

**Reference Number:** FOIAH2425/333  
**From:** Private Individual  
**Date:** 19 September 2024  
**Subject:** Hospital Translation Policy Information

Q1 Please could you state if your hospital Trust has a specific written policy/guidelines on what should happen when a translator/interpreter is accompanying a patient, and they are in a queue for a clinic; specifically in relation to whether the patient and the translator/interpreter are moved forward in the queue? If so, could you provide me with a copy of that policy/guidelines.

A1 [The Trust has a policy on Accessible Information Standard \(AIS\) and Interpreting but does not specifically provide guidelines on whether the interpreter and patient are moved forward in a queue.](#)

[Please see attached Interpreting, Translation and Accessible Information Policy](#)



## C16 – INTERPRETING, TRANSLATION AND ACCESSIBLE INFORMATION POLICY

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## **Quick Reference Guide**

### **Interpreting, Translation & Accessible Information Policy**

The Trust is committed to equality of access for patients and their carers who do not use spoken English as their first or preferred language. The Trust will ensure non-English speakers, patients whose first language is not English and those with sensory communication needs receive the support and information they need to access services, communicate with staff and make informed decisions about their care and treatment. This extends to people who are Deaf or Deafblind and who might use British (or another form of) Sign Language.

The Trust recognises reducing care inequalities as part of its obligations under the Equality Act 2010 including ensuring equality of opportunity in terms of accessing services. Comprehensive translation and interpretation services significantly aid this, providing clear information for staff, patients and others.

#### **KEY POINTS**

- The Trust is responsible for ensuring that the communication needs of its children, young people and families are fully supported when accessing services
- Trust staff should not be used for clinical interpreting except in an emergency situation
- Family members, friends, siblings, children or young people should not be used as clinical interpreters
- The policy provides detailed guidance for Trust procedures for Face to Face interpreting, telephone interpreting, video interpreting and translation of written documents.
- The policy provides detailed guidance for arrangements for British Sign Language (BSL) interpreters and communication guides to provide appropriate support for deaf and deafblind service users and families

#### Key staff responsibilities

##### **Line Managers:**

Responsible to ensure that staff follow policy and procedures and are competent in use.

##### **Employees:**

Act in accordance with policy.

**Version Control, Review and Amendment Logs**

<b>Version Control Table</b>				
<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
5	July 2022	Val Shannon	Current	
4.1	May 2022	Val Shannon	Archived	Extension pending ratification of updated policy
4	May 2019	Anne Hyson	Current	
3.1	February 2018	Hannah Ainsworth	Archived	Extended pending full review
3	February 2015	Hannah Ainsworth	Archived	
2	December 2003		Archived	
1	May 1999		Archived	

<b>Record of changes made to Interpreting &amp; Translation Policy – Version 5</b>			
<b>Section Number</b>	<b>Page Number</b>	<b>Change/s made</b>	<b>Reason for change</b>
6	11	Provider details updated	Change of providers
9	11	Added link to Patient Experience intranet page	To assist staff
12	12	Links updated to Trust Document Management System (DMS)	New system

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## 1 Introduction

- 1.1 All NHS services must be accessible to all patients and their carers irrespective of their individual needs. However, people who have a language barrier or hearing and/or visual impairment often face unacceptable difficulties when they use NHS services.
- 1.2 The Trust is committed to equality of access for patients and their carers who do not use spoken English as their first or preferred language. The Trust will ensure non-English speakers, patients whose first language is not English and those with sensory communication needs receive the support and information they need to access services, communicate with staff and make informed decisions about their care and treatment. This extends to people who are Deaf or Deafblind and who might use British (or another form of) Sign Language.
- 1.3 The Trust recognises reducing care inequalities as part of its obligations under the Equality Act 2010 including ensuring equality of opportunity in terms of accessing services. Comprehensive translation and interpretation services significantly aid this, providing clear information for staff, patients, and others.

## 2 Purpose and Scope

This policy applies to all Trust staff and to providers of professional interpreting and translation services, but to those working with patients and their carers.

This policy will:

- Provide background information to assist staff working with interpreting and translation services.
- Provide staff with a clear reference point for interpreting and translation services and how to access the services when required
- Improve patient / carer experience by ensuring their specific communication needs are met.
- ensure patients / carers have access to information allowing them to make informed decisions about their care.
- Meet the requirements of the Equality Act 2010, the Mental Capacity Act (2005) and the Accessible Information Standard.

## 3 Definitions / Explanation of Terms Used

**Accessible information** is information which is able to be read or received and understood by the individual or group for which it is intended.

**Accessible Information Standard:** This standard aims to make sure that disabled people have access to information that they can understand, and any communication support they might need. The Standard also advises organisations how to support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate

**Alternative format** is information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.

**Braille** is a tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents

**British Sign Language (BSL) Interpreting:** BSL users have differing needs in terms of interpreting due to the physical nature of the communication.

**A d/Deaf** person identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all their lives. Most Deaf people have a limited ability to read, write or speak English.

**Deafblind:** The Policy Guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states "The generally accepted definition of Deaf blindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995). The needs of Deafblind people can seem more complex than others with disabilities; however, there are skills and techniques which can be employed to facilitate communication, and which would be used by a qualified Deafblind interpreter. Interpreters and patients would need to be able to communicate using an agreed approach, such as Deafblind manual or hands-on signing.

**Deafened** - People who have experienced hearing and lose it, are known as 'deafened'. As they come from a hearing culture, they usually communicate through lip-reading and voice.

**Easy Read:** Written information in an 'easy read' format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.

**Large Print:** Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.

**Learning disability:** this term is defined by the Department of Health in Valuing People (2001) as people with learning disabilities have life-long development needs and has difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.

For a person with **English as a Second Language**, a trained and experienced interpreter enables effective two-way communication between the patient and staff. This greatly improves the care provided and their whole experience of the service.

**Hard of Hearing** are predominantly older people who can often be assisted by using hearing aids. However, for many, hearing aids do little to restore functional hearing, and age-related deafness also distorts speech.

**Interpreting** is defined as the oral or signed transmission of meaning from one language to another, which is easily understood by the listener. This includes the conversion of spoken language into British Sign Language, (which is a recognised language in its own right) and other sign languages. Interpreting can be provided face to face or by telephone. Interpreting is not advocacy, which is intended to further the views and interests of the patient. Interpreters must not be used for this purpose.

**Lip Speakers** are people who are hard-of-hearing who rely upon lip-reading to assist communication. They should be offered a lip speaker who is trained to speak very clearly, especially as most words cannot be distinguished by lip-reading alone. If a lip speaker is not available, the staff member must make every effort to enable themselves to be lip-read.

**Translation** is defined as the written transmission of meaning from one language to another, which is easily understood by the reader. This includes the conversion of written information into Braille.

## **4 Duties**

- 4.1 The responsibility for ensuring equality of access to Trust services lies with all Trust staff at every level of the organisation. As well as this general responsibility, there are the following specific duties and roles.
- 4.2 **The Chief Executive** has the overall accountability for ensuring equality of access to Trust services including the use of professional interpreters and translators.
- 4.3 **The Chief Nurse** will ensure standards are met and the Trust Board is fully briefed and kept informed about the Trust's work in this respect.
- 4.4 **The Divisional Triumvirate** are responsible for the operational management and to support provision of interpreting and translation services within their areas of the Trust.



- 4.5 **All Trust managers and staff** are directly accountable and responsible for actions within their area and for ensuring equality, diversity, dignity; respect and human rights are at the core of all the Trust's work with staff, patients and their carers. Trust staff are responsible for ensuring the patient receives a sensitive and professional service. This will help to ensure the Trust is meeting the needs of the service user.
- 4.6 **Staff who has identified a patient requires an interpreter** when arranging their appointment or admitting them, are responsible for recording the requirement in the patients' health records. Similarly, if the need is for the parents/carers this should be documented with the health records on Meditech.
- 4.7 **The Interpreter / Translator's role** is to be a channel of communication between the Trust and the patient / carer. The interpreting should be an accurate translation of what is being communicated. Interpreters are trained not to engage in personal dialogue with the patient. Staff should note interpreters are not support workers and are not engaged to visit patients, so the patient can talk to someone.

## 5 Interpretation Services

When considering the need for an interpreter for patients / carers whose first language is not English or for Deaf and hearing-impaired people, it is important to remember the following:

- People have a right to communicate in the language of their choice. This may require qualified interpreters, lip speakers or note takers.
- Deaf people will need access to communication support whenever discussions are likely to be complex, lengthy and important.
- It is the Trust's responsibility to ensure patients and their carers can express their needs, requirements, opinions and views using their preferred language or mode of communication of their choice.

To ensure the patient's requirement for an interpreter or additional support with communication is known, staff should record their first or preferred language or mode of communication within the clinical record and indicate if an interpreter is required. This is a requirement of the Accessible Information Standard.

### ➤ **The use of children / young people as interpreters.**

**Under no circumstances should a child under the age of 18 be used as an interpreter as.**

- Their understanding and interpreting ability cannot be guaranteed.
- It is not appropriate for children to interpret sensitive or difficult information on behalf of others, and they must not be allowed to do so.
- Parents may not feel able to speak freely through a child.
- The practice can cause long-term damage to the family relationships.

➤ **The use of spouses / partners, relatives, carers and friends as interpreters:**

In the interests of accuracy, confidentiality and accountability, the use of staff, partners, relatives, carers and friends is not acceptable in clinical situations. The patient should always be offered the services of a professional interpreter.

➤ **Care needs to be taken when using a face-to-face interpreter from the same local community as the patient.**

This may result in the patient fearing they may be judged, or stigma directed at them whether valid or not. This could potentially result in the patient not disclosing a full medical history. In an emergency the Trust has a 24-hour video interpreting service which will provide access to video interpreting in under a minute.

➤ **Staff members who are not registered with an accredited interpretation provider**

This can be used to help communicate basic information about care or personal history but must not be used in assessments or to interpret clinical information, medical terminology or to facilitate decision making about care. The Trust will not maintain a list of staff who speaks languages other than English.

➤ **Failure to follow all the above could lead to a detrimental outcome on the interpretation received by the patient and hence affect understanding and decision making which could impact on that patient's care. This could leave the Trust liable to litigation. The Trust's use of an accredited service, which provides trained interpreters and translators familiar with health information and insured in their activities, gives protection to both patients and to the Trust.**

➤ **If a patient refuses to use an interpreter / translator:**

There may be families who refuse to use an interpreter but instead wish to rely upon a spouse, member of the family or friend. The Trust cannot enforce the use of an accredited interpreter, but the member of staff must verify the patient understands the consequences of this decision. This must be recorded accurately in the patient's health records to absolve the Trust of any responsibility for misinterpretation. The patient must be aware they can reverse their decision at any point.

➤ **Where emergency care is needed, and it is not possible to engage an interpreter**

At short notice, staff may use an accompanying person to elicit and communicate basic information.

- **A face-to-face interpreter may not always be available for emergency appointments.**

In these circumstances, the use of video interpreting should be used.

- **Where there are concerns about child safeguarding or vulnerable adult concerns or issues under the Mental Health Act,**

A professional interpreter must be used, even for basic communication. In the case of British Sign Language interpreters, they must either have experience of interpreting in mental health settings or have a certificate for interpreting in mental health settings. Interpreters should be able to produce proof of their qualifications when required by the Trust.

- Translation tools, using apps or the internet, must not be used by staff for any clinical interpreting, but can be used for social interpreting e.g. – how to say hello, where are the toilets etc. Patients may choose to use publicly available tools such as Google Translate to access information published by the Trust. Patients should be advised that the Trust cannot take responsibility for the accuracy of any information translated by such methods, particularly if the information includes complex medical terminology.
- All interpreters must carry proof of their identity, and this should be checked and recorded in the health records.
- When using video interpreting the interpreter ID number displayed on the screen should be recorded in the health records.
- Interpreters and Trust staff should work together to ensure, as much as possible, patient's decisions are influenced by the information they acquire and their own needs and not by pressures exerted by other parties.
- To ensure neutrality, objectivity and confidentiality an interpreter engaged to assist in an interview with a patient should not be related or known to them. If this situation does arise the interpreter should notify the Trust at the earliest opportunity and an alternative interpreter found. If this is not possible the patient must be advised and consulted about the arrangement. If the patient objects to the interpreter, the interview cannot go ahead. If the interview does go ahead the Trust must ensure the patient is fully aware of the Trust's confidentiality policy and told whom to contact if they have further concerns.
- When recording the clinical outcomes / progress within the clinical records, staff should record details of the interpreter's name (as evidence that proof of identify was checked), and whether the consultation was face-to-face, video or over the telephone.

## 6 Professional Interpretation and Translation Services

The Trust contracts with professional interpreting and translation service providers who can be contacted 24 hours a day. Details of these services can be found on the [Interpreter and Translation Services pages of the Intranet](#).

**DA Languages** – This supplier provides face to face translation (notice required) and 24/7 telephone translation. A booking can be made through the booking portal or by calling their customer support line on 0330 0882443. You will need to access your departmental ID code: this can be found in the document: [Department list client ID codes](#)

### British Sign Language

Signalise – should be accessed for support with British Sign Language

To book a BSL interpreter log onto the portal, enter your departments account number, username and password (see document link: [BSL and Translation Booking Account Details](#) and is also available on the [Interpreter and Translation Services pages of the intranet](#))

If you would prefer to use email to book face-to-face services, please email: [bookings@signalise.coop](mailto:bookings@signalise.coop) or call: 0151 808 0373.

### Gender Requests

Consideration will be given (where possible) to all gender specific requests. However, this will be dependent on availability.

## 7 Incident Reporting

If an interpreter does not arrive when they have been booked, or no interpreter has been booked for an appointment when you feel one should have been booked, please complete a Ulysses incident form. This should be recorded as a non-clinical incident using the relevant Interpreting drop down field.

## 8 Dissemination

The policy will be communicated to all Alder Hey Children's NHS Foundation Trust staff via the standard policy communication methods, in team meetings, staff inductions. A copy will be available on the Trust Document management System (DMS).

## 9 Training

It is intended this policy will require minimal training for staff. Guidance can be obtained from the Intranet and by contacting the Trust lead. Contact details can be found on the [Interpreting and Translation Services intranet pages](#). Also, [Patient Experience intranet page](#).

## 10 Budgetary Responsibility

The cost for interpreter and translation services will be met by the central corporate budget.

## 11 Monitoring

Monitoring	Lead Responsible	Frequency	Responsible Committee
Interpreting & Translation Services Report	Val Shannon	Quarterly	Clinical Quality Steering Group
Day to day performance issues / problem resolution	Recorded on Ulysses and resolved locally	Ongoing	Clinical Quality Steering Group
Annual Interpreting & Translation Services Data included in Trust Equality & Diversity Report	Val Shannon	Annual	Clinical Quality Steering Group

## 12 Further Information

### References

Equality Act 2010  
Accessible Information Standard

### Associated Documentation (see on [DMS](#))

Equality, Diversity and Human Rights Policy – E1  
Equality Analysis Policy – E35  
Complaints and Concerns Policy – RM6  
Patient Information Leaflets Policy – M13  
Respect at Work Policy – E24  
Privacy and Dignity Policy – C47  
Induction Policy – E6  
Mandatory Training Policy – E21  
Safeguarding Children Policy – M3  
Safeguarding Adults Policy – M2  
Mental Capacity Act & Deprivation of Liberty (DoLS) Policy – M69

## **Appendix A - Good Practice Guidelines for Face-to-Face Interpreting**

Providing advice to patients/carers is the responsibility of Trust staff, and not the interpreter. If an interpreter feels it is necessary to offer ideas or supplementary information, these should be given to the member of staff in a break or after the interview, not during the interview. This is to make sure it remains clear which information is coming from the Trust and which from the interpreter.

Before starting the interpreting session:

- Ensure the Interpreter understands what is required of them.
- Explain your role within the service.
- Allow the interpreter time to introduce themselves and their role to the patient.
- Arrange seating for the most direct communication between you and the patient.
- Explain the purpose and likely outcome of the meeting.
- Ensure the interpreter is aware of the meanings of technical terms.

During the interpreting session:

- Allow enough time for the interview.
- Avoid ambiguous or complex grammar.
- Use “sign-posts” like “for example” or “lastly” to explain the purpose of your speech.
- Avoid colloquial expressions which might be difficult to interpret.
- Explain the purpose of questions you ask.
- Use short sentences.
- Reduce the speed of speech.
- Check assumptions and clarify impressions.
- Summarise and check what you have understood.
- Allow the interpreter time to intervene where necessary.
- Try to use words which you think the interpreter and patient will understand.

Concluding the interpreting session:

- Check with the patient/carer they have understood everything.
- Allow the patient/carer to ask questions or seek clarification.
- Book any necessary follow up sessions using the same interpreter, if possible, to ensure continuity;
- If the session has been challenging, offer the interpreter support.
- Complete and sign the relevant sections of the Interpreter’s Assignment Form.

## **Appendix B - Good Practice Guidelines for Telephone Interpreting**

If telephone interpreting is possible, it should ideally be arranged via a three-way telephone conference call between the interpreter, the patient and the member of staff. Communication over the phone is more difficult than a face-to-face process and speech needs to be slower and clearer.

The member of staff and the interpreter should check patient understanding at regular intervals as the discussion progresses.

Before starting the interpreting session:

- Introduce yourself and give the interpreter a brief outline of the situation.
- Inform the interpreter whether you will be passing the phone handset, using a teleconferencing facility, hands free device or using a dual handset, where available, for the discussion.

During the interpreting session:

- Allow the interpreter a few moments to introduce themselves to the patient/carer and give them a brief outline of the situation.
- All communication should be in the first person e.g., “Hello, could I have your account number please?” There is no need to ask the interpreter to ask the questions.
- Consider the interpreter as a human language link, facilitating communication between languages without omitting, adding, condensing, or changing what has been said.
- Be aware of linguistic differences. Different languages often require a different number of words.
- Group your questions or thoughts in order to help the flow of the conversation e.g., ask for a name and address as one question.
- Avoid unnecessary jargon.
- Feel free to ask the interpreter to repeat a response.

Concluding the interpreting session:

- Check with the patient/carer they have understood everything.
- Allow the patient/carer to ask questions or seek clarification.
- Book any necessary follow up sessions using the same interpreter if possible, to ensure continuity;
- If the session has been challenging, offer the interpreter support.
- Complete and sign the relevant sections of the Interpreter’s Assignment Form

## **Appendix C - Good Practice Guidelines for using British Sign Language (BSL) Interpreters**

Please note that signing used with people with learning disabilities is not usually the same as BSL.

These guidelines are appropriate only when treating a patient who is pre-lingual Deaf i.e., someone born profoundly Deaf.

Most patients you meet will have acquired hearing loss and wear hearing aids or be fitted with a cochlear implant if they have a more profound loss. It is not usual for these people to be sign language users because they will be able to use a spoken language even if they have great difficulty in hearing.

It is important to establish with a hearing-impaired patient his or her preferred method of communication.

### **What do BSL/English interpreters do? (Source Action on Hearing Loss)**

A BSL/English interpreter can help a sign language user and a hearing person to communicate. They interpret from one language to the other. In the UK this will usually be from British Sign Language (BSL) to spoken or written English or spoken or written English to BSL. Interpreters train for many years and need a good level of English, relevant qualifications in BSL and they should have completed approved interpreter training.

BSL/English interpreters are used by people who are deaf and:

- Whose first or preferred language is BSL.
- Who use Sign Supported English (SSE).

### **What kind of interpreter?**

Interpreters should be registered with The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD). See <http://www.nrcpd.org.uk/>.

They should be registered as a:

- Member of the Register of Sign Language Interpreters (MRSLI);
- Trainee Interpreter (TI);
- Junior Trainee Interpreter (JTI).

Make sure that the interpreter has the right qualifications and experience for the assignment. In some situations – for example, legal and mental health bookings – you should only use MRSLIs. Try to book one who knows about special terms or words that may be used. Ask about this when you make the booking. Do not expect someone who only has basic sign language skills to interpret for you.



## Code of conduct

MRSLIs, TIs and JTIs follow a strict code of conduct and guidelines for professional practice. Everything that is said in an assignment is strictly confidential. They will not give advice or opinions while working with you.

## How many interpreters should I book?

When booking the session provide as much background information as possible. This will help identify the most appropriate interpreter for the session and allow repeated use of same interpreter if appropriate.

When you make a booking ask for advice on whether you will need one or two interpreters. For an event such as a full day conference, with few breaks between speakers and where presentations are highly technical, you will need two interpreters. For a two-hour meeting between two people you will usually need just one interpreter. Interpreting can be very tiring, even for an expert, so they need enough breaks throughout the day to provide a professional and accurate service. Do not expect them to work through lunch and coffee breaks, unless you have agreed this with them beforehand.

## Positioning

To communicate effectively, the sign language user and interpreter need to see each other clearly. Anyone relying on spoken English will need to hear the interpreter well. Interpreters will advise on the best place for them to sit or stand and will take into account lighting and visibility. If you are using an overhead projector, handouts, film clips or practical demonstrations, they must be positioned near to the interpreters so that the BSL user does not have to change the direction of his or her attention.

## Top Tips (Source: NHS England)

**It is good practice for only one person to speak at a time. It is impossible to interpret two people speaking simultaneously.**

## Other tips include:

- **Profoundly Deaf people do not all communicate in the same way.** Some are full BSL users and use no voice; others use their voice to communicate with hearing people but cannot understand a hearing person without sign language interpreting support; still others have only been able to develop a deeply idiosyncratic signing skill which only a fully qualified and experienced BSL interpreter will be able to support.
- **Never assume an accompanying family member with a Deaf patient can act as interpreter.** In many families where there is a single Deaf person, communication often does not develop to the level we are used to between hearing people. In medical situations where symptoms, diagnosis and treatment need to be imparted accurately and safely, interpreting needs to be undertaken by a fully qualified interpreter who will also be emotionally neutral.

- **Try to avoid speaking to the interpreter and referring to the Deaf patient in the third person**, e.g. ‘Can you ask him . . .?’ Your communication is with the Deaf person, so always look at him or her and speak as though you are having a direct conversation. Think of the interpreter as a telephone!

**To understand you, a Deaf patient will watch the interpreter and not give you eye contact as you speak. This can be disconcerting, but you should continue to look at the Deaf patient, not the interpreter**

- **BSL interpreters require a break every twenty minutes or so.** Interpreting is extremely hard work, both mentally and physically. If you are having a long meeting, ensure the interpreter has regular breaks. If the interpreter is happy to continue for a bit longer than 20 minutes, that’s fine, but avoid taking advantage.
- **If you are sitting alongside hearing colleagues, don’t enter private conversations that exclude the Deaf patient.** If another hearing person can overhear your conversation, anticipate that the interpreter may feel obliged to interpret your conversation for the benefit of the Deaf patient he or she is supporting.
- **Don’t talk over when someone is signing.** Consider how you might feel if someone talked over you while you were speaking.
- **If you need to catch a Deaf patient’s attention, use a hand wave and smile.** If that doesn’t work, use a light touch to the arm, or tap a nearby table/desk for the vibration to alert them.
- **Speak plainly and avoid professional jargon** which will be meaningless to someone who has not heard spoken language. Put your trust in the interpreter to recognise when your patient is not following you: if necessary, they will know how to try a different angle or create an example to help the Deaf person to understand better.
- **Some Deaf people have an acquired learning difficulty** that is a result of communication under-stimulation since birth. A Deaf patient may not be able to read or write well, but their cognitive abilities are very different to someone born with learning difficulties. It is important to recognise this difference because you may find it particularly difficult to engage with this type of Deaf patient, but at the same time they will be extremely alert and sensitive to feeling patronised or disregarded. Trust the interpreter to help you find the right way of asking your questions to draw the answers you need.

**Where can I get more information?**

**National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD)**

<http://www.nrcpd.org.uk>

Equality Analysis (EA) for Policies	
<p>The Public Sector Equality Duty (section 149 of the Equality Act 2010) requires public authorities to have due regard for the for need to achieve the following objectives in carrying out their functions:</p> <ul style="list-style-type: none"> <li>a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.</li> <li>b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it</li> <li>c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> </ul> <p>Please refer to Equality Analysis Step-Wise Guide for Policies when completing this form</p>	
<b>Policy Name</b>	Interpreting, Translation and Accessible Information Policy
<b>Policy Overview</b>	<p>The Trust is committed to equality of access for patients and their carers who do not use spoken English as their first or preferred language. The Trust will ensure non-English speakers, patients whose first language is not English and those with sensory communication needs receive the support and information they need to access services, communicate with staff and make informed decisions about their care and treatment. This extends to people who are Deaf or Deafblind and who might use British (or another form of) Sign Language.</p> <p>The Trust recognises reducing care inequalities as part of its obligations under the Equality Act 2010 including ensuring equality of opportunity in terms of accessing services. Comprehensive translation and interpretation services significantly aid this, providing clear information for staff, patients and others</p>
<b>Relevant Changes</b> (if any)	Provider details updated
<b>Equality Relevance</b> Select LOW, MEDIUM or HIGH	HIGH
If the policy is LOW relevance, you <b>MUST</b> state the reasons here.	Click here to enter text.
<b>Form completed on:</b>	Date: 30/06/2022
<b>Form completed by:</b>	Name: Val Shannon Job Title: Patient Experience / Quality Lead

If LOW relevance, proceed to Approval and Ratification Section. No further information required

If MEDIUM or HIGH Equality Relevance, complete all sections		
<b>Equality Indicators</b> Identify the equality indicators which will or could potentially be impacted by the policy and include details of how they may be impacted. (use <b>Equality Relevance</b> to assess the impact on	Protected Characteristic	Mitigation
	Age <input type="checkbox"/> How: There is no perceived differential or detrimental impact	Click here to enter text.
	Disability <input checked="" type="checkbox"/> How: There is no perceived differential or detrimental impact	Those with learning or sensory communication needs receive the support and information they need to access services, communicate with staff and

each protected characteristic)		make informed decisions about their care and treatment. This includes people who are Deaf or Deafblind and who might use British (or another form of) Sign Language. Staff are aware of how to book an interpreter for language translation and BSL.
	Gender reassignment <input type="checkbox"/> How: There is no perceived differential or detrimental impact	Click here to enter text.
	Marriage & Civil Partnership <input type="checkbox"/> How: Click here to enter text.	Click here to enter text.
	Pregnancy or Maternity <input type="checkbox"/> How: There is no perceived differential or detrimental impact	Click here to enter text.
	Race <input checked="" type="checkbox"/> How: Click here to enter text.	Staff are aware of how to book an interpreter for language translation and BSL. Video interpreting and conference calling telephone service allow calls to be made to families who do not have English as their first language.
	Religion or Belief <input type="checkbox"/> How: There is no perceived differential or detrimental impact	Click here to enter text.
	Sex <input type="checkbox"/> How: There is no perceived differential or detrimental impact	Click here to enter text.
	Sexual Orientation <input type="checkbox"/> How: here is no perceived differential or detrimental impact	Click here to enter text.
	Human Rights (FREDA principles) <input type="checkbox"/> How: here is no perceived differential or detrimental impact	Click here to enter text.
<b>Equality Information &amp; Gaps</b> What equality information is available for protected groups affected by the policy? If none available, include steps to be taken to fill gaps.	Information is available in departments for children, young people and families to use and identify what language they require. Gaps – Currently the Trust does not have a system in place for recording language required on the electronic patient record system or for entering when a reasonable adjustment is required. This is currently being worked on and will be implemented within the next 3-6 months.	
<b>Stakeholder Engagement</b> What stakeholders are engaged to help understand the potential effects on protected	Engagement with other staff and colleagues across the Cheshire and Merseyside region as part of a Task and Finish group looking at developing Quality Standards for Interpreting, Translation and Reasonable Adjustments.	

groups? See <b>Gunning Principles</b> for public consultation requirements. <b>How has consultation influenced the policy?</b>	
<b>Interdependency</b> How will this affect other policies, projects, schemes from an equality perspective?	<ul style="list-style-type: none"> <li>• Induction Policy</li> <li>• Mandatory Training Policy</li> <li>• Privacy and Dignity Policy</li> <li>• Equality and Human Rights Policy</li> <li>• Safeguarding Children Policy</li> <li>• Safeguarding Adults Policy</li> <li>• Mental Capacity Act policy</li> </ul>
<b>Public Sector Equality Duty</b> Include a summary of how each of the PSED requirements have been considered in order to demonstrate compliance with the Act.	a) Eliminate discrimination, harassment, victimisation etc <a href="#">Click here to enter text.</a>
	b) Advance equality of opportunity <a href="#">Click here to enter text.</a>
	c) Foster good relations <a href="#">Click here to enter text.</a>
	Has the Public Sector Equality Duty been met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> We aim to provide a high quality, easily accessible service to deliver good quality interpreting and translation service to all. There should be no negative impact on protected groups
<b>Monitoring</b> Include details of how the equality impact will be monitored.	Equality monitoring takes place as part of the Trusts equality monitoring processes. Arrangements for continued monitoring and evaluating the implementation of this change and its impact on different groups. Communication via intranet, email communications, newsletters and social media platforms, making information available to staff and other key stakeholders.
<b>Review of Equality Analysis</b> (if indicated)	Rationale for review: <a href="#">Click here to enter text.</a>
	Changes made: <a href="#">Click here to enter text.</a> Reason for change: <a href="#">Click here to enter text.</a>

If **MEDIUM** or **HIGH** relevance, the EA should be reviewed annually. Complete Approval and Ratification Section.

<b>Approval &amp; Ratification of Equality Analysis</b>		
<b>Policy Author:</b>	Name: Val Shannon	Job title: Patient Experience / Quality Lead
<b>Approval Committee:</b>	Clinical Quality Steering Group	Date approved: 12/07/2022
<b>Ratification Committee:</b>	Safety and Quality Assurance Committee	Date ratified: 20/07/2022
<b>Person to Review Equality Analysis:</b>	Name: Val Shannon	Review Date: 20/07/2025
Comments:	<a href="#">Click here to enter text.</a>	