust services ensures people receive adequate information about their health care and enables health care staff to understand a patient’s needs. It supports the promotion of equality and challenges discrimination.

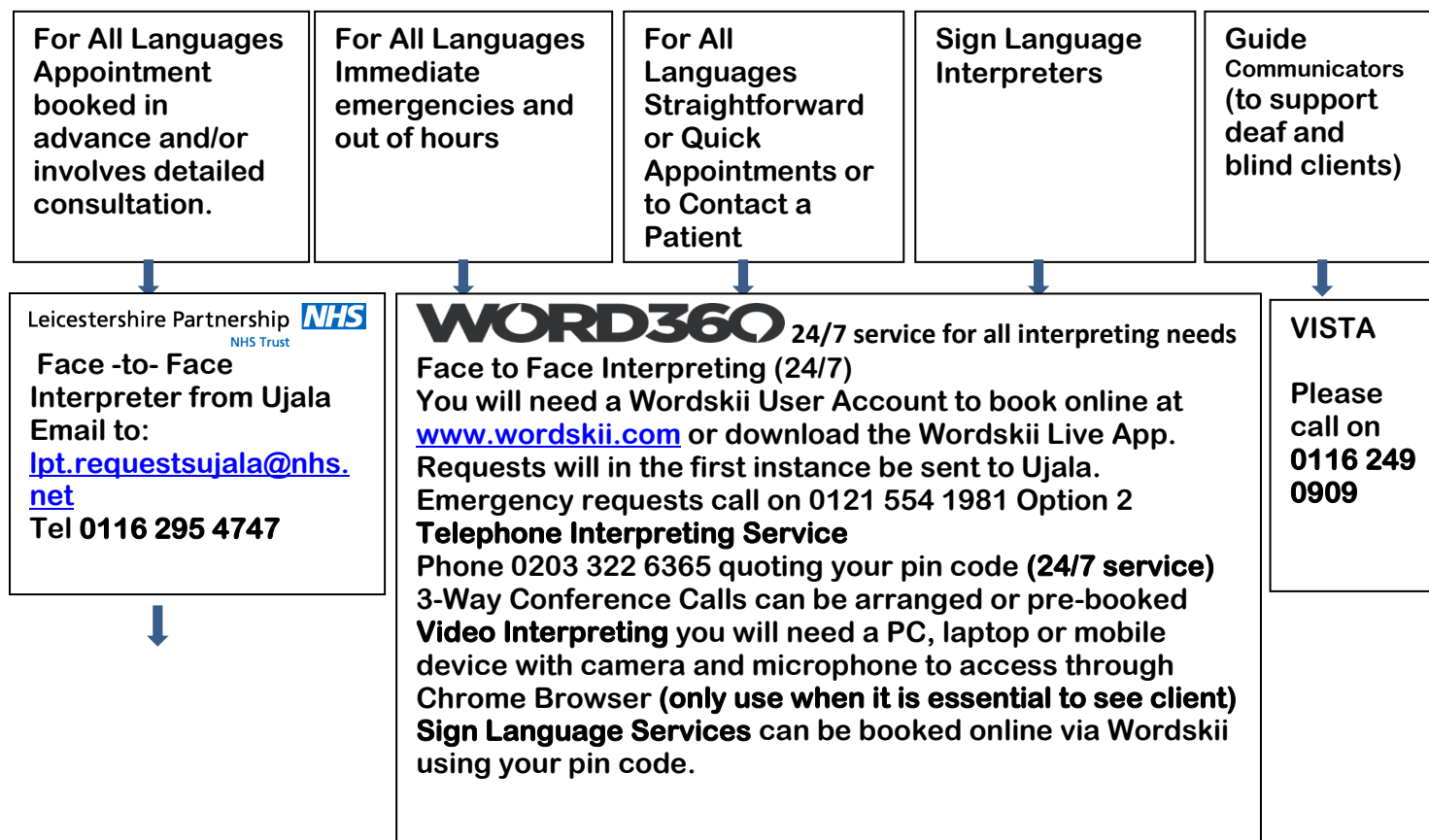
It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support.

Whilst not always clearly articulated in legislation, the legal frameworks that advocate for equality to health care are:

- Equality Act 2010(replacing all previous legislation).
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- The United Nations Convention of the Rights of the Child (1989)
- Human Rights Act (1998)

PROCEDURE FOR BOOKING INTERPRETERS

Prior to booking an interpreter a full assessment of the client's needs must be carried out to ensure that the most appropriate communication support can be provided.



FULLY COMPLETE – The Ujala Interpreter Booking Form on e-source within the Good Practice Guide to Interpreting and Translating and forward via e-mail lpt.requestsujala@nhs.net .
As far as possible please give 2-3 days' notice of the appointment (Please refer to the criteria for requesting interpreters in the Good Practice Guide)

The Ujala Interpreting Service will aim to confirm the availability or non-availability of suitable interpreters 2-3 days before the appointment or as soon as possible for urgent requests.

If an interpreter is not available, the requesting department or service will be notified 2-3 days before the appointment or as soon as possible for urgent bookings. The telephone/video interpreting service – Wordskii can be used instead OR alternative dates and times for the booking can be looked at.

The Ujala Interpreting Service confirms the interpreter by **NAME** with the requesting department via email .

CANCELLATIONS – In the event that you need to cancel an interpreter please contact the interpreting provider immediately.

After the appointment the Practitioner must sign the Interpreter's Assignment Form and Evaluation Form. Evaluation can also be emailed in confidence on lpt.requestsujala@nhs.net

For Written Translations please refer to the Good Practice Guide to Interpreting and Translating on Staff Net.

4.0 Duties within the Organisation

4.1. The Trust Board is responsible for ensuring that there is access to a trained interpretation and translation service.

4.1.1 Trust Board Committees have the legal responsibility for adopting policies and strategies and ensuring that they are carried out effectively.

4.1.2 The Patient Carer Experience Group has a responsibility for development, implementation, review, and monitoring effectiveness of this policy.

4.1.3 Service Directors and Heads of Service are responsible for:

- Ensuring staff are aware of and implement this policy.
- Bringing any issues which may affect implementation to the attention of the Trusts Equality Lead

4.1.4 Managers and Team leaders will be responsible for:

- Ensuring that the policy is followed and understood as appropriate to each staff member's role and function.
- Implementing the policy effectively and taking any issues which may affect implementation to Heads of Service
- This information must be given to all new staff on induction.

4.1.5 All Staff will be responsible for:

- Recognising when interpreting or translation needs exist
- Assess which language is being spoken.
- Assess and make provision for that need.
- Liaise with the interpreting service to arrange for an interpreter or communicator.
- Accurately record with the medical records the language or dialect used, also include any directive from the patient regarding their interpretation or translation wishes.

5.0 Training

Training will be offered ad-hoc to any service where it has been identified as a need by the Head of Service.

New staff will be signposted to The Interpretation and Translation Policy on the internet as part of their induction.

Guidelines on the use of interpreters and translation service will be placed on e-Source in the Equality and Diversity resource section of the website.

6.0 Monitoring, Compliance and Effectiveness

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Reference	Minimum Requirements	Self-assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
11	Where English is not a patient's first or preferred language this must be recorded in the patient's Records	Page11 of policy	Monitored as part of the audit of patient records	PCEG	Annually
13	The service is delivered to a high standard which meets patients and staffs' expectations	Pg 13	Service users' evaluation forms are collated, and information is provided for services via a report	Interpreting and Translation Service	3/12
13	Monitor complaints/suggestions	Pg 13	As above		3/12

7.0 Interpretation

It is the policy of the Trust to only use interpreters who are bilingually competent, neutral, independent and professionally trained and qualified.

7.1 Use of relatives/carers

Relatives and carers may wish to act as interpreters. They have the advantage of knowing the patient and speaking the same language. However extreme caution needs to be exercised and it is advisable not to use family members, carers, or other persons except in exceptional circumstances when no other alternatives are available.

Expecting a relative/carer to Interpret can place an unnecessary, and for some, an unwelcome

burden on them.

Relatives and carers are not trained interpreters and while they may be able to communicate in a social situation there is no guarantee they have the level of proficiency required to interpret in a health care situation.

There are serious risks of information being filtered either deliberately or because the family member or carer cannot interpret accurately. This is especially so in situations that might give rise to embarrassment, or which run counter to cultural norms. If the patient or relative finds it too embarrassing, they may not give particular information or discuss particular situations.

Staff should also be aware that there are situations, such as child abuse or domestic violence, where it would be inappropriate or present an additional risk to the patient to have a family member interpreting. Because of these risks healthcare staff should make use of an approved interpreter.

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 they should be advised that use of an approved interpreter is recommended and that LPT cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter. They should also be advised that LPT will only pay for the use of an approved interpreter.

If a patient after being advised of the risks of not using an approved interpreter still decides to use an adult family member, carer, or other person as interpreter this should be recorded in the patient's health record.

Even when the patient has chosen to use a relative or carer the responsibility for ensuring effective communication remains with the healthcare staff.

It is unacceptable to use a friend or family member as an interpreter when discussing treatment, care and medical or social issues with a patient as the interpreter must be impartial. The same applies for staff support in HR situations where the interpreter must be independent and impartial of the process.

If a service user/patient expresses a wish to use an **adult** family member or friend, then it must be explained to the service user why a professional interpreter is important. This communication exchange should be done with the use of language line or a face-to-face interpreter to clarify the service user's wishes. If the service user still refuses the services of a professional interpreter, then this **must be documented in the service users'/patients' records.**

However, in Mental Health, Child Protection Domestic Violence or other sensitive cases it is not acceptable at all to use family members or friend.

For social interaction, basic requests, and general conversation where confidentiality is not an issue then it is acceptable to use adult family and friends or staff if both parties are in agreement.

7.2 Use of children as interpreters

If the service user/ patient is under the age of 16 years or not deemed as Gillick competent, a professional interpreter must be used. This does not prevent the family from being present to provide support as they would do in other circumstances.

Children, other patients, or members of the public must never be used to act as interpreters.

Children lack the linguistic and cognitive abilities to reliably interpret in technical or stressful situations. Like other family members they also may be too embarrassed to interpret, or the patient may be too embarrassed to give information or discuss specific issues. Using other patients or members of the public, as well as the problems associated with using untrained interpreters, risk a serious breach of patient confidentiality.

7.3 Use of staff as interpreters

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in emergency situations or where a member of staff is part of the service users'/ patient's care team and it is for the purpose of social interaction or it has not been possible to arrange an interpreter (for example due to time constraints) It should be borne in mind that although staff may be happy to interpret it is not always the most appropriate use of their time and furthermore there is no guarantee of the quality or impartiality of the member of staff's interpreting.

It is not appropriate to use staff as interpreters in HR situations.

7.4 Responsibilities of the Interpreter

Interpreters are responsible for:

- interpreting accurately
- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate
- ensuring that their language skills are kept up to date.

The interpreters' role should be respected. They must not be asked to work outside the agreed responsibilities or their professional boundaries.

Their role does **not** include:

- giving their own opinion
- Chaperoning or escorting
- advocating for the patient or staff member
- undertaking other tasks such as translation (that is to convert the meaning of one language to another in a written form)
- befriending service (social intervention)

7.5 Identifying when an interpreter is needed.

When the service users/patients preferred language is not English

- The service user/patient may be able to speak English but whilst under distress, understanding becomes impaired
- The service user/ patient has a sensory impairment (deaf/deaf-blind) and requires specialist support
- The service user/ patient has a learning difficulty/disability and requires specialist support
- If important clinical information is to be given or consent obtained

In employee relations cases where the staff member requires language or communication support to ensure clarity in communication and fairness of the process

7.6 Booking Interpreters

7.6.1 Telephone interpretation

This service is available from Word 360, who can be contacted on
Tel: 0203 3226 365

An interpreter can be accessed by the health professional only. To use Word 360 each practice/department has its own access pin code. If you have not yet obtained your code, you will need to contact the Ujala Manager on (0116) 295 4747.

Hours of availability:

Unlimited and immediate access to professional, qualified telephone interpreters in 100+ languages, 24 hours a day, every day of the year.

Comments, Suggestions and Complaints about the Service:

In the event that the practice, health practitioner or a patient/client has a comment, suggestion or complaint about the service they have received from an interpreter, it should be referred to the Manager for the Ujala Resource Centre. An attempt will be made to try to resolve informally in the first instance. If the matter remains unresolved, it will be referred to the Word 360's formal complaints procedure for investigation.

7.6.2 Face to Face Interpreters

Requests for face-to-face interpreters can be made by e-mailing Booking Form and/or by telephone in an emergency without access to emails. Requests can also be made via Word 360's online portal Wordskii (www.wordskii.com) using the department pin.

Details: Ujala Resource Centre
St Peters Health Centre
1st Floor
Sparkenhoe Street
Leicester
LE2 0TA
Tel: (0116) 295 4747
E-mail: lpt.requestsujala@nhs.net

Requests for interpreters can only be made by health practitioners. The earlier a request is made for an interpreter the greater the possibility of an interpreter being identified for the specified date and time. At least 48 hours should be allowed as a minimum booking period. However, in case of emergency visits you should still contact the Ujala Interpreting Service, who will try to book an interpreter for you.

Booking for interpreters can be made 24/7 by using the Wordskii app or logging in to www.wordskii.com. Detailed information is available on Staff Net.

7.6.3 Video Interpreting

Interpreters for video consultations can be booked in two ways

1. By emailing the Booking Form to lpt.requestsujala@nhs.net, specifying that an interpreter is required via video link and specifying the platform to be used i.e. Attend Anywhere, Skype, Teams or any other.

2. By logging on to www.wordskii.com and choosing the video interpreter option. Video interpreters for common languages are available on demand but for the rarer languages you will need to pre-book.

7.6.4 Sign Language Services

Clients requiring a Sign Language interpreter can book directly:

Text Word 360 on 07887 622 746

Facetime on 07887 622 746

Email Word 360 at bsl@word360.co.uk

Clinicians whose patients require a BSL interpreter can use the BSL interpreter booking option on www.wordskii.com. BSL interpreters are booked through Communication Plus who provide a comprehensive range of services for people with a hearing loss, their families and carers in the City and County. The interpreting service is available as and when required including out of hours.

7.6.5 Guide Communicator Services

Clients requiring a Guide Communicator can book directly via VISTA.

This service is provided by Vista, 16 New Walk, Leicester. LE1 6UB, Telephone: (0116) 249 8836.

A Guide Communicator can be arranged by:

- The patient/client
- The patient's/client's Representative
- The GP practice
- Clinical staff

Hours of availability:

The Guide Communicator service is available from Monday to Friday 8.30am – 5.30pm

Emergency provision is not included within the scope of this agreement.

Occasionally a more urgent request may be made upon which Vista will use its best endeavours to provide a guide communicator.

7.7 What to do if an interpreter is refused?

If a patient is refusing to use an interpreter provided by the Trust and this results in the staff member feeling that this will prevent them from providing quality, safe and effective care, then the staff member may state that they don't feel that they can continue with their appointment or assessment on that occasion. This should be recorded in the case notes with reasons for this clinical decision.

8.0 Health and safety of interpreters

An interpreter is subject to the Trusts existing policies and procedures while contracted to work for the organisation or its staff members. You should consider, whether any health and safety precautions that you take when undertaking your duties should also be applied to the interpreter.

9.0 Consent

Decisions on the use of an interpreter must factor in patient choice and consent. Clinicians are required to seek informed consent before initiating treatments, carrying out any procedures or examining a service user/ patient who has the mental capacity to give consent. If the patient requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent. If a patient is assessed as not having mental capacity to make a decision about using an interpreter for accessing treatment, a best interest decision meeting should take place. The clinician must make arrangements for an interpreter and treatment should not be initiated until this happens. For further details regarding consent please go to the Trust's Consent Policy available on Staff Net.

10.0 Emergency situations

10.1. Use of staff

In an emergency it may be necessary to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care. In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the service user/ patients' 'best interests' and should not be delayed by waiting for a professional interpreter. This should be fully documented in the patients' records.

10.2 Use of family and carers

In an emergency situation it may be necessary to use adult family members to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or to facilitate decision-making about clinical care. In the event of an emergency requiring interpretation relating to consent or treatment, decisions must be made in the patients' 'Best interests', and should not be delayed waiting for an interpreter. This should be fully documented in the patient records.

11.0 Intimate examinations and procedures

Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient must be shielded from the interpreter by use of curtains or screens, or by use of the telephone interpretation service.

12.0 Religious, Cultural or Spiritual beliefs

It is important to remember that being polite is different in different cultures. Some service users/patients and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met.

13.0 Safeguarding

13.1 Safeguarding Children

It is inappropriate under any circumstances to use children as interpreters to discuss medical information, have sensitive conversations or to gain consent from a patient. A child is any person under the age of 18.

If the patient requiring an interpreter is a child, then we should not use the child's family/ carers to interpret. A professional interpreter provided by the Trust should be used wherever possible.

For the purposes of general conversation, it may be acceptable to converse with the child through the family or carers, but this is at the discretion of the healthcare team. In some cases, it may be more appropriate to use telephone interpretation, for example where the language of the patient is not known before the appointment. In this case it is most appropriate to use Word 360 when first in contact with the patient, and then to arrange face to face interpreters as needed. If during or after the interpreting session information is disclosed that causes the interpreter concern, then the interpreter will convey this information to the professionals for whom they are interpreting or the interpreter's line manager.

13.2 Safeguarding Adults

As with children, adults deemed as vulnerable should have a professional face to face interpreter provided by the Trust in every instance.

Interpreters are not responsible for assessing whether patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter then the interpreter will convey this message to the professionals for whom they are interpreting or the interpreter's line manager.

It is the professional's or the interpreters' line manager's responsibility to take appropriate action which may include involving Child or Adult Safeguarding.

14.0 Translation Services

A translation is not a substitute for an interpreter simply giving a translated document should not be considered as meeting the obligation to give communication support. It is often better practice and more cost effective to book an interpreter to sit with the patient/service user who can then explain the information to the individual face to face.

As with spoken communication, healthcare staff must satisfy themselves that the patient/service user understands the written document.

The patient/service user may not be able to read their language. They may speak one language but read in another. Some spoken languages do not have a written form.

14.1 Appointments

Rather than sending out a letter to confirm an appointment consider using Word 360 to contact the patient. The translation of written documents into other languages is an extremely complex and expensive process requiring the input of at least two or more individuals to translate, proofread and typeset the document. It should only be considered as an option when it is essential for medical or legal reasons. A translation is not a substitute for an interpreter, simply giving a translated document should not be considered as meeting the obligation to give communication support. It is often better practice and more cost effective to book an interpreter to sit with the patient/service user who can then explain the information to the individual face to face. As with spoken communication, healthcare staff must satisfy themselves that the patient/service user understands the written document. The patient/service user may not be able to read their language. They may speak one language but read in another.

14.2 When to use Translation Services

Translations should be used for care critical communications such as:

- Professional to professional letters
- Health care records
- Letter to or from patients

Transmission of these and similar documents for translation between LPT other services must adhere to Data Protection and Information Governance requirements.

Electronic transmission must be via secure inter-agency routes.

Hard copy transfers must be enclosed in lockable, traceable tamper-proof bags.

For further details/guidance please refer to the Criteria for using translation services in the Ujala Centre Manual “A Good Practice Guide-Interpreting& Translation Service

14.3 Patient information

Patient information should be offered and available in the relevant language and/or appropriate format (e.g., large print, easy read, audio or Braille), and information should use language and images that reflect and promote equality. Further guidance on the use of images and copyright is available on pages 49 and 50 of the patient information policy.

15.0 Consultation and Communication with Stakeholders

The key internal stakeholders for the purposes for this policy are all staff and managers. The policy has been drafted with input from staff in Ujala service, users of the interpreting and translating service, members of the Equality team, and members of the Patient Experience Group the Safeguarding group.

Since a new provider for virtual interpreting and sign language interpreting has been appointed, consultation with the Deaf Community was facilitated by the new provider to reassure the community that there would be no change in service. BSL interpreters will continue to be sourced through Communication Plus and therefore an Equality Impact Assessment was not carried out.

16.0 Approval and Adoption

The process will be approved by the Patient Experience Group and adopted by the Trust's Quality Assurance Committee

16.1 Review and Revision

The policy will be reviewed in line with the Trust Policy on Management of Procedural Documents and in line with any legislative changes. This will be reviewed at least every three years.

15.2 Dissemination and Implementation

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management of Procedural Documents as a minimum.

15.3. The Interpretation and Translation policy will be included as part of the Equality and

Diversity session on the Trust Induction.

15.4. The Trust guidelines on the use of interpretation and translation services will be distributed to all wards and departments, and information will be placed on the Trust's Intranet site and Trust Website.

17.0 Monitoring Compliance and Effectiveness

The aim of monitoring is to ensure that across LPT cost-effective interpreting and translation services are provided for all our patients. Information collected from monitoring will be used to improve our services. Any feedback from staff and patients is welcome.

Where English is not a patient's first or preferred language this must be recorded in the patient's Records. This data is essential to ensure all patients receive the communication support they need. This data will be cross matched with communication support requests to identify unmet needs and gaps in support delivery. Data will also be gathered through clinical audit and incident reports.

The lead for interpreting and translation support will monitor the expenditure on interpreting and translation services across LPT. Usage patterns across LPT will also be monitored and analysed.

Interpreting and Translation Service will provide the necessary data on a 3 monthly basis.

Comments or suggestions to improve interpreting and translation services should be directed to the lead for interpreting and translation support.

The monitoring template shown at Appendix 4 identifies how compliance and effectiveness of the policy will be monitored by the Patient Carer Experience Group.

17.0 Archiving

The policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management of Procedural Documents

References

Equality Act 2010 (replacing previous equality legislation)

European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)

The United Nations Convention of the Rights of the Child (1989)

Human Rights Act (1998)

Laming Report

No secrets' Department of Health/Home Office 2000

Interpreting and Translation in NHS Lothian

Associated Documents

Ujala Resource Centre- A good Practice Guide- Interpreting & Translating services

Safeguarding Policy

Chaperoning Patients Policy.

Consent Policy

Appendix 1

Due Regard Screening Template

Section 1		
Name of activity/proposal		
Date Screening commenced		
Directorate / Service carrying out the assessment		
Name and role of person undertaking this Due Regard (Equality Analysis)	Joan Hawkins /Bini Gataure	
Give an overview of the aims, objectives, and purpose of the proposal:		
AIMS:		
OBJECTIVES:		
PURPOSE:		
PURPOSE:		
Section 2		
Protected Characteristic	Could the proposal have a positive impact. Yes or No (give details)	Could the proposal have a negative impact. Yes or No (give details)
Age		NO
Disability	There is no bias it has a positive impact.	YES
Gender reassignment		NO
Marriage & Civil Partnership		NO
Pregnancy & Maternity	There is no bias within the policy.	NO
Race	Race Yes. An interpreting and translating service is available if required. There is no bias	YES
Religion and Belief	Religion and Belief There is no bias within the policy.	NO

Sex	The policy is equally applicable to all sexes	NO
Sexual Orientation	There is no bias within the policy.	NO
Other equality groups?	There is no bias within the policy.	NO

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X

Section 4

It this proposal is low risk please give evidence or justification for how you reached this decision:

The Policy has been developed to ensure that all patients including those whose first language is not English will have the opportunity to access services in LPT

Signed by reviewer/assessor	B. Gataure	Date	14/09/20
Head of Service Signed		Date	

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered.

Training topic:	Effective use of interpreting service
Type of training:	<input checked="" type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	<i>Clinical staff and administrative staff responsible for booking interpreters will receive training ad-hoc as requested by service manager</i> <i>All Trust staff will be made aware of policy as part of equality training in mandatory induction training</i>
Update requirement:	Update as part of regular mandatory training for staff
Who is responsible for delivery of this training?	Ujala Interpreting Service
Have resources been identified?	yes
Has a training plan been agreed?	as part of core mandatory training
Where will completion of this training be recorded?	<input type="checkbox"/> Trust learning management system <input checked="" type="checkbox"/> Other (please specify) PDP
How is this training going to be monitored?	Trust learning management system

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	x <input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	x <input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	x <input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x <input type="checkbox"/>

Policy Monitoring Section

Criteria Number & Name:

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Appendix 4

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
 The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Interpreting and Translation Policy		
Completed by:	Bini Gataure		
Job title	Manager, Ujala	Date 14-09-20	
Screening Questions	Yes / No	Explanatory Note	
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	N		
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N		
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N		
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N		
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N		
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N		
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	N		
8. Will the process require you to contact individuals in ways which they may find intrusive?	N		
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>			
Data Privacy approval name:			

Date of approval	
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Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure, the process involves service users/staff providing information about them, over and above what we would normally collect.

Question 3: This question asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g., not for direct care purposes, but for research or planning.

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g., use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision-making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them.

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g., does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g., using an application-based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via LPT-DataPrivacy@leicspart.secure.nhs.uk