

Interpreting and Translation Services Operational Policy

Version 3.0

Policy Statement:

This policy will ensure that the services provided by the Trust are equally and easily accessible to the diverse communities it serves.

Key Points:

- This policy applies to all staff and Trust services and provides details of how to access and effectively use interpreting services
- This policy will ensure that “all patients can get the right service, at the right time, in the right place and in the right way”.

Key Changes:

Paper Copies of This Document

- If you are reading a printed copy of this document you should check the Trust’s Policy website (<http://sharepoint/policies>) to ensure that you are using the most current version.

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Ratified By: Nursing & Midwifery Board

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Accountable Directorate: Corporate Nursing

Corresponding Author: Riaz Janjua – Deputy Head of Equality & Diversity

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1. Circulation

This Policy should be read by all Heart of England NHS Foundation Trust (HEFT) staff responsible for delivering patient care. It provides details of how the interpreting and translation services can be accessed and includes best practice guidance for staff in working with an interpreter.

This Policy applies equally to staff in a permanent, temporary, voluntary or contractor role acting for or on behalf of HEFT.

2. Scope

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

Patient - centred care depends upon the accurate exchange of information. It is therefore the aim of the Trust to provide communication support to those patients whose first language is not English or who may have a sensory impairment/loss where communication is affected.

The NHS Constitution, published on 21 January 2009, establishes the principles and values of the NHS in England:

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

At the heart of the revised Operating Framework for the NHS in England 2010/2011 [published on the 21 June 2010] is the recognition that we live in a diverse society. NHS organisations are required to put patients at the heart of decision making; focus on quality/outcomes and have greater devolved responsibilities. In addition; the document indicated there are real opportunities presented by the implementation of the Equality Act, 2010 for developing diverse services which are personal and fair, identifying differing needs and skills, as well as providing informed choice to patients..

The Trust has therefore developed procedures to identify the interpreting needs of our patients at the very beginning of their hospital journey. **This operational policy identifies the current arrangements for accessing interpreting and translation services.**

3. Definitions

For the purpose of this policy the following distinction is made between interpreting and translation:

“Interpreting” refers to verbal communication (transferring ideas expressed orally, or by the use of gestures (as in the case of sign language), from one language to another)

“Translation” refers to written communication (transferring ideas expressed in writing from one language to another)

(Definitions from the Wikipedia Encyclopedia).

4. Reason for Development

The Trust has a statutory and moral responsibility to patients, public and commissioners to ensure that the services it provides are equally and easily accessible to all segments of the communities it serves. This policy supports the Trust's Single Equality Scheme which aims to ensure that "all patients can get the right service, at the right time, in the right place and in the right way".

5. Aims & Objectives

5.1 Aims

The aims of this policy are to ensure that:

- Staff and service users are fully aware of the interpreting and translation services available to them.
- Staff are aware of the best practice in working with an interpreter to make most effective use of the services when required.

5.2 Objectives

The key objective of this policy is to ensure that staff are able to use interpreting and written translation services for their patients where it is not possible to establish effective communication.

6 Standards

6.1 Interpreting Service

It is a legislative requirement to ensure that patients who have a hearing or speech impairment/loss, or whose first language is not English, should be provided access to an appropriate communication support service.

It is well recognised by legislation that using family members, friends and other patients for interpreting is highly inappropriate and lends itself to a degree of risk e.g. patient confidentiality, inappropriate admissions, lack of informed consent.

Interpreting is a professional skill which requires appropriate and effective use. Health professionals must therefore identify patients communication needs, where possible, on initial contact and document these in the patients' notes. This will facilitate a proactive response to meet individual need.

6.2 Role of the Interpreter

- To interpret accurately what is said, without anything being added, omitted or changed.
- Respect confidentiality at all times and not seek advantage of any information disclosed during the interview.
- To act in an impartial and professional manner.
- Disclose immediately if having difficulties with dialect or medical terminology

- Disclose immediately if the patient is known or related to them.
- Be non-judgmental and not to give advice or reaction to people involved in interpreting session.
- To intervene only:
 - to seek clarification;
 - to point out if someone has not understood something;
 - to identify any cultural misunderstanding.

N.B. Based on Institute of Linguists Code of Practice

6.3 Best Practice

Check patients notes for specific communication needs e.g. Deaf/deaf-blind, language etc.

If you have any difficulty in communicating fully with a patient, it is a requirement for staff to arrange for a suitable interpreter through the Trust interpreting services.

Interpreters should be used for all planned admissions, assessments, clinical consultations, informed consent and discharge.

The patient can also request an interpreter/communication aid without the agreement of the staff. Staff must ensure that the patient has access to appropriate service.

It is professionally and ethically not acceptable to use children (under 16) as Interpreters.

6.4 Who to use for Interpreting and Translation

The Trust interpreting service covers five languages for face to face episodes in Mirpuri, Punjabi, Urdu, Sylheti and Bengali languages. **(See paragraph 6.8)**

The Trust written translation service covers two languages for producing patient information in Urdu and Bengali languages

Language Line - a telephone based interpreting service covering over 100 languages is currently available in three Directorates **(See paragraph 6.9)**

BILCS Interpreting Booking Service provided by Heart of Birmingham Primary Care Trust (Teaching) covers all languages including British Sign language. **(See paragraph 6.10 and Appendix 2)**

Interpreting agencies which can provide interpreting service in a variety of languages including British Sign Language **(See paragraph 6.11 and Appendix 3)**

6.5 Working with Interpreters

Working effectively with interpreters requires thought and planning. Health professionals working in busy clinics and ward environments may have their own preferred ways of working, therefore may be unprepared for the dynamics and complexity of a three or four way dialogue. It is important to recognise that some preparatory work can be useful.

When booking an interpreter the following procedure should be allowed:

Give the interpreter adequate notice, a minimum 24 hours unless it is an emergency. Please note that there is a national shortage of British Sign Language interpreters, therefore you need to give as much notice as possible.

Provide patient information to the interpreter on pertinent issues e.g. a patient's mental state or a patient's inability to communicate verbally.

Allow enough time for the interview – twice as long as an interview without an Interpreter. Explanations of cultural perceptions and backgrounds may be required.

Indicate how long the session is likely to run.

Ensure that the interpreter and the patient speak the same language and dialect.

Match the gender of interpreter and patient if appropriate. Explain the nature of the interview.

6.6 During the Interview

Allow time for introductions and for the interpreter to develop a rapport with the patient and to explain the interpreters role as being there to give an impartial, complete, accurate and confidential interpretation of everything that is said by every one present in the room.

Be aware of the seating arrangement, to ensure that the healthcare professional and the interpreter face the patient directly.

Try to speak directly to the patient i.e. 'What is your name?' rather than will you ask her what her name is'? Also ask directly if you are not sure of relevant culture based facts or perceptions.

Speak in clear, short sentences with pauses in between for the interpreter to interpret what you are saying.

Avoid jargon, abbreviations and specialist terminology wherever possible, letting the interpreter interrupt you if they need to clarify something.

Be aware that the patient when speaking may not leave pauses for the Interpreter and that the interpreter may give you a summary – ask interpreter for a more detailed version of what was said.

Behave as you would if you shared the same language, recognising and respecting individual backgrounds.

Conduct all the interview yourself. Do not ask the interpreter to fill in a form or explain a procedure. The interpreter is not qualified to look for relevant information and to process information received.

6.7 At the End of the Interview

Check that the patient has understood everything. Summarise what has been decided and explain the next practical steps to be taken – when, where and how. Arrange for the appointment while the interpreter is there.

Ask if there is anything else the patient would like to know.

If not recorded before then enter patient's communication need in the notes.

N.B. Based on Institute of Linguists Code of Practice

6.8 In-House Interpreting and Translation Service

6.8.1 The Interpreting Team

The core service staff consists of one full-time and two part-time bilingual Interpreters, they cover six languages, **Mirpuri, Punjabi, Urdu, Pushto, Sylheti and Bengali.**

The service is available **Monday to Thursday 09:00am – 17:00pm and Friday 09:00am – 16:30pm.**

The interpreting team does not cover out of hours/week-ends/bank holidays. Directorates will have to use interpreting services from the listed agencies to meet out of hours needs within their budget.

The interpreting team is based within the Equality & Diversity Department at Heartlands Hospital.

6.8.2 Process / Method

At Heartlands the interpreters operate from their office near Neurology Department and use consultation rooms in clinical areas and patients' bedside on wards/units to facilitate patient - staff communication.

At Solihull the interpreters are not normally based on this site, when providing service on this site they use consultation rooms in clinical areas and patients' bedside on wards/unit to facilitate patient-staff communication.

At the Chest Clinic there is no constant presence, when service is required interpreters use consultation room for patients.

At Good Hope Hospital the interpreters are not based on this site. The interpreting team will support staff on this site to access external interpreting services for planned consultations when required.

There are different ways in which a member of staff or a patient/carer can contact the service:

- (i) **Call via dedicated telephone line (0121-424 1331, 0121- 424 1319) or extension 75- 41331 or 75- 41319 from an internal telephone**

When the interpreting services is being contacted by telephone your call will be answered within 5 rings by a member of the interpreting team, should it not be answered in this time then you will be asked to leave a message on the voicemail. Your call will be returned the same day otherwise the next working day.

The member of the interpreting team answering your call directly or returning your call will require following information to deal with your request:

- your name and contact detail;
- patients name, PID number, language required, interpreter preference (male/female), date, time, venue and the duration of session to be held;
- if the language requested is not covered in-house, you will be informed that BILCS interpreting service provided by Heart of Birmingham Primary Care Trust (Teaching) will be contacted to book your request. **(See Appendix 2)**
- Interpreting booking request for in-house service or BILCS interpreting service will be confirmed with you.

N.B. A member of the core team will deal with your interpreter booking request and will retain responsibility until the interpreting need has been met. There may be hand-offs, this may occur when the original interpreter is about to go on leave or a gender specific issue arises and input / knowledge of other staff may be required to provide appropriate service.

(ii) Via Paging system – Page numbers: 2278 or 2656 (dial 88 from GHH)

Hospital staff can contact interpreting services by paging the interpreters, the interpreter will call back as soon as possible and will follow the same procedure as above.

6.8.3 Informal service

The interpreters also undertake regular visits to wards to meet staff/patients to ensure that they have an easy and informal access to service.

6.8.4 Translation of Patient Information

At present the interpreting services team is able to provide written translation service in Urdu and Bengali languages.

The decision on the need for appropriate translated material for patient information is made at the Directorate level in conjunction with the Trust's Patient Health Information Manager.

6.8.5 Documentation within the Interpreting Service

All interpreting and translation booking requests and completed activity are clearly and concisely documented to ensure:

- For every interpreting call received a response is meticulously recorded on interpreting/translation request forms and the relevant interpreter/ translator records all the details and the completion date on the work sheet.

- Recorded data of every interpretation activity is presented in regular reports to the Equality and Diversity / Learning Disabilities Steering Group and the Governance Risk Committee, identifying service uptake, demographic, demand and capacity trends.

6.8.6 Interpreting Service Monitoring

The use of the interpreting service will be monitored on an ongoing basis. Any significant increase in demand which will have an impact on service provision will be reported to the following with a view to identifying resources to meet the new demand:

- Diversity & Learning Disability steering group,
- Nursing & Midwifery Committee
- Governance Risk Committee
- Groups Operational Boards

6.9 Language Line Telephone Interpreting Service

In absence of a central budget this service is currently available in only three Directorates at Heartlands hospital funded through their budgets:

- Accident & Emergency
- Obstetric & Gynaecology
- Infectious Diseases

6.9.1 Booking an Interpreter using Language Line

Remember: Before you call Language Line you will need your Department account number and your site ID

This service is available 24 hours a day, 365 days a year

Check the preferred language with the patient (language cards are available in your area if the patient cannot tell you which language they speak)

Contact Language line : **0845 310 9900**

The operator will ask for your:

- ID code
- Organisation name (and department where appropriate)
- your initial and surname
- language required (say if you require a specific interpreter)
- patient's location i.e. **with you**

Stay on line while the operator connects you to a trained interpreter (takes about 30 seconds)

Note the interpreter's ID code; introduce yourself; brief the interpreter; say what phone you are using (e.g. single/dual handset, speaker phone, mobile)

Ask the interpreter to introduce you and themselves to the patient, and give the interpreter your first question or statement. Give the interpreter time to interpret between you and the patient, and remember to speak clearly and slowly.

Let the interpreter know when you have finished.

6.10 BILCS (Birmingham Integrated Language & Communication Strategy)

This Interpreter Booking Service is provided by HEART OF BIRMINGHAM PRIMARY CARE TRUST (Teaching)

At present there is no financial cost involved in using the service. Hospital staff can access the service through the Trust's interpreting team or may be booked directly.

The BILCS service is available to all Birmingham NHS Organisations, including NHS Trusts, for patients who are registered with General Practitioners in Heart of Birmingham, Birmingham East & North and Birmingham South PCT areas.

The service is **ONLY** available to patients via NHS staff.

The interpreting Booking service is for **PLANNED INTERVENTIONS** only and will require at least 24 hours notice for spoken languages. However for British Sign Language (BSL) interpreter minimum 01 week notice is required.

The service is available **Monday to Friday from 9.00 p.m. to 4.00 p.m.** Bookings will only be accepted on the following numbers :

- Telephone: 0121 – 465 4858
- Fax: 0121 - 465 4855 (between 9.00 a.m. to 4.00 p.m)
- Query: 0121 - 465 4856 / 465 4857

N.B. Only bookings faxed on the BILCS form will be accepted

Interpreting sessions, in a wide range of languages can be provided for up to two hours, per patient, per session. Any session that exceeds two hours, without prior authorisation, will be charged to the relevant department, therefore telephone BILCS IBS on 0121 – 465 4856/465 4857 , if the session is likely to overrun.

The following information is required when you book the BILCS service:

- your name and contact number
- patients name, hospital ID number, post code or GP details
- language required (specify male or female interpreter required)
- date, time, duration and venue of consultation.

To confirm the booking a BILCS reference number will be given to you. Please note this number as you may require it for a query.

At the end of the session the interpreter's timesheet should only be signed when the booked appointment start time and actual finishing time have been documented.

The interpreter's time is both valuable and expensive, therefore hospital staff should endeavour to keep his / her waiting time to a minimum.

6.11 Private Interpreting Agencies

There is currently no central Trust budget for interpreting services; the directorates that use these services will pay through their budget.

6.11.1 Booking an interpreter using one of the listed agencies:

Please remember except for emergencies try to give the interpreting agencies as much time as possible to book an interpreter.

- Check with the patient what their preferred language is
- Contact the appropriate agency, give them your details, language/male or female interpreter required, time, date, duration and venue of the consultation.
- Ask the agency to confirm when the appropriate interpreter arrangements have been made
- Note the times of the interpreting session

For a list of private interpreting agencies please see **Appendix 3**.

7. Responsibilities

The interpreting services lead will collate Trust-wide interpreting activity data and present bi-annual service uptake report.

7.1 Individual Responsibilities

7.1.1 Ward / Department Manager

- To ensure all staff are aware of the policy and its contents.
- To ensure individual communication needs of patients are considered and met appropriately.
- To ensure non-availability of interpreting service is reported as an incident in line with the Trust's Incident Reporting Policy.

7.2 Board and Committee Responsibilities

7.2.1 Ratifying Board & Committee Responsibilities

The Nursing and Midwifery Board will be responsible for ratification of this document and requesting review every three years or following any required **material changes to the policy**.

7.2.2 Trusts Five Operational Boards Responsibilities

The above Boards will be informed of the review of this policy and advise on any Risks and Governance issues to ensure that interpreting service provision meets the needs of patients.

7.2.3 Equality & Diversity / Learning Disabilities Steering Group & the Governance Risk Committee Responsibilities

The above Committee/Group will receive annual interpreting services uptake report and will advise the way forward on the recommendations made therein.

8. Training Requirements

Training on 'basic interpreting skills' and 'working with Interpreters' can be arranged through the Equality and Diversity Department.

9. Monitoring and Compliance

Equality and Diversity Department will support the monitoring and implementation of the policy at ward/department level. Nursing Directorate and Governance Key Performance Indicators related to Equality and Diversity will also be used for monitoring.

Problems implementing the policy should be brought to the attention of the Head of Equality and Diversity, Directorate Manager, as applicable. If necessary, the problems could be brought to the Equality and Diversity/Learning Disabilities Steering Group via the Head of Equality and Diversity, for further discussion and action.

10 References

- Disability Discrimination Act 1995
- Race Relations (Amendment) Act 2000
- Children's Act 1976
- Human Rights Act 1998
- Mental Health Act 1983
- DOH (2000) Reference Guide Consent for Examination or Treatment
- NHS Constitution 2009
- Equality Act 2010
- Operation Framework for the NHS 2010/2011
- Care Quality Commission Regulations
- AD203 Equality Impact Assessment
- Institute of Linguistics – Code of Practice

11 Appendices and Attachments

Appendix 1: Interpreting Service Disclaimer

Appendix 2: BILCS (Birmingham Integrated Language & Communication Strategy) Booking Form

Appendix 3: List of Private Interpreting Agencies

Attachment 1: Equality & Diversity – Policy Screening Checklist

Attachment 2: Equality Action Plan / Report



Appendix 1: Interpreting Service Disclaimer

Interpreting Service Disclaimer

The Heart of England NHS Foundation Trust recognises that to use a family member friend or another patient to interpret is professionally and ethically unacceptable and can result in misunderstandings which may lead to inappropriate intervention of health care/treatment or lack of informed consent.

The Trust therefore, has offered the use of a trained interpreter who will communicate with you in your spoken language.

If you do not wish to use this service, please sign this disclaimer. Which means that the 'Trust will not accept any responsibility should any misunderstanding occurs due to mis-interpretation'.

SECTION – A: To be completed and signed by staff in attendance

Patient's Name: PID Number:

Patient's Language: Clinic/Ward:

Reason for not wishing to use the Trust offered service:

.....
.....

Staff Name: **Designation:**

SECTION – B: To be signed by patient

Patient's Signature:



Appendix 2: BILCS Interpreter Booking Form

Heart of Birmingham Teaching 
Primary Care Trust

PLEASE COMPLETE AND FAX TO: 0121 465 4855

Patients Details; (Block Capitals)

Patients Name and Date of Birth: -----

Patients post code: -----

Patients I.D. number (if applicable) -----

Patients ethnic group* -----

(Refer to 2001 census ethnic categories)

Name of Registered GP INCLUDING INITIALS-----

Name of Registered GP Practice-----

Name of Consultant -----

Name of Trust/P.C.T. -----

What Language do you require?

Please note: If booking requires more than 1 hour, please specify duration and reason

When/Where do you require an Interpreter?

Date :

Time:

Location:

(Full address inc. post code)

Consultant If Hospital Visit:

Department:

Interpreter meeting point: (Please tick relevant box)

At location

Home address

Clinic

Hospital

(Please give full address inc. post code if different from location)

Special Requirements please tick box: Male Interpreter Female Interpreter

Other Information

FULL Name of referrer: -----

Address & Postcode: -----

(If different to location:)-----

Telephone Number: -----

Fax Number: -----

Signed: -----

Dept. & Job Title: -----

NHS Organisation: GP/Trust/Other* Please state which HOSPITAL-----

Booking Acceptance Confirmation

Date booking accepted:

Authorisation code:

Signed:

Job Title:

For office use only

Faxed Back?

Date Fax back:

Please ring BILCS Interpreting service on: 0121 465 4856/4857 if you require any guidance

Appendix 3: Private Interpreting Agencies

- 1. EXPRESS**
Tel: 0121 – 554 1981
0121 - 515 3555
Fax:0121- 554 7430

- 2. FIVE STAR (B.I.T) INTERPRETING & TRANSLATIONS**
Tele: 0121 - 446 5197
0845 466 5131
07764 778 771
Fax: 0121 - 446 5224
E-mail at: mail@5starbit.co.uk

- 3. GLOBAL TRANSLATION SERVICES**
Tel: 07980 667 780
08712 302 383
Fax: 08712 302 392

- 4. Swiis**
Tel: 0121 – 633 5710
07973 523 864

- 5. BIRMINGHAM INSTITUTE FOR THE DEAF (BID)**
Tel: 0121 - 246 6134
Fax: 0121 - 246 6161
Typetalk: 0800 515152

- 6. COMMUNICATION PLUS – 24/7 SIGN LANGUAGE SERVICE**
Tel: 0121- 707 8685
07887 622 746
Minicom: 0121- 707 4706

- 7. INTER-TRANSLATE SOLUTIONS**
Tel; 0800 298 5788
07792 928 045
07940 368 846
Fax: 0121 – 212 1364

- 8. PROFESSIONAL LINGUISTS Ltd**
Tel: 0121 – 471 4510
0121 - 246 6827
07900 343 628
Fax: 0871 714 5788

Attachment 1: Equality and Diversity - Policy Screening Checklist

| | |
|--|--|
| Policy/Service Title: Interpreting & translation services operational policy v3.0 | Directorate: Nursing (Equality & Diversity) |
|--|--|

Name of person/s auditing/developing/authoring a policy/service: Riaz Janjua

Aims/Objectives of policy: To ensure hospital staff are able to access appropriate communication support service for patients whose first language is not English or who have a hearing/speech/sensory impairment/loss.

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

| Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of: | Response | | Action required | | Resource implication | |
|--|----------|----|-----------------|----|----------------------|----|
| | Yes | No | Yes | No | Yes | No |
| 1.1 Age? | | X | | X | | X |
| 1.2 Gender (Male, Female and Transsexual)? | √ | | √ | | √ | |
| 1.3 Disability? | √ | | √ | | √ | |
| 1.4 Race or Ethnicity? | | X | | X | | X |
| 1.5 Religious, Spiritual belief (including other belief)? | | X | | X | | X |
| 1.6 Sexual Orientation? | | X | | X | | X |
| 1.7 Human Rights: Freedom of Information/Data Protection | √ | | √ | | √ | |

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

| Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of: | Response | | Action required | | Resource implication | |
|--|----------|----|-----------------|----|----------------------|----|
| | Yes | No | Yes | No | Yes | No |
| 2.1 Age? | | X | | X | | X |
| 2.2 Gender (Male, Female and Transsexual)? | √ | | √ | | √ | |
| 2.3 Disability? | √ | | √ | | √ | |
| 2.4 Race or Ethnicity? | | X | | X | | X |
| 2.5 Religious, Spiritual belief (including other belief)? | | X | | X | | X |
| 2.6 Sexual Orientation? | | X | | X | | X |

| | | | | | | | |
|---|---|-----------------|----|------------------------|----|-----------------------------|----|
| 2.7 | Human Rights: Freedom of Information/Data Protection | √ | | √ | | √ | |
| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. | | | | | | | |
| TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION = 3 | | | | | | | |
| 3. Check for DIRECT discrimination against any group relating to EMPLOYEES: | | | | | | | |
| Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to: | | Response | | Action required | | Resource implication | |
| | | Yes | No | Yes | No | Yes | No |
| 3.1 | Age? | | X | | X | | X |
| 3.2 | Gender (Male, Female and Transsexual)? | | X | | X | | X |
| 3.3 | Disability? | | X | | X | | X |
| 3.4 | Race or Ethnicity? | | X | | X | | X |
| 3.5 | Religious, Spiritual belief (including other belief)? | | X | | X | | X |
| 3.6 | Sexual Orientation? | | X | | X | | X |
| 3.7 | Human Rights: Freedom of Information/Data Protection | √ | | √ | | √ | |
| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. | | | | | | | |
| 4. Check for INDIRECT discrimination against any group relating to EMPLOYEES: | | | | | | | |
| Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of: | | Response | | Action required | | Resource implication | |
| | | Yes | No | Yes | No | Yes | No |
| 4.1 | Age? | | X | | X | | X |
| 4.2 | Gender (Male, Female and Transsexual)? | | X | | X | | X |
| 4.3 | Disability? | | X | | X | | X |
| 4.4 | Race or Ethnicity? | | X | | X | | X |
| 4.5 | Religious, Spiritual belief (including other belief)? | | X | | X | | X |
| 4.6 | Sexual Orientation? | | X | | X | | x |
| 4.7 | Human Rights: Freedom of Information/Data Protection | √ | | √ | | √ | |
| If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation. | | | | | | | |
| TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 1 | | | | | | | |

Signatures of authors / auditors:

Date of signing:

Attachment 2: Equality Action Plan / Report

Directorate: Corporate Nursing (Equality & Diversity)

Policy: Interpreting & translation services operational policy v3.0

Responsible Manager: Riaz Janjua, Deputy Head of Equality & Diversity/Interpreting Service Manager

Name of Person Developing the Action Plan: Riaz Janjua

Consultation Group(s): Trust service user advisory groups, Medical Directors, Director Operations, Directorate General Managers, Matrons, Ward Managers, Senior sisters, Equality Impact Assessment training participants, Heart of Birmingham Primary Care Trust's BILCS Interpreting service.

Review Date: March 2011

The above policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by: **Riaz Janjua, Deputy Head of Equality & Diversity/Interpreting Service Manager**

| Action: | Lead | Timescale: |
|---|--|------------|
| Review and rewriting policy | Riaz Janjua | March 2011 |
| <p>A different approach to how the interpreting service is delivered:</p> <ul style="list-style-type: none"> Female patients may refuse to use a male Interpreter Deaf and Deaf blind patients may require different types of communication support Patients perception of their Human Rights may be over the capacity of the Trust's interpreting service to provide 24 hours face to face interpreting cover. | <p>Riaz Janjua</p> <p>Raising staff and patients awareness on current interpreting arrangements within the Trust. Encouraging staff to identify patients communication need as early as possible in order to organise appropriate service.</p> | Ongoing |
| <p>Increase in partnership working</p> <ul style="list-style-type: none"> User advisory groups, Trust staff External provider – BILCS interpreting Service provided by Heart of Birmingham Primary Care Trust. | <p>Riaz Janjua</p> <p>Bi- monthly user advisory groups meetings are attended Established links with local voluntary organisations. Assisting and supporting Heart of Birmingham PCT's interpreting service commissioning process.</p> | Ongoing |

| | | |
|---|--|-------------------|
| <p>Training/Awareness Raising/Learning</p> <ul style="list-style-type: none"> Trust staff have a human right to training and learning opportunities | <p>Pamela Chandler</p> <p>Training needs analysis undertaken. Equality Impact Assessment training, Disability awareness, Deaf/DeafBlind awareness, Learning Disabilities awareness and Human rights training being delivered. Interpreting Training on 'basic interpreting skills' and 'working with Interpreters' available to staff through the Equality & Diversity department.</p> | <p>Ongoing</p> |
| <p>Review date of policy and EIA: this information will form part of the Governance Performance Reviews</p> | <p>Riaz Janjua</p> | <p>March 2011</p> |
| <p>If risk identified, add to risk register. Formal/ Informal Investigation to be undertaken</p> | <p>Riaz Janjua</p> <p>Staff encouraged to fill IR1 form to report lack of interpreting service</p> | <p>Ongoing</p> |
| <p>Monitoring</p> | <p>Riaz Janjua</p> <p>Interpreting activity database Is maintained. Regular reports are presented to Equality and Diversity/ Learning Disabilities Steering Group</p> | <p>Ongoing</p> |

When completed please return this action plan and the policy after ratification to the Trust Equality and Diversity Lead Pamela Chandler or Jane Turvey. The policy and Action Plan will be published on the E & D website it will also form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Riaz Janjua

Date:

March 2011