

# Policy Document

Reference: C11

## Interpreters

<b>Version:</b>	8
<b>Date Ratified:</b>	March 2024 by the Quality & Safety Oversight Group
<b>To Be Reviewed Before:</b>	March 2027
<b>Policy Author:</b>	Head of Patient Experience
<b>Executive Lead:</b>	Chief Nurse

### Version Control Schedule

Version	Issue Date	Comments
1	August 2011	New policy ratified
2	February 2014	
3	June 2015	Aligned with County
4	January 2018	
5	August 2019	Amendment made for clarification on page 12 for services provided by dDeaflinks. BSL Service Phone numbers added on page 12.
6	February 2021	6.1 Monitoring - The process for reporting usage has changed to Equality & Diversity Annual Report
7	April 2022	Minor amends to SOP – Approved by QSOG Jan 2022.
8	March 2024	Additional information regarding Insight machines (Interpreter on wheels)

### Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

## Equality Impact Assessment (EIA)

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Analysis Form is designed to help consider the needs and assess the impact of each policy. To this end, EIAs will be undertaken for all policies.

**Does this policy have the potential to affect any of the groups listed below differently - please complete the below.** Prompts for consideration are provided, but are not an exhaustive list

Group	Is there a potential to impact on the group? (Yes/No/Unsure)	Please explain and give examples	Actions taken to mitigate negative impact (e.g. what action has been taken or will be taken, who is responsible for taking a future action, and when it will be completed by – may include adjustment to wording of policy or leaflet to mitigate)
<b>Age</b> (e.g. are specific age groups excluded? Would the same process affect age groups in different ways?)	N		
<b>Gender</b> (e.g. is gender neutral language used in the way the policy or information leaflet is written?)	N		
<b>Race</b> (e.g. any specific needs identified for certain groups such as dress, diet, individual care needs? Are interpretation and translation services required and do staff know how to book these?)	N		
<b>Religion &amp; Belief</b> (e.g. Jehovah Witness stance on blood transfusions; dietary needs that may conflict with medication offered)	N		
<b>Sexual orientation</b> (e.g. is inclusive language used? Are there different access/prevalence rates?)	N		
<b>Pregnancy &amp; Maternity</b> (e.g. are procedures suitable for pregnant and/or breastfeeding women?)	N		
<b>Marital status/civil partnership</b> (e.g. would there be any difference because the individual is/is not married/in a civil partnership?)	N		
<b>Gender Reassignment</b> (e.g. are there particular tests related to gender? Is confidentiality of the patient or staff member maintained?)	N		
<b>Human Rights</b> (e.g. Does it uphold the principles of Fairness, Respect, Equality, Dignity and Autonomy?)	N		

Group	Is there a potential to impact on the group? (Yes/No/Unsure)	Please explain and give examples	Actions taken to mitigate negative impact (e.g. what action has been taken or will be taken, who is responsible for taking a future action, and when it will be completed by – may include adjustment to wording of policy or leaflet to mitigate)
<b>Carers</b> (e.g. is sufficient notice built in so can take time off work to attend appointment?)	N		
<b>Socio/economic</b> (e.g. would there be any requirement or expectation that may not be able to be met by those on low or limited income, such as costs incurred?)	N		
<b>Disability</b> (e.g. are information/questionnaires/consent forms available in different formats upon request? Are waiting areas suitable?) Includes hearing and/or visual impairments, physical disability, neurodevelopmental impairments e.g. autism, mental health conditions, and long term conditions e.g. cancer.	N		
<p><b>Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities?</b> (e.g. allow extra time for appointments, allow advocates to be present in the room, having access to visual aids, removing requirement to wait in unsuitable environments, etc.)</p>			<b>No</b>
<p><b>Will this policy require a full impact assessment and action plan?</b> (a full impact assessment will be required if you are unsure of the potential to affect a group differently, or if you believe there is a potential for it to affect a group differently and do not know how to mitigate against this - please contact the Corporate Governance Department for further information)</p>			<b>No</b>

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## 1. INTRODUCTION

Providing access to interpreters 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 equality of access to health services are:

Race Relations (Amendment) Act 2000

Disability Discrimination Act 2005

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)

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Patient and Public Involvement Strategy

Equality Act 2010

Working Together to Safeguard Children 2013 (paragraph 15 page 9)

This policy also supports the Trust's compliance with Care Quality Commission Essential Standards of Quality and Safety, in particular Outcome 1: Respecting and involving people who use services. Accessible Information Standard

## 2. SCOPE

The policy applies to all service users of the University Hospitals of North Midlands who may have a foreign language and D/deaf communication support need when receiving health care.

Guidance on the procedure for booking and using interpreters is found in the Standard Operating Procedure (SOP) (Appendix 2).

## 3. DEFINITIONS

Clinical Staff includes doctors, dentists, pharmacists, registered nurses, midwives, physiotherapists, occupational therapists working in any setting.

We use the term 'service user' to describe anyone who is a patient or a user of our services. Throughout our website and in our literature we frequently interchange the terms service user and patient.

## 4. ROLES AND RESPONSIBILITIES

### 4.1 Corporate Responsibilities

Corporate responsibility for the implementation of the Interpreter Policy rests with the Chief Nurse. The Head of Patient Experience is responsible for ensuring that processes and procedures are in place to support the use of interpreters.

### 4.2 The PALS, Complaints & Volunteer Services Manager

**The PALS, Complaints & Volunteer Services Manager should:**

- Ensure all wards and departments have access to the interpreting services
- Ensure all wards and departments can access training in relation to the process for ordering and cancelling interpreters

### 4.3 Medical Staff

Medical staff should;

Ensure when gaining formal consent, explaining management plans or delivering bad news that the patient can understand the information given, and request the use of an interpreter if this will improve understanding. In these circumstances the patient's family or friends should not be routinely used. It must be documented in the medical notes when an interpreter is used.

Should the consent be required in a critical emergency situation, where time is crucial to a patients' wellbeing, family, friends or staff members can be used but the reasons for this must be clearly documented.

#### 4.4 **Divisional Nurse Directors, Heads of Nursing and Matrons**

**Divisional Nurse Directors, Heads of Nursing and Matrons** must:

- Ensure staff are aware of the interpreter Policy, and can access interpreting services
- Monitor the usage of interpreters in their clinical area through the monthly performance reviews
- Agree/authorise requests for face to face foreign language interpreters

#### 4.5 **Ward Sister/Charge Nurse/Departmental Manager**

It is the responsibility of each ward/department Sister/Charge Nurse to ensure that interpretation/translation services are being used effectively. This includes:

- Ensuring that all patients who need interpretation/translation facilities receive them through appropriate, trained, accredited interpreter services.
- Ensuring that the most appropriate/translation facilities are booked.
- All requests should be booked directly with the service provider using the online booking portal.
- Reporting Interpreter DNA or other problems directly to the service provider.
- Ensuring that all staff working in the area are clear on the policy, Standard Operating Procedures, and where to access interpretation /translation services and process for doing so.
- Signing the Interpreter's time sheet to ensure that invoices can be processed in a timely manner (Appendix 1)
- Report on DATIX if the service provider is unable to provide interpreters
- Maintaining an interpreter file to keep records of all interpreter bookings made, pin numbers, booking codes, and specific interpreter budget codes to be used.

Google Translate or online translator apps are not approved or endorsed for use in the Trust with the exception of those provided by the Trust approved Interpreter/Translation services supplier.

#### 4.6 **Clinical Staff**

All clinical staff should:

Be aware of the appropriate use of interpreters and how these can be accessed.

### 5. **EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION**

Each ward and department has an interpreter file on the procedure to be followed for booking and cancelling an interpreter. This file includes a standard operating procedure (Appendix 2).

Each ward and department will have an information poster to allow a patient to identify their usual language.

Training should be available as part of the ward induction as and when required on an individual ward/department basis to ensure that online bookings and confirmation can be accessed by all wards and departments.

## **6. MONITORING AND REVIEW ARRANGEMENTS**

### **6.1 Monitoring Arrangements**

Compliance in line with the Standard Operating Policy (SOP) will be undertaken by:

- Monitoring any adverse incidents and complaints
- Monitoring any booking service problems
- Review of a monthly usage report from the service provider
- Care Excellence Framework (CEF) carry out spot check/audits following initial implementation to identify if an interpreter file is present on the ward, if interpretation awareness training forms part of ward induction and whether there is documentation relating to the use of interpreters
- Usage and monitoring of interpreter services are fed into the Equality and Diversity Annual Report which is presented to the Transformation & People Committee

### **6.2 Review**

The policy will be reviewed in three years unless national guidance or legislation indicates an earlier review is required.



**Interpreter Timesheet**

**Part 1: To be completed by the Interpreter (to be returned to ALS within 3 working days)**

Interpreter's name: \_\_\_\_\_ Interpreter (TRN) number: \_\_\_\_\_

Language combination for this assignment: \_\_\_\_\_

Project number: \_\_\_\_\_

Assignment date/times: \_\_\_\_\_

Job number: \_\_\_\_\_

Customer Reference: \_\_\_\_\_

\_\_\_\_\_

Start time: \_\_\_\_\_

Customer: \_\_\_\_\_

Patient/Detainee (if applicable): \_\_\_\_\_

Venue: \_\_\_\_\_

Finish time: \_\_\_\_\_

Total assignment hours: \_\_\_\_\_

**Part 2: To be completed by the Customer**

D

**Please check the details above before  
completing the information below.**

**Did the interpreter arrive on time?**

\_\_\_\_\_

**If not, what time did they arrive?** \_\_\_\_\_

\_\_\_\_\_

**Customer did not attend or customer/patient  
cancelled:**

Comments: \_\_\_\_\_

Contact name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete this form at the end of the  
assignment and either fax or email back to  
LanguageLine Solutions**

**Fax number:**

**01484 502 232**

**Address:**

**Riverside Court Huddersfield Road Delph  
Oldham, OL3 5FZ**

**Email:**

[timesheets@appliedlanguage.com](mailto:timesheets@appliedlanguage.com)

**(Please note the new timesheets email - latest  
update in Aug 2009.) High quality language  
solutions delivered on time.....with a smile!**



# Standard Operating Procedure (SOP)

## C11-SOP-1 Interpreter Booking Process

V7 March 2024

The purpose of this document is to ensure consistency when processing interpreter booking requests, by providing guidance and support to any Trust Staff that need to book an Interpreter.

This SOP links to C11 Trust Policy for Interpreters.

No.	Instruction	Information
1	<p>Interpretation can be provided through the following means;</p> <p>Interpreter on wheels (Insight a.k.a Trevor/Tina)</p> <p>Telephone interpreting (<b>Should always be the first consideration for foreign language interpreters</b>)</p> <p>Remotely via MS Teams</p> <p>Face to Face (F2F), by exception only, for foreign language interpreters</p> <ul style="list-style-type: none"> <li>• British Sign Language</li> <li>• Lip speaking</li> <li>• Text Speech</li> </ul>	<p>The three bullet pointed areas are serviced by dDeaflinks: telephone 01782 219161(out of hours Emergency contact 07977 552414) and ASIST 01785 356835 (Out of hours Emergency 07977 007184) <b>NOT</b> Language Line. Patients have the right to choose which service they would prefer to use.</p>
2	<p>Telephone interpretation/Insight is the most cost effective if the consultation does not exceed 45 minutes.</p> <p>The exceptions for using F2F foreign language interpretation are:</p> <ul style="list-style-type: none"> <li>• Breaking bad news</li> <li>• Hard of hearing patients, next of kin, relatives, carers who would struggle with using the telephone</li> <li>• Learning Disability or Mental Health patients whose preferred method of communication is F2F</li> <li>• Dealing with children</li> <li>• Confused, aggressive patients</li> </ul>	<p>To avoid cancelling a procedure when a F2F interpreter is not available:</p> <p>Formal consent for surgery/procedure where a signed consent form is required, alongside an explanation of what will happen during the procedure must always be carried out by a trained interpreter.</p> <p>As there is a national shortage of F2F interpreters, to avoid cancellation, the clinician should consider a telephone interpreter to gain consent and provide full explanations around the procedure. This can be pre-booked or accessed on the day.</p> <p>During this telephone interpreter consultation, the clinician should seek permission from the patient to use a trusted friend or family member to interpret before, during and/or after the actual procedure for additional comfort/support/pain control etc. It must be documented in the patient notes that the patient is happy with this arrangement.</p> <p>The friend or family member must not be used to gain formal consent for a procedure or surgery where a signed consent form is required, provide a diagnosis or when</p>

No.	Instruction	Information
		breaking bad news, except for in an emergency circumstance.
3	<p>Requesting a <b>telephone</b> interpreter can be arranged by calling LanguageLine Solutions on 0800 496 1508 and select option 2</p> <ol style="list-style-type: none"> <li>1. You will be required to provide your pin number for this service which can be located in the interpreter file on the ward/department</li> <li>2. You will now be prompted to say the language you require.</li> <li>3. Record this booking in the interpreter file</li> </ol>	
4	<p>Requesting the Interpreter on wheels/Insight</p> <p>Within the hours of 9am-4pm Mon-Fri (excluding bank holidays) an interpreter machine can be accessed/pre-booked by contacting the PALS Office on 76450 or emailing patientadvice.uhnm@nhs.net.</p> <p><b><u>Out of hours</u></b></p> <p><b><u>Royal Stoke</u></b></p> <p>The following departments have an interpreter machine permanently within their ward/department:</p> <p>Endoscopy Unit Emergency Department NICU Critical Care Unit Maternity Department</p> <p>All departments are aware that their machine could be called upon in an emergency situation out of hours. If an interpreter is required then this can be requested from one of the above departments - they just need to note the ward the machine is being taken to and PALS will then ensure on their next working day that the machine is returned to the original ward.</p> <p><b><u>County Hospital</u></b></p> <p>One machine permanently resides in the Endoscopy Unit.</p> <p>However, out of hours a machine can be accessed from the PALS Office. In order to do so, please contact the Car Parking and Security Team x 2645 who will sign the machine out and arrange collection.</p>	
	1. All requests for F2F foreign language interpreters	

No.	Instruction	Information
5	<p>must be authorised by the DND/ nominated deputy or the site team if out of hours. Authorisation should be via the completion of the F2F authorisation form or in an emergency verbally agreed by the relevant person and followed up with a completed form.</p> <p>2. Requesting F2F interpreters should be completed via LanguageLine Solutions online booking portal at <a href="https://www.language.com/en-gb/client-portal">https://www.language.com/en-gb/client-portal</a></p>	
6	<p>1. If a F2F interpreter is required short notice, out of hours i.e. overnight or over the weekend, then you can book the interpreter over the telephone rather than through the online booking portal, by calling Call 0800 004 2000 and select option 3 The information you will need to provide is</p> <ul style="list-style-type: none"> <li>• Language required</li> <li>• Patient's name and or unit number</li> <li>• Date and time and approximate length of the appointment</li> <li>• Location and specialty (this helps the interpreter to prepare for the appointment)</li> <li>• Include Consultants name if appropriate</li> <li>• Record this booking and file in the interpreter file.</li> </ul> <p><b>Please Note: The provider service has a reduced staff level out of hours, if the voicemail option answers please leave a message and contact telephone number and the team will call you back as soon as they are free.</b></p>	
7	<p>When a F2F interpreter is essential remember to:</p> <ol style="list-style-type: none"> <li>1. Book F2F interpreters as early as possible to ensure that an interpreter is available and note the booking on the patient's record</li> <li>2. Obtain approval from DND or Site Team (out of hours)</li> <li>3. Ensure that the relevant teams know that an interpreter has been booked and for whom</li> <li>4. <b>Please note:</b> If a F2F interpreter cannot be provided and a telephone interpreter is not acceptable a DATIX must be completed, incorporating the reason as to why a telephone interpreter could not be used</li> </ol>	
	<p><b>When the face to face interpreter arrives</b></p> <ol style="list-style-type: none"> <li>1. Check their ID and introduce them to the patient</li> <li>2. Ensure that there is no undue wait before the patient is seen by the clinician. An hourly cost is incurred and also the interpreter may have another appointment</li> </ol>	

No.	Instruction	Information
8	<p>3. If the patient requires treatment over an extended period of time, e.g. greater than an hour, it is important to take steps to ensure that the most effective use is made of the interpreter's time.</p> <p>For example: where possible giving pre and post-operative advice and information during the pre-operative consultation, or agreeing how future instructions/information will be conveyed. It is not normally necessary for the interpreter to be present throughout the whole of a minor operation/day case procedure</p> <p>4. At the end of the interpretation session, the interpreter will ask you to sign their time sheet (This may include a section for any comments you may wish to make on the skills/attitude of the interpreter) <b>Ensure that the time is recorded on the sheet before signing. Do not sign the sheet until the session has been completed.</b></p>	
9	<p><b>Cancellations</b></p> <ol style="list-style-type: none"> <li>1. Notify LanguageLine Solutions as soon as possible if the interpreter is no longer required. There is no charge for cancellation however if the interpreter has arrived on site the full charges will be made.</li> <li>2. Cancellations/amendments cannot be made via the online portal you should call directly on 0800 004 2000 to cancel or amend bookings</li> <li>3. A log must be made in the interpreter file for audit/monitoring purposes.</li> </ol>	
10	<p><b>Other Aids</b></p> <ol style="list-style-type: none"> <li>1. All wards: have a communication aid for patients in hospital folder</li> <li>2. A&amp;E: has a multilingual phrasebook (Red Cross)</li> </ol>	

I have read and understand this Standard Operating Procedure (Sign the form at the front of the interpreter file)